**Emotionally Based School Non-attendance (EBSNA) Pathway:**

Guidance for Schools

Updated September 2023

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* Wolverhampton City Council Inclusion and Attendance Team
* The Nightingale Centre

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**Updates and Review:**

We will be reviewing this guidance at regular intervals, so if you have any thoughts or reflections that you would like us to take into consideration please contact [elaine.perry@wolverhampton.gov.uk](mailto:elaine.perry@wolverhampton.gov.uk) (Senior Educational Psychologist) to share your feedback.

# Introduction

## Purpose of Guidance

This guidance document was developed in collaboration with the City of Wolverhampton Council Educational Psychology Service and the City of Wolverhampton Council Inclusion and Attendance Team. The purpose of this guidance is to support schools within the city to identify, monitor and respond to pupils whose school attendance is a concern due to emotionally based factors. This may be linked to their individual emotional wellbeing and mental health needs, their home life, their school experiences, or a combination of all of these. A key document accessed in the development of this guidance was a similar guidance developed by West Sussex Educational Psychology Service. It is with their permission that their document has been used and referenced.

This document should be used by schools in Wolverhampton as a guide to early intervention and prevention of emotionally based school non-attendance (EBSNA). It should be used to aid and facilitate actions that are taken by schools to identify and respond to possible EBSNA as part of their efforts to prevent further non-attendance or intervene early to reduce escalation. The pathway outlined in this guidance takes a graduated approach to support, intervention and services, which includes stages of the i-Thrive Framework of Thriving, Getting Advice, Getting Help and Getting More Help. It is also in line with the [SEND Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) which requires schools to take a graduated response to SEND and [Wolverhampton’s Graduated Approach Guidance](https://www.wolverhampton.gov.uk/education-and-schools/graduated-approach-special-educational-needs-disabilities). It is designed to complement and work alongside existing good practice and pathways of support that are already developed by other City of Wolverhampton Council services, and Public Health professionals.

Whilst a blanket approach cannot be taken, and all situations will require bespoke decision making, it is expected that the majority of children and young people presenting with EBSNA will experience a graduated approach, and evidence of earlier intervention will be required to inform decision making about access to more specialist intervention.

## Emotionally Based School Non-Attendance (EBSNA)

Emotionally based school non-attendance (coined by West Sussex EPS) is:

**‘a broad umbrella term used to describe a group of children and young people**

**who have severe difficulty in attending school due to emotional factors,**

**often resulting in prolonged absences from school’**

(West Sussex Guidance, 2018, p.3).

This is the definition used when EBSNA is referred to within this pathway.

A leading researcher in the field, Kearney, highlighted the importance of understanding the underlying reasons for a child or young person’s school non-attendance. Kearney (2008) identified four potential key functions of EBSNA:

* avoiding school related stressors;
* avoiding aversive situations e.g. social situations;
* attention needing or separation anxiety;
* reinforcing activities e.g. comfort, enjoyment.

For most young people, no one clear identifiable cause was found, but a complex interlinking mix of factors relating to school, family/home factors, out of school events and within-person factors were found to most often contribute to school non-attendance.

## Principles of the Guidance

The following principles have underpinned the development of this pathway:

* All children and young people, regardless of individual needs, have a right to access their full educational entitlement,
* The majority of children and young people will be able to access the right support, at the right time, in their local mainstream school,
* The mental health needs of children and young people should be considered as being as important as their physical needs,
* A child-centred approach where children and young people, their parents/carers and all services work together is critical to positive outcomes for children and young people presenting with reduced attendance due to reasons related to emotional wellbeing and mental health,
* Early intervention is critical to positive outcomes for children and young people presenting with reduced attendance due to reasons related to emotional wellbeing and mental health,
* A holistic approach to planning should be taken that follows a graduated approach, in line with the SEND Code of Practice.
* An individual’s development is influenced by a series of interconnected environmental systems, ranging from the immediate surroundings (e.g., family and school) to broad societal structures (e.g., culture). We work with the systems around a child to support them, rather than just exploring things that they can change within themselves,
* It is important to avoid duplication of processes and so the EBSNA materials can be used alongside other processes such as SEND and EHA.

## DfE Guidance Regarding Attendance

In February 2023 the Department for Education published Guidance for Schools where mental health issues affect a pupil's attendance: [Summary of responsibilities where a mental health issue is affecting attendance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136965/Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf). This guidance aligns with the EBSNA Pathway in Wolverhampton and promotes working closely with pupils and their families and providing support through a graduated approach.

*‘In developing a plan to implement reasonable adjustments to support attendance, school staff should aim to involve parents/carers to support a child who is anxious about attending from an early stage, making it clear that part of the aim of the plan is to maximise face-to-face attendance as much as possible. The plan should have regular review points built into it and have been agreed in advance of implementation.’*

*(DfE, 2023, page 6)*

The key responsibilities for education settings are to:

* Take a holistic approach to promoting and supporting mental health and wellbeing, building emotional resilience through the school curriculum and pastoral support and promoting a strong ethos and culture.
* Set and maintain high expectations for attendance for children with mental health concerns and work with pupils and parents/carers to maximise their attendance.
* Facilitate support for pupils experiencing mental health problems as well as for those experiencing normal but difficult emotions through sensitive conversations with pupils and parents/carers.
* Consider additional pastoral care inputs, where appropriate making referrals.
* Engage with parents at an early stage in conversations to support their child experiencing anxiety to ensure robust support for the child.
* Support parents if they feel the child needs to visit a specialist in relation to a mental health concern. There is no need to routinely ask for medical evidence to support recording an absence as authorised. Schools should encourage parents to make appointments out of school hours where possible.
* Only request medical evidence of a mental health-related absence where there is a genuine and reasonable doubt about the authenticity of the illness, whether the illness should constitute an absence or to inform any agreed actions to support attendance.

Alongside this summary of responsibilities, there is a useful document with [Effective Practice Examples](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1134196/Support_for_pupils_where_a_mental_health_issue_is_affecting_attendance_effective_practice_examples.pdf).

## Support for Families:

EBSNA is likely to cause families a great deal of stress and carers often feel that professionals are assigning blame to them. Parents/carers may be initially defensive and it is important that time is taken to understand and empathise with parents & carers, finding out how EBSNA is affecting their own and family lives. It is crucial to work to building trust and to reassure parents/carers that we you are all working together and that they are not being blamed.

This guidance can be shared with families and they can also access the following support:

* a Video Guide about the Pathway for families:
  + <http://www.educationalpsychologywolverhampton.co.uk/parents/emotionally-based-school-non-attendance.html>
* Wolverhampton Information, Advice and Support Service (IASS)
  + <https://wolvesiass.org>
* Parent/Carer Consultation Service from the Educational Psychology Service:
  + <http://www.educationalpsychologywolverhampton.co.uk/parents/remote-consultation-service/index.html>

## Early Warning Signs:

Early intervention is critical to positive outcomes for children and young people presenting with reduced attendance due to reasons related to emotional wellbeing and mental health. Noticing early warning signs and providing support can make a huge difference to the outcomes for that pupil. The table below shows some signs to be aware of but please note that this is not an exhaustive list and not every child will show these early warning signs. A whole school approach that allows adults to get to know children well will help with spotting early warning signs.

|  |  |
| --- | --- |
| Early EBSNA Warning Signs to be Aware of: | |
| Absence patterns/  reluctance to attend | Early patterns of absence (e.g. sporadic attendance and lateness) |
| Patterns in absences, for example, particular days and/or subjects, after weekends and holidays |
| A parent or carer reporting that the child or young person does not want to come to school |
| For younger children reluctance to leave parents or get out of the car |
| Reluctance to attend school trips |
| Anxiety on separation and unusual dependence on family members e.g., worry expressed about the safety of those at home |
| Frequent absences for minor illnesses |
| The young person expresses a desire to attend classes but is unable to do so |
| Physical Changes | Physical signs believed to be linked to stress (e.g. stomach ache, sickness, headache) |
| The child or young person often complaining of feeling ill |
| Physical changes i.e., sweating, sickness, aching limbs, headaches, panic attacks, abdominal pain, rapid weight loss or gain |
| Behavioural/Mood Changes | Behavioural changes or fluctuations e.g. interactions with others, reduced motivation and engagement in learning tasks. |
| Evidence of under-achievement of learning potential |
| Challenging behaviours, particularly in relation to specific situations at school |
| Social isolation and avoidance of classmates or peer group |
| Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days |
| Depression and sense of isolation resulting in, low self-esteem and lack of confidence |
| Confusion or extreme absent mindedness shown in school due to lack of concentration resulting in, lower attainments |

# Emotionally Based School Non-Attendance Pathway

**Universal Offer:** Settings should promote whole-school approaches to reduce the likelihood of EBSNA

*(see Appendix 1)*

**Graduated Approach to SEND:** The EBSNA Pathway promotes an **ASSESS-PLAN-DO-REVIEW** approach to supporting pupils. These stages can be followed as part of meetings already planned within SEN Support, EHA and EHCP processes. We aim to avoid duplication and repetition for families.

You can access support to apply the EBSNA Pathway through [**reflective group supervision sessions**](https://www.wves.wolverhampton.gov.uk/Page/9487) led by the SEND and Inclusion Team.

# Appendices

## Appendix 1: Whole School Approaches

Educational settings should aim to create policies that adopt whole school evidence-based approaches to promote wellbeing to reduce the likelihood of EBSNA occurring.

Schools can take a preventative role around EBSNA through adopting whole school, relationship-based practices that promote wellbeing and positive mental health in CYP. These need to be embedded and promoted through school ethos and leadership practices. [Public Health England (2015)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf) highlighted eight principles to promoting whole school approaches to emotional health and well-being:



The eight principles of a whole school approach are key areas where schools can take action to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner’s feedback about what works. They build on what many schools are doing already but if applied consistently and comprehensively will help protect and promote student emotional health and wellbeing.

These principles form the basis of the Senior Mental Health Lead Role. Further support can be given to them via the Wolverhampton Education Wellbeing Network (contact [wellbeingtraining@wolverhampton.gov.uk](mailto:wellbeingtraining@wolverhampton.gov.uk)) and the Reflexions Service.

For those CYP at risk of or experiencing EBSNA, schools can identify and support them by continuing whole-school relational approaches, employing a thorough **assess, plan, do and review cycle,** placing the young person at the heart of the interventions and involving outside agencies where required.

Person centred strategies and interventions, developed through the Assess, Plan, Do, Review cycle can support a successful integration. Interventions may be needed at the level of the child, the family, peer and school and wider context. Educational settings should aim to create policies that adopt whole school evidence-based approaches to promote wellbeing to reduce the likelihood of EBSNA occurring. For further information on intervention strategies/approaches available via the LA attendance core offer, please contact the team via email: [attendance@wolverhampton.gov.uk](mailto:attendance@wolverhampton.gov.uk) or alternatively visit the [CWC Attendance webpage](https://www.wolverhampton.gov.uk/education-and-schools/school-attendance) .

## Appendix 2: Risk Profile for Emotionally Based School Non-Attendance

**What is the Risk Profile?**

The Risk Profile is a tool to try to explore factors that may be contributing to a pupil’s emotionally based school non-attendance. It consists of five key areas that we know are risk factors for EBSNA, with an additional section related to the impact of COVID-19. Each section contains a number of items that you are asked to consider in terms of their possible importance in influencing emotionally based attendance difficulties. It should be noted that this profile was adapted from the CARE Schedule.

The tool does not give a risk ‘score’, as the importance and impact of items can vary hugely between individuals. This tool should be used to begin a conversation about factors that are important to the individuals involved and to inform a graduated approach to responding to needs and supporting the pupil.

**Completing the Risk Profile:**

The Profile should be used at an early stage when you begin to have concerns about potential Emotionally Based School Non-Attendance.

It can be helpful to complete the Risk Profile with the pupil and their parent/carer. You should be as objective as possible when completing the schedule and base assessments on evidence.

Ask about each item using phrases such as *‘are you concerned about…?’* and *‘do you have any worries related to….?’*

During the process of completing the schedule, it can be useful to note factors associated with particular items, such as:

* This has been an issue in the past but doesn’t appear to be now.
* This has been an issue in the past and has persisted as an important item.

**Analysing the Risk Profile:**

Items on the scale are not rated numerically, like a typical rating scale, as one single item may have had a very significant impact (e.g. loss of someone close to them) and so it cannot be weighted in the same way other items. There is a summary chart to tally the level of concern for items in each area which can help to give an indication of the key areas of risk that may need to be addressed.

Use the information from the Risk Profile to identify the most influential aspect(s) of the child or young person’s life (based on the five key areas), and any possible secondary areas that may also be contributing to their current circumstances. This should then be used to inform more focussed and detailed information gathering conversations. In-depth views of the young person, parent/carers and possibly key adults in the setting should be gained and used to inform a graduated approach to responding to needs and supporting the pupil. The information from all these sources should be used to inform the Multi-Element Support Planning Meeting.

**Risk Profile for EBSNA:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Level of Concern** | | | | |
| **Social Personal** | High | Med | Low | Not an Issue | Not known |
| Being bullied |  |  |  |  |  |
| Few friends / friendship issues |  |  |  |  |  |
| English as an additional language (EAL) |  |  |  |  |  |
| Dislikes play / social times / unstructured times |  |  |  |  |  |
| Few leisure interests |  |  |  |  |  |
| Physical / additional needs barriers |  |  |  |  |  |
| Other- |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items- How are things going with other people in school?**  **Observations of interactions/ participation?** | | | | | |
| **Curriculum / Learning issues** | High | Med | Low | Not an Issue | Not known |
| Low levels of progress / achievement |  |  |  |  |  |
| PE and / or games issues |  |  |  |  |  |
| General learning difficulties |  |  |  |  |  |
| Subject specific difficulties |  |  |  |  |  |
| Exam or test anxiety |  |  |  |  |  |
| Difficulties with a particular teacher / adult |  |  |  |  |  |
| Problems keeping up with lessons |  |  |  |  |  |
| Other SEN barriers e.g. sensory / neurological needs |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items- What’s going well and not so well with school work?** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Level of Concern** | | | | |
| **Loss and Change** | High | Med | Low | Not an Issue | Not known |
| Moving house, school, area |  |  |  |  |  |
| Loss of classmate |  |  |  |  |  |
| Sudden traumatic event |  |  |  |  |  |
| Death of pet |  |  |  |  |  |
| Sudden separation from parent |  |  |  |  |  |
| Parent, relative, friend illness |  |  |  |  |  |
| Death of parent, relative, friend |  |  |  |  |  |
| Other- |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items-Have there been any big things happen to you or your family or big changes lately?** | | | | | |
| **Family Dynamic** | High | Med | Low | Not an Issue | Not known |
| Inappropriate parenting |  |  |  |  |  |
| Birth of a new child |  |  |  |  |  |
| Parents separated |  |  |  |  |  |
| Parents arguing / fighting |  |  |  |  |  |
| Practical problems bringing child to school |  |  |  |  |  |
| Problems with parental influence |  |  |  |  |  |
| Jealous of siblings at home |  |  |  |  |  |
| Caring role at home (i.e. young carer) |  |  |  |  |  |
| Other- |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items- How is everyone getting on at home?** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Level of Concern** | | | | |
| **Psychological wellbeing** | High | Med | Low | Not an Issue | Not known |
| Often seems tired |  |  |  |  |  |
| Low self-esteem |  |  |  |  |  |
| Appears depressed / low mood |  |  |  |  |  |
| Appears anxious |  |  |  |  |  |
| Keeps feelings to themselves |  |  |  |  |  |
| Has a pessimistic outlook |  |  |  |  |  |
| Issues around diet / eating |  |  |  |  |  |
| Issues in relation to sleep |  |  |  |  |  |
| Inappropriate / risky behaviours |  |  |  |  |  |
| Issues related to identity (e.g. cultural, gender, sexuality) |  |  |  |  |  |
| Other- |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items- How do you/he/she feel most of the time?**  **Observations of general presentation?** | | | | | |
| **Impact of COVID** | High | Med | Low | Not an Issue | Not known |
| Anxiety around returning to school |  |  |  |  |  |
| Anxiety related to contracting virus |  |  |  |  |  |
| Separation / social distancing from family and friends |  |  |  |  |  |
| Social isolation |  |  |  |  |  |
| Barriers to hobbies / leisure |  |  |  |  |  |
| Mental health and wellbeing of parents / family members |  |  |  |  |  |
| Safeguarding issues (e.g. Domestic Violence, abuse, neglect) |  |  |  |  |  |
| Death of a close family member, friend, staff member |  |  |  |  |  |
| Close family member, friend, staff member illness |  |  |  |  |  |
| Other- |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **Note on key items- How has COVID changed things for you and your family?** | | | | | |

**Any other issues / concerns not captured in the above?**

|  |
| --- |
|  |

**Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key area** | **Level of concern** | | | | |
| High | Med | Low | Not an Issue | Not known |
| Social personal |  |  |  |  |  |
| Curriculum / Learning issues |  |  |  |  |  |
| Loss and Change |  |  |  |  |  |
| Family dynamic |  |  |  |  |  |
| Psychological wellbeing |  |  |  |  |  |
| COVID-19 |  |  |  |  |  |
| Other |  |  |  |  |  |

Areas with the highest tally of concern or are not known can be used to inform further exploration, intervention and agreed actions as part of a Multi-Element Support Plan.

## Appendix 3: Risk and Protective Factors & Push and Pull Factors

An important key to promoting children’s mental health is an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges. There is a complex interplay between risk factors in children’s lives and promoting their resilience. As social disadvantage and the number of stressful life events accumulate for children or young people, more factors that are protective are needed to act as a counterbalance.

Emotionally Based School Non-Attendance is most likely to occur when the risks are greater than resilience, when stress and anxiety exceeds support.

The tables below can help key adults around the child to formulate key risk and protective factors and key push and pull factors present for an individual child or young person. To support the completion of the risk and protective factors table, the following questions could be considered for each section:

**The child**

* What strengths and difficulties does the young person present with in the 4 areas of need? (Cognition and Learning, Communication and Interaction, Social, Emotional and Mental health, Physical and Sensory)
* Hope and aspirations of the young person
* Likes and interests of the young person
* Accomplishments of the young person

**The family**

* Family composition
* Recent changes in the family
* Family history of difficulties
* What strengths and difficulties does the young person present with at home?
* The young person’s relationship with their parent / carers and siblings
* Description of a typical day when they attend school and when they avoid attending school
* What does the young person do when they do not go to school? What do other family members do?
* Impact of EBSNA on family members?

**The school**

* Early experiences at school (e.g. in primary school, start of secondary school)
* What is going well currently at school?
* Relationship with peers
* Relationship with teaching staff
* What support does the young person receive currently in school?
* Approaches / strategies that have been helpful in supporting the young person’s needs
* What was different about the times when the young person was able to get to school?
* What support is needed to meet the current needs of the young person?

**The community**

* The young person’s journey into school
* An exploration of socio-economic factors, wider supportive networks, standard of living, sports / leisure activities
* Cultural / religious factors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RISK FACTORS**  Identify the risk factor and its potential impact on the young person  *e.g. Overwhelmed in social situations (risk) and so struggles to maintain friendships which leads to social isolation in unstructured times (Impact)* | | **PROTECTIVE FACTORS**  Identify the protective factor and its potential impact on the young person  *e.g. Good reading ability (Protective factor) and so engages confidently in English lessons (Impact)* | |
| **Risk factor** | **Impact** | **Protective factor** | **Impact** |
| **THE CHILD** |  |  |  |  |
| **THE FAMILY** |  |  |  |  |
| **THE SCHOOL** |  |  |  |  |
| **THE COMMUNITY** |  |  |  |  |

**Following the completion of this table, please use this and completed Risk Profile assessment to inform a graduated response to address the current needs of the young person.**

**Factors associated with the vulnerability of EBSNA**

|  |  |  |
| --- | --- | --- |
| **School factors** | **Family factors** | **Child factors** |
| Bullying (the most common school factor) | Separation and divorce or change in family dynamic | Temperamental style – reluctance to interact and to withdraw from unfamiliar settings, people or objects |
| Difficulties in specific subject | Parent physical and mental health problems | Fear of failure and low self-confidence |
| Transition to secondary school, key stage or change of school | Overprotective parenting style | Physical illness |
| Structure of the school day | Dysfunctional family interactions | Age (5-6, 11-12 & 13-14 years) |
| Academic demands/high levels of pressure and performance-oriented classrooms | Being the youngest child in the family | Learning difficulties, developmental problems or Autistic Spectrum Condition (if unidentified or unsupported) |
| Transport or journey to school | Loss and bereavement | Separation Anxiety from parent |
| Exams | High level of family stress | Traumatic events |
| Peer or staff relationship difficulties | Family history of EBSNA |  |
|  | Young carer |  |

**Push and Pull Factors**

Contributory factors of ‘risk and resilience’ can also be divided, and understood, in terms of ‘push’ and ‘pull’ factors.

* ‘Push’ factors (i.e. those that push the child towards attending school)
* ‘Pull’ factors (i.e. those pull the child away from attending school)

It may be helpful to identify an individual child or young persons push and pull factors in order to better understand the motivations and functions of their behaviours and choices. The below visual has been provided as a prompt for this.

WHAT CAN LEAD YOU TO **MISS** SCHOOL?

WHAT HELPS YOU WANT TO **COME** TO SCHOOL?



## Appendix 4: Person-Centred Planning Tools

The Special Educational Needs and Disability Code of Practice: 0 – 25 years provides the statutory guidance relating to part 3 of the Children and Families Act 2014. Embedded in its principles is the need for a stronger focus on the participation of children, young people and their parents/carers in decision making at both individual and strategic levels. Please find the full document using this link to explore other PCP approaches that are not provided here:

The use of Person-Centred Approaches provides the opportunity to fulfil those principles. Working in this way ensures the Child / Young Person and their parents/carers are at the centre of all decision making and future planning.

Please find below Person-Centred planning tools that can be used to elicit the views of the young person at each stage of the EBSNA pathway.

If key adults supporting the young person feel that tools highlighted in this document will be ineffective in capturing their views e.g. if they are not age appropriate or for any other reason that may limit their effectiveness, please refer to the *‘**[SEND Guidance: Person Centred Planning Toolkit](https://www.oldham.gov.uk/downloads/file/3779/send_guidance_person_centred_planning_toolkit)’* for more tools and options to elicit the young person’s views more effectively.

## Good Day / Bad Day

**What is the activity?**

* Good day/bad day is a person-centred thinking tool that is used to learn about what matters to someone and what support they need to have good days and avoid bad days. It asks pupils to describe what a good day looks like for them and what a bad day looks like for them. They also think about how things can be improved on bad days. We can use this information to plan support for them.

**How to Deliver:**

* Use the template on the following page (or create your own)
* Ask the pupil to think back to the last bad day they had.
* Ask them to describe what happened and why this was bad.
* Help them to think through their day: what happened when they woke up, when they left the house, when they got to school, at lunch time, during any lessons, after school, at bedtime etc?
* Discuss with them what could have helped to support them on this bad day. What would have made the bad day better?
* Now ask the pupil to describe what would make a good day?
* Some people cannot describe a good day or a bad day but can tell you about the last week in detail, so that you can gently ask which bits of the day were good and which not so good.
* If the pupil has not had good days for some time, they may be able to tell you about a good day from their past.
* If the pupil cannot tell you directly themselves, then family or support staff can help.
* Who helped to make this day good and what did they do?

|  |  |
| --- | --- |
| **What makes a good day?** | **What makes a bad day?** |
|  |  |
| **What can help to make a bad day better?** | |

## Ideal / Non-ideal School

This approach seeks to explore children’s important or core constructs about themselves and how they view the world. Children (and adults) behave in a way that makes sense to them according to their own view of the world. We are likely to understand children (and the sort of provision that is most likely to help them) more fully if they are able to express these core constructs to us.

**How to deliver**

1. Equipment needed: a black pen and two sheets of plain A4 or A3 sized paper
2. Allow about an hour to complete the activity, perhaps with a short break if necessary
3. Explain to the pupil that you are going to be doing the writing today, acting as scribe. This is to take the pressure off the pupil and keep the process moving
4. The pupil is asked to make quick drawings or sketches (rather than detailed drawings). Reassure the pupil that it doesn’t matter if an error is made
5. It is important to record exactly what the pupil says using their own words
6. If the pupil is overly anxious about drawing, either model stick people drawings first or just record the pupil’s verbal responses
7. Allow time for the pupil to process the requests – repeat/reword/simplify the questions if not understood
8. Provide reassurance that there are no right or wrong answers or responses
9. Provide encouragement and praise for the pupil’s involvement with the activity
10. Be sensitive about sharing the drawings with others, ask the child’s permission and ensure that other adults understand that the child has trusted you in revealing such views, which must be respected
11. Talk to other colleagues about planning any follow-up work that might be indicated

***Part 1: Drawing the kind of school you would not like:***

***Part 2: Drawing the kind of school you would like***

## Appendix 5: EBSNA Multi-Element Support Plan

**EBSNA Multi Element Support Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary area of need: |  | SEN Support (K) | | EHCP (E) **☐** | Attendance % |
| Secondary area(s) of need: |  | Stage of EBSNA Pathway | |  | |
| Other plans: | Child has a Personal Education Plan (PEP) | | Child has an Individual Health Care Plan (IHCP) | | |
| Social Care Status: | Universal | | Early Help Assessment | | |
| Child In Need | | Child Protection | | |
| Plan start date: |  | | Plan no. |  | |
| Planned review date: |  | | Actual review date: |  | |

|  |  |
| --- | --- |
| **Details of any specialist support professionals who are actively involved:** | |
| ***Name*** | ***Role*** |
|  |  |

*Please use the completed EBSNA tools to help guide discussion and form an action plan to address the current needs of the young person. You must complete Risk Profile for EBSNA and may wish to also use the Risk and Protective table, Push and Pull Factors tool, Good Day/Bad Day activity and Ideal/Non-Ideal School Activity. The targets set should reflect information gathered from these.*

|  |
| --- |
| **What has led to the MESP being completed (overview of current concerns)?**  *(include dated updates from reviews in this section)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Rate areas of concern based on Risk Profile** | | | |
| Curriculum/ Learning |  | Family Dynamic |  |
| Social Personal |  | Psychological Well Being |  |
| Loss and Change |  | COVID 19 |  |
| Other |  | Other |  |

|  |  |
| --- | --- |
| **List Key Risk and Protective Factors**  *This section should be reviewed and updated at each MESP review meeting.* | |
| **Risk Factors**  *(think about things that may prevent or discourage attendance)* | **Protective Factors**  *(think about things that may help or encourage attendance and the young person’s strengths)* |
|  |  |

|  |  |
| --- | --- |
| **Pupil Views** | |
| What would you like to achieve? |  |
| What would you like help with? |  |
| Is there anything that you are worried about? |  |
| **Parent/Carer Views** | |
| What are your hopes for your child? |  |
| Do you have any concerns? If so, what are they? |  |

**NB: If a Special Personal Learning Plan (SPLP) / Part-Time Timetable is put in place, please follow the** [**Schools Guidance**](https://www.wolverhampton.gov.uk/education-and-schools/inclusion-team) **and notify the Attendance and Inclusion Team.**

**Agreed Targets:**

**Target 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rating: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 10 |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |
| **T -** Target (Where would we realistically expect to be with this target by the next review?)  **B** - Baseline (Where is the CYP now with this target?):  **A -** Achieved (Review - How much progress have they made towards target?): | | | | | | | | | | | | | |
| **Provision to support outcomes: (**Consider Environmental Strategies, Skills Development, Motivators and Responding to Difficulties: Use the EBSNA Strategies document to support) | | | | | | | | | | | | | |
| Support | | | | | How often | | | | | Delivered by | | | |
|  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | |

**Target 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rating: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 10 |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |
| **T -** Target (Where would we realistically expect to be with this target by the next review?)  **B** - Baseline (Where is the CYP now with this target?):  **A -** Achieved (Review - How much progress have they made towards target?): | | | | | | | | | | | | | |
| **Provision to support outcomes: (**Consider Environmental Strategies, Skills Development, Motivators and Responding to Difficulties: Use the EBSNA Strategies document to support) | | | | | | | | | | | | | |
| Support | | | | | How often | | | | | Delivered by | | | |
|  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | |
|  | | | | |  | | | | |  | | | |

**Review: *(insert date)***

|  |  |  |  |
| --- | --- | --- | --- |
| Comments: (Consider, *what have we tried, what has worked well, what has not worked and what are the next steps?*) | | | |
| Parent/carer | Child/Young person | School/Setting | External Agencies *(list contributors)* |
|  |  |  |  |
| Summary of Next Steps: | | | |
|  | | | |
| If attendance is still a concern, consider whether any of the following are needed:   * Invite an Educational Psychologist to chair a MESP meeting * Commission an EBSNA Intervention from the EP Service * Seek support from the EBSNA Co-ordinator * Collate all assess-plan-do-review information and invite Nightingale/EBSNA Co-ordinator to a MESP review to discuss whether a referral to ISAPP is appropriate. * Follow the Annual Review Pathway to call an early Annual Review if the pupil has an EHCP * An EHCNA request as part of the Graduated Response to SEND. | | | |

## Appendix 6: Ideas for EBSNA support and interventions

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Strategies**  *(e.g. access to activities, sensory breaks, use of language at the right level, routines within the setting).* | **Skill Development**  *(e.g. strategies for managing anxiety, skills to start and maintain friendships, literacy skills).* | **Motivators**  *(e.g. timetabled activities of interest).* | **Responding to difficulties**  *(If things don’t go to plan, how can we intervene early and move things forward as quickly and safely as possible e.g. diversion, redirection, de-escalation, keeping safe, recovery, repairing harm).* |
| \*The school has in place a well-trained, dedicated Mental Health team.  \*A warm, friendly, and well-planned arrival and welcome to school. If children are anxious, their first contact with school is very important. Support the young person so that they experience a sense of welcome and belonging. Front line staff (such as the reception team) may be the first faces they see so ensure these staff are involved in the support plan and understand the importance of their role.  \*Some pupils are offered a “meet and greet” at the school gate to support transition back into school after period of absence.  \*Provide quiet or safe spaces for pupils to access if they are experiencing intense emotions.  \*Pupils can pre-order lunch and it is collected by the staff and distributed to them to eat in solace.  \*Pupils are supported by staff members to integrate into the canteen to build their confidence with eating in the assigned area. This gives them the confidence to meet friends and make friendships that ease their anxiety.  \*Seating at breaks and lunches can be provided to support with anxiety.  \*Pupils can be provided with “Early Leave” cards, that will allow them to avoid main transition times in corridors between classes.  \*Where required, a short period of phased timetabling to allow a transition back into school and to attend full-time, where the child is in school but does not attend all lessons, working with the pupil to support with any anxiety they are experiencing during time not spent in class.  \*Some pupils will sit exams in smaller examination venues e.g. smaller rooms of 10 or 12 pupils.  \*Working to reduce everyday stressors in the classroom for pupils who easily become overwhelmed.  \*Ensuring a sense of normality and consistency when the young person is in school and avoid asking where the child has been. | \*Pupils can be withdrawn from lessons on a short-term basis and do work on emotional regulation, to build their resilience and alleviate anxiety about attending school.  \*Children with sensory difficulties are considered as part of the school uniform policy, such as allowing them to wear shorts instead of trousers, which helps to alleviate anxiety about attending.  \*Ear defenders are provided to students who are particularly sensitive to noise. They wear these in and out of lessons as needed.  \*Pupils can be paired up with buddies/mentors from older year groups who have received specific training to support, e.g. meet 6th form progress mentor during registration.  \*Pupils can access a pastoral/safeguarding drop-in chat team.  \*Pupils are offered 1-1 coach support to “catch-up” on core content for English/Maths. Often a barrier to returning as pupils overwhelmed with content they have missed.  \*Checking in regularly with pupils to see whether any agreed adaptations or strategies are working and useful and adjusting if not.  \*Some CYP find yoga helpful in helping them to relax. Cosmic Kids yoga has many videos suitable for younger children.  \*Practising different breathing exercises, including 5 finger breathing, star breathing, box and belly breathing, 7-11 breathing (in for 7 seconds and out for 11).  \*Grounding exercises can be helpful during anxiety or a panic attack by helping to ground the person in the present. For example: the 5-4-3-2-1 exercise (counting backwards). They name 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell and one thing they can taste.  \*Mindfulness techniques such as the Body scan: Sit or Lie down somewhere comfortable, close your eyes, tightly squeeze every muscle in your body, squish your toes and feet, fingers, and hands, after a few minutes release all your muscles and relax.  \*Visualisation is another powerful technique that can help people unwind and relieve stress. Visualisation uses mental imagery to reach a more relaxed state of mind. For example: support the child to imagine: A funny image, a happy place, a calming place, throwing their worries away.  \*Distraction techniques: (but first consider the following: 1. Have I had enough sleep? 2.Have I had something to eat today? 3.Have I had something to drink)? Make a to do list for the week, learn the lyrics to a new song, mindfulness colouring, play with a stress toy, burn energy (running or dancing). | \*Pupils can attend draw and talk, baking and gardening therapy sessions, as well as group social skills lessons.  \*Pupils are encouraged to take part in after-school clubs, to help to build confidence about attending.  \*Pupils are offered 1-1 or group sessions with a pastoral coach using sport, which can be an escape from the pressures of school life and help the pupil with any feelings of anxiousness they are experiencing.  \*Making time for the young person to do the thing that they enjoy the most every day.  \*Meeting with the young person and supporting them to select some realistic and achievable goals for the week. What will support you to achieve these goals? What things might make it difficult? What could the reward be if you achieve this?  \*Sessions with mentors could include psychoeducation about Growth Mindset (Dweck, 2006). | \*Pupils are made aware that they can speak with anyone they have confidence in, and staff know that, where they need help, they should contact a member of the trained mental health team.  \*Staff who have the requisite training wear ‘Mental Health Matters’ lanyards, which lets pupils know that we are trained and available to support directly if required.  \*Regular contact and communication between the child, family, and school, including the use of virtual or telephone check-ins.  \*The ideal school technique: Understand the child’s unique perspective on life through the careful use of questions and extremely sensitive note of the child’s answers. (Moran 2001).  \*Work with the young person and family to ensure there is a plan in place for dropping off and arrival in to school; including what activities they will engage in and how the transition to school can be eased. Involve the young person, talk to them about how the start of the school day could be changed to reduce their worries and anxieties.  \*Ensure that the young person feels that their feelings around the difficulties in getting to school are believed by the adults around them.  \*Ensuring home learning is shared, marked and that feedback is provided so that the young person knows that they still belong and are a valued part of the school community. |