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Title Page

Autistic Girls and Emotionally Based School Avoidance: Supportive factors for successful re-engagement in mainstream high school

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Funding details:

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Abstract

School can be challenging for autistic girls who are at risk of internalised anxiety which can ultimately lead to school avoidance. Low attendance is acknowledged as negatively impacting on educational attainment and exacerbating mental health difficulties. Semi-structured interviews were conducted with three autistic girls aged 13-15 years from different high schools, their parent(s) and key adult. Thematic analysis identified the first phase of re-engagement is developing a trusting student-key adult relationship. This provides the foundation for social and emotional intervention. Challenges were also acknowledged and possible improvements reflected upon. These results will aid educators and researchers aiming to support the successful inclusion of autistic girls at risk of experiencing emotionally based school avoidance in mainstream high schools.

Introduction

EBSA[1] is significantly higher among autistic students than their peers (Munkhaugen et al. 2017). Social communication is one of the two domains under which autism is defined (APA 2013) and the one that considerably impacts on autistic girls' ability to sustain positive relationships with friends and teachers (Jamison and Shuttler 2017). A discrepancy between social competence and a desire to feel socially included is linked to the development of school anxiety, depression and EBSA for autistic girls (O'Hagan and Bond 2019).

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[1] EBSA emotionally based school avoidance

School can be a challenging environment for autistic children but compared to autistic boys, young autistic girls tend to be more able to assimilate with their neuro-typical peers who tend to be more accepting early on (Jarman and Rayner 2015). However, as social relationships become more complicated and require more sophisticated skills during adolescence it becomes increasingly difficult for girls to maintain the friendships they desire (Dean et al. 2014; Sedgewick et al. 2015). Autistic girls can struggle to interpret the subtle cues of female interaction such as eye rolls, smirks and shared glances (Dean, Adams, and Kasari 2013). Peers not accepting and stigmatising social differences means autistic girls are at increased risk of social isolation and bullying, and subsequent anxiety, self-harm and school avoidance (Cook et al. 2018; Honeybourne 2015).

In addition to difficulties in sustaining peer relationships, autistic girls also find conforming to the social expectations of student-teacher relationships difficult (Sproston, Sedgewick, and Crane 2017). This is likely compounded by several other risk factors for increased levels of anxiety and stress for autistic girls in high schools. For example, academic pressure including, exam stress and demand anxiety coupled with striving for perfection can lead to intense feelings of stress (McCann, 2019).

- Additionally, frequent transitions in environments that cause sensory pain such as bright lights and noisy corridors have been identified by autistic girls as increasing their stress and anxiety in high school (Tomlinson, Bond and Hebron 2019). Trying to manage these stressors every day is linked to autistic girls not coping in high school and increases their risk of school avoidance (Brede et al. 2017; Sproston et al. 2017). Autistic girls have identified teachers' understanding of autism as the fundamental factor that could improve education for them (Goodall and MacKenzie 2019). Although recent research indicates that school staff have become more positive about inclusion of autistic pupils (Nah and Tan, 2021) this is dependent upon a diagnosis being known which might not be the case for all autistic girls. Knowledge of diagnosis may not translate easily into strategies and staff may not be aware of how autism presents in girls (Tomlinson, Bond and Hebron 2019). Parents also report little

confidence in the capacity of schools to provide their autistic children with a safe, enjoyable

and inclusive experience, especially as they transition into high school (Makin, Hill, and

Pellicano 2017). It is therefore unsurprising that a lack of flexible and inclusive practice,

school exclusion, social exclusion and the child's subsequent poor mental health are risk

factors for autistic girls avoiding school (Sproston et al. 2017). The present study therefore

consulted with autistic girls who have experienced EBSA, their parents and educators to

answer the following question: What are the supportive factors that help autistic girls who

experience EBSA re-engage and maintain their attendance in mainstream high school?

Method

Design

A qualitative exploratory multiple case study design was selected to address the research question.

Three cases of autistic girls who had successfully re-engaged in mainstream education following

EBSA were included. For each case, data were gathered from the young person, her parent(s) and a

member of school staff enabling multiple sources of evidence to be triangulated. The above

literature review highlighted that school becomes increasingly challenging for autistic girls as they

get older which increases their risk of EBSA and so this study focussed on students aged 11-16 years

old. As provision is vastly different between primary and high school it was deemed necessary to

focus on one system for the purpose of this study.

Schools were recruited to take part in the study through the researchers' contacts in local authority

educational psychology services and specialist autism services. The schools were based in England

and Wales. Schools were contacted in the first instance and briefed on the inclusion criteria. The

participants were selected by the schools' SENCo[2] based on the following inclusion criteria: (1) Must

have a diagnosis of autism from a recognised medical practitioner; (2) Attend a mainstream high

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[2] SENCo special educational needs coordinator

school; (3) Female; (4) Must have had a period of EBSA with a decrease in attendance followed by an increase in school attendance.

Whilst there were no specific criteria in regards to the percentage of missed school as EBSA can be understood on a continuum (Kearney and Fornander 2016), the Department for Education's (2017) categorisation of persistent absenteeism as missing 10% or more of possible sessions was used as a broad cut-off.

Participants (All names are pseudonyms)
Table 1 provides contextual detail for each case. The diagnostic history and contextual information on the girls' history of EBSA was gathered during the parent interviews. At the time of interview none of the girls had co-occurring diagnoses and only Jasmine was linked to CAMHS[3].

Erin. Erin's mother started to have concerns regarding Erin's development when she was 18 months old; health professionals hypothesised she may be autistic and she was formally diagnosed at the age of seven by a multi-disciplinary neurodevelopment team based in the city's Child Health Centre. At 10 years old Erin began to display school avoidant behaviours and her attendance dipped. Transition into high school was difficult for Erin and her attendance decreased to 81%; she found communicating with teachers and complying with expectations challenging and experienced intimidating behaviour on her journey to and from school in the local authority funded taxi for SEN[4] children. When Erin was 12 years old she experienced two family bereavements and parental illness at which point she began to self-harm and her EBSA increased. This was expressed through leaving lessons, running home, and having up to a week's absence at a time. School support was ongoing for Erin but her mother reported that it was bereavement counselling with an outside agency that

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[3] CAMHS Child and Adolescent Mental Health Service
[4] SEN special educational needs

triggered the start of her re-engagement with school. Erin's attendance began to improve in the spring term of Year 8 (aged 13).

Chloe. Chloe's mother sought a diagnosis for Chloe at age 10 but her case was closed as school staff were unwilling to provide the evidence requested. Chloe had a difficult transition into high school and found the environment loud and difficult to navigate. Chloe's EBSA began in the first week of high school (aged 11), following a breakdown in relationship with a particular teacher. She found navigating social interactions with teachers and peers confusing and complex, and experienced bullying. Chloe spent time in internal exclusion (a form of punishment where children are removed from their class to work in isolation) and became distrusting of the school community. She quickly began to experience anxiety which was expressed through not eating, hiding in the toilets, running out of lessons, crying and increased school absence. Through Chloe's mother's persistence she was diagnosed with autism at 12 years old by CAMHS. Chloe changed schools in the last term of Year 8 (aged 13) and her attendance greatly improved.

Jasmine. School avoidant behaviours were first evident in nursery; she would scream at the door whilst members of staff tried to coax her in. At the age of five, Jasmine spent a lot of time in hospital due to stomach pains which, on reflection, Jasmine's mother suspects were due to anxiety and school-related stress. Jasmine eventually made a friend and settled into school life. When Jasmine was 8 years old her friend moved school and she began to struggle again and her attendance declined. She had low attendance in year 5 (age 9-10) and the pressure of year 6 (age 10-11) tests was a further barrier for her. When Jasmine's mother was diagnosed with cancer that year she stopped attending school. Jasmine began high school and for the first month it seemed to go well. By October, she was being badly bullied and her nose was broken by a peer. The bullying increased and Jasmine became unwell with depression, anxiety, self-harm and psychosis. She did not attend mainstream school for almost two years and was diagnosed with autism at age 12 by a psychiatrist at CAMHS. She had a phased return from a hospital school back into mainstream towards the end of

Year 8 (aged 13). She is now doing very well emotionally, socially, academically and is attending school full time.

Table 1: *Participants*

Procedure

Ethical approval was granted by The University of Manchester in 2018. The first author carried out all interviews. The interview format was influenced by the interview schedules utilised by Nuttall and Woods (2013), the bio-ecological systems outlined by Bronfenbrenner (1979), and the researcher's exploratory study (O'Hagan and Bond 2019). Each interview schedule was adapted to the participant group (e.g. for parents there were more questions about diagnosis and history) but all primarily focused on school attendance experiences and factors which supported re-engagement with school. The researcher provided each SENCo with the participant information sheet and consent form and the SENCos passed this on to the parents and key adult (each young person already had a designated key adult in place) who then opted into the study by returning the consent form to the researcher. The young people were asked to sign an assent form. For each case, the researcher first interviewed the parent(s). Both parents were invited to the interview however each mother opted in and Erin's mother was joined by her partner. This was followed by a short interview with the young person with the purpose of building rapport through general discussion about their friends, family and hobbies. The next interview conducted was with a member of staff who worked closely with the young person. The last interview was the second interview with the young person which focussed on the supportive factors to re-engagement following EBSA. For the duration of each interview see table 2. All the interviews took place in the young person's school. In the interviews only the first author and the participant were present. Interviews were transcribed by a University of Manchester approved transcriber. As per ethical approval the girls and their mothers' transcripts were emailed to the mother for member checking. The author checked with the girls at the interview stage that they consented to this. No changes were made to the transcripts by the participants.

Chloe was not comfortable talking to an unfamiliar person and so completed the interview schedule as a written questionnaire. Chloe's responses to the written questionnaire were concise. There is a possible limitation that a questionnaire does not provide the same opportunity for the interviewer

to explore answers in the same depth as in a face-to-face semi-structured interview. However, Chloe's mother and key adult described Chloe as very quiet and therefore it is likely that her written answers reflected what she would have communicated verbally.

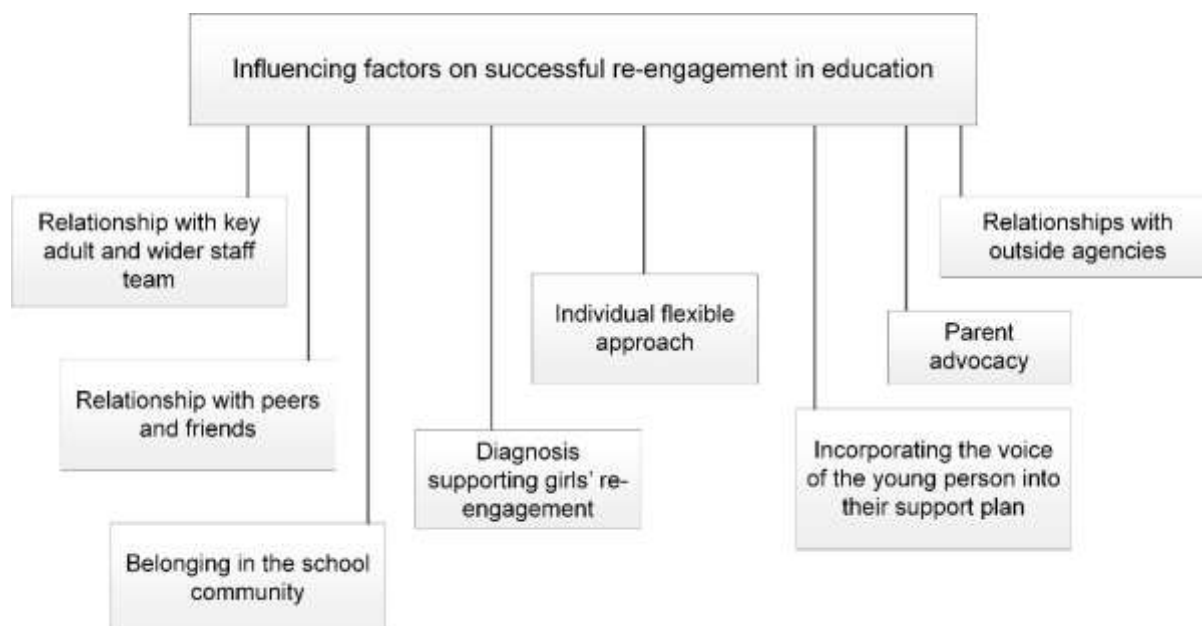Table 2: *Duration of interviews in minutes*

Analysis

Inductive thematic analysis was utilised to suit the research purpose of exploring the interacting systems that support re-engagement in education (Braun & Clarke, 2019). NVivo was used as a tool to code the transcripts. The 15-point checklist of criteria for good thematic analysis and the six phase guidelines for conducting thematic analysis described by Braun and Clarke (2006) were followed. In line with critical realism and Braun and Clarke's (2019) stance that thematic analysis is a process of reflexive interpretation of meaning rather than a discovery of an accurate reality or truth, inter-rater reliability measures were not utilised. However, a collaborative and reflexive approach was taken between the authors to make meaning from the analysis (Braun & Clarke, 2019). Cross-case analysis was conducted to enable an in-depth exploration of the supportive factors and barriers to re-engagement in mainstream education, with a view to draw out practical implications to support autistic girls experiencing EBSA. Consideration was also given to analysing each case individually which may have provided further opportunity to increase the prominence of the young person's voice. However, the aim of this research was to support practitioners working with highly anxious autistic pupils and therefore cross-case analysis enabled the combination of factors that led to successful outcomes to be explained in detail. From this tentative theory on the phases of re-engagement can begin to be developed.

Findings

Eight main themes were identified following the data analysis see Fig.1 for full thematic map. They are presented as an overarching synthesis to explicitly highlight the relationships and provision that supported the girls' re-engagement with school.

Fig. 1. *Full thematic map*

Influencing factors on successful re-engagement in education

- Relationship with key adult and wider staff team
- Relationship with peers and friends
- Belonging in the school community
- Diagnosis supporting girls' re-engagement
- Individual flexible approach
- Incorporating the voice of the young person into their support plan
- Parent advocacy
- Relationships with outside agencies

Relationship with key adult and wider staff team

At the start of their re-engagement journey each girl had significant anxiety and a distrust of school, educators and peers: *"She'd use her body, she'd use her hair to withdraw and to keep you at bay, to keep you away"* (Jasmine's key adult). The first phase of re-engaging the girls was to develop a trusting relationship with a key adult. As Chloe's key adult commented, building relationships*, "Took a long, long time to get that bond… it's really only been time that's enabled us to help Chloe because we've just had to get to know her."* School had not been a place where the girls felt safe and understood making the relationship of the key adult and eventually the wider pastoral and SEN teams core to the girls' re-engagement; Jasmine commented: *"They support me and they are always there to talk to, and they know me very well, so they understand things and stuff."* Establishing trusting relationships laid the foundation for more complex mental health intervention to address self-harm and develop self-esteem. Jasmine's key adult explained:

> *"This usually comes from internalising everything, closing down and shutting down and all they can do then is cut for relief… It was intensive one-to-ones…We got past the shame, she was very ashamed. The key thing was talking about emotions as well. Just making her realise that she wasn't a freak, that's what she felt like at the time."*

Erin's key adult promoted confidence and self-worth through opportunities for meaningful rewards and responsibility for administrative jobs that helped her to feel valued. All the girls still experienced anxiety and maintaining their attendance took effort and determination. Promoting optimism and hopefulness was prominent.

Developing a trusting relationship with the girls took skilled educators time, persistence and dedication and was therefore influenced by wider systems including SEN provision and funding. Schools received additional funding for Erin and Jasmine which supported staff to provide the flexible and individualised approach they needed. Chloe did not receive SEN funding and therefore staff were initially reluctant for her to access SEN resources. However, as Chloe had acute anxiety which frequently prevented her from accessing mainstream lessons and it was not viable for her key adult to always be with her, the pastoral and SEN teams worked together to support her flexibly. All of the girls had difficulty managing student-teacher relationships and a break-down in these relationships affected their self-worth and attendance. For example, Erin's relationship with the special educational needs coordinator had broken down and she perceived that staff found her annoying:

> *"I've been having trouble with the school so I get like a bunch of detentions, exclusions and*
> *stuff, not necessarily 'cause I'm bad 'cause like I'm not, it's more I'm annoying I think the*
> *word is"* (Erin).

At times, teachers' insufficient understanding of and empathy for autism led to inappropriate sanctions. Erin found internal exclusion particularly difficult: *"I get really uncomfortable in there…it just like gives me a trapped feeling"* (Erin). A breakdown in trust made it difficult for relationships to be repaired. Chloe felt that: *"Teachers could be more understanding and helpful"* (Chloe). Staff perceptions of autism and associated behaviours were a challenge for the girls which meant that having a key adult who understood them and advocated for them was a significant supportive factor; Erin's mother commented: *"She's* [key adult] *got a great connection and understanding with*

Erin so thankfully at least there's one there. One is better than none isn't it?" However, if only one

member of staff had a trusting relationship with the girls it was challenging for that person to

manage their wider job role and responsibilities.

Relationship with peers and friends
The girls all had a desire for friendship which was a motivating factor for attending school as Erin's

mother commented: *"she throws herself into the social side of things."* A lack of friendship and

feelings of loneliness and isolation were risk factors to low attendance, Jasmine's mother explained:

"It's all about friendships really not feeling isolated and alone because that feeds into the negativity

and the depression." Therefore, when Chloe and Jasmine returned to school, staff quickly identified

developing friendship as a priority. However, the girls found social relationships confusing making it

difficult for them to form and maintain fulfilling friendships which at times was a barrier to their

attendance as Jasmine explained:

> *"I like people, but…. you constantly feel judged and stuff and sometimes I just don't want*
>
> *people to necessarily see me and then yeah sometimes I don't come in, but most of the time I*
>
> *just kind of get on with my day."*

Erin identified a group of peers she considered to be her friends but also alluded to her perception

that people find her annoying but that she would like more friends:

> *"It's not like a huge group* [friends] *and we're just going to like take over the world, but yeah*
>
> *it's not like that….When I'm an adult I'll have more friends and then I can annoy more*
>
> *people! Great!"*

The girls benefited from staff identifying peers, facilitating the friendship and providing ongoing

support:

> *"One of the key things in our one-to-ones was we discussed any social aspects and … how to*
>
> *expand those friendships, less of the intensity without it moving the depth of emotion away"*
>
> (Jasmine's key worker).

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Belonging in the school community

The girls' sense of belonging in the school community was promoted through developing positive relationships with peers and staff:

> *"They just basically look out for her, everyone's really friendly and always supportive. All the teachers are always offering, 'Hi Jasmine.' Giving her a smile because she likes that, she likes to be acknowledged and it really helps her get through the day"* (Jasmine's mother).

Over time, Jasmine became integrated within the school community by taking part in extra-curricular clubs*: "I run a LGBT[5] club with my friend. For the younger students who are struggling…We normally just sit and talk and it's like a safe place for anyone to come and talk about their issues and stuff"* (Jasmine). However, getting to this sense of belonging had taken two years of support from school staff as her key worker explained: *"Making her feel that this is her second home because before then it was very much home and she had to be here because you have to go to school."* The pastoral team started by encouraging Jasmine to speak to staff members by asking her to deliver messages. This moved on to interacting with her peer group, making friends, and joining clubs. For Erin team sport had been a supportive factor in her attendance but she was reliant on funded transport for SEN children and so could not stay for after school clubs, the interplay between the systems became a barrier: *"I really did want to do more* [sports] *but I ended up stopped doing all of them because no-one was there to pick me up after school"* (Erin).

Individualised flexible approach

Individualised curricula were valued to meet the girls' needs as well as their academic potential. For example, to accommodate Jasmine's anxiety, social understanding and academic ability her provision included gardening, personal development sessions and extended project time (equivalent to 50% of an A Level). Alternative provision was utilised to provide Erin with an individualised

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[5] LGBT lesbian, gay, bisexual and trans

approach; she spent one day a week at a specialist school working with animals and in a cafe. For Erin, this gave her the opportunity to increase her independence and social skills whilst doing something she enjoyed. It also reduced the pressure of a full week in mainstream school.

Access to safe calm areas in the school was highly prominent. The girls utilised these areas when overwhelmed, anxious, on a reduced timetable and at break and lunch. The girls each had a time-out card that enabled them to leave lessons but this could still pose challenges such as not all staff honouring it and the girls being embarrassed to use it.

Incorporating the voice of the young person into their support plan
The girls appreciated being able to work collaboratively with school staff and take an active role in planning their support. Chloe's key adult explained how staff originally expected Chloe to fit within the school system but it soon became evident that a flexible approach was required:

> *"When she first started we very much tried to fit her into the box but you know, it quickly became apparent because although she can be silent, she's quite forcefully silent, so it's like this just isn't going to work. There's no amount of forcing, the more you became pushy with her, the further away she withdrew. So it was like, you know: 'We need some buy in from you' and it was just like: 'How can you buy in?' So it was 100% led by Chloe."*

The girls saw the value in re-engaging with school and Chloe and Jasmine were particularly self-motivated to do well. Jasmine described the importance of keeping her mind busy and her mother agreed that studying had been pivotal in improving Jasmine's depression. However, her perfectionism was a risk factor to burn out and subsequent low attendance and so this needed to be monitored sensitively by staff.

Parent advocacy
Not reinforcing school avoidance whilst prioritising their daughters' health was a delicate balance identified by the mothers. Collaborative home-school communication enabled parents and staff to

share concerns and suggestions and the mothers praised the flexibility of staff. The mothers had all had a difficult journey navigating the systems for diagnosis and SEN support and so it was a relief to eventually feel supported by school staff.

Relationships with outside agencies

A trusting relationship with therapeutic professionals was central to the success of external support. Erin received counselling through a local bereavement charity, which her mother felt was a hugely supportive factor in her school attendance:

> *"It seemed to work wonders. It was one-to-one …..the pair of them hit it off immediately. Where I thought as a family we were quite open and free to speak as we see fit, she didn't want to with us, but she spoke openly with the counsellor and once she started opening up, then it seemed she started to come out into a calmer Erin. And her time in school became fuller days"* (Erin's mother).

The relationship between Erin and her counsellor enabled her to share her concerns and without breaking confidentiality, the counsellor made suggestions to Erin's mother and key adult on what needed to change at school. Chloe had a few sessions at CAMHS and with a private therapist but was unable to engage with unfamiliar people. As seen with Erin, a trusting relationship is essential to therapeutic support and therefore CAMHS offered to provide Chloe's key adult with coaching, she commented: *"I mean it many ways, gosh, I'm out of my depth but unfortunately we're dealing with it more and more so any knowledge is going to help."*

Jasmine had been under CAMHS for over four years and had received both therapy and medication. For Jasmine, the medication sertraline helped: *"her to feel happy and like she wants to leave the house and come to school, happy with life"* (Jasmine's mother). Jasmine did not find the therapeutic sessions with mental health practitioners beneficial but she built a bond with her psychiatrist who discussed autism with her which helped her to make sense of her experience.

Diagnosis supporting girls' re-engagement

The mothers had all been pivotal in their daughters receiving a diagnosis and SEN support, Jasmine's mother commented: *"I applied for the Education, Health and Care plan because the school wouldn't do it. No one would help me so I did it myself."* All the mothers agreed that an autism diagnosis helped their daughters to get the support that they needed and for school staff to understand their behaviour as related to SEN. Jasmine and Chloe's mothers felt that their daughters' transition into high school would have been improved with a diagnosis.

Learning about autism also helped Jasmine and Chloe reduce their anxieties around perceived difference which supported their re-engagement in education:

> *"She knew she was different and she couldn't understand why and then she had a big light on things when the psychiatrist said, "You've got Asperger's and you know, you will have trouble with social communication skills and making friends, just school will be difficult"* (Jasmine's mother).

Discussion

This study aimed to explore the supportive factors that help autistic girls who experience EBSA re-engage and maintain their participation in mainstream education. The findings tentatively demonstrate that trusting relationships are the foundation for autistic girls to re-integrate into the school community and this begins with establishing trust between the child and key adult. Positive student-teacher relationships have been identified as significantly influencing autistic girls' experiences of school (Goodall and MacKenzie 2019; Honeybourne 2015; Jarman and Rayner 2015). In the cases of Erin and Chloe, an identified barrier to positive student-teacher relationships was staff perceptions of autism in girls, subsequent inflexibility and inappropriate sanctions which is echoed in recent literature (Goodall and MacKenzie 2019; Sproston et al. 2017). As autism in girls is a relatively new area of research, educators' limited knowledge on the presentation of female

autism has been highlighted (Honeybourne 2015; Jarman and Rayner 2015). Teachers are less likely to identify autistic girls' difficulties compared to autistic boys which impacts on the support and provision available (Hiller et al. 2014). Further training in this field has been called for (Majoko 2016).

Relationships take time to build and are facilitated by wider school systems such as supportive leadership and SEN funding. During the first phase of re-engagement the girls were not accessing mainstream lessons and therefore benefited from safe spaces where they could develop positive relationships with staff. In support of this, McKay-Brown and colleagues' (2019) study of re-engagement following EBSA found students benefited from a safe space to learn how to cope with school, develop their self-worth and positive relationships with teachers. Aligned with this, the key adult relationship in the current study supported the girls to engage with mental health intervention to promote self-worth and positive thinking. The importance of mental health intervention in supporting EBSA is evident in the wider literature (McKay-Brown et al., 2019). Chloe and Jasmine found it easier to engage with school staff once a relationship was established rather than with outside agencies. Similarly, teacher led intervention has been identified as producing the largest overall effects for autistic students (Watkins et al. 2019). The safety of trusting relationships also supported the girls to express themselves, which was pivotal to their participation in planning their support and helped the girls to feel listened to, understood and created a sense of agency. Whilst good participation practice was evident in the success of these girls, worryingly, the literature reports that autistic girls do not always feel valued, respected or listened to in mainstream schools (Goodall and MacKenzie 2019). The findings here emphasise the importance of person-centred planning to support re-engagement in education through an increased understanding of the individual's barriers to and motivators for success (Preece and Howley 2018).

The girls benefited from ongoing support with social skills and friendship development; enhancement of these skills is likely to reduce social anxiety (Cook et al. 2018). However, it is

concerning that despite the well-documented evidence that autistic children experience difficulties with socialising, emotional wellbeing and behaviour, it is reported that these fundamental areas are under-addressed in support plans (McDonald et al. 2019). All three girls desired friendship and connection with their peers but required continued support to develop social skills, identify potential friends, initiate and maintain friendships (Jamison and Schuttler 2017; Sedgewick et al. 2015). Additionally, further emphasis needs to be placed on whole school approaches to challenging and reducing stigma and promoting equality for neurodiversity (Botha, Dibb and Frost, 2020). The girls benefited from high levels of pastoral support, quiet safe rooms, gardening sessions, and one-to-one coaching sessions. Additional funding supported staff to provide the flexible and individualised approach needed by these girls.

A number of important factors related to good autism practice supported the girls in this study to manage school life. These factors include:

- a relationship-based approach (Preece and Howley 2018)

- facilitation of positive peer relationships (Jarman and Rayner 2015)

- positive teacher relationships (Honeybourne 2015)

- effective communication and partnership between staff and parents (Kendall and Taylor 2016)

- an individual and whole school approach to promoting good mental health (Tomlinson, Bond and Hebron 2019)

- incorporating the voice of the young person in planning (DfE/DoH 2014)

- a flexible approach including individualised timetables with provision for academic potential as well as SEN (Kidd and Kaczmareck 2010)

- calm environment with safe spaces (Kendall and Taylor 2016)

- flexible school systems that reflect an understanding of autism and that all children should be treated with compassion and inclusion (McDonald and Lopes 2014)

- sense of belonging in the school community and a school ethos of acceptance and tolerance (Bond and Hebron 2016).

Whilst the girls in this study had similar experiences, it is important to see them above all as individuals with their own strengths and needs. Hence, schools that have successfully included autistic young people emphasise the need for flexible provision to accommodate individual needs as described in the whole school saturation model for effective inclusion of pupils with autism (Morewood, Humphrey and Symes 2011).

Chloe and Jasmine's mothers reported that later diagnosis meant that the girls had spent much of their childhood feeling different to their peers and not understanding their experience which led to low confidence and self-esteem. Following diagnosis, psycho-education reportedly helped them to understand their autism and Jasmine was particularly empowered by an increased awareness of her strengths and difficulties. All three girls were reportedly aware that they thought and behaved differently to their peers, teaching about autism helped them to understand this and form a more positive relationship with their autism. This resonates with recent studies on the educational experiences of autistic girls which suggest that for some girls diagnosis can lead to a reduction in masking and the development of a healthy self-image (Tomlinson et al. 2019; Salter 2019). Psycho-education is emerging in the autism intervention literature and suggests that teaching on specific challenges of autism, as well as the associated strengths is empowering for autistic children and young people (Backman et al. 2018; Gordon et al. 2015; Smith, Greenberg and Mailick 2012).

Limitations and directions for future research
This study focussed on autistic girls as previous research identified EBSA as a risk factor of late diagnosis for girls (O'Hagan and Bond 2019). There are also reported differences in the male and female phenotype such as autistic girls being more likely to internalise difficulties whilst boys

present more externalising behaviours which will influence the support required (Jarman and Rayner 2015; Moyse and Porte, 2015). However, as autistic boys are more likely to experience EBSA than typically developing boys they too would benefit from future research into the supportive factors to re-engagement in education. The sample size was also small and the girls in this study were all of high cognitive ability with good speech and language skills. This may have positively influenced their ability to participate in the planning of their support, develop relationships and engage with social and emotional intervention. A functionally similar group is helpful when identifying effective support and developing intervention. However, as autism covers a wide spectrum, it would be beneficial for future research to include a wider range of autistic young people. There are potential difficulties when eliciting the views of autistic children which was found with Chloe who was not comfortable participating in an interview. For children's views to further inform analysis, future research needs to consider how autistic children can collaboratively participate in accessible ways (Fayette and Bond 2018). The findings from the cross-case analysis are highly context-bound which may limit their generalisability to other contexts. For example, Jasmine and Erin received SEN funding and Chloe's school had autism friendly provision such as sensory rooms. Finally, this was an exploratory study and so findings are tentative however the identified themes align with the existing autism and EBSA literature (e.g. Preece and Howley 2017; Sproston et al. 2017) and the general EBSA literature (e.g. McKay-Brown et al. 2019) supporting the reliability of the findings.

Conclusion

This is the first study to explore the supportive factors for autistic girls who have successfully re-engaged with mainstream education following EBSA. A shift of research focus onto autistic girls who have overcome barriers to education and who are thriving in high school has highlighted supportive factors to successful re-engagement. The relational aspects of education are at the core of autistic girls feeling a sense of belonging and acceptance. This is underpinned by educators having a good

understanding of female autism, an ethos of flexibility based on individual need and the resources to provide safe spaces and person-centred intervention.

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Table 1: *Participants*

| Case	Autistic girl	Age	Year group	Key adult's job role	SEND status	School setting	Ofsted/ Estyn rating [6]	Demographic of school
1	Erin	13	8	High Level Teaching Assistant	Statement of SEN with funding	Mainstream high school for 11-16 year olds with 840 pupils.	Good	Rural school. Proportion of pupils with SEN is slightly lower than national average.
2	Chloe	14	9	Pastoral Support Officer	SEN support without funding	Mainstream high school for 11-18 year olds with 1022 pupils.	Good	Located in an affluent suburb of a small city. Proportion of pupils with SEN is average.
3	Jasmine	15	10	Learning Support Assistant	EHCP with funding	Mainstream high school for 11-18 year olds with 1983 pupils.	Good	Located in a large city. Pupils with SEN support is below the national average.

Table 2: *Duration of interviews in minutes*

Name	YP	Parent	Key worker
Erin	46	60	28

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[6] The Office for Standards in Education (Ofsted) is responsible for inspecting a range of educational institutions in the UK. Estyn is the education and training inspectorate for Wales.

Jasmine	45	30	46
Chloe	Written questionnaire	70	36

Fig. 1. *Full thematic map*
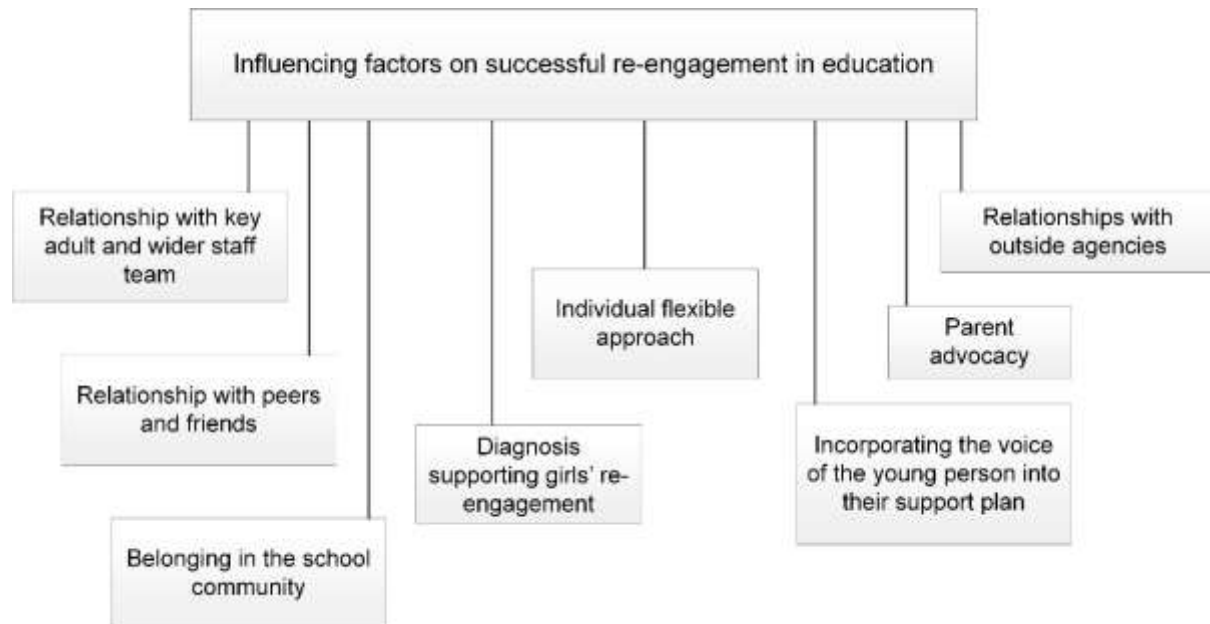
Appendix 1: Interview schedules

Semi-structured interview schedule for parents

Context questions

When was your daughter diagnosed with autism?

How do you think the timing of this diagnosis has impacted her school experience?

How do you think autism has impacted her school experience?

Can you tell me about the time leading up to your daughter not wanting to go to school?

What factors do you feel led her to school avoid?

Factors that support the return to school

Can you tell me about her school avoidance?

Did she attend an alternative provision? If so, what was that like?

Can you tell me about the support she received to help her return to school?

How were you involved in supporting her return to school?

Can you tell me about any support that you received as a parent?

Factors that support reintegration and daily attendance

How is your daughter getting on at school at the moment?

What provision is in place for her?

What factors do you think have helped her reintegrate into mainstream?

How is her attendance now?

What factors do you think help her maintain her attendance?

How are things different in school now?

How do you think her wellbeing is promoted?

What might have led to more success?

Is there anything else that you would like to add?

Semi-structured interview schedule for school staff

Context questions

In what role do you work with the young person?

How long have you worked with the young person?

How do you think autism and her diagnosis of autism have impacted on her school experience?

If you worked with the young person prior to her school avoidance, can you tell me about the time leading up to her not wanting to go to school?

What factors do you feel led her to school avoid?

Factors that support the return to school

Can you tell me about the support school provided whilst she was off?

Did she attend an alternative provision? If so, how do you feel that helped her?

Does your school have specific policies on how to work with young people who school refuse?

Can you tell me about the support she received to help her return to school?

What factors do you think worked well in getting her back to school?

Factors that support reintegration and daily attendance

How is the young person getting on at school at the moment?

What provision is in place for her?

What factors do you think have helped her reintegrate into mainstream?

How is her attendance now?

What factors do you think help her maintain her attendance?

How are things different in school now?

How do you think her wellbeing is promoted?

What might have led to more success?

Is there anything else that you would like to add?

Semi-structured interview schedule for focus young people

Context questions

How are you getting on at school at the moment?

What do you like about school?

Factors that support reintegration and daily attendance

What things make your day at school easier?

When you feel like you don't want to go to school, what helps you to come in?

Factors that support the return to school

When you had some time away from this school, did you go to a different school? If so, what was that like?

What helped you come back to this school?

How do you think school is different now compared to before you had some time away?

Is there anything that you think could be better?

Is there anything else that you would like to add?