



Emotional Barriers to School Attendance (EBSA)

MANCHESTER SCHOOLS GUIDANCE FOR
PREVENTION AND EARLY INTERVENTION

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Section 1 - What are emotional barriers to school attendance (EBSA)?

Context

Nationally, there is great concern about the high levels of persistent and severe absence since the Covid pandemic resulted in national lockdowns. **‘Almost 1 in 4 children were persistently absent in Autumn 2021 compared to around 1 in 9 in Autumn 2018 and 1 in 8 in Autumn 2019’¹.**

Understanding the reasons for poor attendance is crucial in supporting children back into school. The data for Manchester schools (2023/24) shows that attendance is improving (19.4% persistent absence as opposed to 24% in 2022/23), however it is acknowledged that poor mental health accounts for a significant number of absences.

In this guidance, we emphasise the importance of schools making reasonable adjustments and changes to remove barriers to school attendance. This may mean a shift from the focus of ‘within child’ to a careful examination of the combination of circumstances that can lead to school attendance difficulties.

This document is the result of a collaboration between Manchester City Council, One Education’s Educational Psychology Service, Manchester Parent Carer Forum, Parents and Health as well as schools, colleges and provisions across Manchester. It takes recent research and practice-based evidence into account. We are grateful to Salford Educational Psychology Service, Trafford Educational Psychology Service, West Sussex Local Authority Educational Psychology Service and the Greater Manchester Guidance (with special thanks to Spectrum Gaming) who have allowed the use of their resources.

Introduction

The impact of EBSA on children and families is far reaching and causes high levels of distress and disruption. Outcomes for children who display EBSA include poor academic attainment, reduced social opportunities and limited employment opportunities (Kearney & Graczyk, 2020; Kearney et al., 2022) and is associated with poor adult mental health. Early identification and intervention are crucial. This document is intended to be used as a preventative, early intervention and whole school approach.

Early identification of EBSA and effective early intervention is important to avoid an initial drop in attendance. The longer a child is out of school, the harder it is for them to return (Ingul et al., 2019).

The strategies and tools outlined here will be instrumental in creating a plan to support children who struggle to attend school or who are transitioning from home back to school. Investing time and resources at an early stage, can prevent future escalation of difficulties. Research suggests that robust and compassionate school approaches are key because:

¹ The Guide for Attendance Officers, September 2022

- Staff know the students well, and are there consistently day in, day out.
- The school system often contributes to EBSA.
- Change comes from within the system.
- Staff are ideally placed to work with the child and their family.

This guidance is intended to be used alongside government advice and guidance, including the following documents:

- Working together to improve school attendance (published May 2022, statutory from August 2024).
- Summary table of responsibilities for school attendance (published May 2022, statutory from August 2024).
- Summary of responsibilities where a mental health issue is affecting attendance (published February 2023).
- Support for pupils where a mental health issue is affecting attendance. Effective practice examples (published February 2023).
- Providing remote education. Non-statutory guidance for schools (published January 2023).

NB The document aligns with advice and guidance current at the time of publication.

The following guidance is appropriate to all phases of education, from Early Years to Post-16 and Further Education for those with additional needs.

- ‘child’ is used to refer to children and young people up to age 18.
- ‘settings’ is used to refer to day care, school and college.
- ‘parent’ refers to any adult with parental responsibility
- ‘teacher’ refers to the person responsible for a child’s learning at the setting.
- SaLT refers to Speech and Language Therapy.
- OT refers to Occupational Therapy.

What are Emotional Barriers to School Attendance?

EBSA is the term used by Manchester LA to describe the group of children who experience any difficulties attending lessons or school due to significant emotional barriers. These barriers are often caused by external factors, including the environment. EBSA happens when a child experiences a strong emotional reaction, typically anxiety, which creates significant barriers in attending their education setting (Elliott & Place, 2019; Finning et al., 2019; Rae, 2020).

Although historically the literature in this area cites the phrase ‘School Refuser’ and ‘School Avoider’, this terminology is rarely used today: it is considered misleading as the terms ‘refuser’ and ‘avoider’ imply that the child has control over the school attendance difficulties.

What signs might school and parents see?

- Erratic attendance, including lateness, missing the odd day here and there or particular lessons
- Delaying tactics of getting up and out for school on time
- Crying or pleading
- Frequent complaints about headaches, tummy aches, or not feeling well
- Family difficulties getting the child to school
- Sleep difficulties
- Preoccupation with school related worries/anxieties
- Only being able to attend school when provided with a high level of support and/or a modified timetable
- A child may mask their difficulties whilst in school, giving the impression that they are 'fine in school', but becoming very upset at home before and after school

Children may show their distress in different ways at home and at school. They may present as 'fine in school', with good attendance, but display a high level of distress at home. This can happen when a child 'masks' their true feelings in an attempt to fit in. It is important that schools listen to parents who express concerns about their child's behaviour and what it might be communicating.

What is the cause?

There is no single cause for EBSA and there are likely to be various contributing factors from school and home and will differ between children.

It may be helpful to consider what the purpose serves for the child. Often, these are not conscious thoughts/an active choice. Some examples are:

- To avoid stressful situations such as busy/noisy school environments, inflexible school demands such as uniform, routines and academic requirements, social pressures
- To reduce separation anxiety or to gain attention from significant others, such as parent or other family member
- To remain in a place of safety, comfort and familiarity

The combination of factors and need to avoid stressful situations, can lead to a child feeling pushed away from school and pulled towards wanting to remain at home.

Risk Factors

Being alert to risk factors in relation to EBSA can enable preventative and/or early action to be taken. For example, a teacher knows if a student struggles when there is a cover teacher or struggles to complete homework.

Table 1: Factors associated with EBSA

Protective Factors

It is important to also identify and build on positive aspects of school for the child. These can be key to developing an effective support plan. Schools can reflect on what may and may not be working through

Factors associated with the vulnerability of EBSA			
School Factors (Stressors)	Family Factors	Child Factors	
Structure, routines of the school day	Separation, divorce or change in family dynamic	Learning difficulties, developmental difficulties	
Peer or staff relationship difficulties	Parent physical or mental health difficulties	Neurodivergence – Autism, ADHD, including intolerance to certain sensory input and managing uncertainty.	
Transition to secondary, key stage or new school	Overly caring/protective parenting style	Health conditions, physical illness	
Transport or journey to school	Chaotic or unpredictable family interactions, including domestic abuse	Fear of failure and poor self confidence	
Bullying/Racism/ LGBTQIA+ discrimination	Being the youngest in the family	Separation anxiety from parent	
Academic demands/high levels of pressure and performance-oriented classrooms	Loss and Bereavement	Traumatic event, Adverse Childhood Events	
Exams	High levels of stress, including financial worries, housing and poverty		
Difficulties in specific subject/s	Family history of EBSA		
Curriculum content	Young carer		
Sensory environment	Practical difficulties getting to school		
Issues with a whole school sense of belonging			

conducting a school audit (see Appendix 1: Whole School Audit). Examples of protective factors include:

- Strong, positive relationships with pupils and families from the transition period onward
- Flexibility of approaches – person centred listening and acting on the voice of the child i.e., making changes within school
- All school staff (including non-teaching staff) to receive training in EBSA through induction and routine training
- A positive, pro-active approach to supporting the child and family
- Feelings of safety, security and a sense of belonging for their pupils
- Working together with the child, family, professionals
- Positive experiences where the child can succeed
- Positive relationships with peers and staff
- Staff to listen, understand and respond sensitively to the child
- Ambition, aspiration and motivation in the school community

- Building confidence, self-esteem, self-efficacy, value in the child
- Understanding the role that anxiety can play in behaviour that can challenge
- Developing parents' understanding of EBSA

Anxiety

Anxiety is often the main presenting difficulty (what people see first). Some children with EBSA may appear to recover relatively quickly from the initial upsets of the morning ("they're fine once they're in school"). This can lead school staff and others to question the degree of the problem. In reality, that child may be masking and one small thing could set them right back. These children may present as quiet and compliant in school, but parents report high levels of distress at home. On the other hand, anxiety may drive behaviours that we see as challenging in order to control what feels to the child like a very 'out-of-control' situation (Thambirajah et al., 2008).

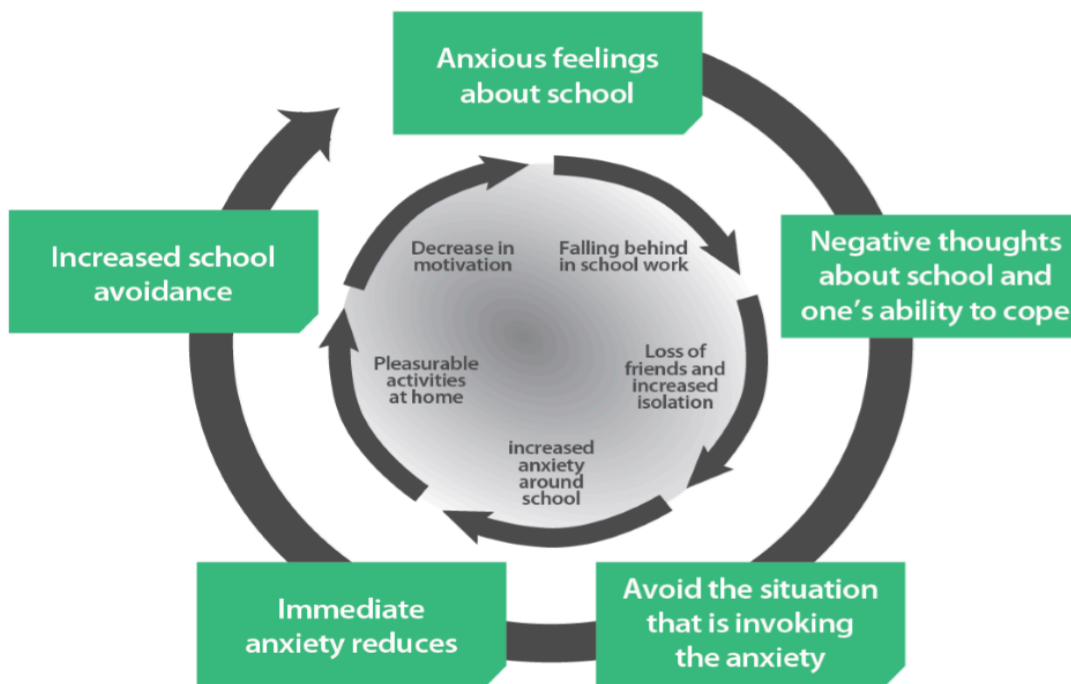
Although a certain level of worry is a normal and natural part of growing up, some children may experience heightened levels of anxiety which impact on their school experiences. With EBSA, the child may experience anxious and fearful thoughts around attending school and their ability to cope with school. These feelings may also be accompanied by physiological symptoms of anxiety such as nausea, vomiting, shaking, sweating etc, and may start the night before, or even a few days before school.

Be aware that returning to school after any period away, including summer holidays, or, for some children, weekends, will provoke anxiety e.g., that things will have changed or be different, family members at home, missed work, falling behind, not keeping up with friendships. These are the perfectly normal concerns that can be overcome with the right support and coping strategies.

In order to avoid these overwhelming emotions and the fear associated with school, the child may withdraw, presenting as unable to get ready for school, leave the house or enter the school. Our parent EBSA guidance contains more information and strategies to support parents.

Professional curiosity is key to see what may be driving challenging behaviour. See, Planning for Change document, and the Whole School Approach Section below. Information sharing between internal teams, such as SEND, pastoral, behaviour and attendance/safeguarding is important for early and accurate identification of need.

Figure 1: Diagram showing the anxiety cycle (from Priory Healthcare)



The above demonstrates what can happen when a child is out of school over time. It can lead to additional barriers to their return. The key message is, the sooner support is put into place, the better. The level and duration of support is dependent on individual needs.

What is autism? How does it relate to EBSA?

Munkhaugen et al. (2019) reported that the rates of EBSA among the autistic population was 40-53%, which is significantly higher than in the general population (5-28%). A recent study (Connolly et al., 2023) found that in a study of 947, 92% of those identified as experiencing school distress were neurodivergent, with 83.4% identifying as autistic. Other neurodivergent needs included sensory processing disorder, ADHD, dyslexia and dyspraxia. It is important to highlight that people can have more than one of these conditions.

The three areas of autism are typically defined by (Source: Autism Education Trust):



Social understanding
and communication



Flexibility, information
processing and understanding



Sensory processing
and integration

The Autism Understood website explains the following:

‘Autistic people often have additional challenges they face as a direct result of being in an environment that isn’t suited to their needs, plus lack of understanding from others. It is important to remember:

- Meltdowns are not an autistic trait, they are a way an autistic child might show us that they are struggling.
- High levels of anxiety are not an autistic trait, they are a sign that children don’t feel safe.
- Traumatic stress is not an autistic trait. It is what happens when things have gone badly wrong.
- For more detail <https://autismunderstood.co.uk/what-actually-is-autism/> ‘

Connolly et al (2023) identify some of the barriers faced by neurodivergent students are:

- Social and sensory barriers.
- Systems and policies that can penalise neurodivergent behaviours (e.g., not looking at the teacher, fidgeting, giving honest answers that may be perceived as rude or challenging etc.), leading to school not feeling like a safe place.
- High risk of bullying.
- Self-blame for unsuccessful interactions with peers.
- Masking.
- Self-management of sensory stress can take up cognitive and emotional resources and distract from classroom learning.
- Managing unstructured times.
- Negotiating transitions.
- Understanding and applying school rules.

From our discussions with autistic children, the following factors seem to make secondary school and FE particularly anxiety provoking:

- **Curriculum** – learning demands change as pupils get older. Autistic students can find this more stressful than most (I know I am clever but I can’t do this = stress).
- **Learning profiles** – many able autistic students nevertheless struggle with specific things e.g., memory, writing, organising, planning, getting started.
- **Exam systems and expectations** – pressure from an exam-based system.
- **Intrinsic aspects of autism** – such as rigidity of thought which can make some children dismissive of topics, pieces of work or subjects that hold little interest (‘I don’t want to be a footballer, why should I have to do PE?’).
- **Social world** – Keeping up with teenage banter; having different interests and tastes to most.
- **Puberty and identity** – this is difficult for all teens but can be particularly challenging for children who have intrinsic difficulties with change and a tendency to anxiety.

- **A range of teachers and teaching styles** - means more uncertainty and changing expectations.

NB Secondary school can be a positive experience with greater opportunities to meet other autistic pupils with similar interests, join a range of clubs and enjoy interesting new subjects. Some Manchester schools offer the HAVEN (hearing, accepting and valuing every neurotype) project, supporting children to build friendships with like-minded peers.

It will be helpful for all school staff to receive training in autism and neurodiversity. Manchester City Council are developing learning modules related to neurodiversity in schools, which will be widely available in due course.

Young Carers

Being a Young Carer can be the cause of anxiety for a child going into school and leaving the person they care for at home. Once a child has been identified as a Young Carer, there is a whole suite of resources on the Manchester Local Offer including information on what role a Young Carer may have at home, as well as tools for assessment and planning for support. The information can be found by clicking this link:

https://hsm.manchester.gov.uk/kb5/manchester/directory/advice.page?id=JW_pJ17AvJE

Section 2 - Whole School Approach

It is important to have a whole school EBSA strategy. Creating a sense of belonging for all pupils is key. Attendance and EBSA are everybody's concern. Careful and sensitive communication is important. Just one unfortunate comment or perceived criticism from an adult to a reluctant school attender (e.g., 'I haven't seen you for a while') can create further barriers to attendance.

Please see Appendix 1 for a whole school audit, and Appendix 2 for a model of facilitators and barriers to whole school approaches.

The following professionals may be involved, and effective communication is vital for positive outcomes. Internal:

- Attendance Officers
- Safeguarding Officers
- Family Liaison Officers
- SENCos/Inclusion Managers
- Heads of Year
- Senior Leadership Teams
- Teachers/ TAs/ Learning Mentors/Mental Health Practitioners
- Reception/Office staff
- Lunchtime Organisers

External:

- Educational Psychologists
- Therapeutic professionals/counsellors
- EHCP Officers
- Virtual School
- Manchester Hospital School
- Outreach Teams
- SaLT
- OT
- Health/CAMHS/ M-Thrive
- Early Help and Social Care

The following tables are based on the whole school EBSA audit, ordinarily available provision, research and parent feedback. For easy access to good practice, you can print pages 12 to 17.

School Belonging

Expectations for setting	How? Examples of good practice
The school is welcoming and a sense of belonging is actively fostered	<p>The school is signed up to the Healthy Schools offer and makes use of the training and resources freely available.</p> <p>All staff are welcoming and have a positive regard for all children, including non-teaching staff.</p> <p>School has conducted an audit of their whole school approach (see Appendix 1) and make relevant changes.</p> <p>Policies and processes are flexible to respond to a wide range of needs.</p> <p>All staff, at all levels, understand that their use of language is important – children are welcomed into school and staff model positive interactions. Adopt a ‘better late than never’ approach, e.g., greet people warmly whenever they arrive.</p> <p>Non-attendance sits within SEND and the APDR approach is used to identify and resolve issues.</p> <p>All staff have access to relevant training i.e., adaptive teaching, trauma informed approaches, ACES, Autism Friendly approaches, Total Communication strategies etc.</p> <p>Mental health and wellbeing forms part of the curriculum, where pupils are taught specific techniques i.e., tips for good sleep hygiene, managing exam stress, the importance of time away from social media.</p> <p>Staff, parents and pupils are aware of where to go for advice.</p>

Staff training

Expectations for setting	How? Examples of good practice
There is a continuing professional development (CPD) plan for all staff regardless of their level (i.e., in schools, this includes teaching assistants as well as teachers)	<p>Best practice is sought, and shared, with other settings to ensure the best outcomes for all learners. This may include those with health needs, or advice from health that could apply to other children.</p> <p>See Schools Bulletin and SENCo Network Meetings for training opportunities.</p>
Staff collaborate and have effective links with key services/agencies	<p>Staff know when to seek and/or refer for additional support and/or advice and feel confident to do this in a timely way- <i>not waiting until a child is out of school before acting.</i></p> <p>Advice from professionals is used to inform teaching and learning.</p>

Pastoral care

Expectations for setting	How? Examples of good practice
The setting promotes personal development and wellbeing, where happiness, wellbeing and a sense of belonging are prioritised	<p>Children are treated with respect.</p> <p>Understanding among all staff that some children, particularly neurodiverse children, struggle with an understanding of conventional hierarchies and may respond to adults in a forthright way.</p> <p>There is a calm, purposeful atmosphere for learning where all pupils are valued and belong.</p> <p>Language used demonstrates positive regard for all children.</p> <p>There is a culture of developing independence and life skills. A range of strategies are used to promote peer support.</p> <p>Staff are aware of, and implement, trauma informed practices.</p> <p>Staff know their learners well and understand their strengths as well as how they need to be supported to succeed.</p> <p>The environment provides an inclusive and accessible learning experience, wherever possible.</p>
Learners feel safe and valued	<p>Learners know who to go to when they have a concern.</p> <p>Learners have a named person to talk to when needed.</p> <p>The setting fosters a positive attitude towards the learner in class, and across the whole setting.</p> <p>Staff are aware of the factors that may make learners more vulnerable to non-attendance and take positive steps to reduce the impact where possible i.e., SEND, autism, young carer, parental health, poverty.</p> <p>Staff model positive attitudes.</p>

Partnership and Co-production with Children, Parents and Carers

Expectations for setting	How? Examples of good practice
Partnership is a key element	Clear, transparent information sharing with parents on attendance and what support is available for those experiencing difficulties.
Parents are involved in all decision-making discussions	Parents know who to talk to in the setting about concerns that affect attendance.

Co-production is at the heart of support planning	<p>Settings have a clear, graduated response to non-attendance – who to talk to, what actions to take, what support is in place, how to get help.</p> <p>Parents are included in the graduated response and planning of support.</p> <p>Settings build good relationships from the start valuing parents as a key partner in their child's educational journey.</p>
Partnership working is evident	<p>Parents know about their child's attendance and what support is available.</p> <p>Children and their parents know what their strengths are and are supported to understand the difficulties they experience and to learn strategies to overcome them.</p> <p>Children and their parents are included in discussions about what they find difficult and what may help, from the very earliest point.</p> <p>Support plans and interventions are co-produced and reviewed regularly with the child and their parents.</p> <p>Progress is celebrated together; all successes are valued no matter how small.</p>

Identification, intervention planning, implementation, and review

Expectations for setting	How? Examples of good practice
To have robust identification and response systems in place	<p>Responsibility for attendance sits within the Senior Leadership Team, with robust links between Safeguarding, Pastoral and SEND leads.</p> <p>Risk factors and early intervention strategies are known and understood by the whole staff (see Table 1: Factors associated with EBSA, page 6).</p> <p>Positive relationships are embedded so that conversations between staff and pupils regarding issues with lateness/non-attendance, take place early and in a non-judgemental way (see Planning for Change document).</p> <p>A range of reasonable adjustments are available (see Planning for Change document).</p> <p>Interventions are monitored and reviewed, with impact assessment via child feedback, and improved attendance and engagement over time.</p> <p>Health: Where needs are identified (SaLT/OT) pre-referral steps are taken to meet child's needs before referral, such as staff accessing online training, using information from service padlets to ensure child has access to non-specialised interventions that could help (ELKLAN, SLCN first response, sensory approaches etc.).</p>

Monitoring and review processes are robust and inform planning	<p>Interventions are planned based on evidence of strengths and difficulties.</p> <p>A wide range of assessment strategies and tools are available to understand need.</p> <p>Review and monitoring, include trying other strategies to gauge whether they have better outcomes for children.</p> <p>Self-assessment forms part of the target setting and review process.</p> <p>Health: Referrals to relevant health services are made in a timely manner, where needed. Or contact is made with health professionals already involved to ensure joined up working.</p>
Reasonable adjustments are in place for assessment and exam situations	<p>Reasonable adjustments and adaptations form part of the day-to-day assessment routine for learners.</p> <p>Day to day reasonable adjustments inform preparation for statutory test and exam situations including advice from health professionals who may be involved.</p> <p>The child and their parents are involved in planning exam preparation.</p>

RSE Curriculum

Expectations for setting	How? Examples of good practice
<p>The school has a comprehensive curriculum for RSE, including mental health and wellbeing</p> <p>The RSE curriculum for mental health and wellbeing is accessible to all learners at all levels</p>	<p>Issues such as bullying, managing anxiety, social and emotional mental health, gender identity are addressed.</p> <p>Wellbeing and mental health is visible in lesson plans across a range of subjects.</p> <p>Strategies for building resilience are built into the curriculum and day to day interactions between staff and learners.</p> <p>There is a culture of peer support within class and around the setting.</p> <p>Learner voice is considered when reviewing the curriculum and planning for the next year, to improve delivery and outcomes.</p> <p>Adaptations are made according to individual needs.</p>

Transition and change

Expectations for setting	How? Good practice examples
<p>Attendance information forms part of the transition plan</p> <p>Children with additional needs have enhanced support for transitions</p> <p>Transitions and changes include moving between schools, key stages and classes, but also from home to school, between rooms, subjects, activities and after breaks</p>	<p>Information about the child's attendance patterns and risk factors are shared as part of the transition info pack, between phases/settings, including recent changes i.e., changes to family make up, house move etc.</p> <p>Key leads share relevant information before child starts school.</p> <p>Parents know what to expect and who to speak to, and are assured that they will not be judged.</p> <p>Information is readily available to parents.</p> <p>Induction days and enhanced induction activities are planned as appropriate.</p> <p>A range of resources are available such as transition booklet, health booklets/ padlets, photos of new setting and staff, About Me/More About Me profiles in place or written with the learner and parents.</p> <p>Visits to existing setting by new staff.</p> <p>Unstructured times are considered and plans in place for children who struggle – quiet or safe place to go to, e.g., book corner/library, staff available to support.</p> <p>Pre-emptive reasonable adjustments are in place ensure children feel welcome and have a sense of belonging.</p> <p>Discussion with relevant health teams to determine if transition will include a new service offer/ new school nurse/ new SaLT etc. Have all health services involved been advised of updates?</p>
<p>Transitions take place with the child's needs at the heart of all plans.</p>	<p>Gradual admissions are implemented to build confidence with a clear, timely end point of full-time placement.</p> <p>Part time, gradual admissions must be planned to give enough time for the child to settle, feel safe and successful – do not rush.</p> <p>Part time, gradual admissions can be flexible to build on child's strengths and preferences.</p> <p>Part time, gradual admissions are a short-term strategy to build confidence towards full time placements and are not a long-term solution.</p> <p>Annual transitions are good opportunities to review existing school rules, routines and expectations to ensure they meet the needs of all children.</p>

	Information is sent home before September about the timetable of the first week so that children know what to expect. Photos and descriptions can also be sent if needed.
Reintegration plans: transitioning back into school from a period of absence takes place with the child's needs at the heart of all plans	<p>Discussion with child, parents and professionals to determine what support is needed to ensure the reintegration is successful.</p> <p>Reintegration happens at a pace to suit the child.</p> <p>Individual support plans are shared across the setting community so that all adults who come into contact with the child know what their needs are.</p> <p>Regular reviews of the plan where success is celebrated, no matter how small: changes are made in agreement with the child. See Planning for Change document for review templates.</p>

Section 3 – Planning for Change

Assess, Plan, Do, Review

As with any special educational need and/or disability, schools should follow cycles of assess, plan, do, review (APDR) as outlined in the SEND Code of Practice. Key approaches:

- **Be proactive and respond swiftly to indicators of EBSA.** The longer the problems remain unaddressed the poorer the outcome, as the behaviours become entrenched.
- **Monitor attendance** of children, noticing any patterns in non-attendance or changes to behaviours. Attendance is everyone's responsibility and Attendance, Behaviour, Safeguarding and SENDCos should work together.
- Review plans regularly.

For a comprehensive guide on the Equality Act in schools please see Council for Disabled Children's publication, Equality Act 2010 – what teachers need to know and what schools need to do.

<https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/disabled-children-and-equality-act-2010-what-teachers>

Assess

A clear understanding of contributing factors to EBSA is essential. The **Planning for Change document** has been written to provide schools a range of approaches and practical activities to make it easy to have conversations and create plans with children and families. An adult who has a positive relationship with the child should have 'sensitive conversations with pupils and with parents/carers, as swiftly as possible after having been made aware of the issue, and making reasonable adjustments in order to overcome specific barriers to attendance' (DfE, Summary of responsibilities where a mental health issue is affecting attendance, February 2023, p. 7).

Be aware that parents may feel blamed for the absences, that their parenting skills are being criticised and fearful that they will be prosecuted for non-attendance. Children may feel scared that they will be forced to attend school or that their parents will get into trouble. And school staff may feel as though they are being blamed by parents.

Views can be gathered through conversations. Questionnaires and card sorts may not always be needed. However, you may find the questionnaires and card sorts included in the Planning for Change document helpful to elicit a full picture.

Alternatively, schools may wish to purchase The ATTEND Framework for the assessment of factors contributing to school non-attendance (Dr Adele Tobias, Brighton and Hove City Council, 2021). This is a comprehensive package for assessment and planning <https://www.beem.org.uk/Page/21902> .

Top tips on working effectively together

Working with the child

- Any child struggling to attend school or lessons will become anxious or defensive when asked to discuss returning.
- The adult working with the child should be someone they trust.

- Acknowledge it may be difficult but you would like to know what they think and feel.
- Avoid dismissing anxieties the child has; empathise with the child and listen without judgement.
- Over time equip the child with strategies to help them cope in school and manage anxiety-provoking situations in their future life. Approaches such as those used in cognitive behavioural therapy (CBT) may be appropriate.
- Children of all ages may find it difficult to verbalise their thoughts; the card sort approach can help.

Young People in Manchester have told us, 'get to know me, my strengths and my interests ...don't judge me'.

Working with parents

- Most parents/carers are very anxious if their child is reluctant to go to school, even more so if they feel they are being blamed.
- Take time to build a collaborative partnership, listen carefully to what they have to say.
- Maintain regular contact.
- Parents may need their own support e.g., from SENDIASS, Manchester Parent Carer Forum, Parent Champions, SPACE group (support for parents of autistic children), the Local Offer and Short Breaks.

Working with school staff

- Seek information from different staff who know the child. In a secondary school, this may mean a round robin to the child's teachers and support staff. Each may help identify triggers and helpful strategies. Also note the positives, what lessons is the child inclined to attend and why is this?

Plan

All plans need to be **co-produced** with parents, the child and any other appropriate agencies. All parties need to be signed up for it to be successful.

Each plan will be **different** according to the actions indicated by the assessment, what worked with one child will not necessarily work with another.

Students can keep a copy of their plan on them, so they can show it to adults who may not know them.

The plans should always be **realistic and achievable** with the aim of reintegrating the child. An overly ambitious plan is likely to fail. **The return should be very gradual** and graded with recognition by all that a 'quick fix' is not always possible.

- With the information you have collected, meet to create a plan (see template in the Planning for Change document)

- Those present should include the child, parents, key pastoral staff who know the child well, have a positive relationship with the child and family, can commit to the adjustments and advocate for the child.
- Strengths and protective factors are key considerations.
- Focus on what needs to change. Start with where the child is at.
- Research has found that rewards and sanctions are not linked to improved attendance².

By the end of the meeting there should be clear agreement about:

- What the school will do and what changes will be made.
- What parents will do.
- What the child will do.

Planning solely for a gradual return to lessons or school is unlikely to maintain long-term, regular attendance and engagement. **Additional support, adaptations and adjustments of the factors that underlie the overwhelm will be needed, otherwise the cycle may start again.**

Increasing a child's sense of belonging and ownership has been found to be effective in changing their feelings about school. Suggestions for reasonable adjustments can be found in the Planning for Change document, use this in the planning meeting.

Most children do want to learn, and parents want them in education, but the environment and curriculum have to be right.

Start of the day, handover from parents to staff

This is critical, and can make or break the child's day, and beyond. Top tips:

- Discuss how this can best be managed at the planning meeting so everyone is on the same page.
- Have a clear plan for who will meet the child/parent and where they will go. Minimise the time spent waiting in reception.
- Use a transition object that can be taken into school.
- Can any exemptions to usual rules be made if that would help a child to be more comfortable, e.g., keep their coat on, keep a phone with them, a snack.
- A regulation activity before going into school/lessons. Allow the time they need.

Examples of completed support plans can be found in Appendix 3 Example support plans.

Gradual admission/readmission

A gradual admission timetable (sometimes called a part-time timetable) may help support a return to regular school attendance, but this should always be intended as temporary and not a long-term option. All children are entitled to a full-time education. Government guidance recommends curriculum provision at home, which may include online provision or a tutor, or use of an AV1

2

<https://www.evaluation.impactgroup.uk/research-and-resources/understanding-attendance#:~:text=The%20findings%20from%20this%20report,Attendance%20drivers%20are%20intersectional.>

telepresence robot (see FAQs or contact Manchester Hospital School) while a child is not in school full time, as long as they can access that work. The length of time a student is on a gradual admission timetable will vary, but they should be reviewed every 2 to 4 weeks with adjustments made according to progress.

“Any part-time timetable should seek to maximise face-to-face school time as much as possible. Schools should consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education should only be considered if the pupil is well enough and able to learn and should be given in line with the guidance providing remote education: guidance for schools.

Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend full-time, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers.” Summary of responsibilities where a mental health issue is affecting attendance. February 2023, page 11.

What has helped students to reintegrate into school? (Nuttall and Woods, 2013)

Psychological Factors	Support for Psychological Factors	Factors Supporting Family	Role of Professionals and Systems
Aspiration and Motivation	Positive Nurturing Approach	Meeting the needs of the family and strong home school communication.	Early Identification and Assessment of Needs.
Confidence, Self Esteem and Value	Positive Experiences	Supporting parents not to reinforce behaviours and developing their skills.	Collaborative working between professionals.
Developing feelings of safety, security and belonging	Others demonstrating belief in the child	Not comparing child to other family members.	Regular monitoring, reviewing and celebrating progress.
	Others taking an interest in the child as a whole.	Encouraging parents to be open and support change.	A key adult who is available.
	Allowing opportunity for the child to make a positive contribution.		Knowledgeable, skilled and experienced staff.
	A flexible and individualised approach to prepare for and give access to learning.		Persistence and resilience in professionals
	Supporting Social Interaction and Communication.		A whole school approach.
	Developing the child’s understanding of feelings thoughts and behaviours.		

Do

- Follow the plan to the letter.
- Ensure it is circulated to all members of staff who come into contact with the child (including non-teaching) and that they understand the importance of sticking to the plan.
- Have an adult monitoring the child each day to provide gentle encouragement and note what is or isn't working.

Pitfalls

- ALL staff should be aware of the plan – no staff member must challenge a student over something in the plan, one unfortunate, misguided comment, e.g., “why did you miss my lesson?” can set the plan back.
- Staff should not comment on any absences, even ‘positive’ comments. Children have said they hate having attention drawn to them.
- If a child seems to be doing well, resist the temptation to add additional challenge, e.g., asking if the child wants to stay for longer as you may break their trust.

Review

- For support plans to be effective we recommend a review every 2-4 weeks (virtual if needed).
- Use the review template (see Planning for Change document).
- If there is limited or no progress, the initial steps may have been too ambitious and they need to be adjusted.
- Everyone to think about what's going well, any challenges, further adjustments, and next steps before the meeting.
- Identify and celebrate any progress made.

EBSA often includes periods of success, followed by setbacks or regression. This is the nature of it, and it should be expected.

If the situation feels ‘stuck’ or there are unanswered questions at this stage then it may be helpful to request support from an external professional, such as an educational psychologist or mental health practitioners, M-Thrive or One Education's Education Welfare and Safeguarding Team (see Appendix 4 for sources of support). Whilst waiting for external professionals, continue the process as outlined above, breaking down the steps further.

One Education EPs with Manchester Hospital School offer free monthly group consultations around EBSA for all Manchester schools. See school broadcasts for details and booking.

Frequently Asked Questions (FAQs)

When is early identification?

As soon as someone suspects that EBSA might be a factor, this includes if a parent raises a concern.

What are reasonable adjustments for EBSA?

From: Support for pupils where a mental health issue is affecting attendance, effective practice examples, pages 9-10.

- 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 withdrawn from lessons on a short-term basis and do work on emotional regulation, to build their resilience and alleviate anxiety about attending school.
- 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.
- Ear defenders are provided to students who are particularly sensitive to noise. They wear these in and out of lessons as needed.
- 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.
- Pupils can attend draw and talk, baking and gardening therapy sessions, as well as group social skills lessons.
- Some pupils are offered a "meet and greet" at the school gate to support transition back into school after period of absence.
- 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.
- Pupils can be paired up with buddies/mentors from Y11/13 who have received specific training to support, e.g., meet 6th form progress mentor during registration.
- Pupils are encouraged to take part in after-school clubs, to help to build confidence about attending.
- 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.
- 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.

What are the government guidelines relating to part-time timetables?

From: Summary of responsibilities where a mental health issue is affecting attendance, page 11.

All children of compulsory school age are entitled by law to an efficient, full-time education suitable to their age, aptitude and any special educational need they may have. It is the legal responsibility of all parents/carers to ensure their child receives that education by full-time attendance at school or otherwise.

In very exceptional circumstances, however, where it is in a pupil's best interests, a plan to help a child to attend well may involve the use of a temporary part-time timetable to meet their individual needs. For example, where a medical condition (including a mental health condition) prevents a pupil from attending school full-time and a part-time timetable is considered as part of a re-integration package.

Any part-time timetable should seek to maximise face-to-face school time as much as possible.

When should remote education be considered? What are the guidelines about sending work home and won't this be a disincentive to returning to school?

From: Summary of responsibilities where a mental health issue is affecting attendance, page 11.

Schools should consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education should only be considered if the pupil is well enough and able to learn and should be given in line with the guidance providing remote education: guidance for schools.

Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend fulltime, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers.

The effective practice examples demonstrate how utilisation of a temporary part-time timetable can help to improve a pupil's attendance over time.

In agreeing to a part-time timetable, the school, parents/carers and pupil have agreed to the pupil being absent from school for part of the week or day, and therefore must treat absence as "absence with leave" (a type of authorised absence).

Can I apply for an EHCP for EBSA?

Consider how an EHCP would support the child's long-term needs. A detailed understanding of the underlying causes of EBSA is needed and may help to clarify whether an EHC Needs Assessment should be the next step. It may be that reasonable adjustments enable a child's needs to be met, for example if the main driver is a being a young carer, then adjustments may be needed to allow them

to phone home during the school day. If the child is neurodivergent, this may be having an impact on their ability to learn, and further assessment will clarify necessary adjustments and additional support. Each case will be different for each child. The Matching Provision to Needs Tool can help.

Should absences related to mental health be marked as authorised or unauthorised absences? What codes should I use?

From: Summary of responsibilities where a mental health issue is affecting attendance, page 10.

It is important that children and parents/carers do not feel as though their concerns about mental health have gone unheard which is why, as explained in the Working together to improve school attendance guidance, schools must record absences as authorised where pupils of compulsory school age cannot attend due to illness (both physical and mental health related).

See Working Together to Improve School Attendance, page 55 for attendance codes, and further information about authorised absences.

Is EBSA an official diagnosis? Who diagnoses it?

EBSA is not an official diagnosis, therefore anyone can raise concerns around EBSA.

SLT say that they need evidence of a mental health need for absence, but the GP won't provide anything.

From: Summary of responsibilities where a mental health issue is affecting attendance, page 10.

There is no need to routinely ask for medical evidence to support recording an absence as authorised for mental health reasons. This is because, in general, primary care health professionals such as General Practitioners are unlikely to be able to offer such evidence to support one-off absences related to mental health.

In instances of long-term or repeated absences for the same reason, however, seeking medical evidence may be appropriate to assist in assessing whether the child requires additional support to help them to attend more regularly, and whether the illness is likely to prevent the child from attending for extended periods.

If a parent proactively seeks out a note from a GP, it does not imply a need for absence unless this is explicit in their letter.

Parents are keeping their child off school for a 'mental health day', can this lead to EBSA? What is the official advice?

Official advice is that attendance matters. If parents are keeping their child off school for a 'mental health day', then have an open conversation with parents about why this is needed. Are the difficulties caused by school? If so, then this could be a sign of EBSA and emotional barriers to school attendance should be explored so that support can be put in place at the earliest opportunity.

From: Summary of responsibilities where a mental health issue is affecting attendance, page 5.

Schools should set and maintain high expectations for the attendance, engagement and

punctuality of pupils who are anxious about attending school. It is important to recognise that, in many instances, attendance at school may serve to help with the underlying issue as much as being away from school might exacerbate it, and a prolonged period of absence may heighten their anxiety about attending in future.

School staff will recognise that there can be attendance challenges where a child has a social, emotional or mental health issue, particularly a severe issue for which the child is receiving clinical treatment.

As per paragraph 219 of the Working together to improve school attendance guidance, school staff should advise parents/carers to notify them on the first day the child is unable to attend due to illness. School staff must record absences as authorised where it is not possible for a pupil to attend due to illness (both physical and mental health related).

Many children will experience normal but difficult emotions that make them nervous about attending school, such as worries about friendships, schoolwork, exams or variable moods. It is important to note that these pupils are still expected to attend school regularly.

School staff should work quickly to communicate this expectation to parents/carers, and work together with them to ensure that such circumstances do not act as a barrier to regular attendance. Any associated anxiety about attending should be mitigated as much as possible by creating a plan to implement reasonable adjustments to alleviate specific barriers to attendance (see effective practice examples). These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. As mentioned above, in this guidance any actions taken to support attendance are referred to as "reasonable adjustments". This term is used throughout this guidance as a way of describing those actions in general terms, as opposed to relating to a school's duty to make reasonable adjustments pupils with a disability under section 20 of the 2010 Equality Act.

In developing a plan to support attendance through reasonable adjustments, school staff will need to take into account the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the Keeping children safe in education 2022 guidance.

What does Ofsted say about attendance?

From: [Securing good attendance and tackling persistent absence - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/securing-good-attendance-and-tackling-persistent-absence)

Finding out what the problem is

This communication is a 2-way process. It is clear that leaders who have succeeded in raising attendance levels listen to parents properly and ask the right questions in order to find out why their children are not attending well enough. One leader described this as 'remembering that there are families behind those attendance figures'.

...

By listening, sometimes problems can be solved easily. Leaders have many examples of how they have 'tackled the simple stuff first'. One headteacher, for example, described how she had found out that sometimes, when parents were running really late, they were too embarrassed to come into school so kept their children off for the whole day. Having discovered this, she was able to convey to them that it is 'better for your child to arrive at 9.30 than to take the whole day off'. Once the parents had stopped keeping their children off for the whole day, then the issue of lateness could be addressed. In another school, a parent was so anxious about waiting with other parents in the playground that she had stopped bringing her children to school. The headteacher allowed the parent to drive into the car park to drop her child off – the problem, in the short term at least, was solved.

Equally, leaders who have got this right listen to pupils in order to find out why they are not attending well. Although the issues are sometimes complex, a simple action can go at least part of the way to solving the problem. One leader, for example, asked a pupil why they were not coming to school. They discovered that the family was not waking up in the morning, and when they did wake up, it was 'too late' to bring the child to school. The leader bought the pupil an alarm clock, to enable them to get up on time and wake up their parents. Many schools use pupil premium funding or help families to claim the benefits to which they are entitled. Some schools find that their breakfast clubs make a great deal of difference to pupils and their families, providing a safe and relaxed start to the day and a meal. And attendance issues can, of course, indicate safeguarding issues, where decisive action needs to be taken.

In secondary schools, it can be more complicated to find out what the problems are and to notice smaller issues before they become larger ones. Comprehensive pastoral support, where staff have roles dedicated to pupils' well-being, including attendance, is often a key factor in improving attendance.

When should a parent receive a fixed penalty notice?

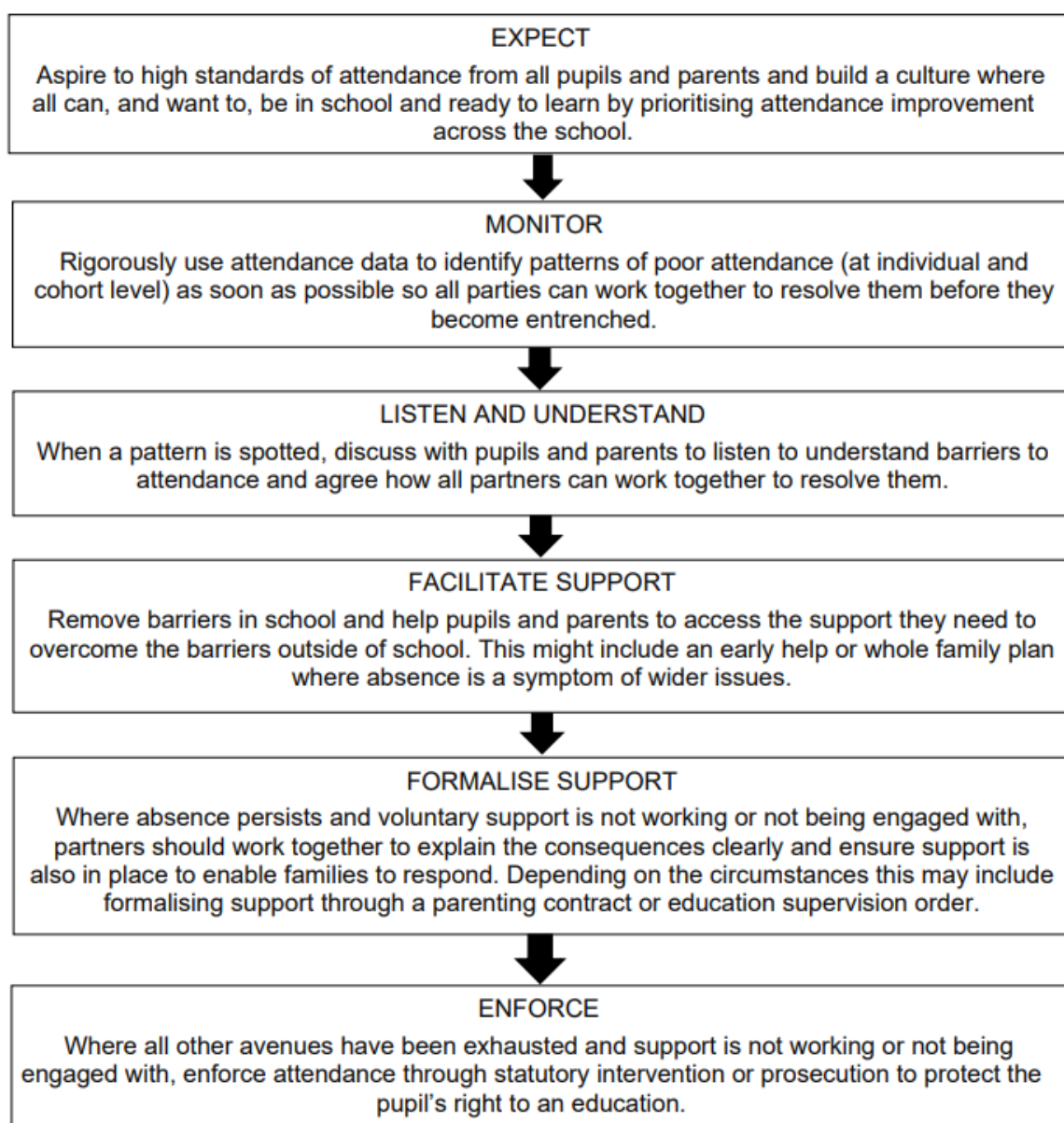
From: Summary of responsibilities where a mental health issue is affecting attendance, page 14.

Taking forward attendance prosecution should only be considered where all other options have been exhausted or deemed inappropriate. Where in-school pastoral and/or external specialist support is facilitated but not engaged with voluntarily, schools should work with LAs to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers. This includes instances where a mental health issue is affecting attendance.

This may include a parenting contract, education supervision order or punitive action, for example fixed penalty notices, in instances where a child is not kept off for legitimate medical reasons. Where the pupil has a disability, there should be careful consideration given as to whether sufficient attendance support has been offered before resorting to legal intervention.

From: Working together to improve school attendance (2022), page 8. This guidance is statutory from August 2024.

Successfully treating the root causes of absence and removing barriers to attendance, at home, in school or more broadly requires schools and local partners to work collaboratively with, not against families. All partners should work together to:



What are the responsibilities of school, the education welfare service and the LA?

See Summary table of responsibilities for school attendance (2022). Statutory from August 2024.

See Summary of responsibilities where a mental health issue is affecting attendance, page 16-17.

We don't have the resources or funds to put support in place, what can we do?

The support falls under the remit of SEND and so is not different from or additional to what is good practice in identifying, assessing and planning the support for pupils with SEND. In many cases, a conversation with the child is enough to tell you what the barrier is and then the action may be

changes for instance, to routines, rather than additional support. Make best use of the resources available, especially your EP and the outreach teams who can offer support and advice.

I have heard about AV1 telepresence robots for EBSA, would they be suitable for a student in my school?

These are available via Manchester Hospital School. The AV1s are only suitable for a specific cohort of EBSA students, and Manchester Hospital School can help to advise. Specific criteria and key questions to consider are available in Appendix 1 of this article

(<https://www.tandfonline.com/doi/full/10.1080/02667363.2023.2269082>) and should be consulted before making a decision.

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Appendix 1: Whole School Audit

Whole School Systems Audit and Action Plan for EBSA

This audit tool has been developed to help education settings to consider potential preventative measures to help reduce EBSA, alongside potential measures to address it. The audit will assess the ethos, environment, and whole school systems and initiatives for promotion of emotional wellbeing and prevention of non-attendance.

What is a 'whole school approach' to preventing EBSA?

A whole-school approach seeks to support the prevention of poor wellbeing and poor attendance by strengthening the relationships between teacher and learner; between teaching staff; with the school senior leadership team and wider school staff; with parents and carers; and other professionals working with the school, as well as the wider community that surrounds the school. A whole-school approach to EBSA aims to build resilience amongst its community and focuses on prevention and early intervention.

Stage One: Establish a working group

Use your new working group (could include SLT, SENCO, DSL, Pastoral staff, School/ Counsellor, Mental Health Lead, School Nurse, Head of Year, Attendance Officers) to establish:

- Current Mental Health, Behaviour, Attendance and Safeguarding Policies
- Current staff awareness of the impact that mental health has on school attendance and EBSA
- Key issues and themes surrounding poor attendance
- Current Mental Health support/provision in school/college
- Community links/specialist support services that can be accessed
- Action Points to strengthen the 'whole school/college approach' to EBSA prevention

Stage Two: Self-assessment

Complete the audit within your working group to identify and celebrate your strengths and identify areas for development or where further support is required. This audit tool reflects on the Public Health England 8 Key Principles to promoting a whole school/college approach to emotional health and wellbeing.

Stage Three: Action plan

Following the first two stages of this process a consultation meeting will take place with the Programme Lead. This consultation should take place with your mental health working group, member of SLT, Mental Health Lead, Attendance Lead. This consultation will review the audit tool with you and identify 3 key areas for development.

1)

2)

3)

Stage Four: End of Programme review

The End of Programme review will take place at the end of the academic year 2023/24. This will reflect upon your original audit to ensure that your whole school approach to the prevention of school is effective and sustainable in the long-term. Progress and sustainability can be measured using the following tools:

- Pupil and parent/carer voice
- Attendance data

A Whole School/College Approach to EBSA prevention

Leadership and Management	R A G Red: Much more we can do Amber: Some improvement needed Green: We do this well	Evidence	Follow up action
Have you appointed a link governor to focus on mental health and do they meet with the staff leads at least termly to keep attendance and EBSA on the school's agenda?			
Does EBSA feature as part of the school's attendance policy and mental health policy that describes the school's approach to promoting attendance and responding to EBSA? Are they accessible to the whole school community?			
Does attendance and mental health feature prominently in management and governance concerns?			
Is there a clear, named lead for referral to specialist support to external agencies?			
Has the school assessed and identified its needs/priorities for mental health based on current wellbeing issues impacting students and the risks these pose to attendance?			
Ethos and Environment	R A G	Evidence	Follow up action
Does the school welcome all pupils/visitors with a positive and reassuring environment?			
Does the school recognise that social times heighten anxiety amongst vulnerable students? Are			

there areas within the school grounds that pupils can freely access during break/lunch times that feel calming/ that are conducive to emotional regulation?			
Do students/staff feel safe/comfortable to discuss wellbeing and mental health concerns and are clear reporting procedures in place?			
Has your school participated in the necessary actions of becoming a 'Trauma Informed school'? Do staff apply these strategies into the classroom to create an accessible learning environment? (<i>policies, training, mental health screening</i>)			
Is the typical sensory experience for pupils as they move around and occupy the school comfortable for the overwhelming majority? Has the typical sensory experience of pupils with sensory sensitivities been considered as far as possible?			
Are there dedicated, confidential spaces for pupils to seek support to be accessed when needed?			
Have efforts been made to help minority and different SEND groups feel equally welcome and to experience an equal sense of belonging and inclusion within the school?			
Have staff and pupil views been sought on all of the above and considered within the last 2 years?			
Does the school promote equality, diversity, tolerance, and acceptance? Does the school have a clear ethos about how we treat others and is this communicated to and understood by pupils, parents and school staff?			

Does the school have a focus on promoting positive relationships within school? Does the school have peer initiatives such as peer mentoring, and social interest groups etc?			
Curriculum/Teaching and Learning	R A G	Evidence	Follow up action
Do you follow an approved curriculum which addresses issues such as mental health, bullying, gender identity, anxiety management and social and emotional health skills?			
Do strategies for wellbeing, managing anxiety, promoting resilience feature prominently in key strategic documents e.g., curriculum plans?			
Are ALL teaching staff trained on how to support anxiety in the classroom through teaching strategies and methods? Do teaching staff routinely consider social and emotional factors when planning lessons and managing their class in line with good relational practice?			
Are peer initiatives in place within classes to support pupils with social anxiety issues or low self-esteem?			
Student Voice	R A G	Evidence	Follow up action
Does the school/college have an approach to help students articulate their views and concerns on their level of school satisfaction and things impacting their wellbeing? Are the views/voices of minority and SEND pupils proactively sought and enabled using inclusive methods?			
Does the school have a student association or council that is widely			

accessible which helps representatives raise wellbeing issues and concerns?			
Do the wellbeing issues and concerns identified get addressed by SLT/governors?			
Do pupils feel satisfied with the way bullying incidents are dealt with?			
When there are EBSA related concerns around a pupil, is there an effective and safe way to capture their voice? Are pupils able to contribute their thoughts and ideas within their support plan?			
Is there an easily accessible route for students to seek support for any mental health concerns or worries in school?			
Staff Development and Support	R A G	Evidence	Follow up action
Have all staff been trained to understand the importance of wellbeing and to recognise the signs of anxiety, poor mental health and know to whom to make a referral, as part of safeguarding procedures and training?			
Is there named staff who are trained and feel confident in offering support to pupils displaying anxiety and EBSA behaviours?			
Is professional support/supervision available (individual or group) for staff teaching/supporting students who are displaying EBSA?			
Is there a staff training programme dedicated to topics of mental health and the whole-school approach. For example, the importance of welcome, inclusive mindsets, emotion coaching, resilience			

building, trauma informed practice and promoting restorative practice?			
Is there one or more designated member(s) of staff whose role it is to liaise and work with families (i.e. family support workers, attendance officers) for early identification of risk and need for support?			
Identifying Need, Targeted Support and Monitoring Impact	R A G	Evidence	Follow up action
Does the school/college have a system in place to measure and monitor mental health and wellbeing? e.g., questionnaires, 1:1s, referral analysis			
Is there a robust system in place to allow any staff concerns related to pupil concerns and anxiety?			
Once a potential EBSA concern has been identified, is there an effective system for eliciting the views of pupils, view of parents/carers and views of relevant staff as part of the assessment and action planning processes?			
To identify the key issues that impact attendance is numerical data used/available to identify patterns within pupil attendance? (For example, bullying incidences, progress and wellbeing scores, mental health issues and used to shape policy, practice, and future staff training)			
Does the school have effective links and developed partnerships with mental health services/community services for intervention/ support?			
Does the school implement the M-thrive pathway to provide			

targeted support for pupils with potential EBSA concerns?			
Are plans created to support pupils/ parents and carers with EBSA concerns and regularly reviewed and updated?			
As part of early identification, does the school work proactively with other settings to help identify those pupils who might benefit from additional support at times of transition?			
Do you have a protocol for ensuring staff are aware of students that have been identified as having a mental health need, and have guidance in knowing how to support them in class accordingly?			
Working with Parents/Carers	R A G	Evidence	Follow up action
As part of transition/moving schools do you give the opportunity for parents to have face to face induction meetings, and give them various opportunities to ask questions/ share concerns before their child starts school?			
Are parents informed of the key staff to contact in school and how, to discuss any worries about their child, their attendance, and any reluctances to attend?			
Where it is appropriate, does the school provide personal advice/group workshops and support for parents/carers on supporting a child with mental health issues and EBSA?			
Does the school share information in a range of formats to enable accessibility for a diverse range of parental learning needs?			

Does the school make SEMH offers from external providers (e.g. Kooth) and methods for accessing them clear to parents/carers?			
At the point at which there are clear attendance concerns for a pupil, are parents fully supported and enabled to share their stories / ideas / thoughts with staff in a way that feels safe and non-blaming?			
Is there a procedure in place (with staff who have time to follow it) to maintain regular contact with parents whose children are displaying more entrenched EBSA behaviours?			
Are there staff trained and available to offer support to parents whose children are struggling to separate from them at morning drop off?			
Is an awareness of factors such as parental illness or difficult home circumstances facilitated, recorded and used in a safe and appropriate way to ensure suitable support is given to pupils and families?			

Appendix 2: Facilitators and barriers to a whole school approach

Using the assess, plan, do, review framework, key facilitators and barriers to implementing a whole school approach can be found in the model below (based on Ward & Kelly, 2024). Through knowing possible barriers in advance, schools can take steps to mitigate these. Implementation of a whole school approach is an ongoing process. The lines around the outside of the model represent not only the assess, plan, do, review process, but the importance of communication, cohesion, consistency and an understanding of context.

Leadership buy-in and commitment is key for implementing a whole school approach. For successful whole school implementation, they should:

- Prioritise whole school change.
- Provide the resources to implement change.
- Work with staff to promote buy-in before implementation.
- Have structures in place to collect, analyse and use data.
- Review and evaluate the whole school approach and make necessary changes.

School-level systems and systems around the school sit together, and are influenced by the feasibility of the whole school approach. If whole school approaches are linked with existing practice, then it should be easier to implement. As the approach becomes more embedded in school, it becomes more feasible. For example, when new staff join the school, they will be more likely to support the whole school approach because they see it as compatible with school culture and ethos, as more adults will already be using it. The feasibility of changes to practice is a key factor and encompasses the interlinked aspects of compatibility with staff beliefs and school ethos, as well as professional development opportunities.



Appendix 3: Case studies and examples of support plans

NB the planning form must be signed by all those involved, including the child. See Planning For Change document for templates.

Case study 1.

H is in year 8 of a large, mainstream high school. He is on the SEND register and has diagnoses of ADHD, ASD and anxiety.

During the school day H can experience high levels of anxiety with the physical symptoms of headache, nausea, vomiting, racing heart, sweating, lack of focus, brain fog and shutdown. He has also mentioned having suicidal ideations occasionally.

H has locked himself in the school bathrooms multiple times and has been sent home from school after vomiting. Once he was collected from school and arrived home the nausea went away, as did a lot of other symptoms. The stress of knowing he had school the next day was also impacting his sleep and he complained of illness most mornings before school.

H's mum had to give up work due to the amount of time she was needed to support H even when he was in school as he would contact her multiple times a day for reassurance. H's mum asked the SEND team at school for support.

What worked:

Together they came up with a package of support for H, this has included:

- Time out passes for movement breaks/to calm down during lessons.
- Early exit pass to avoid the busy corridors and dining hall.
- Speech and language and occupational therapy assessments.
- Anxiety gremlin workbook.
- Counselling.
- Guided meditation.
- HAVEN group.

Alongside the package of support the SEND team allowed H to identify a safe adult that he could go to in times of crisis. If he is feeling overwhelmed and realises that he won't be able to calm down without support, he will go to the SEND Hub in school and ask for his safe adult. When his safe adult is available, they give H one to one support to regulate and then talk about what happened to try to identify the triggers. Having his safe adult in school has meant H has fewer times of crisis and that the length of time he is in crisis for is reduced dramatically. His attendance is now meeting the national target and he is doing well academically.

The ongoing support: H still has days when he feels overwhelmed but knowing he has a safe adult in school means that he will still come into school and his mum is now able to work again. The work H does with his safe adult in school is helping him to understand his triggers and how to navigate a world full of triggers. He has found that this has empowered him to ask for help before he reaches crisis.

H's Support Plan

Name: H	Year group: 8	Date of birth: 03/2011
Date of plan: 15/01/2024	Current attendance: 97%	Plan number: 6
Review date: 15/05/2024		

Strengths/what's working well?

H's strengths are anything academic, particularly maths and science

Learning more about own condition (autism diagnosis) and is more able to recognise his own needs and communicate them to others

Teachers are getting to know H and know his needs well – what motivates him and positive reinforcers

Having the key worker system where H can go and access support when he needs it



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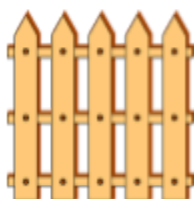
Summary of identified barriers

Noisy areas around school, including 'shouty' teachers

Certain textures ie in cooking ingredients,

Sometimes social situations can be overwhelming eg friendships, changes to routines

The need for narrative answers to questions rather than factual answers can lead to anxiety – anxiety can present as vomiting



My key adults in school are: H has chosen his own safe adult

When I can speak to my key adults:

When H's is beginning to feel dysregulated, he seeks out the adult

Where I can speak to my key adults:

Usually the hub (H has a hub pass and has instant access when he needs it)



The following changes/adjustments will be put in place:

(These may be highlighted on the suggested reasonable adjustments outlined above, attach a copy to this plan, or outline below additional changes/adjustments)

Additional assessments completed ie SaLT, OT, and recommendations have been implemented where possible

HAVEN group

Language for Behaviour and Emotions, (SaLT programme for secondary schools)

Agreed actions

School will: Complete the in depth OT assessment;

support H's transition out of the nurture group

Confirm H's form class for next year

Endeavour to keep H in school if he has vomited whilst using therapeutic interventions to calm the anxiety

Parents/carers will: Keep school updated should anything change, or when H has had a difficult weekend etc

I (H) will: speak to staff at school about his needs rather than calling home;

Take care of own homework;

Agreed priority target(s):

H will remain in school and be supported to manage feelings of anxiety

H will speak about his feelings with the Language for Behaviour strategies to prevent him reaching crisis point and being sick

Case study: E - ASD 14 year old in mainstream High school.

Background: E was struggling with the demands of high school. She was physically and mentally exhausted after masking, and finding herself constantly dysregulated.

What worked:

First we had a meeting with the SENDCo to see what reasonable adjustments could be made:

- pass to leave lessons 5 minutes early.
- doodle board,
- ear flares (ear defenders),
- fidgets,
- full access to the hub (learning support unit) whenever needed.

This worked until there were inconsistencies amongst the staff: some members would allow her to use the pass, others wouldn't, some would let her use the doodle board others wouldn't....etc As a result, the EBSA started again.

The current situation:

Recently E has begun a mentoring programme with Barnardo's. They're trying to help E break down the barriers, and to talk to teachers and ask for help. So far so good 🍌

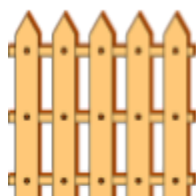
Name: E	Year group: 9	Date of birth: 06/2012
Date of plan: 16/07/2024	Current attendance: 26.2%	Plan number: 1
Review date: 24/09/2024		

Strengths/what's working well?

Being able to access the hub for certain lessons

Receiving the mentoring offer from Barnardo's

Talking therapy with 42nd Street



Summary of identified barriers

Certain lessons where there were struggles ie PE, being very self-conscious,

Inconsistencies with staff, lack of understanding of staff

Transitions between lessons – busy halls/school areas

Talking to teachers, not feeling confident enough to approach them

My key adults in school are:

When I can speak to my key adults:

None

Where I can speak to my key adults:

N/A

None

The following changes/adjustments will be put in place:

(These may be highlighted on the suggested reasonable adjustments outlined above, attach a copy to this plan, or outline below additional changes/adjustments)

N/A Given a pass for full access to the hub; another pass to leave lessons 5 mins early; doodle board; key adult named; plan for E to let a friend know she needed that key adult and then they would be emailed; 42nd Street to be brought back on board for E – requested by E

The following changes/adjustments will be put in place:

(These may be highlighted on the suggested reasonable adjustments outlined above, attach a copy to this plan, or outline below additional changes/adjustments)



Agreed actions

School will: Implement all of the above; make all the teachers aware of the plan; do a check in with E on a regular basis and check in with mum; if E isn't in a lesson within 5 mins of registration then a message is sent to the head of year and mum is informed.

Parents/carers will: Making sure the right referrals and support were put in place both at school and at home

I (E) will: Try the mentoring programme, try the CBT programme; go into school on agreed days

Agreed priority target(s):
At the beginning of September (just less than 2 weeks into the school year) W refused to go to school, he refused to get dressed and has not left the house since. It is now nearly 10 months.

Current situation:
He's recently been accepted onto the Leo Kelly outreach team, and also after 9 months of me asking/begging he's been out of the house. I've been asking for a full school uniform with a sensory diet that would integrate him into the school.
I feel that EBSA hasn't improved due to the lack of communication between the LA, school and the services involved. I feel that my views have never been acknowledged.
I think if the professionals would have acknowledged my cry for help more seriously and accepted me as W's expert
In 6 weeks::..review the progress so far and either keep to the plan or make adjustments together (school, home and E)

Name: W	Year group: 2	Date of birth: 10/16
Date of plan: Sept 2023	Current attendance: 100%	Plan number: 1
Review date: 16/10	15/09/2024	

Strengths/what's working well?

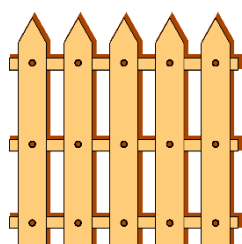
W transitioned really well into new class

W was happy and settled

W was thriving in school



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Summary of identified barriers

Heatwave, due to sensory issues clothing became an issue

The fire alarm went off without warning (it was a test not a real alarm)

My key adults in school are:

When I can speak/communicate to my key adults:

Class teacher(same as previous year)

The following changes/adjustments will be put in place:

(These may be highlighted on the suggested reasonable adjustments outlined above, attach a copy to this plan, or outline below additional changes/adjustments)

School to do a home visit on the first day of absence

Adjustments around clothing for instance wearing a t-shirt/vest and shorts in school - sensory diet within school e.g., circuits etc

Desensitising programme for getting used to the alarm over time (start quietly and build up) and the use of ear defenders to cope with the noise

Home based learning with a familiar adult from school, short bursts e.g., 15 minutes, on a regular basis

Agreed actions

School will: Act quickly to minimise the risk of ongoing absence; to keep contact with W while he is out of school; make regular contact with mum to see if there was anything else that could be done to support ie signposting

Parents/carers will: Make an emergency referral to OT; emergency EHCP review; keep school informed about appointments and support taking place at home

I (W) will: engage with the support at home

Agreed priority target(s):

In 2 weeks... going for walks in a familiar area with mum;

In 6 weeks... get W back into school – not necessarily in the classroom, but into the school.

Appendix 4: Sources of Support

Information regarding local services and organisations can be found on the Manchester Local Offer:

<http://www.manchester.gov.uk/sendlocaloffer>

Below are key services who can offer support to schools, families and children who may be experiencing EBSA.

Educational Psychologists

Educational Psychologists are key partners in the assessment and planning of support for children and young people with additional needs, whether they are long term, persistent needs or short term as a result of a particular event. Schools will have a link Educational Psychologist with which they work who can offer support around the emotional wellbeing of students and staff. 2 organisations operating in Manchester are:

One Education

Educational Psychology- Our Educational Psychologists offer consultation with education professionals , as well as assessment and interventions to for young people and families. We can offer comprehensive training on EBSA to staff in education, health and social care settings. <https://www.oneeducation.co.uk/send/educational-psychology/>

One Education Pupil Attendance Team - We are here to support schools with all aspects of pupil attendance, from delivering staff training to implementing strategies to remove barriers to school attendance. Schools can commission the service as a light-touch, quality assurance of policy and procedures, or for daily/weekly extensive attendance support. Our expert team can facilitate a range of casework support, gaining pupil voice around attendance and absence as well as holding meetings with parents, multi-agency professionals and organisations. Our advisers have extensive knowledge and experience in dealing with complex situations and work flexibly around the needs of the school and families to ensure that the outcomes for the pupil remain at the centre of our approach. By auditing your school's procedures against the statutory attendance guidance, "Working Together to Improve School Attendance" we can establish what's working well as well as priority areas to work on to ensure that pupils are able to access their right to education in the best possible way. Contact jess.lane@oneeducation.co.uk

One Education Creative Psychotherapy in Education

Our Team offers a compassionate and creative approach to supporting students with EBSA. Through tailored therapeutic interventions, schools can provide these students with the emotional support they need to re-engage with education, ensuring they have the opportunity to thrive both academically and emotionally.

Key Benefits

1. **Emotional Expression and Regulation:** Through creative mediums like art or music, students can express feelings they may find overwhelming or confusing. These therapies can help them regulate their emotions more effectively, which is vital for those experiencing high levels of anxiety around school.
2. **Building Trust and Safety:** Many students experiencing EBSA feel disconnected from the school environment. Creative therapies allow for the development of strong, trusting relationships between students and therapists. This bond can help the student feel safer within the school setting, which is an essential step in addressing avoidance behaviours.

3. **Non-Verbal Communication:** For students who find it difficult to talk about their anxieties, creative therapies offer a non-verbal outlet. Art, movement, or music can serve as a bridge for communication, enabling therapists and educators to better understand the underlying issues causing the school avoidance.
4. **Improving Self-Esteem and Confidence:** Engaging in creative activities can enhance a student's sense of achievement, fostering greater self-esteem and confidence. This, in turn, can contribute to a willingness to re-engage with peers and school life.
5. **Collaborative Approach with Schools:** One Education's Creative Psychotherapies Team works closely with school staff, ensuring that interventions are aligned with the student's educational and emotional needs. By collaborating with teachers and school counsellors, the therapy team can tailor their approach to complement existing school support structures, ensuring a more holistic strategy for overcoming EBSA.

Tailored Interventions

Each case of EBSA is unique, requiring individualized approaches. We assess each student's specific needs and develops personalized therapeutic interventions that may include:

- **Individual Therapy Sessions:** These focus on the child's personal emotional needs, working through the barriers that prevent them from attending school.
- **Group Workshops:** These sessions may involve multiple students working together creatively, which can help reduce isolation and build peer relationships—often a crucial factor in overcoming school avoidance.
- **Parent and Staff Support:** The team provides guidance to parents and school staff on how to best support the child, both in the home and school environments. This can include strategies for reducing anxiety and fostering a supportive, understanding school culture.

<https://www.oneeducation.co.uk/welfare-services/creative-psychotherapy>

Early Anxiety Intervention – Preventative workshops for parents - 'Working with Worry'

A 3-session training workshop for parents of children from Reception to Year 5 has been developed by One Education EPs.

Aim - an early intervention for parents of young children showing early signs of anxiety. (The workshops are not for families in crisis or yet at CAMHS referral stage).

Teaching parents how to manage anxiety before it becomes entrenched. This should reduce waiting lists for referrals for severe anxiety NHS services, and reduce prevalence of anxiety conditions such as EBSA.

Contact: claire.carroll@oneeducation.co.uk

Catalyst Psychology - Catalyst Psychology Community Interest Company is a Social Enterprise offering child and educational psychology services throughout the Greater Manchester area. We deliver psychology that is accessible, makes sense and promotes positive change. Catalyst offers comprehensive support to schools and the school community. For more information see the website: www.catalystpsychology.co.uk

Manchester Virtual School

The Manchester Virtual School Team supports Manchester City Council to effectively fulfil its corporate parenting responsibilities by working as the lead education advocate for the children and young people in its care from the age of two up to 18 years and beyond.

For more information about the Virtual School Team and details of training events please visit our website: <https://www.manchester.gov.uk/virtualschools>

General Enquiries Team inbox: virtualschool.education@manchester.gov.uk

Telephone: 0161 234 4160

Manchester Inclusion Strategy

This strategy has been developed with multi-agency partners to help us work together in supporting children and young people with good attendance, and to reduce the risk of all types of exclusion. Manchester Inclusion Strategy on a Page To be able to understand more about the Manchester Inclusion Strategy, you can download a copy of the plan on a page from the Manchester City Council Website: Policies and strategies - Manchester Inclusion Strategy | Manchester City Council

Manchester Inclusion Strategy Toolkit and Inclusion Strategy Document The Inclusion Toolkit is a comprehensive resource designed to support teachers, schools, and education professionals in creating inclusive learning environments. It is available to download, along with the full Inclusion Strategy Document on the One Education Website

Charities:

42nd Street is a charity that support young people aged 13-25 with their emotional and mental well-being -<https://www.42ndstreet.org.uk/>.

Place2Be is a young person's mental health charity offering 1-1 and group counselling. They also offer training and professional qualifications - 020 7923 5500

enquiries@theplace2be.org.uk

<http://www.theplace2be.org.uk/>

Manchester Mind has developed a suite of resources on their website for young people between 15yrs and 25yrs who may be struggling. The phone number is: 0161 7695732

[Children and Young People \(CYP\) - Manchester Mind](#)

School Outreach

Bridgelea Primary PRU Outreach Service offers advice and support for working with children and young people with social, emotional and mental health difficulties who may present with challenging behaviours

outreach@bridgelea.manchester.sch.uk

Bowker Vale is a mainstream school with a Resourced Provision class for primary aged pupils experiencing Social Emotional and Mental Health needs. They offer outreach support to schools.

admin@bowkervale.manchester.sch.uk

Manchester Hospital School offers an outreach support service to Manchester schools for children with medical reasons for not attending school

admin@hospitalschool.manchester.sch.uk

Grange Specialist Support School is an autistic specific school and offers outreach support to Manchester schools

<https://www.grange.manchester.sch.uk/>

School Health Service

This service works with schools to improve the health and wellbeing of pupils across Manchester through training, guidance and resource development.

Healthy Child Programme (HCP)- School Nurses The School Health Service supports and promotes the health and wellbeing of all school-aged children from 5 – 16 years of age. The service is provided by qualified nurses and other health professionals. The School Health Service offers support to all pupils including Universal Support; Mental Health (low mood, anxiety and self-harm) healthy lifestyles (weight management); safeguarding.

Healthy Child Programme (School Nurses) Contact Details:

- School Nurse Service North (covers North and Central East) Email: mft.school-nurses-north@nhs.net Tel: 0161 241 2813

- School Nurse Service South (covers South and Central West) Email: mft.school-nurses-south@nhs.net Tel: 0161 529 6730

Healthy Schools Team Schools can sign up to the Healthy Schools' EBSA Support Programme to gain access to key resources in relation to EBSA including training, support with completing a whole school audit, resources for prevention and intervention, action planning support and a variety of templates to support positive conversations with children and parent/carers about emotional barriers to attending school.

If you need assistance or would like to find out more about this offer which is free to schools that are signed up to the Healthy Schools' Programme, then please email: Emma.Pilling@mft.nhs.uk