



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 2020-21, illness accounted for 44.4% of all pupil absence² and 20.5% absence of all possible sessions (the equivalent to a day per week across the country for all pupils).³. 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

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

² [Pupil absence in schools in England, Academic Year 2020/21 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics/service.gov.uk)

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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

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 and/or who have a special educational need, are at greater risk of non-attendance, The absence rate for pupils with an EHC plan was 13.1% over 2020/21. This rate was 9.4% in Autumn 2020, 21.1% in Spring 2021 and 10.0% in Summer term 2021. This reflects the fact that during the national lockdown vulnerable pupils were prioritised to continue attending school but, where a parent wanted their child to be absent, schools were advised to grant a leave of absence.

For those with SEN support, the overall rate for 2020/21 was 6.5% (6.6% in Autumn 2020, 4.8% in Spring 2021 and 7.9% in Summer 2021). This compares to 3.9% over the full year for pupils with no SEN (4.1% in Autumn, 2.3% in Spring and 5.3% in Summer).

The overall absence rate for pupils eligible for FSM was 7.8% across the full year, more than double the rate for pupils who were not eligible for FSM at 3.7%. This can be broken down as 7.8% in Autumn term, 6.4% in Spring term and 9.2% in Summer term. The persistent absence rate for FSM eligible pupils across the whole year was 24.4% compared to 8.3% for pupils who were not eligible for FSM.⁵

3.2 Confidential information can only be shared with the consent of a person with parental responsibility for that child, and the young person themselves if deemed to be 'Gillick competent'. In England, Wales and Northern Ireland, children aged 12 or over are generally expected to have the competence to give or withhold their consent to the release of information. The only exception to this would be where there are Child Protection/safeguarding concerns.

Information sharing between health professionals and referring schools will be proportionate and in negotiation with the parent/carer and child. It must be noted that the purpose of the protocol is not to provide education professionals with unnecessary personal health information, it is to ascertain the impact of a medical condition on the child's ability to attend school.

4. Managing Pupil Absences for Medical Reasons

⁴ [The link between absence and attainment at KS2 and KS4, Academic Year 2018/19 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics/service/gov/uk)

⁵ [Pupil absence in schools in England, Academic Year 2020/21 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics/service/gov/uk)

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 [Working together to improve school attendance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) states that, *Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools must record absences as authorised where pupils cannot attend due to illness (both physical and mental health related). In the majority of cases a parent's notification that their child is ill can be accepted without question or concern. Schools should not routinely request that parents provide medical evidence to support illness. Schools are advised not to request medical evidence unnecessarily as it places additional pressure on health professionals, their staff and their appointments system particularly if the illness is one that does not require treatment by a health professional. Only where the school has a genuine and reasonable doubt about the authenticity of the illness should medical evidence be requested to support the absence.*

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 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 days*⁶', 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.

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.

⁶ [Education for children with health needs who cannot attend school - GOV.UK \(www.gov.uk\)](#)

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.

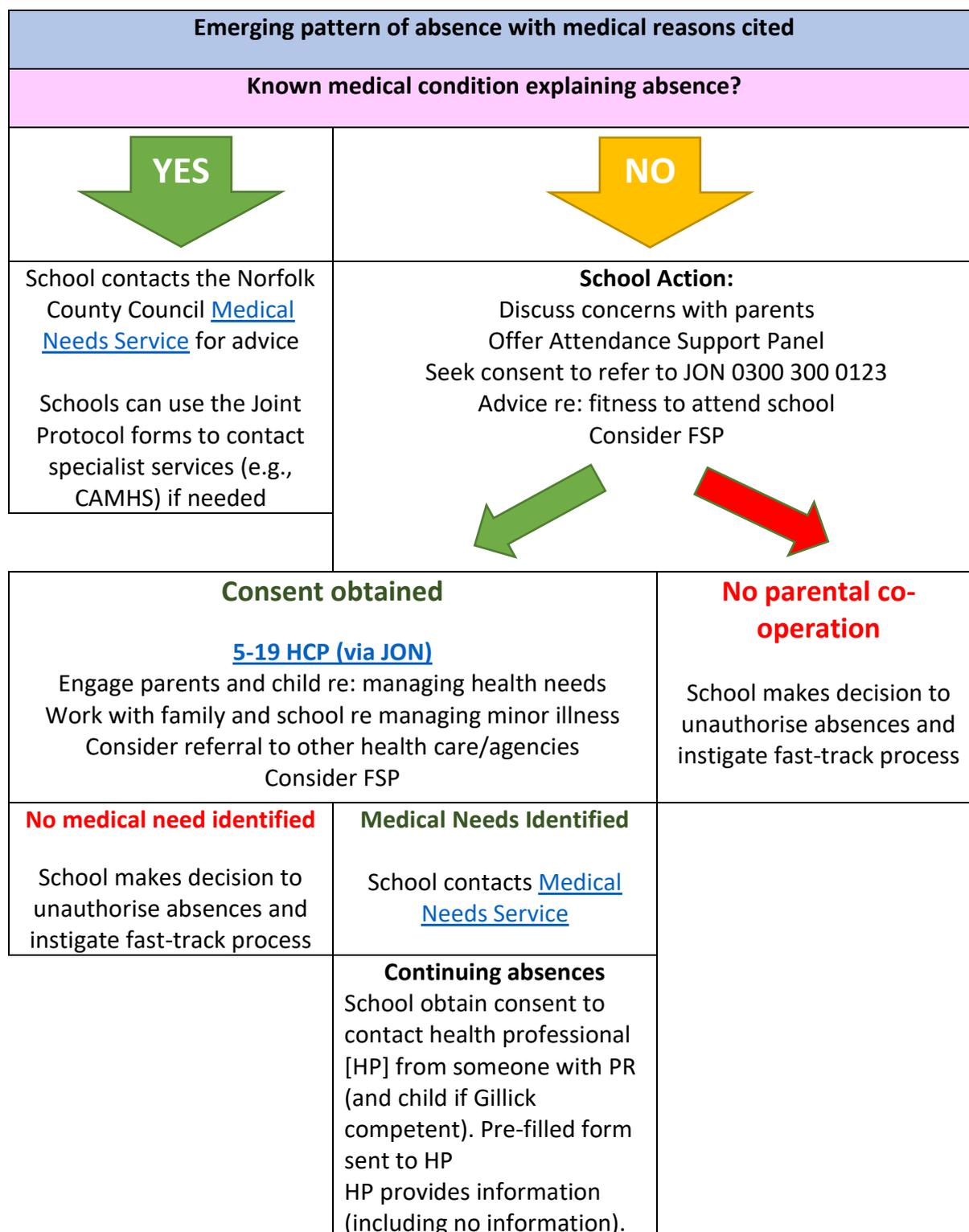
Training is available on the background and use of this protocol; please contact medicalneeds@norfolk.gov.uk for further information.

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
- [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](#)
- [Supporting pupils with medical conditions at school](#); December 2015

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 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 Servicestohomeeducatorsadmin@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) who are 'Gillick competent' 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

Appendix 3 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	
Signature		Child (if Gillick competent i.e., 12 or over)	
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: School information Form

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"> Complete this form following consent from the parent/carer (cells may be expanded) Email the pre-filled form to the child/young person's healthcare professional, with a copy of the consent form The form should be returned to you by email, by the health professional, within 5 working days of receipt 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 Attach all fully completed forms to the Medical Needs Service Referral form if required 					
Consent					
A parental/carer/child (if Gillick competent) 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)					

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

Full name of child			
DOB		NHS number	
School contact making this request	Name/role	Telephone	email
	Name of school	School address	
Current attendance %			
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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⁹ [Working together to improve school attendance \(publishing.service.gov.uk\)](#)

Appendix 5 – Health information Form

Completed by the healthcare professional and **emailed¹⁰ 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
Information for health professionals: <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 receipt • 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 at medicalneeds@norfolk.gov.uk should you require any further clarification 			
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.			
What are the current key diagnoses for the child?			
Provide details:			
Is there treatment/medication currently in place which may impact on school attendance? If so, how? (prescription details are not required)			
Provide details:			
Are you aware of any pending referrals to other health services (e.g., where the child is on a waiting list)? Please provide details.			
Provide details:			
Are you aware of any other health services involved with this child?			

¹⁰ Emails between norfolk.gov.uk and nhs.net are secure; if other addresses are used, encryption will be required

Full name of child			
DOB		NHS number	
School		School contact name and email address	
Healthcare professional contact information	Name/role/service	Telephone	email
<i>Provide details: e.g. CAMHS, Point 1, Community Paediatric services/treatment</i>			
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:			
Health professional name			
Health professional role			
Health professional signature			
Date			

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