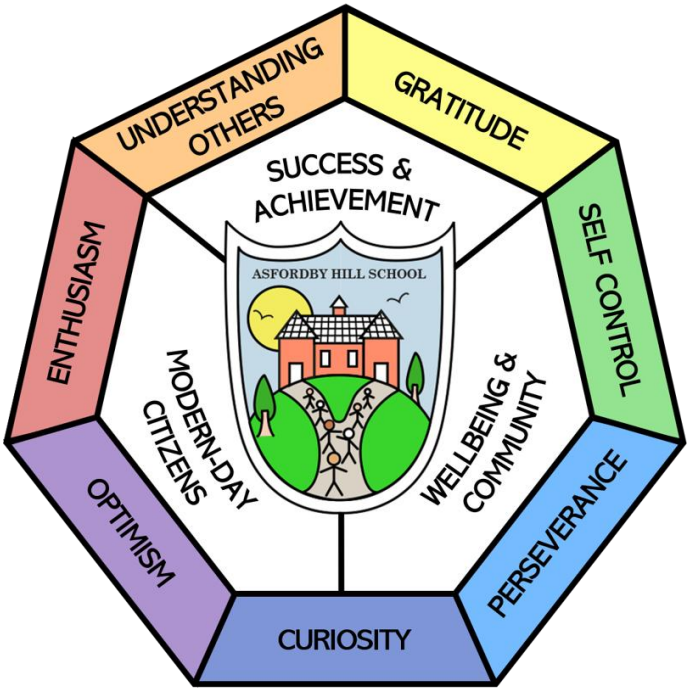
Asfordby Hill Primary School



Individual Value; Valuing Individuals

Mental Health and Well-Being Policy

This Policy Links With: PSHE/RSE SEND Policy Equality Behaviour Safeguarding and child protection	
Recommended:	Y
Statutory:	N
Date Reviewed:	November 26
Date of Next Review:	November 29
Committee Responsible for Review:	QEHS
Signature of the Chair of Governors:	3.11.26

Why Mental Health and Well-Being is Important

At our school, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that mental health is a crucial factor in overall well-being and can affect the children's learning and achievement in a variety of ways. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age, or how well the school community works as a whole.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils' well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- all pupils, staff and parents are valued
- pupils, staff and parents have a sense of belonging and feel safe
- everyone feels able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying, of any kind, is not tolerated

Purpose of the Policy

This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing:

> ***… a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.***

Mental health and well-being is not just the absence of mental health problems. We want all children, staff and parents to

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

Links to other Policies

Links with the Behaviour Policy is especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider ***behaviour to be a message.***

A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Mental Health Team *(SENCO (Co-HT, designated safeguarding lead), Duty designated safeguarding lead + SMHL (Co-HT), ELSA):*

- leads on and works with other staff to coordinate whole school activities to promote positive mental health
- provides advice and support to staff and organises training and updates
- keeps staff up-to-date with information about what support is available
- liaises with the PSHE Leader on teaching about mental health
- is the first point of contact and communicates with mental health services
- leads on and makes referrals to services

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Safeguarding/Child Protection Team
- GPs
- Young Minds
- Support staff to manage mental health needs of pupils
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- ELSA
- School nurse
- NHS
- Unlock your you
- CAMHS core meetings to support staff to manage mental health needs of pupils

Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Pupil-led Activities

- Campaigns and assemblies to raise awareness of mental health

Transition Support

- Support for vulnerable children, for example, Speech and Language (SALT) support small group work such as Lego Therapy or Social Communication groups
- Transition meetings with parent/carers, pupils and relevant staff
- Key Adults might support secondary school visits with vulnerable pupils

Class Activities

- Worry boxes
- Kindness/Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting

Whole School

- Wellbeing Focus
- Social & Emotional Aspects of Learning (SEAL) resources
- Anna Freud *Schools in Mind* resources
- Assembly themes

- Using the Power of Reading to explore themes and learn about emotions, difference, loss, bullying, change, resilience, etc. - the whole school will explore the same PHSE themed book
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small Group Activities

- Small friendship, social skills groups
- 'Calming time' in the sensory room for those children who find the classroom overwhelming

Teaching about Mental Health and Emotional Well-being

- Through PSHE we teach the knowledge and the social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Our approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have
- monitor, review and evaluate the support with pupils and keep parents and carers updated

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- identify individuals that might need support through positive relationships with the children and their families and a high presence of staff on the playground at dropping off and collection times
- working with the school office staff who are often the first point of contact with families seeking support
- home and preschool visits to identify needs before transition to us
- induction meetings for pupils / families joining after the Reception year
- analysing behaviour, visits to the medical room and attendance

- pupil transitions at the beginning of the school year
- staff report concerns about individual pupils to the SENCO or Designated Safeguarding Team
- worry boxes in each class for pupils to raise concerns which are checked by the class teacher
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO or Designated Safeguarding Team.

These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed. A risk assessment and plan will be made.

Signs of poor mental health and well-being could also include school avoidance. As an academy, we recognise B2EA (Barriers to Engagement and Attendance) as 'a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school (West Sussex Educational Psychology Service, 2014; pg. 4). We aim to work closely with the family and the child in order for them to attend school regularly. (See Appendix 4 for the support we offer).

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the SENDCo or the Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils
Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality
All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support
All concerns are reported to the SENDCo or the Designated Safeguarding Team and recorded. We then implement our assessment system based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes, there are no absolutes.

Need The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff	**Evidence-based Intervention and Support -** the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and pupils *For example*	**Monitoring**
Highest need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies School ELSA -1:1 or/and small group support Educational Psychologist involvement External agency support that provides 1:1 support and group work Weekly Lego Therapy on site If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.	All pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out - • The needs of the pupils • How the pupil will be supported • Actions to provide that support • Any special requirements Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a Strengths and Difficulties Questionnaire Multi-agency meetings and regular reviews and feedback with parents/carers Early Help Referral and Children's Services if
Some need	Access to in school Sensory Room	

	1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends	appropriate Discussion, advice and support in Child and Mental Health Services (CAMHS) core hours for key staff An electronic log is kept and there are monthly safe-guarding team meetings Staff briefing
Low need	General support e.g. Lunch Club, class teacher/TA, ELSA/DSL'Check-in'	

Working with Specialist Services to get swift access to the right Specialist Support and Treatment

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, school avoidance and other complex needs.

We make links with a range of specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the SENDCo or the DSL Team following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

Specialist Service	**Referral process**
Child and Adolescent Mental Health Service (CAMHS)	Accessed through GP or self referral
School ELSA	Accessed through the SENCO
Lego Therapy	Accessed through the SENCO
Educational Psychologist	Accessed through the SENCO
Early Help Referral	Accessed through the SENCO, Designated Safeguarding Team

Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

To support parents and carers:

- we provide information and signposting to organisations on our websites on mental health issues and local wellbeing and parenting programmes.
- have an Open Door Policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised the school will:

- contact parents and carers and meet with them
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree an Action Plan
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Involving Pupils

We seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions/discussions and suggestion boxes

Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing with social events organised and celebration days to aid self-worth and relaxation. Mental health and wellbeing supporters have been identified for all staff to talk to and share their concerns.

Staff have access to health and well services through the School's advisory services: 01773 814403

Monitoring and Evaluation

This policy was made in collaboration with the whole school. Its effectiveness will be monitored by the SLT and reported to the QEHS Committee. This policy will be reviewed every three years or sooner if deemed necessary.

Appendix 1
Protective and Risk factors (adapted from Mental Health and Behaviour DfE November 2018)

	Risk Factors	**Protective Factors**
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness	• Wider supportive network • Good housing

	• Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 2
Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs
Mental Health and Behaviour in School DfE March 2016
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Annex C includes definitions, signs and symptoms and suggested interventions for
Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
Depression
Eating Disorders
Substance Misuse
Self Harm

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts
Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3
Where to get information and support

For support on specific mental health needs
Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org
Depression Alliance www.depressoinalliance.org
Eating Disorders www.b-eat.co.uk and www.inourhands.com
National Self-Harm Network www.nshn.co.uk
Self-Harm www.selfharm.co.uk
Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

For general information and support
www.youngminds.org.uk champions young people's mental health and wellbeing
www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning)
www.time-to-change.org.uk tackles the stigma of mental health
www.rethink.org challenges attitudes towards mental health

Appendix 4

Asfordby Hill Primary School
Barriers to Engagement and Attendance (B2EA) and EBSA

What is B2EA and EBSA?

A number of terms have been used to refer to students who do experience anxiety relating to school including: anxiety related non-attendance, school refusal behaviour (Kearney & Silverman, 2014). West Sussex Educational Psychology Service introduced the term 'Emotionally Based School Avoidance' referencing:

'A broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school (West Sussex Educational Psychology Service, 2014; pg. 4)

Outcomes for pupils with low attendance Children and young people who are absent from school for significant period of their education are considered disadvantaged; with of those who miss more than 50% of their education, only 3% achieve five A*-C grades at GCSE (DfE, 2011). There is also an increased risk of this group not being in education, training or employment in the long term (Attwood & Croll, 2015).

Laws and Guidance

Schools and on roll settings have a legal duty to safeguard children under the keeping children safe in education guidance. This safeguarding duty includes 'preventing the impairment of children's mental and physical development.'

There is also the mental health and behaviour in school guidance. This guidance states that the on-roll school setting should have a whole school approach to creating a safe calm environment where mental health problems are less likely to develop, recognise emerging issues as early as possible and help pupils to access support at an early opportunity.

They also have a legal duty under the Children's and families Act 2014, to work with you to identify and support any special needs that your child may have, including SEHM needs.

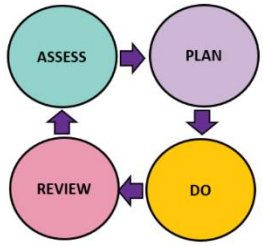
This means that if a child is struggling to attend school because of their SEND/SEMH needs, their school should be working to offer appropriate support or to further investigate your child's SEND if not enough is known about it.

They can also take advice from and make referrals to other external support service and teams.

Asfordby Hill Primary School closely aligns with the recently issued (September 2022) DfE Guidance on Working together to improve school attendance including the following key elements:

- Ensuring relevant staff have adequate training on attendance
- Early intervention
- Building strong relationships with families, listen to and understand barriers to attendance and work with families to remove them
- Multi-disciplinary support for families
- Work collaboratively with other schools in the area, local authorities and other partners when absence is at risk of becoming persistent or severe

What do we do at Asfordby Hill?



As part of the graduated approach, found in the SEND Code of Practice, guidance, Asfordby Hill follows the assess, plan, do and review approach:

- **Assess**

  Seek to gather information on the EBSA signs and risk factors. To look for potential reasons behind the avoidance behaviour, what the avoidance might be helping the young person.

  Kearney and Silverman (1990), identified that school avoidance may serve functions such as avoiding uncomfortable feelings, avoiding stress, demands or pressures, to reduce separation anxiety from a care giver and/or to pursue reinforcement behaviours out of school.

- **Plan**

  Bring together all the information gathered and use it to inform an action/ support plan.

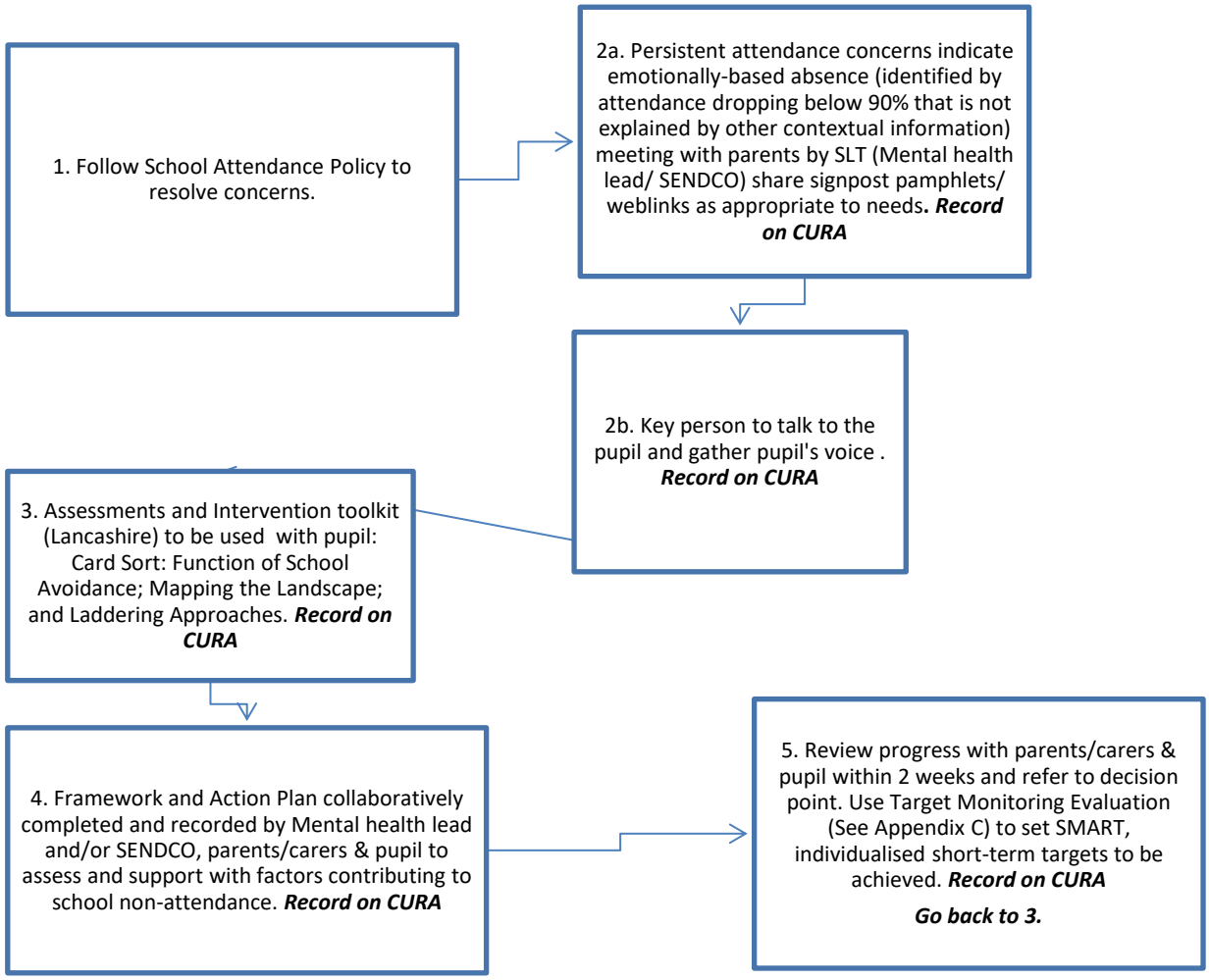
- **Do**

  Put the agreed strategies and interventions in place.

- **Review**

  Use assessment measures to monitor the progress interventions and adjust the plan for next steps.

Asfordby Hill Flow Chart for EBSA:



Planned Return

When developing an Action Plan to support the reintegration of a pupil to the educational setting, depending on the level of anxiety the pupil is displaying and the length of time they have been out of school, the following possibilities should be considered:

1. a return to school on a full timetable

2. implementation of a part time timetable with a gradual return

3. consultation with CAMHS and other agencies which may, if necessary, lead to a referral for out of school tuition as part of a reintegration plan.

All pupils of compulsory school age are entitled to a full-time education and parents have a legal duty to ensure that their child attends school on a regular basis. However, the DfE guidance on Working together to improve school attendance (2022) states that: in very exceptional circumstances, where it is in a pupil's best interests, there may be a need for a temporary part-time timetable to meet their individual needs.

The advice is clear that a part-time timetable should not be considered a long-term

solution but rather as part of a reintegration package of support. Any return to school plan should recognise that EBSA is unique to each pupil. There also needs to be recognition by those involved with the pupil that sometimes there is no 'quick fix' to EBSA. A flexible approach that incorporates the views of all involved and most importantly, the views of the young person, is required. Everyone, school staff and parents, need to share the expectation that the plan, once agreed, will work. For some young people, who are working on a gradual reintegration package, it can be helpful to put together a step-by-step plan that gradually, over time, exposes them to the situations that are anxiety provoking. This gives the individual some control over the plan and hopefully helps them to feel more confident as each step is achieved.

Signposts

- NHS- Working with EBSA Video
- Young minds- information and advice about school refusal.
- IPSEA- school refusal advice.
- The Not Fine in School. website.
- Mindmate- website
- Autism Education Trust- school refusal downloadable resource
- The DFE school attendance guidance.
- The Coram legal website.
- The IPSEA website.
- School is not my enemy. A video made by made by researchers at the University of Ghent in Belgium, talking to young people who had struggled to attend.
- Teach me. An animation created by a student at Met Film School.

Target Monitoring Evaluation (TME) Guidance

1. This evaluation form (on the next page) is to be completed by school staff, ideally in collaboration with parents/ carers and/or the pupil. A date for review should be agreed within a 2-week period.
2. Up to 3 targets can be agreed. These should link directly to desired outcomes and intervention plans. These should be done in collaboration by the school with the pupil and family involved. These should therefore relate to goals that have been identified as important by families and young people, rather than determined by professionals. It is helpful for schools to adopt a collaborative approach to this and ask, 'What needs to change?' The initial target-setting activity and the review should be completed as part of the action planning process by a person who knows the family and young person well. It should be used in tandem with the ATTEND framework and resources provided in the Lancashire EBSA Guidance (Strategy & Toolkit).
3. The descriptor of the baseline level should be defined first. This should be a brief but detailed behavioural description of where the child is in relation to their achievement of this goal. The baseline descriptor is a rated on a scale from 1-10 to reflect the current level of the child, whereby the number is circled and marked with a B. This will usually be at the lower end of the scale (around 2 or 3).
4. Expected progress in each of the targets by the agreed review date is then described. The level of attainment expected by the review date (at the end of the intervention) is defined as a target and written in the space above the shaded box. The consultee is asked to allocate a rating in the scale to indicate the expected level. This should be circled and marked with an E. This will be higher than the baseline, usually between 6 &8, or lower if a smaller increase is expected.
5. At the review, a score is allocated for the level achieved, circled and marked with an A. A score above the expected level than (E) indicates more progress than expected, below

this, less than expected.
Example: Target 1: John will attend school for one preferred lesson per day (i.e. PE, computers, construction) Descriptor of baseline level: John is not currently attending school but speaks to a member of staff on the phone once per week Baseline Level (prior to intervention): 2 Rating 1 2 κB 3 4 5 6 E 7 8 9 10 Expected level (following intervention): 6-7 Descriptor of expected level: John is coming into school and meeting with his key adult for an hour per day (9-10am).

Child/Young Person:	Date target set:
People present:	Date of review:
EP:	School:

Target 1: _____

Rating:	1 2 3 4 5 6 7 8 9 10
Descriptor of baseline level:	
Descriptor of expected level:	
Descriptor of level achieved:	

Card Sort: Function of School Avoidance This card sort activity, based on a School Refusal Assessment Scale developed by Kearney (2002), has been devised by Sheffield EPS as a tool to support staff to develop a greater understanding of a young person's school avoidance. The 24 statements are colour-coded by the function of behaviour identified by Kearney and Silverman (1990). By asking a pupil to sort the statements or by talking about each one, mentors may find that using the cards can support an understanding of the function of the school avoidance behaviour. Cards saved in EBSA on staff shared – SEN folder.

Social Environment Ladder – ladders saved in EBSA on staff shared – SEN folder.