

LBHF EBSA Multi-Agency Support Flowchart for Schools and Professionals

This document is designed to support schools and other professionals to understand their joint responsibilities with regard to the support for young people who are finding it difficult to attend school due to emotional difficulties.

It should support schools to access the appropriate support for young people at the right time and is designed to promote early intervention prior to EBSA difficulties becoming entrenched.

It should be used alongside the *EBSA Toolkit* [Emotionally Based School Avoidance Guidance and Resources for Schools - Learning Partnership \(lbhlearningpartnership.com\)](#) which includes EBSA

Guidance document [Draft EBSA Document 13.05.24 .docx](#) that provides advice on how best to support young people, along with various useful resources.

Universal Provision in Schools for Prevention and Early Intervention

All Schools will have access to training on EBSA prevention and early intervention from the Educational Psychology Service and will be encouraged to carry out a [whole school audit](#), emphasising relational approaches and building resilience.

*International research suggests fostering feelings of **belongingness** at school are key to sustained attendance (David Heyne, INSA).*

Early Identification and Intervention at school

Schools to use their attendance monitoring systems to spot patterns of attendance and non-attendance that may be *indicative of EBSA* (see EBSA Guidance doc). **NB The early signs of EBSA development may not yet include missing whole days of school.**

Schools should use the Guidance to understand *EBSA related vulnerabilities and risk factors*.

Once a pattern of non-attendance is identified (and other factors for this, such as a medical condition, are ruled out) schools should use the **EBSA toolkit** to understand the factors involved in the non-attendance, including meetings with child and parent/carers, and to build an **individual support plan** and utilise appropriate reasonable adjustments. This plan should be implemented and subject to normal *APDR cycles*.

Research suggests establishing a key trusting relationship(s) with an adult and **activities to develop feelings of belongingness** can be very helpful at this stage.

If, within the review of underlying factors, SEN is found to be a key issue, then referral to the EPS or *INSPIRE* for support and guidance should be considered.

If child has high levels of anxiety, consider referral to school based *MHST* worker (where available), school counsellor (where available), trained *ELSA* or *school nurse*. Your Senior Mental Health Lead (SMHL) in school should have oversight of processes. Discussion with your school's link EP will also be helpful.

NB. Schools should continue to follow normal statutory guidelines for attendance.

Where a child has an existing EHCP, statutory processes should be followed. An annual review (or emergency review) should be called where significant concerns have arisen.



Further Assessment and Intervention & Initial Referrals to Outside Agencies

Schools to use the **EBSA Toolkit** to make further assessment, such as investigating:

- Sources of possible anxiety
- Exploring 'push and pull' factors (in school and outside of school)
- Assessing for any SEN, including social communication issues.

This should be used to update the individual support plan and for further APDR cycles.

Schools will also:

Consider early notification to the *Virtual School* for support where child is CLA or to their allocated social worker if they have one.

If child has SEN issues that need further exploration, refer to *INSPIRE* or *EPS* for guidance. Where social communication difficulties may be a feature – you can also refer to the Guidance section on '*EBSA and SEND/Autism*'.

Where parents require support and guidance in supporting the young person back to school, in understanding wider contextual issues, and for attendance casework, refer to *Early Help* [Early Help service | London Borough of Hammersmith & Fulham \(lbhf.gov.uk\)](#) (where attendance dips below 90% follow normal attendance procedures).

If you suspect the child might be vulnerable to coercion / illegal activity and this may be affecting attendance (e.g. has been stopped and searched, found with a knife, has a gang affiliation, etc), contact the *YJS Turnaround Project* (YOT.Admin@lbhf.gov.uk)

Community support agencies that may be helpful to support the family can be found at [CYPS Services.pdf](#)

Where young person is experiencing what seem to be more acute mental health issues, please discuss with your MHST worker or school nurse or EP about more intensive support and/or appropriate onward referral (e.g. *CAMHS* / *CWP interventions*)

Research indicates that **mentoring activities** to build positive relationships and enhance feelings of self-worth at school are important at this stage.

NB. The *ACE team* [HERE](#) need only be notified of a child's non-attendance if legal action is to be considered, either through a Penalty Notice referral or if schools want to pursue a school led prosecution.

Issues resolved:
continue to monitor
attendance.



4 WEEK (week 7) REVIEW POINT



No progress, ongoing
absence remaining a
major concern



Multi-Disciplinary Team (MDT/TAC) Review and Next Steps

School representative/case lead to call a multi-agency team and parent meeting (involved professionals) for collaborative problem solving and to develop a **personalised plan**. The Child's Voice should continue to be central to all planning.

Consider:

- Any further assessment that might be useful
- Who is the key person / mentor that will link the pupil to the school when not attending
- Part time / Adjusted timetable (avoiding key anxiety raising activity/school areas)
- Any further motivating activities or opportunities that would help re-engage and reintegrate the pupil

The aim of any support/intervention should be to avoid non-attending behaviour becoming entrenched and to **keep pupil activity/engagement levels as high as possible**. More intensive mentoring activity is indicated as effective in research.

(NB. if a part-time timetable is agreed and lasts for more than 15 days the Local Authority should be informed at sharon.webber@lbhf.gov.uk and through filling this form: <https://forms.office.com/r/r9srf5QuEp>)

As a result of the MDT/TAC meeting, you may consider a request for funding where additional resources and activities are likely to be helpful to support reintegration at school.

We are in the process of developing a route for funding and resourcing solutions for entrenched EBSA cases.

NB. You can refer to the [Medical needs policy - information for professionals | London Borough of Hammersmith & Fulham](#) for more information where the child has a diagnosed MH need.

Any referral for funding/resourcing will *require clear evidence of the previous support cycles that have been in place by the school and professionals to support the pupil* (and the outcomes of these).

Consider any further referrals for professional advice as appropriate (e.g. MH support/assessment via CAMHS, social communication assessment via *Cheyne CDC*)
Further local organisations that support young people and families with wellbeing and mental health needs are listed here: [lbhf cyp semh system navigation handbook - professionals.pdf](#)