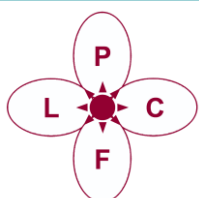


# Lincolnshire's Emotional Based School Avoidance (EBSA) Pathway

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Co-produced in partnership with  
Lincolnshire Parent Carer Forum

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## **Introduction**

Lincolnshire's Emotional Based School Avoidance (EBSA) Pathway has been developed in partnership with a wide range of stakeholders, including parent/carers, mental health colleagues, educational settings, including mainstream schools and alternative provision setting, educational psychology, autism outreach, Early Help and local authority staff.

The Pathway sits within [Lincolnshire's Social, Emotional and Mental Health \(SEMH\) Strategy](#) as a key aim to ensure that children and young people in Lincolnshire are supported in their school settings to access high quality inclusive education and enjoy good mental health and resilience.

*The electronic version of Lincolnshire's EBSA Pathway and all the supporting documents can be found on Lincolnshire's Local Offer at:*  
[Emotional based school avoidance \(EBSA\) - Lincolnshire County Council](#)

## **What is EBSA?**

Emotional Based School Avoidance (EBSA) is a term used to describe a child or young person who has severe difficulty in attending school due to emotional factors that can result in prolonged absences from school. EBSA can present differently across individuals, but can manifest according to:

- Low or intermittent attendance;
- High sensitivity and/or reactivity;
- Low mood and anxiety (e.g., fear of talking to teachers, fears around academic performance);
- Social isolation;
- Signs of emotional distress that interferes with their ability to function at school, such as difficulties forming relationships with teachers and peers resulting from disorganised attachment;
- Developmental differences that fundamentally shape perception and action in ways that cause significant challenges in emotional self-regulation and social functioning (e.g., Autistic Spectrum Disorder, Attention Deficit Hyper-Activity Disorder).

## **What isn't EBSA?**

It is crucial to have a clear and accurate understanding of EBSA to enable accurate identification of children or young people experiencing EBSA. There is a clear difference between those children or young people that are absent from school as a result of EBSA as opposed to parentally condoned absence (where a caregiver deliberately keeps or supports keeping a child or young person away from school for various reasons) or truancy, which is linked to non-anxiety-based absenteeism. For situations such as this there are other routes of support and challenge that schools should take.

## **Why does EBSA happen?**

EBSA can occur suddenly or develop gradually over time. Behaviours can also range from occasional reluctance to attend school to complete avoidance resulting in non-attendance. EBSA should not be thought of as a deliberate act of defiance as it is a complex issue with no single cause.

Reasons are often complex and multi-faceted across environmental factors (both at home and school) as well as individual child factors.

Any identified factors are unlikely to be static and fixed. What led to the initial school avoidance may not be what leads to persistent avoidance and non-attendance. What appears to be the cause of the issue may in fact be the consequence.

There are a number of key overarching **risk factors** that can influence EBSA. It is often the interaction between these factors (across school, family and child/young person) that results in EBSA behaviours.

Risk Factors		
Child / Young Person	Family / Home	School
<p>Anxiety, depression or other mental health concerns.</p> <p>Low emotional awareness / high sensitivity to aversive bodily feelings / exaggerated response to uncertainty.</p> <p>Difficulties with managing and regulating emotions.</p> <p>Traumatic events and adverse childhood experiences.</p> <p>Low levels of self-confidence or self-esteem. Fear of failure.</p> <p>Separation anxiety / anxiety about parent/carer wellbeing / attachment issues with a parent/carer.</p> <p>Having a special educational need or disability.</p> <p>Learning difficulties, developmental difficulties or needs on the autistic spectrum if unidentified or unsupported.</p> <p>Reluctance to interact / anxiety interacting / withdrawal from unfamiliar settings, people or objects.</p>	<p>High levels of family stress (including financial stress, conflict or domestic violence).</p> <p>Changes to the home environment or home dynamic (including divorce, separation, bereavement or parent/carer illness).</p> <p>Sibling(s) at home; such as home educated or due to health needs.</p> <p>Young carer responsibilities.</p> <p>Loss and bereavement.</p> <p>Family history of EBSA.</p> <p>Parental mental health difficulties.</p> <p>Overly protective parenting style.</p> <p>Impaired family interactions and/or dynamics.</p>	<p>Bullying.</p> <p>Relationship difficulties with staff or peers.</p> <p>Difficulties making and maintaining friendships / being socially isolated.</p> <p>Difficulties in particular subjects.</p> <p>Academic demands, high level of pressure and performance-orientated classrooms, exams.</p> <p>Transition to secondary school, key stage or change of school.</p> <p>Structure of the school day.</p> <p>Ineffective SEN provision.</p> <p>Activities the child/young person cannot manage (e.g., sport/PE activities, performing in public)</p> <p>Transport journey to/from school.</p>

While risk factors have been identified that place children at greater risk of EBSA, it is important to also consider, identify and build areas of strength or resilience available for the child, family and school. These **resilience factors** help to protect children and young people from maintaining EBSA behaviours, and promote successful school inclusion.

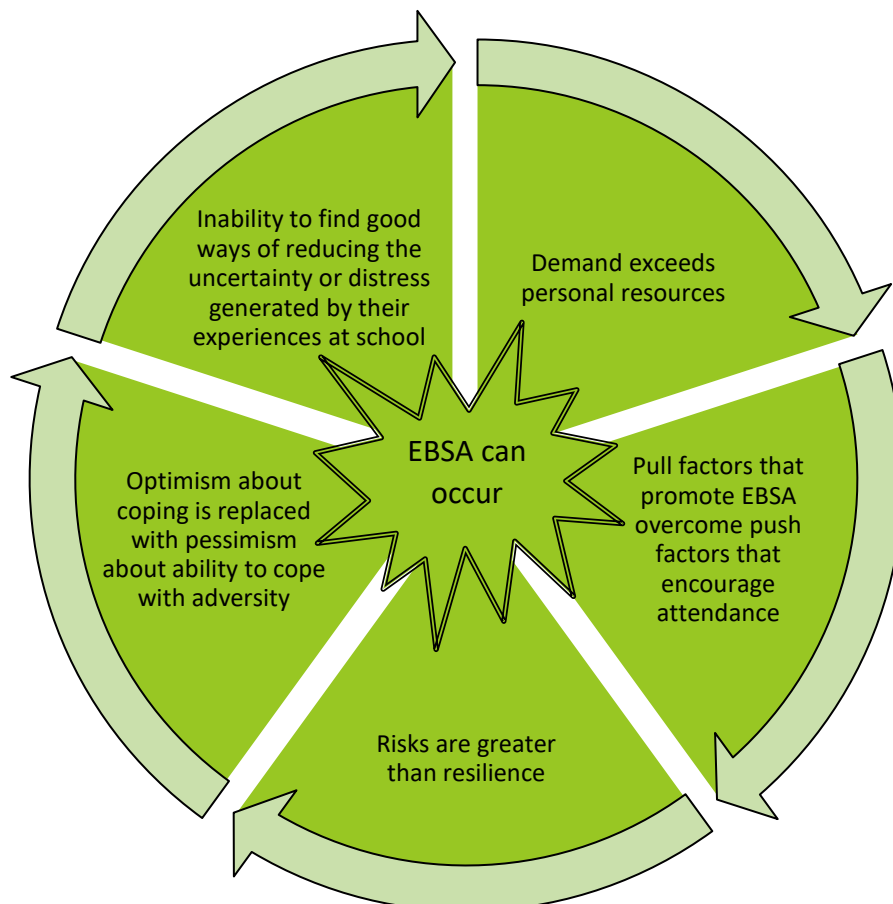
Resilience Factors		
Child / Young Person	Family / Home	School
Individual strengths and interests.	Positive relationships in the family and/or community.	A strong culture of social norms, routines and feedback about children’s behaviour that helps children and young people feel safe.
Self-awareness.	Willingness to work in partnership with school and support agencies.	
Emotion regulation strategies.		
Developing ambition and aspiration.	Positive parenting skills.	A welcoming, caring and predictable social environment.
Motivation for change.	Understanding of the child’s needs.	Positive relationships with member(s) of staff.
Increasing confidence, self-esteem, self-worth and value in themselves.		Genuine interest in the child/young person; understanding feelings, likes/dislikes, interests.
Feelings of safety, security and a sense of belonging in the school.		Openness and commitment to trying to understand how the child or young person may be different and how that may affect them at school.
Positive experiences where they can succeed.		High quality teaching that improves learning for everyone.
Feeling listened to and understood.		Willingness to work in partnership with family and support agencies.
Feeling part of a group.		Positive relationship with peers.
		Experiencing success in school.
		A creative/flexible approach.

The contributing factors of risk and resilience can also be separated into **push and pull** factors. EBSA is most likely to occur when the risks overwhelm the resilience, and when the pull factors (that encourage school avoidance) take over the push factors (that encourage school attendance).

Push Factor	Pull Factor
What is pushing the child AWAY from school?	What is pulling the child TOWARDS home?
For example, a child/young person may be struggling with transition, difficulties adjusting to a new environment, difficult relationships with staff, difficulties accessing the learning, no friends.	They may also wish to be at home to look after a parent with a long-term health condition.

With each individual situation, it is therefore crucial to fully explore and understand why the child or young person is reluctant to attend school.

- **To avoid uncomfortable feelings brought on by school:** e.g., anxiety, low mood, feelings of disconnection/not belonging.
- **To avoid stressful situations:** e.g., academic demands, exams/evaluations, challenging social pressures/interactions, unstructured times, aspects of school environment such as noise, crowds, buildings, classrooms, transitions.
- **To reduce separation anxiety or gain attention from significant others:** e.g., time at home with parents/carers/family members.
- **To engage in preferred activities:** e.g., watching TV, playing computer games, spending time with friends, going shopping.

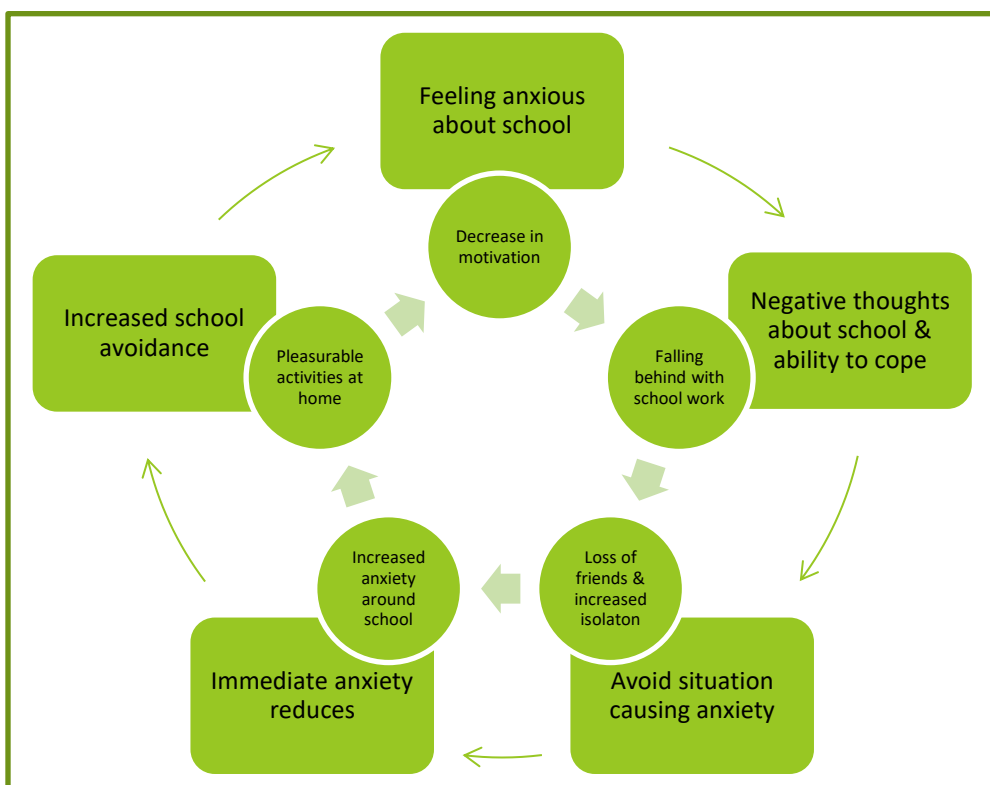


EBSA is often associated with feelings of **anxiety** in children and young people. Think of anxiety as the brain's alarm system being overly sensitive (i.e., very sensitive to 'breaking news'). It's constantly guessing that something bad might happen, even when there is no real danger. It's like your body sending a red alert that something is not right (an 'error'), but you're not exactly sure what the problem is. This could make a child or young person feel worried, nervous, or scared more frequently than usual. It's like their brain is seeing shadows in the dark and interpreting them as monsters, even though they are safe in their bedroom.

For children and young people who are going through this, these feelings might be so strong and unpleasant that they start to worry about how to make them less intense. Just like how you might feel nervous before a big test or game, it's normal for everyone to feel anxious or unsure at times. But for children and young people who struggle going to school because of their anxiety or experience of 'error', these feelings are not just a little bit nervous or unsure – they are very intense and uncomfortable and frequently uncontrollable.

Some children and young people experience such heightened levels of anxiety that it negatively impacts on their ability to attend and cope in school. Children and young people's avoidance of school reflects an attempt to preserve emotional security by shielding themselves from the stress, threats or social isolation they feel at school. Their avoidance may increase the certainty of feeling better away from stress and reduce the uncertainty about dealing with challenges at school. However, it also makes it increasingly difficult to return because it strengthens their beliefs about experiencing unpleasant feelings, which cause much distress and limits the opportunities to gradually overcome their difficulties. Moreover, the social network weakens, the academic gaps grow, and the fear of returning to school takes over. The complex context of school feels less and less psychologically safe and predictable as a result.

Anxiety may be the triggering, but also a maintaining factor of EBSA. The greater the avoidance of situations that cause fear or distress, the more difficult it will become to deal with it.



## Autism and EBSA

Children and young people with autism often face additional challenges in school which may make them anxious about school and appear to experience EBSA. These include:

- Differences in identifying and describing their own and others' emotions.
- Emotional regulation difficulties.
- Differences in sensory processing and finding the sensory environment overwhelming e.g. loud corridors, different smells, busy classrooms.
- Difficulties understanding and predicting social situations and managing interactions with others.
- Worries around change or transitions e.g. moving between classrooms, changes to timetables, supply teachers.
- Executive functioning and organisation difficulties e.g. remembering books, homework, equipment.
- Masking e.g. trying to 'fit in' or attempting to appear more neurotypical by changing their behaviour and internalising any anxiety.
- Experiencing performance anxiety related to the schoolwork or exams.

These differences can make the world unpredictable, uncertain and difficult to tolerate. For example, school life is full of sensory experiences ranging from busy corridors to colourful display boards to school uniforms in materials that children might find difficult to tolerate. Difficulties in understanding their emotions also makes the world feel more uncertain and unpredictable as well as making it difficult to regulate emotions. It is this uncertainty and unpredictability which can then cause anxiety. However, it is important to appreciate that anxiety is not simply a part of autism and can and should be supported in its own right.

It is therefore vital that the right support and adjustments are put in place for a child or young person's autistic needs. Using a robust graduated approach to meet their individual needs to avoid the child or young person having to manage their anxiety by avoiding school altogether. This should include early attention and intervention to develop the child or young person's social skills, emotional literacy, resilience and their ability to self-regulate. Where further support is needed to enable a child or young person's autistic needs to be met in school, the Working Together Team should be contacted.

The **Working Together Team** is a National Autistic Society Advanced Status Accredited Service that offer a wide range of resources, advice, training and support to schools and families. They advocate best practice and provide specialist support to mainstream schools to enable schools to effectively meet the needs of autistic children and young people.

Details about how to contact the Working Together Team are included in the EBSA Toolkit.



## **Lincolnshire's EBSA Pathway**

When attendance is compromised because of EBSA, or indeed any medical issue, then there is a statutory duty for both school and Local Authority to deliver education, which can lead to a lack of clarity in relation to roles and responsibilities.

Section 100 of the Children and Families Act, 2014 places a duty on schools to "make arrangements" for all pupils with "medical conditions" in terms of both physical and mental health. Whilst Section 19 of the Education Act (1996) requires Local Authority to arrange 'suitable' (so far as health allows) full-time (if suitable) education for children who would otherwise not receive education because of their illness. The courts have considered the circumstances where the Section 19 duty applies. Caselaw has established that a Local Authority will have a duty to provide alternative education under Section 19 if there is no suitable education available to the child which is "reasonably practicable" for the child to access.

The 1996 Education Act (Section 7) also places a legal responsibility upon parent/carers to ensure that their child receives an appropriate, full time and effective education (suitable to their educational needs). In England, the vast majority of parents fulfil their parental responsibility in relation to education by putting their child on a school roll, and ensuring that they attend regularly. However, if a child who is on a school roll and fails to attend regularly then it is possible that the parents will have committed an offence contrary to s444 Education Act 1996, unless one of the four statutory defences apply.

This Pathway clarifies what schools can expect of the Local Authority and what the Local Authority must expect from schools in relation to these duties. It also clarifies what parents can expect and, crucially, their role in supporting their child to access their school. This will in turn guide all stakeholders, not least children and families, in understanding what support they should expect to receive, when, where and from whom.

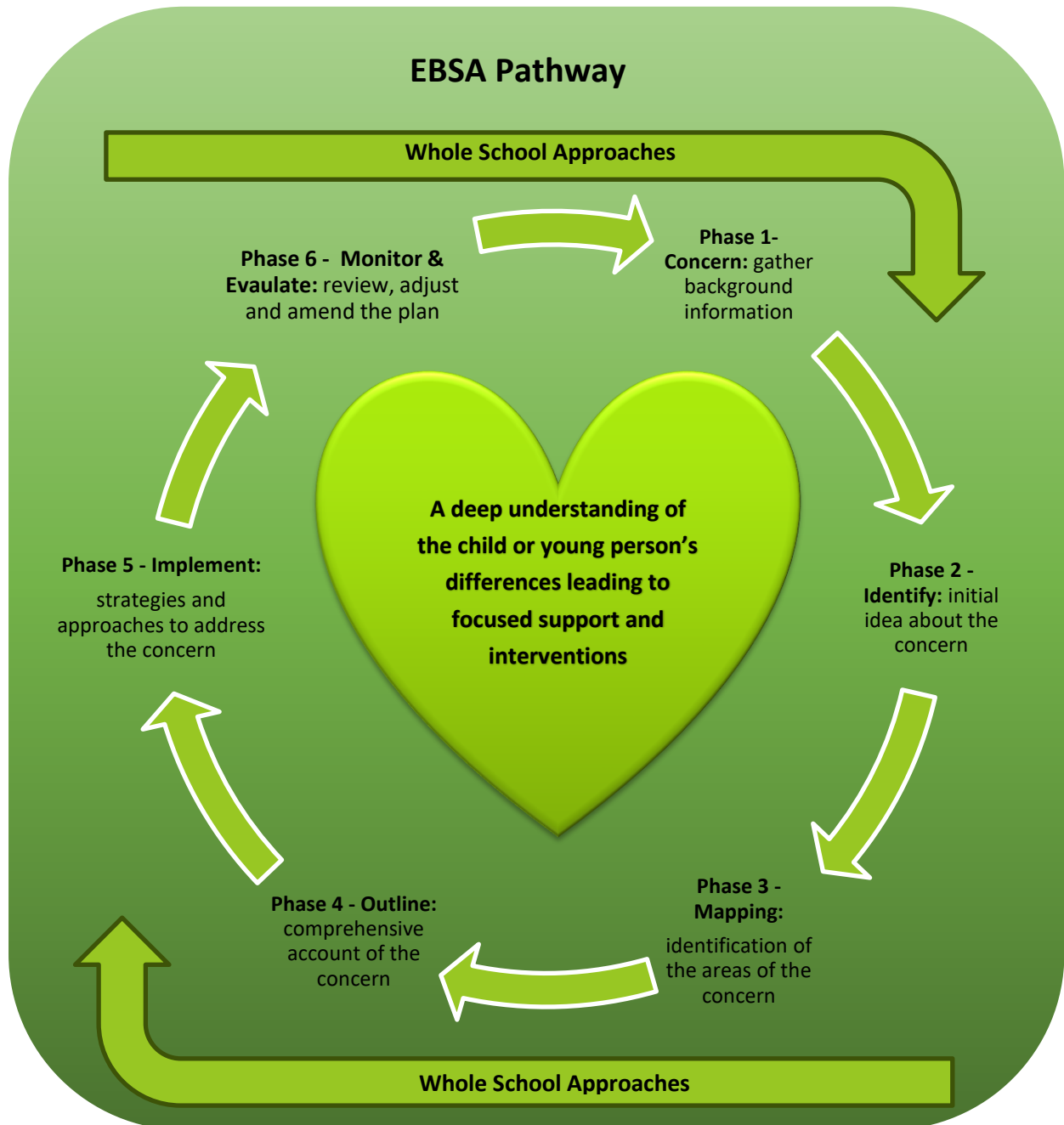
Whilst a child or young person experiences EBSA they remain on the role of school and their responsibility. School must ensure that they continue to:

- Carry out welfare checks.
- Develop an Individual Health Care Plan in partnership with the school, parents, pupils, and any relevant healthcare professional (where appropriate).
- Liaise with outside agencies to ensure that actions are undertaken.
- Provide educational and other ordinarily available activities.
- Monitor progress.
- Consider any unmet learning needs and put appropriate steps in place for identifying and implementing appropriate support.
- Coordinate SEN provision as appropriate and review needs at the SEN Support and Education, Health and Care (EHC) plan levels.

Lincolnshire's EBSA Pathway is a graduated response (i.e., follows an assess, plan, do, review cycle) that is focused on facilitating a step-change in how we support children/young people through:

- Meaningful and robust early intervention through effective whole school systems.
- Clear understanding of individual needs and contexts.
- Collaborative, person-centred working with parent/carers and the child/young person.

The Pathway considers each stage of EBSA and the steps to be taken. The EBSA Pathway is a wraparound approach of proactive support. Throughout this is the emphasis on the need for a return to school, alongside support strategies and interventions and adaptations within the school and home environment.



Consideration should also be given to how needs are met in line with the **SEND** Code of Practice. A child or young person who is not able to attend due to emotional reasons and/or because their underlying needs are not being met will require adjustments in their support or provision. Schools should ensure they are fully utilising their SEND notional funding as appropriate. Where a child or young person has an Education, Health and Care (EHC) plan, then consideration needs to take place

regarding the provision within their EHC plan and how this is being implemented. Where the provision requires adjustment then an annual review of their EHC plan should be considered. School should also ensure they are fully utilising the high needs funding they are in receipt of to meet the child or young person's needs.

At any stage within the EBSA Pathway school can contact an EBSA Caseworker from the **Pupil Reintegration Team** (PRT) to support the Pathway. This can involve:

- Support with identifying children and young people exhibiting EBSA and provide advice/guidance through consultations.
- Attend scheduled review meetings, or provide advice throughout the assess, plan, do, review stages.
- Recommend suitable targets for children and young people and support with implementing appropriate strategies and interventions.
- Provide advice around gaining the child or young person's voice and ensuring that they remain central to the process.
- Identify, share and promote good and innovative examples across schools.
- Signpost to alternative agencies for further advice and guidance.
- Provide case supervision to settings experiencing a high level of EBSA cases.
- Provide advice prior to completing a referral to Medical Support Panel (MSP) and support with implementing feedback.

## Initial Steps: Early intervention & effective whole school systems

School plays a key role in the identification of children and young people who are currently experiencing or are at risk of EBSA. It is important for schools to develop effective whole school systems to support young people, be vigilant to early indicators and employ a thorough assess, plan, do and review cycle placing the child or young person at the heart of the interventions.

Schools should take a preventative measure towards EBSA, with a focus on early intervention and prevention. It is important to identify the early warning signs of EBSA. If unaddressed, the EBSA behaviours can become entrenched making it difficult to intervene once the child or young person has been out of education for some time.

### Indicators of risk of EBSA

See Risk Factors on page 3 and also the **EBSA Risk Screening Tool**.

### Early Indicators of EBSA

- Low or intermittent school attendance and/or lateness.
- Parents' report that the child or young person does not want to come into school.
- Physical signs of anxiety believed to be linked to stress (e.g., stomach ache, sickness, headache) or complaining of being ill.
- Behaviour changes or fluctuations (e.g., interactions with others, reduced motivation and engagement in learning tasks).
- Signs of emotional distress that interferes with daily functioning (e.g., anxiety, fear, school-related fear, low mood, high levels of sensitivity)
- Low mood and anxiety.
- High reactivity that is accompanied by high levels of sensitivity.

### Indicators of EBSA

- Periods of prolonged absence.
- Persistent lateness.
- Parent/carer unable to support their child to attend school.
- Identifiable patterns of school non-attendance (e.g., specific days, subjects, staff members).
- Providing minor reasons for school absences.
- Child or young person experiencing anxiety in relation to home factors (e.g., parental separation, divorce, conflict, loss, bereavement).
- Child or young person displaying greater reliance upon family members (e.g., separation anxiety, increased proximity).
- Concerns around academic progress due to school non-attendance/missed education.
- Child or young person displaying increased anxiety in relation to their learning and/or poor self-concept as a learner.
- Low self-esteem and/or lack of confidence.
- Struggling in relation to peer relationships.
- Physical signs of stress (e.g., stomach ache, sickness, headache) or complaining of feeling ill.
- Displaying emotional dysregulation and/or distress.

## Whole school approaches:

- Audit of school systems and approaches to identify preventive approaches and actions, existing good practice and areas for development. See the **EBSA Setting Self Audit Tool**.
- Organisational vision that is driven by the Senior Leadership Team, with the support of the school Governors.
- Support targeted towards prevention and promoting the wellbeing of all members of the school community, as well as early intervention to meet identified needs.
- A strong culture of social norms, routines, and feedback about children's behaviour that helps children and young people feel safe at school, with flexibility to meet individual needs.
- Clear whole school shared understanding of EBSA and agreed approach to supporting this.
- Supportive and flexible systems that are consistently adhered to throughout school and are regularly reviewed and updated.
- Whole staff training and development on EBSA.
- Staff training to develop their understanding of children and young people's mental health and emotional wellbeing needs and how to support these using evidence-based approaches that can be tailored to meet individual needs.
- Use of risk factors to identify children and young people at potential risk of developing EBSA.
- Identify staff EBSA Leads.
- Whole school projects and assemblies with a focus on supporting the emotional wellbeing of staff, pupils and community recovery.
- Whole school assessments of resilience or wellbeing.
- Emotional Wellbeing check in for all pupils. Asking children and young people to note down one trusted adult in school who they can talk to.
- Training and resources for parents/carers.
- Identification of children and young people who may be showing early signs of EBSA. Used to support awareness, curiosity, recognition and investigation, to instigate fast action if potential risks of EBSA are identified.
- Robust assessment and early identification of any special education needs (SEN) with implementation of appropriate SEN Support as part of the SEND Code of Practice and graduated approach.

## Early Help Assessment:

Lincolnshire's Early Help Strategy (2021) outlines the importance of exploring worries with children, young people, and their families at the earliest opportunity to ensure the right support is offered and prevent worries growing. The Early Help Pathway reflects the best place to start exploring these worries is in conversation with the child or young person, family, and support network to understand what life currently looks like for them. Lincolnshire's **Early Help Assessment (EHA)** is how we explore these open and honest conversations with families in Lincolnshire. By using the EHA as a conversation tool, it is possible to gain an understanding of the impact of holistic factors, in an open and honest way with the child or young person and those who are important to them. It is important to take time to gain a full understanding of worries which may be impacting on the child's well-being and the current strengths that can be built upon to address the worries, as well as who is in the child or young person's support network and what needs to happen next to support the child. There is guidance on completing an EHA with a family within the EBSA Toolkit. Your setting's Early Help Consultant can also offer advice on this.

Completion of the EHA is encouraged as the initial tool where there are early concerns relating to possible EBSA. These conversations will help you to determine if the child or young person is displaying EBSA as opposed to truancy or parentally condoned absence so you can decide which pathway to follow. It will then also help determine the next steps to be put in place to avoid those early warning signs deteriorating into EBSA.

Once the EHA has been completed with the child or young person and family, it is important to plan what happens next. The Early Help Pathway reflects the importance of multi-agency working, as well as involving the support network, in planning actions with the child or young person and their family. Lincolnshire's multi-agency approach is called **Team Around the Child (TAC)**. Once you have completed the EHA with the child or young person and their family, you will need to discuss their right to TAC as a way forward in planning how they and their support network will work together to address the worries and move towards their goals. A child or young person's TAC works alongside the EBSA Pathway to support the wider holistic needs impacting on a child or young person's well-being. TAC is a voluntary process, and so it is important to explore if the family consent to this. A leaflet for families about TAC is included within the EBSA Toolkit.

TAC reviews should be completed every 6-8 weeks to explore the progress made, celebrate success, update on new worries or information, discuss barriers to progress and agree further actions. The TAC Handbook is included in the EBSA Toolkit and provides advice on the role of the Lead Professional. Your setting's Early Help Consultant can also offer advice on this. They also offer case advice to TAC Lead Professionals to support professional curiosity and robust planning.

### **Healthcare Plans:**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions, in terms of both physical and mental health. They provide clarity about what needs to be done, when and by whom. While not all children and young people will require one, they will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child or young person's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Guidance on school's duties and developing an individual healthcare plan is provided in the EBSA Toolkit.

## Next Steps: Assess and Plan

Where individuals have started to develop EBSA behaviours, despite robust whole school systems and possible completion of an Early Help Assessment to identify and support early indicators through preventative initial steps, these next steps continue the thorough assessment that leads into a robust plan as part of the assess, plan, do and review cycle, with the child or young person at the centre.

Where there are wider needs for the child or young person and their family, the EBSA Pathway can work alongside the child or young person's TAC. Enabling the EBSA Pathway to drill into the analysis and identification of what is causing and maintaining the EBSA behaviours that then supplements the TAC that is supporting the broader holistic needs of the family that is impacting on a child or young person's well-being.

### ❖ Phase 1 – Concern: gather background information

*Supporting a child or young person experiencing emotional distress and social isolation requires thorough understanding of their situation, involving collection of detailed background information, analysis of potential causes, and participation from the child and their significant others, leading to a working hypothesis that will guide future interventions.*

For any intervention or support plan to be successful, it is essential to gain an understanding of the various aspects at the core of the child or young person's emotional distress and/or social isolation that may be causing and maintaining the EBSA behaviours. It is vital that children and young people's behaviours are understood in the full complexity of their lives as unique human beings.

Gaining this understanding is crucial to:

- Confirm that the child is displaying EBSA as opposed to truancy or parentally condoned absence.
- Assess the extent and severity of the absence and the anxiety.
- Gather information regarding the various child, family and school factors that may be contributing to the EBSA.
- Combine the information to arrive at a practical working hypothesis as a prelude to planning effective interventions.

The child or young person and their parent/carer must remain at the centre of all discussions and planning. They are crucial in unpicking the EBSA behaviours and planning meaningful and effective support to remove barriers. They are the key element in gathering and understanding:

- The child or young person's strengths and difficulties
- Developmental and family history
- Primary and secondary factors at work to produce the child or young person's struggles
- Possible functions of school non-attendance for the child or young person
- The risk and protective factors that are present
- The 'push' and 'pull' factors that are present

It can be tempting to try and identify a simple reason and simple solution for the EBSA behaviour. However, as identified earlier, EBSA is complex and often an interaction of several factors.

Therefore, for assessment to be meaningful it will need to be multi-faceted and use a mixture of creative tools for drawing out views.

**Understanding the current situation for the child or young person**, from their perspective, will give a rich and detailed insight into their world view and understanding of what is going on around them and can often reveal a different perspective to the adults who know them well. Acknowledging these different perspectives is important as this can then lead to more individualised, meaningful and effective interventions.

It is crucial there is a relationship of trust between the child or young person and adult completing the assessments so that it is with someone they feel safe and secure with. The richest information will come from sessions where:

- Relationships have been established.
- There is positive regard and respect.
- Strengths and interests are used to heighten engagement.
- Approaches used to gather views have been adapted to individual needs/age/levels.

Think about the most effective ways to gather these views and be guided by the child or young person and those that know them best. Who gathers the views, when and where? For example, a neutral place, while engaged in an activity that reduces direct pressure on the child or young person, without parent/carers present (to enable the child or young person to speak freely) or with parent/carers present (to enable the child or young person to feel more secure). This will vary according to the child or young person and their relationships with adults at school.

The **Child or Young Person Questionnaire** can be used to collect these views and can be found in the EBSA Toolkit. The short or long version can be used depending on the age, ability or individual circumstances of the child or young person. You can supplement this with other means, such as visual cards to ensure robust gathering of information.

The questions within the Questionnaire are aimed at guiding a conversation with the child or young person to capture robust and meaningful information. They should not be used as a basic question/answer and tick box exercise.

Remember that any child or young person who feels too distressed to attend school will become anxious when asked to discuss a return. Nobody will gladly force themselves into a situation where they predict feelings of terror or acute distress. They are managing their feelings of anxiety or distress by shielding themselves from the environment that causes it, so any conversation about a return to school may appear as you attempting to take away their coping mechanism or dismissing their anxieties, worries or distress. Therefore, it is helpful to start conversations acknowledging that it will be difficult, but important to understand how they think, feel, and act. It will also be key to highlight that anxiety or distress is unlikely to go away *before* attending school. Most of the time, the anxiety or distress will diminish after attending school, provided that support is put in place.

It is essential to take the time to build a **collaborative partnership working relationship with parent/carers** to maximise successful outcomes. While the focus should remain on the child or young person, it is important to acknowledge any parent anxieties and their perspective. As with gathering the child or young person's views, it is also important to consider the most effective ways to make parent/carers feel at ease. Who gathers the views, when and where?



The **Parent or Carer Questionnaire** can be used to collect these views and can be found in the EBSA Toolkit. The short or long version can be used as appropriate and depending on the individual circumstances. You can supplement this with other means to ensure robust gathering of information. As with the child or young person questionnaire, the parent or carer questionnaire is aimed at guiding a conversation to capture robust and meaningful information and should not be used as a basic question/answer and tick box exercise.

At the initial meeting, there should be a clear meeting agenda to gather background information, including developmental and family history, establish the current situation and gain parent/carer views on the current situation.

**Questions should be asked sensitively using active listening skills:**



Plans should be put in place for regular contact to take place with parent/carer and with the child or young person, how this will take place and a key person identified to be the point of contact. It is then important that this is adhered to so that the relationship and trust continues to be embedded and built on.

It is important to gather the **views of staff in school or other professionals** that know the child or young person best. This may need to be gathered through conversation or via a 'round robin' questionnaire. Again, consider the most effective way to gain this information. The **Key Person or Professional Questionnaire** and the **Class Teacher Questionnaire** can be found in the EBSA Toolkit.

**Remember the important element is the quality, depth and richness of the information that is gathered!**

## ❖ Phase 2 – Identify: initial ideas about the concern

*This involves using the gathered information to spot potential problem areas and formulate an evolving initial hypothesis, which serves as a groundwork for further exploration and comprehension, rather than a definite diagnosis.*

- Consider the information you have gathered from everyone.
- Using the **Identifying Tool**, systematically review the information to identify potential problem areas according to the 5 P's (Presenting factors; Predisposing factors; Precipitating factors; Perpetuating factors; and Protective factors).
- As new information is gathered and interventions are implemented, the hypothesis will evolve and become more refined.

This initial hypothesis is not a diagnosis or definitive conclusion, but a starting point for further investigation and understanding.

It is important to remember that the 5 P's are there to structure the information gathering and are not terms that would be used directly with children, young people or their families. When discussing this aspect of the Pathway the **Identifying Visual Tool** can be used to support these discussions and prevent the potential for families to feel overwhelmed by the discussions.

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## ❖ Phase 3 – Mapping: identification of the areas of the concern

*Mapping is for breaking down the areas of concern into smaller and more manageable and actionable parts.*

- Using the **Mapping Tool**, break down the overarching concern or issue into smaller, more manageable parts.
- Consider each of the factors and identify the ways they interact with and contribute to the concern.

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## ❖ Phase 4 – Outline: comprehensive account of the concern

*The Outline involves refining the initial hypothesis based on a thorough analysis of collected information, which aids in outlining preliminary strategies and interventions for addressing the child or young person's issues, with the flexibility to update this living document as more information becomes available or the child's situation evolves.*

- Based on all the information you have gathered and your detailed analysis, re-visit and refine your initial hypothesis using the **Outline Tool**. This should provide a more nuanced understanding of the nature of the child or young person's difficulties.
- This will inform the next stage by providing the outline of the preliminary ideas for strategies and interventions that might be appropriate for addressing the concern. These will be developed fully in the next phase.

- Remember, this Outline is a "living document" that should be updated and refined as new information becomes available or the child or young person's situation changes.
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## ❖ Phase 5 – Intervention & Implementation: strategies and approaches to address the concern

*The EBSA Support Plan is a structured and adaptable strategy, involving relevant stakeholders, to develop, implement, and regularly review personalised interventions that address identified needs of a child or young person at both school and home, ensuring strategies effectively meet unique situational challenges.*

- Using all the information gathered and your Outline, this next stage provides the plan for the strategies and interventions to address the concern.
- Careful consideration needs to take place to ensure all the relevant people are involved in and contribute to this planning to ensure it fully addresses all identified areas. The **EBSA Support Plan** provides a structured way to identify potential interventions, detail their implementation (who, what, when, where, how), and consider how each intervention will address one or more identified problems and fit within the 5 'P's framework. The EBSA Support Plan is designed to help identify potential interventions and outline how they will be implemented. Each intervention should be designed considering the unique circumstances and needs of the student, as detailed in the Outline. The interventions will greatly depend on the specific needs of the child or young person and the nature of the issues identified through the previous phases. The EBSA Support Plan is intended to guide the initial development and implementation of interventions. It should be revisited and updated regularly as part of the ongoing monitoring, review and evaluation of the interventions' effectiveness. Remember, the most used strategies are not always the most successful strategies. The specific strategy is not as important as the extent to which the strategy effectively meets the situational challenge. The plan needs to be individualised to the child or young person and hence why it is crucial when pulling together the support plan that it must clearly link to the factors that have been identified through assessment as contributing to EBSA. It also needs to intervene at both school and home level. A good repertoire of strategies will help to meet the demand of a particular individual situation.

It is also important to remember when forming the support plan:

- ✓ Collaboration with the child or young person and their parent/carer and other professionals' involvement.
- ✓ Person centred, ensuring they have ownership of the plan.
- ✓ Focus on removing barriers rather than a reliance on referring to services.
- ✓ Be realistic and break down larger goals into small, achievable steps; an overly ambitious plan is likely to fail.
- ✓ Be clear about roles and responsibilities from the outset and ensure that all parties agree to actions and keep to them until the next review period.
- ✓ Write agreed review dates into the plan; keeping the plan under regular review.
- ✓ Be consistent and follow through on agreements until the next review.
- ✓ Build into the planning process the anticipation there may be 'bumps' in implementing the plan and include a commitment from all parties to find solutions when that happens.

- ✓ Ensure any concerns about the reintegration process are not shared in front of the child or young person; a 'united front' is recommended. While the child or young person is central to all planning, concerns should be communicated away from them.
- ✓ Keep optimistic. If the child or young person doesn't attend on a day as planned, start again the next day with the agreed plan.
- ✓ Don't be tempted to move the goalposts if the child or young person is doing better than expected. This can reduce trust. Wait until the agreed next review point to make any changes.
- ✓ Agree expectations regarding frequency of contact and set realistic response times for direct telephone contact between parent/carer and key workers in school.
- ✓ Recognise that the child or young person is likely to be more unsettled at the beginning of the plan and that school and parent/carer needs to work together to show a consistent approach to managing heightened emotions and anxieties.
- ✓ Plan for a gradual and graded reintegration. Early home visits by a designated member of staff, ideally with whom the child or young person has a positive relationship with will support a sense of connection and 'school belonging'.
- ✓ A part-time timetable may result as part of the gradual and graded reintegration, but should be clearly planned as part of the reintegration to avoid the push of the child or young person to the illusory safety of avoidance.
- ✓ Detail the strategies and approaches that will support the child or young person to achieve the outcomes agreed. Including flexibility in the timetable, arrangements for transport, buddying opportunities, safe havens in school, key person the child or young person can 'check in' with during the time they are in school, differentiation of curriculum to address any potential gaps from missed lessons.
- ✓ Ensure all school staff (including supply staff) that the child or young person will come into contact with are fully aware of the plan and the child or young person's difficulties, particularly during changes of class or other transition times.
- ✓ Any involvement from professionals not currently involved.
- ✓ Agree the work that will be sent home to be completed and ensure feedback is consistently provided around marking.

## Further Steps: Do and Review

### ❖ Phase 6 – Monitor and Evaluate Interventions: review and amend the plan

*The EBSA Support Plan is put into action, continually monitored, and adjusted as needed with regular reviews, consistent communication, realistic goal setting, and ongoing collaboration among the child or young person, their family, and professionals. There will be an emphasis on consistency, resilience, person-centred planning, and the evolving nature of the plan to best support the child or young person's progress.*

In this phase, the EBSA Support Plan is implemented and regular reviews take place. When implementing the EBSA Support Plan it is important to ensure all the agreed resources and support are in place at all times for the child or young person and that there continues to be good communication with the child or young person, family and any involved professionals. Remember to also give time for the strategies and approaches to work and achieve the outcomes agreed.

The EBSA Support Plan should be reviewed and updated regularly as part of the ongoing process of evaluating and refining the interventions. The evaluation will enable tracking to take place regarding the effectiveness of interventions over time, looking at what is working well and any necessary adjustments to the plan. The reviews should record the impact on the areas identified, as well as any changes in the 5 P's. Feedback from all involved will provide different perspectives on the interventions' impact. It may be appropriate or necessary to revisit earlier phases to further develop the Mapping or Outline phases as situations develop and change. It is crucial to keep revisiting these as needed to ensure all the planning is focussed on the appropriate information.

It is also important to remember when reviewing the support plan:

- ✓ Continued collaboration with the child or young person and their parent/carer and other professional's involvement.
- ✓ All discussions and planning remain person centred so that the child or young person continues to consider this as 'their' plan.
- ✓ Continue to be realistic and break down larger goals into small, achievable steps; high aspirations can be good, but an overly ambitious plan is likely to fail. Continue to aim and plan for a gradual and graded reintegration.
- ✓ Ensure everyone remains clear on roles and responsibilities and continue to agree the actions and keep to them until the next review period.
- ✓ Consistency is key; ensure all agreements are consistently followed until the next review and all parties (home, school and professionals) continue to work together with a consistent approach.
- ✓ Remember, 'bumps' will occur and the need for ongoing commitment from all parties to find solutions when this happens.
- ✓ When things don't go as planned, keep optimistic. If the child or young person doesn't attend on a day as planned, start again the next day with the agreed plan.
- ✓ Don't be tempted to move the goalposts if the child or young person is doing better than expected. This can reduce trust. Wait until the agreed next review point to make any changes.
- ✓ Ensure agreed expectations regarding frequency of contact and response times are kept to.

- ✓ Continue to build on positive relationships the child or young person has with key adults and the sense of connection and 'school belonging'.
- ✓ Consider and build on the strategies and approaches that support the child or young person to achieve the agreed outcomes. Consider what has worked well and build on this. Also what has not worked, why and how this can be developed to be more successful; using the successes to widen the achievement of agreed outcomes.
- ✓ Review the information and if anything has changed. Consider returning to use the tools from the 'assess' and 'plan' phases of the Pathway to revisit the gathering of information where this is helpful to further inform the plan.
- ✓ Keep all school staff (including supply staff) that the child or young person will come into contact with fully up to date with the plan as this develops and evolves.
- ✓ Continue to ensure that education is provided, keeping to the agreement around work being sent home and marking of this.
- ✓ As the plan evolves, continue to consider if any wider professionals need to be involved and involve as needed. You may need to revisit earlier phases in the Pathway with new involvements to ensure the current information remains relevant to planning.

## **Mental Health Involvement:**

Evidence tells us that early intervention, when issues arise, helps to prevent mental health problems developing in the future. There is a range of available support from Lincolnshire's mental health teams that is focussed on providing children and young people with early interventions to prevent emotional wellbeing worries escalating into mental health concerns. This should be built into school's effective whole school systems. Details of the available support via avenues such as Here4You, Healthy Minds and Mental Health Support Teams can be found in the Toolkit. The support uses evidence based interventions that promote resilience, normalise emotions and teach positive coping mechanisms.

In relation to the EBSA Pathway, it is important not to expect too much too soon, but where there has been limited progress it may be appropriate to invite a mental health practitioner to support the review of the Support Plan.

If Child and Adolescent Mental Health Service (CAMHS) or Mental Health Support Team (MHST) are already involved with the child or young person, then contact the relevant clinician requesting attendance at the review meeting. Be prepared to plan the date of the review meeting around CAMHS availability.

Where Healthy Minds are already involved, contact [lincs@SPA.nhs.net](mailto:lincs@SPA.nhs.net) requesting attendance at the review.

Where there is no current mental health or emotional wellbeing service involvement, if the school has a MHST, then this practitioner and not Healthy Minds should be contacted and invited to the review. If the school does not have access to MHST, contact Healthy Minds at [lincs@SPA.nhs.net](mailto:lincs@SPA.nhs.net) requesting attendance at the review.

Prior to the review meeting ensure the Mental Health colleague attending the meeting has received all relevant paperwork to enable them to be fully prepared for the review meeting. This may include the paperwork from the various phases within the EBSA Pathway along with the EBSA Support Plans.

You may need to revisit earlier phases in the Pathway with involvement from the mental health practitioner to ensure the current information remains relevant to planning going forward.

## Toolkit:

### Initial Steps: Early intervention & effective whole school systems

#### **EBSA Setting Self Audit Tool:**

Used as part of the Initial Steps within Lincolnshire's EBSA Pathway, where the focus is on early intervention & effective whole school systems. The audit tool enables schools to take preventative whole school measures towards EBSA, with a focus on identifying early warning signs through early intervention and prevention.

#### **EBSA Risk Screening Tool:**

Utilised to identify and maintain robust oversight of children and young people who are vulnerable. It can be used to share with SENCo's, EBSA and Mental Health leads and pastoral leads, allowing them to make assessments of underpinning needs and put appropriate adjustments or support and interventions in place at the point they first arise.

#### **EBSA Interventions:**

Provides examples of whole school and targeted interventions to support school's key role in the identification of children and young people who are currently experiencing or are at risk of EBSA. Details some activities and interventions that schools can put in place to promote resilience, belongingness, emotional literacy skills and secure attachments.

*These documents can all be found in the EBSA Toolkit at:*

[EBSA toolkit – Professional resources \(lincolnshire.gov.uk\)](#)

**Lincolnshire Parent Carer Forum (LPCF):** is recognised and supported by the Department for Education (DfE) under the Special Educational Needs and Disability (SEND) Code of Practice (2015). LPCF is specifically tasked with working alongside the Local Authority and Health to help ensure that the services that are planned, commissioned, delivered and monitored, meet the needs of children with SEND. They run a wide number and range of events and workshops to support parent/carers of children with SEND.

[LPCF Home \(lincspcf.org.uk\)](#)

**SEND Workforce Development:** is accessed via the Lincolnshire Children's Safeguarding Partnership (LSCP) website. Offers a wide range of training including Support Interventions, Restorative Practice, Sensory Processing and Integration, What is Inclusion?, Autism, Supporting Transitions and an Induction Tier.

[Log In - Enable \(vc-enable.co.uk\)](#)

**Lincolnshire's Local Offer:** provides access to a wide range of support, services and signposting for parent/carers, young people and professionals.

[SEND Local Offer – Lincolnshire County Council](#)

**Ask SALL:** SEND Advice Line Lincolnshire (SALL) is an early advice service for SENDCos, SEND managers and other professionals. It supports settings to meet the needs of children and young people with SEND, as early as possible, through SALL advisors providing guidance through the graduated approach and signposting to next steps and resources to support and meet need.

[SEND Advice Line for Lincolnshire \(Ask SALL\) – Lincolnshire County Council](#)

**Ask SALL Resource Bank:** provides a wide range of information and signposting links to available support services, training and resources. Also provides links for referral forms and contacts.

[Ask Sall information links – Professional resources \(lincolnshire.gov.uk\)](#)



**Lincolnshire's Inclusion Toolkit:** provides SENDCos with an easy access, evidence based toolkit, to optimise outcomes for children and young people with SEND. The toolkit is designed to guide early years settings, schools and colleges in the education and development of children and young people with SEND. It supports SENDCos in translating baseline assessment outcomes, such as those from VSEND, into co-produced evidence-based, robust and responsive support plans. Each area of need also links to high quality resources for using at home.

[SEND inclusion toolkit – Professional resources \(lincolnshire.gov.uk\)](https://lincolnshire.gov.uk)

**Valuing SEND (VSEND):** is an assessment tool that enables educational settings to develop a single, rounded picture of the needs of children and young people and the support they need to succeed and prosper within and outside of their education. It provides a foundation for planning and commissioning support and the subsequent monitoring and evaluation of progress at a child and a cohort level. Enabling earlier identification and more co-ordinated intervention.

[Valuing SEND – Professional resources \(lincolnshire.gov.uk\)](https://lincolnshire.gov.uk)

**Working Together Team:** is a National Autistic Society Advanced Status Accredited Service. They advocate best practice and provide specialist support to empower mainstream settings to ensure autistic children & young people thrive through collaborative working with families and professionals. They offer a wide range of resources, advice, training and support.

[Working Together Team - Home \(wtt.org.uk\)](https://wtt.org.uk)

**Pupil Reintegration Team:** provides a wide range of support to schools in relation to EBSA. Their EBSA Caseworkers are able to support with identifying signs of EBSA, offer consultations, training and advice, share good practice, guide through the implementation of robust and meaningful cycles of assess, plan, do and review and signpost to alternative agencies for advice and information.

Email: [PRT@lincolnshire.gov.uk](mailto:PRT@lincolnshire.gov.uk) Telephone: 01522 555798 (North) or 01522 555816 (South)

**Here4You:** offers an advice and self-referral line for parent/carers of children, and for young people (aged 13 or over), who are struggling with their emotional or mental health and are not currently being supported by Healthy Minds, MHST or CAMHS. There is also an online self-referral form and access to information about online workshops, websites and tips from young people to young people.

[Self-referral : Lincolnshire Young Minds](#)

**Healthy Minds:** provides emotional wellbeing support for children and young people up to 19 years old (or 25 years old for young people with SEND or are a care leaver). The support offered is based on Cognitive Behavioural Therapy (CBT) techniques. They offer self-help, workshops, virtual groups and one to one sessions.

[Healthy Minds Lincolnshire :: Lincolnshire Young Minds \(lpft.nhs.uk\)](https://lpft.nhs.uk)

**Mental Health Support Teams (MHST):** are an expanding service designed to help meet the mental health needs of children and young people in selected education settings Teams are made up of Clinical Lead Practitioners and Education Mental Health Practitioners (EMHPs). They work collaboratively with selected education settings.

[Mental Health Support Teams \(MHST\) :: Lincolnshire Young Minds \(lpft.nhs.uk\)](https://lpft.nhs.uk)

**Child and Adolescent Mental Health Service (CAMHS):** is designed to meet a wide range of moderate to severe mental health needs in children and young people. These will include moderate, acute and severe, complex and/or enduring mental health problems or disorders that are causing significant impairments in their lives.

The CAMHS Crisis and Enhanced Home Treatment Team (CCETT) provides crisis intervention for young

people actively displaying suicidal ideation or following suicide attempts, severe symptoms of depression with suicidal ideation, life threatening harm to self, harm to others as a result of a mental health concern, acute psychotic symptoms or presentation of anorexia with severe physical symptoms. Where involved, the CCETT and CAMHS team would work together to support a child or young person and their family.

Information around who can be referred can be found at their website.

[Referral guidance for Lincolnshire CAMHS :: Lincolnshire Young Minds \(lpft.nhs.uk\)](https://www.lincolnshire.nhs.uk/young-minds)

**Early Help Pathway:** provides additional help to some children, young people and their families for a period of time to prevent needs escalating. The Early Help Assessment (EHA) and Team Around the Child (TAC) can play a key part in the EBSA Pathway as part of wider holistic needs. The aim of early help is to work with families, to find their own solutions to the problems they are facing as early as possible. It gives the child or young person the opportunity to tell their support network what help they need to feel safe, happy and well. The child's team of support create a plan from listening to the child or young person and acting in their best interests.

There is a wide range of resources available, including Having Conversations in Early Help (guidance on completing an EHA with a family), a leaflet for families about TAC and the TAC Handbook.

[Team Around the Child – Professional resources \(lincolnshire.gov.uk\)](https://www.lincolnshire.gov.uk/early-help)

**Early Help Consultation:** offer support and case advice to professionals working within early help to understand EHA, and TAC, best practice. This can include how to explore EHA with families and considering next steps, sharing information on EHA/ TAC process, and also offering bespoke case advice & supervision to TAC Lead Professionals. For further information please contact your setting's allocated Early Help Consultant or email: [EarlyHelpConsultants@lincolnshire.gov.uk](mailto:EarlyHelpConsultants@lincolnshire.gov.uk)

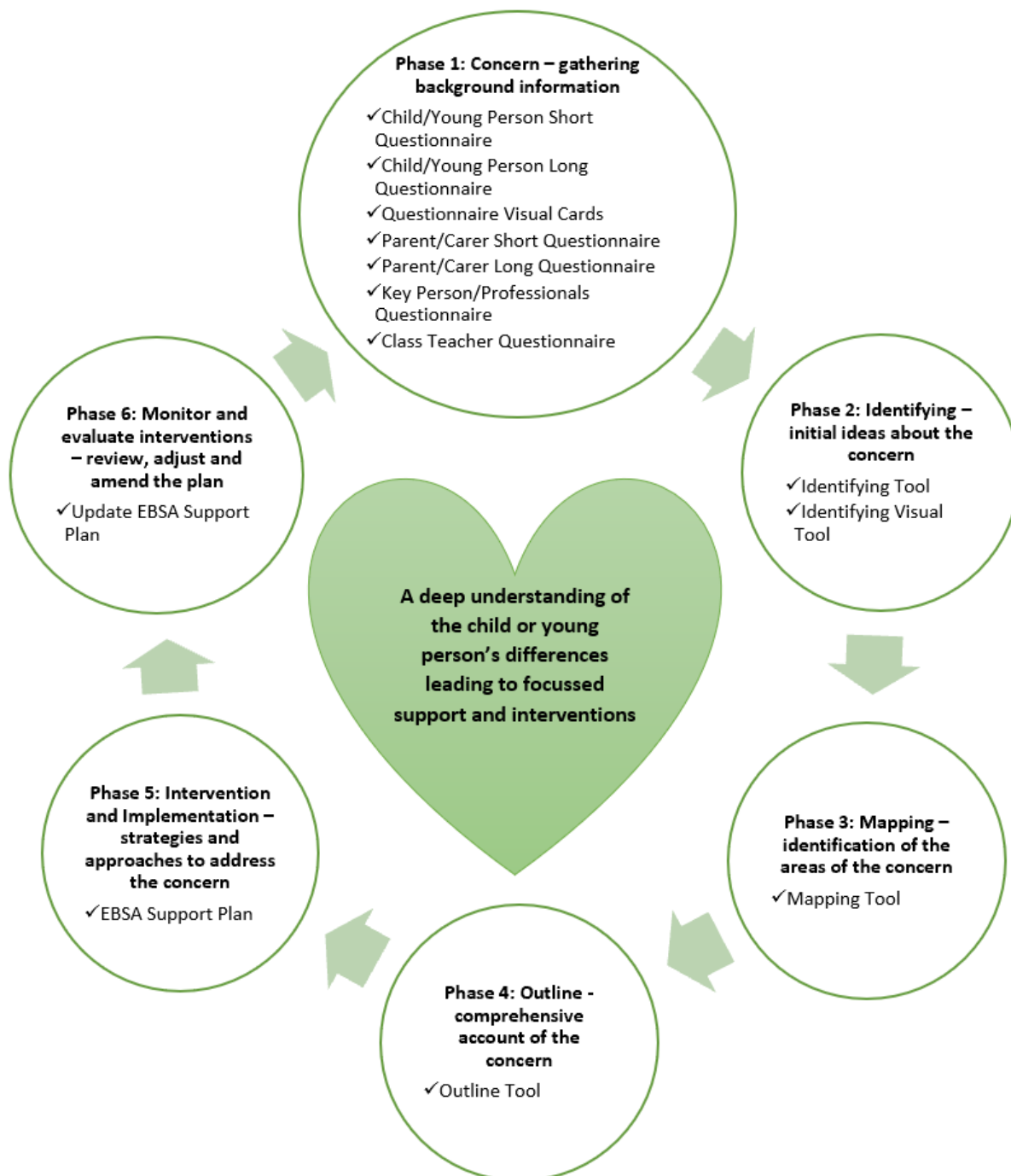
**Healthcare Plans:** can help to ensure that schools effectively support pupils with medical conditions, in terms of both physical and mental health. They provide clarity about what needs to be done, when and by whom and are often essential. Guidance on school's duties and also on developing an individual healthcare plan can be found at:

[Supporting pupils at school with medical conditions](https://www.lincolnshire.gov.uk/healthcare-plans)

**Virtual School:** supports the education of all children in care, those previously looked-after and children with a social worker. They have a comprehensive training offer including Caring2Learn, which can support all education settings to develop their trauma informed and relational approaches and further support the social, emotional and mental health needs of school's most vulnerable children and young people. Further information and how to book the training offer for education settings can be found at:

[The virtual school – What is the virtual school? - Lincolnshire County Council](https://www.lincolnshire.gov.uk/virtual-school)

## Next Steps and Further Steps: Assess, Plan, Do and Review



*These documents can all be found in the EBSA Toolkit at:*

[EBSA toolkit – Professional resources \(lincolnshire.gov.uk\)](https://www.lincolnshire.gov.uk/ebsa-toolkit-professional-resources)

## Medical Support Panel (MSP):

### Referrals

Lincolnshire's Medical Support Panel (MSP) is a multi-agency panel that considers the needs of pupils in order to arrive at a decision about how 'suitable education' might be provided, in accordance with the Local Authority's Section 19 duty.

Referrals to MSP are submitted by a pupil's school. The MSP is evidence based and will consider pupil's needs holistically. MSP takes place fortnightly during term time and considers the referral paperwork and supporting evidence that has been submitted. The panel consists of representation across Attendance, Inclusion, Mental Health, Early Help and Pilgrim Hospital School.

Where, despite school robustly following the steps within the EBSA Pathway, there continues to be a barrier to attending school a referral to the MSP may be appropriate. The MSP outcome will be to advise regarding what further steps, strategies and support school can and should be robustly implementing to ensure continued access to suitable education. One of the further steps may be access to a short-term period of intervention at Pilgrim Hospital School. This would be a dual placement and focussed on working with the pupil's school to support the pupil's timely transition back to their school.

A referral to MSP requires school to complete the **Request for Education Support - MSP Referral** form and provide clear evidence of the school's application of the EBSA Pathway. Where possible the referral should also provide supporting evidence from a medical professional.

Where a child or young person with health needs also has an **Education, Health and Care (EHC) plan**, their access to education is enshrined within their EHC plan. Where there are concerns about the pupil's provision, schools should always liaise with the SEND team and arrange for an Annual Review meeting. Where the Annual Review identifies that the current setting is unable to meet needs consideration must be given as to what the long term provision requirements are. A referral to Medical Support Panel is not appropriate simply because the pupil is not able to engage with their mainstream school placement. The basis for all referrals to Medical Support Panel, including those with an EHC plan, is that the pupil is unable to access their current setting, not because the current setting cannot provide for the pupil's needs.

To ensure the MSP has all the relevant information to enable them to make fully informed decisions, when completing the referral form it is important to:

- ✓ Complete all sections fully to ensure the Panel have all the information to enable robust decision making to occur and identification of next steps. Do not write 'see attached document' in boxes. The boxes are often summaries and as such should be completed.
- ✓ Complete the Chronology. It is key. It gives the Panel a clear overview of the child or young person's journey with all key occurrences.
- ✓ Submit with all relevant documents. Remember decision making is evidence based.
- ✓ Ensure all submitted documents are relevant and pertinent to the referral.
- ✓ Clearly indicate if the referral is Medical or EBSA.
- ✓ Provide the name of the key link contact person for all communication with the school.
- ✓ Ensure that any medical evidence is up to date, related to the current situation, fully relevant to the referral and pertinent to why the pupil is unable to attend school. For

example; copies of hospital or doctor appointment letters do not provide evidence as to why a child or young person is unable to attend school. The detail of when medical appointments took place and were attended can be included as detail in the Chronology.

Supporting documents need to be submitted with a referral to enable the Panel to make fully informed decisions:

- Attendance record
- Medical evidence
- Chronology
- Healthcare Plan (where applicable)
- Education, Health and Care (EHC) plan (where applicable)
- VSEND (where applicable)
- Risk Assessment (where applicable)
- Copy of reduced timetable (where applicable)
- Copy of most recent EHA/TAC/ESCO/CIN/CP plan (where applicable)
- EBSA Pathway Documentation: each stage of the Pathway that have been completed, as per the referral form.

### **MSP Outcome:**

Following consideration of a referral at MSP, the named contact person will receive a call from the PRT Panel Clerk informing school of the outcome of MSP. The referring school will then also receive an email detailing the agreed advice and next steps provided by the panel.

The referring school can contact the Pupil Reintegration Team (PRT) for a consultation post outcome to fully discuss the advice and next steps. Details relating to this are included in the outcome email.

### **Placement at Pilgrim Hospital School:**

One of the outcomes of MSP can be a placement at Pilgrim Hospital School. Placements are provided on a short-term basis to support the child or young person to return to their main school. They are not an end destination or a permanent placement. Pilgrim Hospital School will work with the child or young person, their family and the main school to support the pupil's well-being and return to education.

During a placement, regular reviews will take place; for example at approximately 6, 12 and 18 weeks from start date. The child or young person's main school should view these meetings as an extension of the EBSA pathway and, wherever possible, lead them in order to maintain a positive relationship with the child or young person. These meetings will continue to focus on the child or young person at the centre and be used to discuss progress and at the appropriate point, strategies for reintegration back to school.

Main schools are required to nominate a key adult who has a positive relationship with the pupil to make and maintain regular contact during a placement at Pilgrim. This can be done either independently or via Pilgrim key staff, dependent on pupil need and presentation. This maintains a sense of belonging to the main school community for a child or young person whilst attending Pilgrim.

Pupils remain on roll with their main school and should receive equal access to Key Stage 4 options processes, careers advice and events and other opportunities offered to the rest of school and / or

the child or young person's year group or class. Where schools are in receipt of top up funding or pupil premium, some of this may be requested to support identified additional resource at placement, such as access to trips or intervention programs.

The child or young person's main school is crucial and will take a lead role in working with Pilgrim in relation to the planning and steps that will be put in place to support the transition back to their setting. The Pupil Reintegration Team will also be involved to support the transition and maximise its success.

***Request for Education Support - MSP Referral can be found in the EBSA Toolkit at:***

[Medical support panel \(MSP\) – Professional resources \(lincolnshire.gov.uk\)](#)