



Norfolk Safeguarding Children Board

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 provide advice in respect of the management of pupil absence from school. The Protocol aims to clarify information sharing arrangements between GPs and schools in Norfolk to promote 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 NSCB 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 produced following consultation with representatives from the Local Medical Committee (LMC), Named GPs for Safeguarding Children, School Nursing Service, CAMHS, Norfolk Secondary Education Leaders and Norfolk County Council Education Inclusion Service.

2. Background:

2.1 Nationally, illness is the most common reason provided for pupil absence. In the academic year 2014-2015, illness accounted for 60 % of all pupil absence and 82.7 per cent of pupil enrolments had missed at least one session due to illness.¹ There is much research that shows a strong correlation between high attendance and high attainment for all children. A recent publication from the Department for Education indicated that even missing a short amount of time from school can reduce every pupil's chance of securing the grades they are capable of achieving².

3. Consent & Information Sharing

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.

¹ Source: Pupil absence in schools in England: 2014 to 2015, DfE (2016)

² [The link between absence and attainment at KS2 and KS4 2013/14 academic year, DfE \(March 2016\)](#)

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.

4. Managing Pupil Absences for Medical Reasons

4.1 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 Most minor illnesses are self-limiting and do not require contact with a general practitioner or a medical certificate. The GP's role is to provide advice and treatment for childhood illnesses, when needed, to facilitate an early return to school. Medical certification for short term illness is not appropriate and should not be requested as standard school policy.

4.3 Department for Education Advice regarding school attendance 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.*'³

4.4 The following guidance and flow chart provided at Appendix 1 are intended to support schools to management medical reasons for absence affectively.

4.5 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 a child is presenting with. School staff 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 or carers.

4.6 At all stages schools should consider impact on 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.

4.7 Where a pupil has a verified and chronic health condition, the school should provide appropriate support in line with [national](#) and [local guidance](#).

4.8 Where a child has an emerging a pattern of non-attendance, schools should discuss the reasons for absence with the child's parent/carer. Where the reasons for such absence are unclear and where continuing to authorise absence without clear evidence may be unhelpful; Attendance Support Panels are recommended as an appropriate early intervention strategy. At this stage it is appropriate to seek consent from parents to obtain further advice and make a referral to the [School Nursing Service](#) in order to develop a plan to address the child's reported medical needs.

³ [School attendance Departmental advice for maintained schools, academies, independent schools and local authorities, DfE \(2016\)](#)

4.9 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 justification for absence. 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 an Attendance Support Panel and/or fail to give consent for a referral to the 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)

4.10 In cases where a parent or carer continues to cite medical reasons for absence, schools should ask a person with parental responsibility (or the young person if over 16) to sign a consent form giving the school permission to liaise with their GP. This request may be made either before or as part of a fast-track to attendance process but a referral to the School Nursing Service should have been made or offered before this action is taken. When a formal request is made, GPs can provide factual information to schools, with the parents' informed consent. A pro-forma for making these request has been designed to standardise the medical information requested and received to help the School determine whether non-attendance cases have valid medical reasons to explain persistent absence. (Appendix 2)

5. Funding

GPs may claim for the completion of reports through the collaborative arrangements. This will be monitored by CCGs during the initial 3 month trial process.

6. Conclusion

6.1 It is important for schools and GPs to have a clear and consistent approach managing medical absences and making and responding to requests for medical certification. This document provides a suggested model of practice for GPs and Schools to manage sickness absence and promote good school attendance. This guidance should be applied consistently and fairly by practitioners in the best interests of the child.

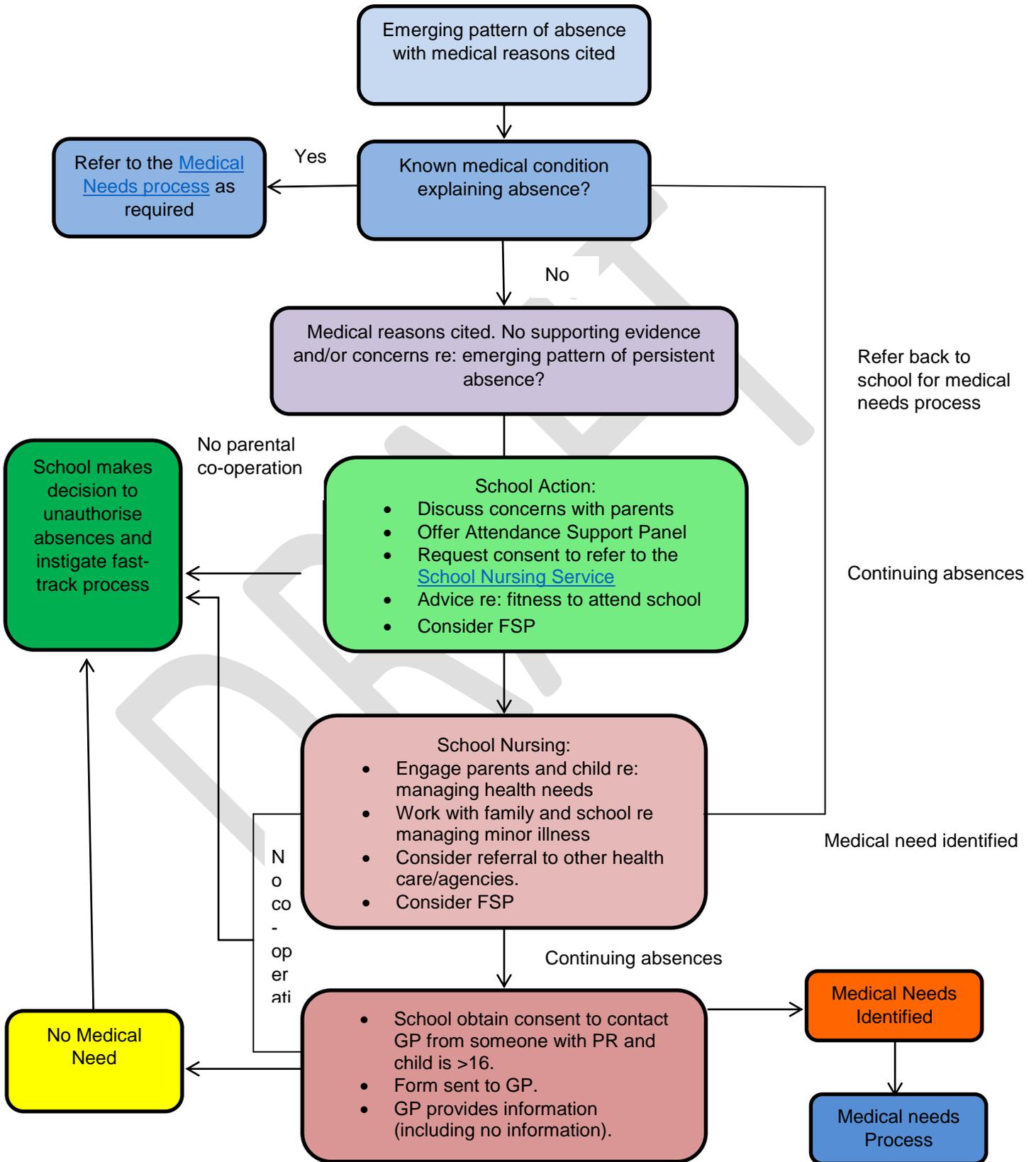
7. Supporting Guidance:

- Public Health England has issued advice on infection control for schools and other Childcare settings. The guidance provides advice on:
 - preventing the spread of infections
 - which diseases to vaccinate for
 - how long to keep children away from school
 - infections such as athlete's foot, flu, German measles, head lice, impetigo, TB

A copy can be accessed from the following [link](#).

- [School attendance Departmental advice for maintained schools, academies, independent schools and local authorities, DfE \(2016\)](#)
- [Supporting pupils at school with medical conditions – DfE Guidance](#)
- [LA Medical Needs Guidance](#)
- Further guidance about Norfolk School Nursing Service including referral pathways can be accessed via the following [link](#).

Appendix 1: Flow chart for schools, school nursing and GPs when poor school attendance is alleged to be for medical reasons



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: 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 GP if there is no other source of information

Name of Child: _____ Date of Birth: _____

Parent/Carer Address:

School: _____

I _____ (parent/carer) confirm that I have parental responsibility for

_____ (child's name) and give permission for my GP

Dr _____

Full Address of Practice:

to be contacted with regard to my child's medical needs and give my consent for any relevant information to be shared.

Signature: _____ (Parent/Carer) _____
(Relationship to child)

_____ (Pupil as aged 16 years or over)

Date: _____

Signature: _____ (School staff) _____
(Position)

Contact details:

Appendix 3: Information request form

Dear Dr

Attached is a signed and completed information sharing form.

Context

_____ (child), registered at _____ (School).

Between _____ (date) and _____ (date) _____ (child) has attended _____ sessions out of a possible _____ sessions. (One session is equal to half a school day). _____ (child's) attendance is currently _____%.

School Nursing (name) _____ have attempted to resolve the issues but are not aware of any issues causing the absence OR Support from School Nursing was offered but refused by the parent/carers (delete as appropriate)

Other agencies involved: e.g. School Counselling: Social Care: Safer Schools Partnership: Educational Psychologist

Reason for request e.g. John has....

We have concerns that if there are medical reasons for _____ (child) absences, we would like to support in the best way we can so would appreciate any advice or information you can share.

GP comments (Please delete as appropriate)

CHILD's NAME _____ **DOB** _____

a) I have insufficient evidence to make a judgement regarding this child

or

b) I have considered the attendance and contextual information provided and make the following comments regarding this child:

DRAFT

GP Signature: _____

Date: _____

GP Name (please print) _____

GMC no: _____

Practice Code: _____