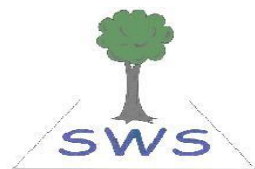


Sheringham Woodfields School

Sheringham Woodfields School
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ATTENDANCE POLICY

Approved by SMT: 29 th June 2022	Approved by Staff: 6 th July 2022	Approved by Governors: 13 th July 2022
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Next Review date: Summer 2025	Person(s) responsible for review: Head Teacher
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Purpose:

Our close work with families and carers enables the school to achieve an environment which enables and encourages all members of our community to reach out for excellence. For our children and young people to gain the greatest benefit from their education it is vital that they attend regularly and we want to work with families and carers to ensure that wherever possible pupils should be at school, on time, every day the school is open, unless the reason for the absence is unavoidable.

The complex and diverse needs of pupils can make them more vulnerable to illness and infection and we also realise that attending school full time may be neither realistic nor possible.

Why regular attendance is so important:

Any absence affects children and young people and regular absence may seriously affect their learning. Any pupil's absence may affect teaching routines. Regular attendance at school is a legal responsibility and we want to share this responsibility with families and carers.

To help families and carers we will:

- Provide and discuss information about their child's attendance at the Annual EHCP Review, and at the end of each school term. We want to make it a simple system which will easily show how well a child/young person is doing.

% attendance	Days missed per year	Impact
100%	0	Well done You should expect good progress and learning
95%	9.5	
90%	19.5	
85%	28.5	Your child will be progressing but the missed lessons will slow their progress. The school may be in touch to see how we can support you.
80%	38	
75%	45.6	
70% or below	57 +	Your child's learning will be less than it could have been. The school will be in touch to offer support

Helping to create a pattern of regular attendance is everybody's responsibility - parents, pupils and all members of school staff. This clear, visual system will allow us all to monitor and encourage good attendance at school and work together to make improvements where necessary. The school Assistant Head I will contact families whose child falls within the amber and red classifications.

Authorised or unauthorised absence:

Every half-day absence from school will be classified by the school (not by the parents), as either AUTHORISED or UNAUTHORISED. This is why information about the cause of any absence is always required, preferably in writing.

Authorised absences are recorded as mornings or afternoons away from school for a good reason like illness, medical/dental appointments which unavoidably fall in school time, emergencies or other unavoidable cause.

Unauthorised absences are those which the school does not consider reasonable and for which no "leave" has been given. This type of absence can lead to the Authority using sanctions and/or legal proceedings.

Unauthorised absence may look like this:

- Parents/carers keeping children off school unnecessarily
- Absences which have never been properly explained
- Children who arrive at school too late to be included in registration
- Day trips and holidays in term time which have not been agreed.
- The school not being informed when a pupil is absent

Persistent Absenteeism (PA):

A pupil becomes a 'persistent absentee' when they miss 15% or more schooling across the school year for whatever reason. We know that for some pupils this is understandable, a hospital stay or a long term illness may be the cause, however absence at this level does harm a child's educational prospects and we need parent's full support and co-operation to tackle this.

We monitor all absence thoroughly. Any case that is seen to have reached the PA mark or is at risk of moving towards that mark is given priority and parents/carers will be informed of this immediately.

We have procedures and systems in place to track and improve attendance as we believe that prolonged absence will have a negative impact on a pupil's well-being, progress and achievement.

Absence Procedures:

We ask parents or carers to:

- Contact us as soon as possible on the first day of absence giving a reason

If a pupil is absent we will:

- Telephone or text families /carers on the first day of absence if we have not heard from them and record this
- Contact families/carers if there is absence of more than 10 consecutive days or more than 6 separate absences over a school term to see if we can help in any way
- Contact families/carers if their son/daughter is absent for more than 15 days or 10 separate occasions during a term to arrange a meeting to discuss the absence

Members of the SLT (who are also DSLs) will meet half termly to review absence data/patterns and take necessary action for any child under 90%. Action/support given will be individualised to meet the needs of the child/family.

Should support from a county based Attendance Officer be required, this service will be purchased via the SLA Online.

Managing Attendance for pupils with health and medical needs:

The school will follow the Norfolk Safeguarding children partnership Joint Protocol between Health services and Schools in respect of the management of pupil absence from school when medical reasons are cited.

See appendix 1 and 2.

Punctuality:

We feel it is vital to have a punctual, structured start to the day to settle our pupils quickly.

The school day starts at **8.45am** and we aim for all our pupils to be in school by **9.00am** whether they are on school transport or brought to school by family or friends.

Holidays during Term Time:

The government has reviewed holiday and leave entitlement of children in education. This is the current stance in connection with leave.

Parents are required to ensure that their children attend school regularly. There is however, a discretionary power to allow leave of absence for the purpose of annual family holidays in exceptional circumstances during term time. This is not an entitlement and purely at the discretion of the Headteacher. Schools will not authorise absences if they believe it is to the detriment of a student's education or if the absences are during school exam periods.

Parents should consider very seriously how the absences will affect their child's education. National statistics show 10 days absence in any academic year* does have a negative effect on progress and achievement.

*academic year = school year from September to July

To be read in conjunction with:

Safeguarding policy

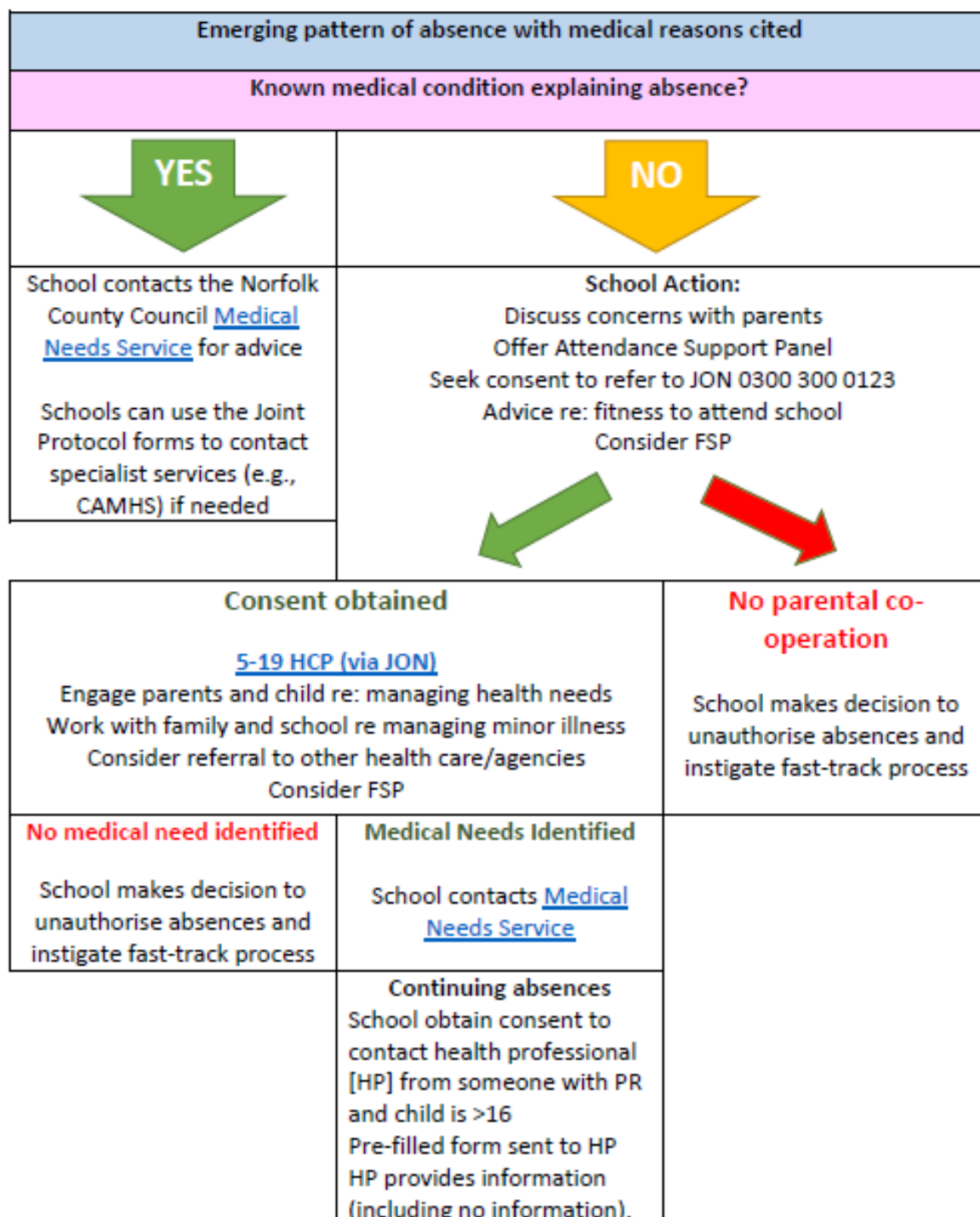
Long term sickness policy

Appendix 1: Flow Chart for Schools

Appendix 2: Joint Protocol

Appendix 1 Flow chart for schools, HCP 5-19 and health professionals when health reasons are cited for poor school attendance.

At all stages consider impact on child, wider context and case history and follow safeguarding processes if applicable. At any stage if attendance improves monitoring and appropriate support should continue.





Norfolk Safeguarding Children Partnership

Joint Protocol between Health Services & Schools in respect of the management of pupil absence from school when medical reasons are cited.

1. Context & Aims

1.1 The aim of this Protocol is to provide advice in respect of the management of pupil absence from school. The Protocol aims to clarify information sharing arrangements between health professionals and schools in Norfolk to promote the health and well-being of school children in relation to the management of sickness absence and to reduce unnecessary attendances at GP surgeries and inappropriate requests for medical information.

1.2 This protocol has been devised in response to the findings of Norfolk Safeguarding Children Board Serious Case Review: Case P (2016). A recommendation from the Review was for NSCB¹ to commission the development of a protocol and associated guidance for best practice in managing absences from school reported by parents to be for health-related reasons. Case P is a complex case, but the existence of medical evidence appears to have been a key driver influencing the decision not to proceed with more formal legal action to address the child's chronic poor school attendance. The Review identified that a considered discussion about the parentally asserted versus professionally provided medical evidence to support school absence would have clarified that there was a need to better understand the way in which the child's family operated and the needs of the child.

1.3 The protocol has been updated following consultation with representatives from the Local Medical Committee (LMC), Named GPs for Safeguarding Children, 5-19 Healthy Child Programme (formerly known as the School Nursing Service), Norfolk Practices Data Protection Officer and Norfolk County Council Medical Needs Service and Attendance Service.

2. Background:

2.1 Nationally, illness is the most common reason provided for pupil absence. In the academic year 2018-2019², illness accounted for 52.6% of all pupil absence and 79.1% of pupil enrolments had missed at least one session due to illness³. There is much research that shows a strong correlation between high attendance and high attainment for all children. Department for Education research indicates that even missing a short amount of time from school can reduce every pupil's chance of securing the grades they are capable of achieving⁴.

3. Consent & Information Sharing

¹ NSCB changed to NSCP following the Working Together to Safeguard Children 2018 guidance.

² Given the impact of the pandemic from 2020, this is the most reliable recent attendance data

³ [Pupil absence in schools in England: 2018 to 2019](#)

⁴ [Absence and attainment at key stages 2 and 4: 2013 to 2014](#)

3.1 Timely and appropriate sharing of information between education and health services is important in meeting the needs of the child when reported illness is impacting on school attendance. This may be more pertinent if the child is in receipt of Free School Meals [FSM], and/or has a special educational need. Pupils eligible for and claiming FSM are at greater risk of non-attendance, with a persistent absence rate of 22.8% compared to non-FSM pupils at 8.3%. For pupils with a SEN statement or education healthcare [EHC] plan, the persistent absence rate in 2018-2019 was 24.6% (compared to 9% for pupils with no identified SEN).⁵

3.2 Confidential information can only be shared with the consent of a person with parental responsibility for that child, or the young person themselves if over 16. Information sharing between health professionals and referring schools will be proportionate and in negotiation with the parent/carer and child.

4. Managing Pupil Absences for Medical Reasons

4.1 At all stages, schools should consider the impact on the child, wider context and case history and follow early help and safeguarding processes as applicable. If school attendance improves, monitoring and appropriate support should continue. All school staff have a key role in early identification, intervention, and support for children. Where there are concerns regarding a pupil's unsatisfactory attendance, interventions should be implemented by the school at the earliest opportunity to try to improve the situation and to support the child appropriately.

4.2 [School attendance Guidance for maintained schools, academies, independent schools and local authorities](#) (August 2020) states that, *Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied of the authenticity of the illness but should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards, etc. rather than doctors' notes.*

Schools should not routinely be asking parents/carers to obtain appointment cards for the sole purpose of providing medical evidence for absence. An appointment card does not confirm that a child attended the appointment. When considering medical evidence provided in the form of appointment cards and prescriptions, schools should review the evidence available to consider whether the evidence specifically confirms or makes comment upon a diagnosed condition that would explain the level of absence. Schools should also consider whether pupil absence is indicative of wider concerns and the implications for the child's health, development, and well-being, thinking beyond the medical issues presented by parents/carers.

4.3 Authorised absence means that the school has either given approval in advance for a pupil of compulsory school age to be away or has accepted an explanation offered afterwards as

⁵ [Pupil absence in schools in England: 2018 to 2019](#)

justification for absence. If schools are unsure how to code absence due to health needs, colleagues can contact the LA attendance service on csattendance@norfolk.gov.uk or by telephone at 01603 223681.

In law, the decision whether to authorise absence rests with the Headteacher of a school or a person designated with this responsibility by the Headteacher. In cases where attendance does not improve and no clear medical evidence is available to support a child's absences from school and parents fail to engage with a school-led Attendance Support Panel and/or fail to give consent for a referral to the 5-19 Healthy Child Programme (formerly School Nursing Service), schools are advised to carefully consider whether to authorise further absences and to instigate the 'fast-track' process (Education Fast-track to attendance process).

4.4 Most minor illnesses are self-limiting and do not require contact with a General Practitioner or a medical certificate. Medical certification for short term illness is not appropriate and should not be requested as standard school policy.

4.5 Where a child has an emerging a pattern of non-attendance, and parents/carers are stating that this is due to ill health, schools should discuss the reasons for absence with the child's parent/carer. If up to date medical evidence (e.g., post-surgery or via a specialist service) is available, then the school does not need to use the Joint Protocol. Where the reasons for such absence are unclear however, and no other health care professionals are involved, it is appropriate to seek consent from parents and make a referral to the 5-19 Healthy Child Programme team. This must be done by calling the Just One Number on 0300 300 0123. Referrals can only be made by telephone.

While statutory guidance states that '*LAs should [...] arrange provision as soon as it is clear that an absence will last more than 15 days⁶*', early intervention is preferable and can prevent further disruption to a child's education. It is recommended therefore, that schools contact the Just One Number (with consent) in the early stages of an attendance issue where health reasons are cited, (and no other health services are involved).

The HCP 5-19 team can help the family access appropriate support and share relevant information with the referrer as required.

For young people (11-19) there is also a confidential text messaging service: Chat Health 07480 635060.

More information is available via the Just One Norfolk website: [5-19 Healthy Child Programme](#).

School-led Attendance Support Panels are also recommended as an appropriate early intervention strategy.

⁶ [Education for children with health needs who cannot attend school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/education-for-children-with-health-needs-who-cannot-attend-school)

4.6 Where a pupil has a verified and chronic health condition, the school should provide appropriate support in line with [Supporting pupils with medical conditions at school](#) and Norfolk County Council policies via the [Medical Needs Service](#). The school should consider whether an Individual Healthcare Plan is appropriate.

4.7 The guidance and flow chart provided at Appendix 1 are intended to support schools to manage medical reasons for absence effectively.

4.8 NHS colleagues who have concerns around the education of their young patient can use the flowchart in Appendix 2 to make contact with either Norfolk County Council or the school (as appropriate). This may be, for example, if a young person is under the care of a specialist team (e.g., ADHD, epilepsy, diabetes) and their diagnosis impacts on the young person's ability to attend full-time or requires reasonable adjustments to their education offer. A trial of this process in 2021 resulted in improved outcomes for a young person with ADHD, whose specialist nurse was subsequently able to attend EHCP reviews, for example.

4.9 Whether it is the school, or the NHS colleague seeking to make contact, parent/carer consent must be obtained. This form can be found at Appendix 3 and is downloadable from the website at [5.27 Joint Protocol between Health Services & Schools in respect of the management of pupil absence from school when medical reasons are cited - Norfolk Safeguarding Children Partnership \(norfolkscb.org\)](#). For schools, this request may be made either before or as part of a fast-track attendance process. A call to the Just One Number 0300 123 0300 (see above) should have been made or offered before this action is taken.

When a formal request is made, health professionals and schools can provide factual information to each other, with the parents'/carers' informed consent. Forms for making these requests have been designed to standardise the medical information requested. They should help the school determine whether non-attendance cases have valid medical reasons to explain persistent absence and/or to support the NHS colleague in providing guidance to the school. Schools should complete the form provided in Appendix 4; health professionals complete the form in Appendix 5.

5. Funding

General Practices may claim following the completion of reports through the collaborative arrangements. This is done via the CCG in the same way as claims for similar work such as medicals for potential foster carers and is monitored by the CCG.

6. Conclusion

6.1 It is important for schools and health professionals to have a clear and consistent approach in managing genuine medical absences and making and responding to requests for medical information. This document provides a model for schools to manage sickness absence and promote good school attendance.

Training is available on the background and use of this protocol; please contact medicalneeds@norfolk.gov.uk for further information.

7. Supporting Guidance:

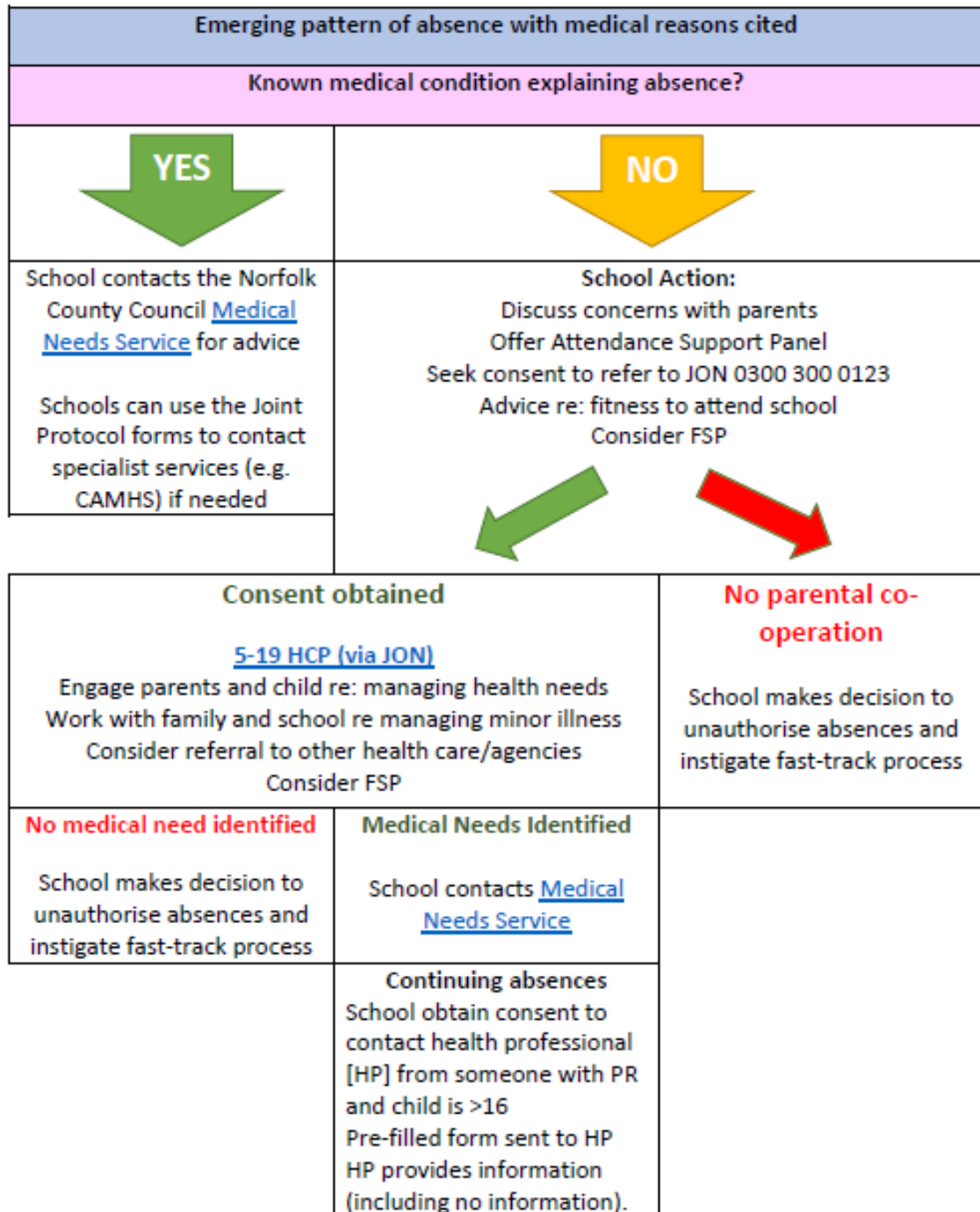
- [Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities](#); January 2013
- Just One Norfolk [Healthy Child Programme Services 5-19](#)
- Norfolk County Council [Medical Needs Service](#) policies and forms
- Public Health England has issued [Health protection in schools and other childcare facilities](#) advice on infection control. The guidance provides advice on:
 - preventing the spread of infections
 - how long to keep children away from school
infections such as athlete's foot, flu, German measles, head lice, impetigo, TB
 - which diseases to vaccinate for
- [School attendance Guidance for maintained schools, academies, independent schools and local authorities](#) (August 2020)
- [Supporting pupils with medical conditions at school](#); December 2015

This Joint Protocol was updated September 2021.

Review date: July 2022

Appendix 1 Flow chart for schools, HCP 5-19 and health professionals when health reasons are cited for poor school attendance.

At all stages consider impact on child, wider context and case history and follow safeguarding processes if applicable. At any stage if attendance improves monitoring and appropriate support should continue.



Appendix 2 Flow chart for health professionals when a diagnosis may impact on education and/or the young person is absent/missing education

Is the child or young person on a school roll?		
YES	NO/NOT SURE	HOME EDUCATED
<p>1. Use the 5.27 Joint Protocol between Health Services & Schools in respect of the management of pupil absence from school when medical reasons are cited - Norfolk Safeguarding Children Partnership (norfolkscb.org)</p>		
<p>2. Gain parent/carer consent to speak to either the school or Norfolk County Council (as appropriate) using Appendix 3 in the Joint Protocol</p>		
School	Medical Needs Service	Elective Home Education service (EHE)
<p>3. Using the completed consent form, contact the school (parent/carer should provide the best key contact)</p>	<p>3. Using the completed consent form, contact the Medical Needs Service on medicalneeds@norfolk.gov.uk or 01603 223609. They will be able to confirm school status. If on roll – proceed as per school route (left). If they are a Child Missing Education (CME), the team will direct you to an appropriate colleague.</p>	<p>3. Using the completed consent form, contact the EHE service on Services-to-home-educators-admin@norfolk.gov.uk</p>
<p>4. Once contact has been established, you can share health information about the child using Appendix 4. If possible, SAVE TO PDF before sending, so that it is not editable</p>		
<p>5. As appropriate, the school, Medical Needs Service, CME team or EHE service can then share information with you using Appendix 3; you may also organise/attend a multi-agency meeting to discuss the impact of health on education etc.</p>		

Appendix 3 Information Sharing Consent Form

Guidance

All school staff have a key role in early identification, intervention, and support for children. Where there are concerns regarding a pupil's unsatisfactory attendance, interventions will be implemented by the school to try to improve the situation.

Attendance below 90% is a cause for concern as this equates to an average of one half-day missed per week. Over a child's whole school career this would mean in excess of one whole school year being missed. Where a child's attendance falls below 80% (equating to two whole school years missed in a child's school career), their opportunity to reach their full potential is considerably diminished. We need to understand the reasons contributing to this poor attendance, (which may include a medical cause), so that we can offer appropriate support to address the issue. Please note, we will only ask for information from your healthcare professional if there is no other source of information.

Children and Young People - Data protection

- Please see the [Norfolk County Council Privacy Notice](#) for further information about how we protect your data and your rights.
- Consent can be withdrawn at any time by contacting the relevant professional in writing.
- The Local Authority and school recognise that young people aged 12 and over (and sometimes younger) have the right to make decisions around how their health information is shared. However, as noted in the DfE guidance⁷, parents are responsible for making sure that their children of compulsory school age receive a suitable full-time education.
- As parents and carers are responsible for ensuring attendance at school, it is the parent/carer who is being asked to provide consent for access to information which justifies absence from school.
- To ensure we incorporate the voice of the child, they are invited to attend planning meetings prior to any medical needs provision.

⁷ DfE guidance School attendance parental responsibility measures Statutory guidance for local authorities, school leaders, school staff, governing bodies and the police January 2015

CONSENT FORM

Name of child		Date of birth	
Parent/carer name		Telephone	
Address		Postcode	
School		School contact (email/telephone)	
<p>I, the parent/carer, confirm that I have parental responsibility for the above-named child, give permission for the school and healthcare professional/practice/organisation named on this form to be contacted with regard to my child's medical needs.</p> <p>I give consent for any relevant information (e.g., diagnosis, treatment, medication, impact on school attendance) to be shared with relevant professionals (e.g. with the Norfolk County Council Medical Needs and/or Attendance Service)I am aware that I may withdraw this consent at any time and will inform relevant professionals of this in writing/by email.</p>			
Signature		Relationship to child	
Date			
Healthcare professional	<i>(name/role if known)</i>	Address of practice/clinic/Trust	
Healthcare professional telephone		Healthcare professional email address	
School		School key contact Name/role	
School telephone		School key contact email address	
Date			

Appendix 4: Completed by the school and emailed⁸ to the health professional, with Appendices 3 and 5, and a copy of the child's attendance herringbone)

Full name of child					
DOB		NHS number			
School contact making this request	Name/role	Telephone	email		
	Name of school	School address			
Information for schools: <ol style="list-style-type: none"> 1. Complete this form following consent from the parent/carer (cells may be expanded) 2. Email the pre-filled form to the child/young person's healthcare professional, with a copy of the consent form 3. The form should be returned to you by email, by the health professional, within 5 working days of receipt⁹ 4. Attach a copy of the child's attendance herringbone so that the health professional has as full a picture as possible of the issues around attendance 5. Attach all fully completed forms to the Medical Needs Service Referral form if required 					
Consent					
A parental/carer consent form has been signed and is attached		Choose an item.			
Personal Details of the young person requiring support					
Gender	Choose an item.	English as an additional language	Choose an item.	Free school meals/Pupil Premium	Choose an item.
EHCP in place	Choose an item.		EHCP Coordinator name/email		
Date of last EHCP review		SEN Support	Choose an item.	Name of SENCO	
Looked After Child	Choose an item.	If LAC, date of last PEP		Child Protection	Choose an item.
Parent/carer					
Telephone		Email			
Address		Postcode			
Date of 1 st absence in this current pattern					
Number of sessions missed (a session is half a school day)					
Current attendance %					

⁸ Emails between norfolk.gov.uk and nhs.net are secure; if other addresses are used, encryption will be required

⁹ During the pandemic, it may not be possible to adhere to these timescales

Full name of child			
DOB		NHS number	
School contact making this request	Name/role	Telephone	email
	Name of school	School address	
5-19 Healthy Child Programme contacted; name of school nurse			
School nurse outcome		Choose an item.	
Comment:			
What are the key issues affecting this child's education?			
<i>E.g., poor attendance due to headaches</i>			
What agencies are involved with this child? (E.g., FSP, Early Help, Youth Worker, Nelson's Journey, Matthew Project etc.)			

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As parents and carers are responsible for ensuring attendance at school, it is the parent/carer who is being asked to provide consent for access to information which justifies absence from school. If a Medical Needs referral is accepted, the voice of the child will be sought during the initial planning meeting.

¹⁰ DfE guidance School attendance parental responsibility measures Statutory guidance for local authorities, school leaders, school staff, governing bodies and the police January 2015

Appendix 5 –Completed by the healthcare professional and emailed¹¹ to the school contact (with Appendix 3 if contact initiated by the health professional)

Full name of child			
DOB		NHS number	
School		School contact name and email address	
Healthcare professional contact information	Name/role/service	Telephone	email
Health Professional to complete the following:			
<p>Information for health professionals:</p> <ul style="list-style-type: none"> • Please complete this form (cells may be expanded) and email it to the school referrer within 5 working days of receipt¹² • There should be no reason for you to contact the child or the person with parental responsibility, we are only asking for known factual information • If you require additional information, please contact the referrer directly • Please contact Norfolk County Council’s Medical Needs Coordinator on 01603 223609 or at medicalneeds@norfolk.gov.uk should you require any further clarification 			
<p>When was the child last seen (in person) by a clinician? Please note if this has been in person, via video link or other online consultation.</p>			
What are the current key diagnoses for the child?			
Provide details:			
What treatment/medication is currently in place?			
Provide details:			
Are you aware of any pending referrals to other health services? Please provide details.			
Provide details:			
Are you aware of any other health services involved with this child?			
<i>Provide details: e.g. CAMHS, Point 1, Community Paediatric services/treatment</i>			

¹¹ Emails between norfolk.gov.uk and nhs.net are secure; if other addresses are used, encryption will be required

¹² During the pandemic, it may not be possible to adhere to these timeframes

Full name of child			
DOB		NHS number	
School		School contact name and email address	
Healthcare professional contact information	Name/role/service	Telephone	email
In your clinical opinion would you expect any child with this child's diagnoses to experience difficulties in attending school and if so why?			
Provide details:			
Any other information which is relevant to absence from school due to health (e.g. how this child may be supported to return to school)?			
Provide details:			
Form completed by:			
Health professional name			
Health professional role			
Health professional signature			
Date			

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