**Surrey Emotionally Based School Non-Attendance**Discovery Conversations and Support Plan templates

The following documents aim to help children, young people, families and education providers have an opportunity to explore, discuss and agree what support is needed to help with emotionally based school non-attendance.

More information and guidance is available here [Emotionally Based School Non-Attendance (EBSNA) | Surrey Local Offer](https://www.surreylocaloffer.org.uk/parents-and-carers/education-and-training/emotionally-based-school-non-attendance-ebsna)

## **Template documents available:**

Hearing from the child/young person and family:

# **Child EBSNA discovery conversation template**

# **Young person EBSNA discovery conversation template**

# **Parent/carer EBSNA discovery conversation template**

Planning next steps together:

# **EBSNA Support plan template**

# **Child/Young person EBSNA discovery conversation**

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| **Name**  **When were you born?** |  |
| **Year Group and Class** |  |

If you sometimes feel worried about school it can be helpful to have a plan. These questions are for you to answer with your family and to talk about with an adult at school.

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| **Tell us a little bit about you…** |
| A picture containing icon  Description automatically generated**How are you currently feeling?**  Which words describe **how you are feeling** at the moment? (You can use this space to DRAW how you feel if you want to)  When did it start feeling like this?  What do these feelings stop you from doing?  Are there things or people that help when you feel worried? |
| **Thinking about nursery/school…**  What do you like about nursery/school?  What don’t you like about nursery/school?  What do you like doing when you’re not at nursery/school?  What do you miss if you are not at nursery/school?  Is there anything you find hard outside of nursery/school? |
| **What makes you feel upset at nursery/school? What helps you feel happier?**  What things can make you feel upset at nursery/school?  What would make you feel happy in nursery/school?  What could you do to make yourself feel better when you’re at nursery/school?  What can the adults in nursery/school do to help you when you feel upset?  What can your friends in nursery/school do to help you when you feel upset? |
| **What makes you feel upset at home? What helps you feel happier?**  What things can make you feel upset at home?  How does your body feel different when you get upset?  What will other people see when you get upset?  What helps you feel better? |
| **Anything else you would like to say?** |

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| **Signed** | | | |
| **Today's date:** | | **Review Date:** | |
| **My signature** | **Key adult at school signature** | | **Parent Signature** |
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| **Other people who have access to the plan are: (friends/staff etc.):** | | | |
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# **Young person EBSNA discovery conversation**

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| **Name and date of birth** |  |
| **Year Group and Form** |  |

If you sometimes struggle or feel distressed/ anxious about school, it can be helpful to create a plan. Below are some questions to consider yourself, as a family, and through a conversation with someone at school.

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| **Tell us a little bit about you…** |
| **How are you currently feeling?**  Which words describe **how you are feeling** at the moment? (Perhaps DRAW how you feel, or use an emoji)  When did it start feeling like this?  What do these feelings stop you from doing?  Are there things or people that help when you feel worried/down? |
| **Thinking about school/college…**  What do you like about school/college?  What don’t you like about school/college?  What do you like doing when you’re not at school/college?  What do you miss if you are not in lessons?  What do you miss if you are not at school/college? |
| **What makes you feel upset?**  What things can make you feel upset at school/college?  When you start to get upset, what do you notice about yourself?  When you start to get upset, what do others notice about you? |
| **What helps you feel happier?**  What would make you feel happy in school/college?  What could you do to make yourself feel better when you’re at school/college?  What can the adults in school/college do to help you feel happier when you feel upset?  What can your friends in school/college do to help you feel happier when you feel upset? |
| **What would you say is needed for you to move forward? What would help?**  (Include things that family/friends/school/college can do to support you to access learning) |
| **Anything else you would like to share?** |

**Parent/carer EBSNA discovery conversation**

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| **Name** |  |
| **Address** |  |
| **Contact phone number** |  |
| **Other children at home (include name and ages)** |  |
| **Name of other practitioners involved with the family (include contact number and/or email with consent)**  E.g. GP, Youth Worker, counsellor |  |

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| **Background – your child's anxiety** |
| **How are things for you and your family?**   * What is going well and not so well? * How is you child/young person’s sleep? * How is the child/young person’s appetite? * How is your child/young person on social media? * Who is there helping to support you (including local networks, other family members, professionals)? |
| **How does your child/young person’s anxiety present itself?**  What are the signs to look out for that your child/young person is feeling anxious? Is it the same at home as it is in school? Or is it different? What does this look like? |
| **What things do you do when your child/young person is distressed to help them? What works best?** |
| **What do you see concerns your child/young person around attending nursery/school/college?** |
| **What would you say is needed for your family to move forward? What would help?** |
| **Anything else you would like to share?** |

# **(NAME) EBSNA Support plan**

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| **Name and date of birth** |  |
| **Year Group and Form** |  |

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| **Discovery conversation discussed?** |
| **Child/Young Person Y/N** |
| **Parent/Carer Y/N** |

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| **Support Plan** |
| **Key adult(s) in your nursery/school/college is/are:**  Please list 2-3 adults that the child/young person has a good relationship with who can be readily available if needed  **When and where you can speak to your key adult(s):** |
| **Who is going to be the link person for your parent/carer to contact?** |
| **Places in the nursery/school/college where child/young person can go to feel safe and supported:** |
| **What reasonable adjustments can be made to help children/young people with attendance?**  Please see [Ordinarily Available guidance](https://www.surreylocaloffer.org.uk/__data/assets/pdf_file/0003/323490/OAP-schools-booklet.pdf) – E.g. changes to routines (break, lunchtimes, changes between lessons, movement breaks – being told in advance of any changes to the day); classroom expectations (not expected to read aloud, work in pairs etc.) |
| **What will help you with your learning when you are not at school (what do you do when not at school)?** |

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| **Involving Others** |
| **Who at school/college will know about this plan?** |
| **Would you like to involve any friends in this support plan? If so, who?** |

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| **Additional Information** | |
| **Does the child/young person have any additional needs/support in school?** |  |
| **Does the child/young person have an Education,** **Health and Care Plan? When was it last reviewed?** |  |
| **Are there any other named professionals involved in school?** |  |

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| **Signed** | | |
| **Today’s date:** | | |
| **Child/young person signature:** | **Key adult at school/college signature:** | **Parent/carer signature:** |

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| **This plan will be reviewed regularly so that it remains helpful** | | |
| **Review date:** | **Location:** | **Who should be there:** |

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| **Nursery School/College** | **Contact number:** |
| **Email:** |

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| **Consent** |
| A data consent statement is provided by Surrey County Council. Practitioners and agencies using this form should refer families to their own privacy statements and ensure consent to share is gained from the family |