



**Emotionally-Based School Non-Attendance  
(EBSNA) Policy**

# Contents

1. Purpose and Scope
2. Legal and Policy Framework
3. Definitions
4. Principles (Uffculme Context)
5. Roles and Responsibilities
6. Early Identification
7. Uffculme's Tiered Response
8. Autism-Specific Considerations
9. Partnership with Parents
10. Safeguarding
11. Attendance Codes
12. Documentation
13. Staff Training
14. Quality Assurance
15. Birmingham Section 19 Duty
16. Local Pathways
17. Appendices

## **1. Purpose and Scope**

This policy outlines Uffculme Special School's proactive, trauma-informed and autism-specialist response to Emotionally-Based School Non-Attendance (EBSNA). EBSNA refers to school avoidance driven by emotional factors, such as anxiety, and is not truancy. It requires a support-first, multi-agency approach.

## **2. Legal and Policy Framework**

This policy aligns with the following national frameworks:

- Working Together to Improve School Attendance (DfE, Aug 2024) – statutory expectations for support-first practice.
- DfE guidance on mental-health-related attendance (2023).
- Mental Health and Behaviour in Schools (DfE).
- Promoting Children's Mental Health and Wellbeing (8-principle whole-school approach).
- SEND Code of Practice 0–25 – statutory requirements for early identification and graduated approach.
- NICE CG170 – autism-specific good practice.
- Education Act 1996 (s444) – parental responsibility.
- Section 19 duty – LA duty to provide suitable alternative education when children cannot attend school for health reasons.
- Ofsted EIF – expectations for safeguarding and attendance.
- Uffculme School Attendance Policy

## **3. Definitions**

EBSNA/EBSA: Reduced attendance or difficulty engaging with school due to emotional factors.

Persistent absence: Missing 10%+ sessions.

Severe absence: Missing 50%+ sessions.

Reasonable adjustments: Adjustments required under Equality Act and SEND Code.

## **4. Principles (Uffculme Context)**

### **a) Social model of difference – meeting pupils where they are**

Uffculme operates from the position that the environment should adapt to the child, not the other way around. This reflects our whole-school ethos and aligns with the SEND Code of Practice, which requires schools to adopt person-centred approaches, remove barriers to learning, and ensure high-quality, inclusive provision from the outset.

In practice, this means:

- Understanding a pupil’s sensory profile, communication style, strengths, and stressors before planning adjustments.
- Designing flexible routines, offering alternative entry routes, safe spaces and movement breaks where needed.
- Avoiding “normalising” expectations that create distress and instead shaping the environment to foster safety, predictability and belonging.

## **b) Support-first – early help, no blame**

DfE attendance guidance underscores that schools must take an early, preventative, supportive approach, focused on listening to the pupil and family, understanding barriers, and working in partnership to remove them — not on blame, sanctions, or assumptions about parental intent.

Support-first at Uffculme means:

- Early and compassionate dialogue with families.
- Using attendance data diagnostically rather than punitively.
- Prioritizing psychological safety, wellbeing, and collaborative planning.
- Ensuring any escalation (including LA involvement or legal intervention) occurs only after meaningful support and engagement opportunities have been exhausted.

## **c) Autism-informed practice – sensory, communication and predictability-based support**

Autistic learners often experience heightened sensory sensitivity, communication differences, and stress responses related to unpredictability or demand. NICE CGI 170 highlights the importance of environmental adaptation, communication support, and anticipation/prevention of behaviour that challenges, recognising anxiety as a key driver of distress behaviours.

Autism-informed practice at Uffculme includes:

- Prioritizing engagement over compliance
- Appropriately adapted engaging environments,
- Clear, concise language, visual supports and predictable routines.
- Reduced transitions, gradual exposure to difficult environments, and pre-teaching.
- Understanding anxiety through a trauma-informed and neuro affirming lens (e.g., recognizing demand avoidance as distress-based rather than oppositional).

## **d) Whole-school mental health approach – aligned to the DfE 8 Principles**

The Department for Education (DfE) and the Office for Health Improvement and Disparities outline 8 evidence-based principles for a whole-school or college approach to mental health and wellbeing. These principles provide a consistent structure that underpins our culture, curriculum, leadership and safeguarding systems.

The DfE’s 8 Principles are:

An ethos and environment that promotes respect and values diversity

– Schools should embed inclusive values, belonging and emotional safety in all aspects of school life.

Leadership and management that supports emotional health and wellbeing

– Senior leaders must drive a coherent, visible whole-school approach and ensure resources, time and training.

Enabling student voice to influence decisions

– Children and young people’s perspectives must shape provision, adjustments, and reintegration planning.

Staff development to support their own wellbeing and that of pupils

– Staff need training, confidence and emotional support to respond effectively.

Identifying need and monitoring impact of interventions

– Schools should use screening, data, and wellbeing tools to track progress and adapt support.

Targeted support and specialist referral

– Clear pathways for MHST, EP, CAMHS or other specialist input where internal provision is insufficient.

Working with parents and carers

– Proactive, transparent partnerships that support consistency and trust.

Curriculum teaching and learning to promote resilience and social–emotional skills

– The curriculum should explicitly build emotional literacy, coping skills and problem-solving.

## **5. Roles and Responsibilities**

Governing Body: Oversight and compliance.

Headteacher/SLT: Cultural leadership and multi-agency coordination.

Designated Attendance Lead: EBSNA tracking and intervention.

SENCO: APDR, reasonable adjustments, EHC processes.

Staff: Implement adjustments, relational approaches.

Parents: Engage with support and statutory duties.

Local Partners: MHST, EP Service, #YouveBeenMissed.

## **6. Early Identification and Monitoring**

Uffculme uses daily registers, weekly analytics, staff concern forms, and validated wellbeing tools to identify patterns of avoidance, anxiety, lateness, or partial attendance. Early contact with families is made in line with DfE expectations for early, supportive intervention. (Sources: DfE attendance guidance; wellbeing toolkit).

The attendance team recognizes that persistent non-attendance from school is not a guarantee of EBSNA but may be a factor.

## **7. Uffculme's Tiered Response to EBSNA**

Tier 1 – Universal: predictable routines; low-arousal environments; quality-first teaching; DfE whole-school mental health principles.

Tier 2 – Targeted: APDR cycle; functional analysis of push/pull factors; personalised plan; reasonable adjustments; MHST involvement.

Tier 3 – Specialist: multi-agency involvement; enhanced APDR; EHC consideration; Specialist Reintegration Plan; alternative provision where health needs prevent attendance.

## **8. Autism-Specific Considerations**

Includes sensory profiles, environmental adjustments, low-demand approaches, structured transitions, visual communication supports, anti-bullying response, and holistic health consideration in line with NICE CG170 and SEND Code principles.

## **9. Partnership with Parents & Parental Responsibilities**

Uffculme recognises parents/carers as partners and experts on their child. The school will make early, compassionate contact when patterns emerge, share data clearly, co-design plans, and signpost local supports (e.g., YouveBeenMissed, MHST/FTB). Parents/carers are expected to notify absence daily, attend meetings, engage with the plan, implement agreed home strategies, and provide relevant information (including medical updates, where appropriate).

Parental legal duties include ensuring regular attendance once a child is registered and cooperating with reasonable support offered by the school and partners. Failure to engage may lead to escalation under the DfE attendance framework and, where appropriate, legal intervention by the LA.

Parents/carers should consider their rights and responsibilities in line with the school Attendance Policy.

## **10. Safeguarding & Escalation**

Unexplained absence triggers same-day contact. Prolonged or repeated absence is considered a safeguarding indicator and may necessitate a home visit and/or referral in line with the Safeguarding/Child Protection policy.

The school monitors for risks such as neglect and exploitation linked to attendance patterns and shares information through multi-agency pathways as appropriate. All staff understand that attendance is a safeguarding issue and act accordingly.

## **11. Attendance Codes & Part-Time Timetables**

Attendance codes are applied in line with the current DfE attendance framework. When mental health affects attendance, the school follows DfE guidance on when and how to request medical information and how to code absences proportionately. Part-time timetables are time-limited, have a clear educational purpose, are agreed in writing with parents/carers, reviewed frequently, and are used to support reintegration—not as a sanction.

## **12. Documentation & Review**

For each EBSNA case the school maintains:

- (a) a Personalised Attendance & Wellbeing Plan (with graded exposure steps and adjustments),
- (b) APDR reviews on an agreed cycle,
- (c) multi-agency minutes and risk assessments, and
- (d) a reintegration plan with success criteria, pupil/parent voice and agreed review dates. Records are accurate, timely, and suitable for LA/Ofsted scrutiny and govern the decision-making trail for any escalation (including Section 19 referral or legal intervention).

## **13. Staff Training and Supervision**

Uffculme provides annual and refresher training in trauma-informed practice, autism-specific strategies, sensory regulation, mental-health-related attendance guidance, and EBSA identification and response. The school uses national DfE and TIIAS guidance to shape its CPD programme and ensures all staff understand their role within the graduated approach and the Tiered Response.

## **14. Quality Assurance and Governance**

Governors receive termly reports on attendance, persistent/severe absence, EBSNA trends, intervention impact, and statutory compliance. Leadership reviews policy implementation annually or following changes to DfE or LA guidance. The school uses data to evaluate impact and refine interventions, ensuring its provision remains evidence-based, autism-informed, and aligned with statutory duties.

## **15. Birmingham Local Authority Section 19 Duty**

Under Section 19 of the Education Act 1996, Birmingham LA must provide suitable full-time education for children who cannot attend school due to illness or other reasons. A Section 19 referral is only considered when:

- a) The school has completed robust APDR cycles with full evidence of adjustments, interventions and multi-agency involvement.
- b) The pupil cannot attend school even with reasonable adjustments and a graded reintegration plan.
- c) Parents/carers have engaged with the support offered, provided relevant information, attended meetings, and implemented agreed home strategies.
- d) The multi-agency team agrees that the threshold is met and alternative education is required.
- e) This ensures decisions are fair, lawful, and in the best interests of the child.

## **16. Local Pathways**

Uffculme works with Forward Thinking Birmingham (MHST), Educational Psychology, Birmingham Children's Partnership resources (YouveBeenMissed), health services, and LA Attendance & Inclusion teams. These services support early intervention, consultation, therapeutic input, and reintegration planning.

## **17. Appendices (Templates)**

The policy includes the following templates:

- A. EBSNA Risk & Resilience Screener
- B. Personalised Attendance & Wellbeing Plan (APDR)
- C. Part-Time Timetable Agreement
- D. Specialist Reintegration Plan
- E. Safeguarding Checklist

## Appendix A.

# EBSNA Risk & Resilience Screener

Pupil Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year \_\_\_\_\_

Date \_\_\_\_\_

Completed by \_\_\_\_\_

**Presenting Indicators** (consistent with EBSA behaviours, e.g. avoidance, distress, irregular patterns)

Tick all that apply:

- Difficulty arriving / distress before school
- Frequent lateness / slow transitions
- Refusal to enter classroom or certain spaces
- Within-day avoidance (e.g., toilets, corridors, lunch)
- Frequent “unwell” without clear medical cause
- Heightened anxiety at transitions
- Reduced attendance pattern emerging

## 2. Push Factors (School-related barriers)

Rate 0–3 (0 = no concern, 3 = high concern):

- Sensory overload (noise/light/movement) \_\_\_\_\_
- Unpredictability / timetable changes \_\_\_\_\_
- Transitions between rooms/staff \_\_\_\_\_
- Difficult peer/social dynamics \_\_\_\_\_
- Staff relationships / communication mismatch \_\_\_\_\_
- Demands, pace or complexity of work \_\_\_\_\_
- Bullying risk or perceived unsafety \_\_\_\_\_

### 3. Pull Factors (Home / external factors)

Rate 0–3:

- Anxiety, mental health concerns \_\_\_\_\_
- Sleep difficulties / fatigue \_\_\_\_\_
- Health or neurodevelopmental needs (ASC/ADHD etc.) \_\_\_\_\_
- Family stress, change or illness \_\_\_\_\_
- Separation anxiety / attachment needs \_\_\_\_\_
- Young carer responsibilities \_\_\_\_\_
- Transport challenges \_\_\_\_\_

### 4. Protective Factors (Strengths & anchors)

- Trusted adult(s) at school: \_\_\_\_\_
- Safe/low-arousal spaces: \_\_\_\_\_
- Interests/motivators: \_\_\_\_\_
- Recent positive experiences: \_\_\_\_\_

### 5. Initial Adjustments Trialled (Tier 1)

- Soft start / flexible arrival
- Check-ins with trusted adult
- Low-arousal environment / sensory supports
- Visual timetable / predictable schedule
- Reduced transitions
- Alternative break/lunch space
- Safe exit/quiet recovery plan

### 6. Decision & Next Steps

- Continue Tier 1  Initiate Tier 2 APDR & Personalised Plan
- Escalate to Tier 3 multi-agency planning Review date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Appendix B.

### Personalised Attendance & Wellbeing Plan (APDR)

Pupil: \_\_\_\_\_ Year: \_\_\_\_\_

Start date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Review cycle:  Weekly  Fortnightly

<b>ASSESS (What are the barriers?)</b>		
Summarise key information from screener, pupil voice, parent voice and staff observations:		
Pupil view (where possible):		
Parent/carer view:		
Attendance pattern (last 4–6 weeks):	2025 / 26	2024/25
Push/pull factors summary:		
Sensory/communication profile (where applicable):		

<b>PLAN (What support will help?)</b>		
<b>Reasonable Adjustments</b>		
<b>Graded Exposure Steps</b> (evidence-based EBSA intervention)		
Step 1: _____		
Step 2: _____		
Step 3: _____		
Step 4: _____		
(Each step must be small, safe, achievable, and success-anchored.)		

**Success criteria****DO (Who is doing what?)**

Task	Adjustment	Responsible	Frequency	Notes
------	------------	-------------	-----------	-------

External professionals involved:

- MHST/FTB consultation (DfE MH support teams) | |
- Educational Psychologist
- Health / GP / Paediatrics
- Social care (if applicable)

**REVIEW (What's the impact?)**

Has attendance improved? _____	
Has anxiety/distress reduced?	
Are adjustments still appropriate?	
Next steps / amended plan:	

Next review date:	
Agreed by	
Parent :	
School :	
Student	

**Reduced Timetable Plan:**

<b>Pupil Name</b>	<b>Plan Start Date</b>  <b>Plan updated</b>	<b>Rationale:</b>		<b>Written by:</b>  <b>Agreed by:</b>
<b>Does this child receive FSM?</b>		<b>Are there safeguarding concerns?</b>	<b>Additional services commissioned to review need/provision:</b>	
<b>Suggested days and time</b>		<i>Mohammed will attend school 12:00-3:00 Monday to Friday.</i>		
<b>What lessons will the child attend?</b>  See	<b>What will the child do when not at school?</b>	<b>Who will be responsible for the child when not at school?</b>	<b>Are there any safeguarding concerns when the child is not at school?</b>	
<b>Observation 1: What is the best environment for this child?</b>  • . • .	<b>Observation 2: What does engagement look like for this child? What are they interested in?</b>  •	<b>Observation 3: What are the child's communication or social needs?</b>	<b>Any other observations that impact on objectives:</b>	
<b>Objectives can be for staff or child</b>				
<b>Objective 1:</b>	<b>Objective 2:</b>	<b>Objective 3:</b>		
<b>Student comment:</b>		<b>Parent comment:</b>		<b>Staff comment:</b>
<b>Attendance:</b>				

**Safe and Well checks:**

--

## Appendix D

# Specialist Reintegration Plan (Tier 3) *(For persistent/severe EBSNA, multi-agency)*

Pupil: \_\_\_\_\_

Date plan initiated: \_\_\_ / \_\_\_ / \_\_\_\_\_

### Involved professionals:

SENCO    EP    MHST/FTB    Health    Social Care

### I. Barriers Summary (Enhanced APDR)

Describe the entrenched or complex needs preventing attendance, referencing:

- sensory/communication profiles,
- mental health indicators,
- trauma/ACEs,
- family stressors,
- previous intervention impact.

### 2. Reintegration Plan (Phased, weekly mapping) *(Example structure—expand as needed)*

Week	Target	Adjustments/Support	Success Measures
1			
2			
3			
4			

<b>Additional Supports</b>	
Therapeutic/mental health input	
Transport adjustments	
Curriculum changes / reduced demands	
Environmental modifications	

### 5. Section 19 Consideration (if applicable)

Alternative education considered only if:

- APDR cycles completed with robust adjustments,
- medical/health evidence suggests the pupil **cannot attend** even with adjustments,
- multi-agency agreement reached (DfE/LA expectations).

Outcome:  Not required     Referred to LA     Initiated

### 6. Review

**Review frequency:** weekly

**Next review date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

## Appendix E

# Safeguarding & Risk Assessment

<b>Immediate Safety &amp; Welfare Check</b>	
<p>Questions to ask the pupil (where appropriate) <i>Is there anything happening at home or school that makes you feel unsafe or worried?</i> <i>Has anything changed recently that feels hard to talk about?</i></p> <p>Questions to ask parents/carers <i>Are there any changes or stresses at home we should know about?</i> <i>Has the child disclosed anything to you about feeling unsafe in school or outside?</i></p>	
<b>Mental Health &amp; Emotional Safety Checks</b>	
<p>Questions <i>How have you been feeling emotionally?</i> <i>Have you had any physical feelings (tummy aches, headaches, panic) that worry you?</i> <i>What parts of the school day feel hardest or safest?</i></p>	
<b>Family Context &amp; Home Environment Checks</b>	
<p><i>Have there been any recent changes at home (illness, separation, financial stress?)</i> <i>Are there conflicts, relationship difficulties or bereavements we should be aware of?</i> <i>Does the child have caring responsibilities?</i></p>	
<b>Bullying, Peer Dynamics &amp; School Environment Checks</b>	
<p><i>Do you feel safe with other students?</i> <i>Is anyone unkind to you at school or online?</i> <i>Are there parts of the school (corridors, lunch, transport) that feel overwhelming?</i></p>	
<b>Trauma, ACEs &amp; Historical Vulnerability Checks</b>	
<p><i>Has the child experienced recent or past trauma?</i> <i>Is the child known to social care or early help?</i> <i>Are there ACE indicators (parental mental health, substance misuse, domestic abuse, separation)</i></p>	
<b>Online Safety &amp; Exploitation Screening</b>	
<p><i>Has your child been receiving messages from older peers/unknown individuals?</i> <i>Has there been any change in online activity, sleep patterns, secretive behaviour?</i> <i>Any unexplained possessions or money?"</i></p>	
<b>Practical Barriers &amp; Neglect Indicators</b>	
<p><i>Is transport reliable and safe?</i> <i>Does the child have clean, appropriate uniform/clothing?</i> <i>Are they attending medical appointments?</i> <i>Are basic needs (food, sleep, nutrition, hygiene) being met?</i></p>	