



LIGHTHOUSE
SCHOOLS PARTNERSHIP

ATTENDANCE POLICY

OPERATIONAL PROCEDURES APPENDICES C-M

Document History

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Appendix C - Template Letters - Stages 1-5

STAGE 1 Letter

Date of printing

Addressee

Address block

Dear *Salutation*

Re *Name of Student* - Attendance Stage 1

You will be aware we monitor the attendance of our students closely, especially those who have attendance below 96%, as non-attendance is one of the biggest barriers to students achieving their potential.

Following our attendance policy, we note *name* has been absent from school for *X* sessions (*X* days) between *date* to *date*; these dates constituting our initial eight weeks review cycle for *name*. Please find enclosed Registration Certificate so you can see their absences.

We appreciate occasional absences may occur for medical reasons, appointments which cannot be made outside of school hours or unforeseen circumstances and that students are occasionally unwell. If *name* has a diagnosed medical condition, please ensure the school is fully aware of this with supporting evidence for our records. Please note, unauthorised term time holiday absence will be included in the stage process.

We now expect to see an improvement in *name's* attendance over the coming review cycle. If this is not the case, and absence continues at this this present rate over any future eight- week cycles, we will progress to **Stage 2** of our attendance procedures where medical evidence will be required for us to authorise any further absence for illness.

If a student who has at least 6 sessions (3 days) absence or more in an eight-week period, is considered to be only just above the rate which the Government considers to be a 'persistent absentee'. Four days would or above would be a 'persistent absentee'. **Research suggests that a student who is a persistent absentee (34 sessions absence (17 days)) or more over an academic year can mean a losing a full GCSE grade in every subject taken. OR Evidence shows the importance of regular attendance to support children's learning and wider wellbeing.**

We aim for every student to maintain a minimum of 97% attendance in an academic year which equates to 12 sessions (6 days) absence. Please find enclosed information sheet which clearly sets out the impact of non-attendance and our Attendance Stage reviews detailing what that could mean in our future action.

In working together, we hope to reduce the number of absences for *name*. If you would like to discuss this further, please do not hesitate to contact ***name*, Head of House**.

Yours sincerely

Attendance Team
Name of School

Stage 2 Letter

Date of printing

Addressee

Address block

Dear *Salutation*

Re *Name of Student* - Attendance Stage 2

Further to our letter dated X where we placed *name* on Attendance Stage 1, we are disappointed to note that *name* has continued to be absent from school over the most recent eight-week review cycle. Please find enclosed Registration Certificate so you can see their absences. These will include any session where your child has arrived in school after the close of the morning register.

This is the second time in this academic year your *son/daughter* has been absent for at least 6 sessions (3 days) in an eight-week cycle and, as a result, we are now progressing to **Stage 2** of our attendance procedures. **As a result, we will no longer authorise any further absence from school unless you are able to provide medical evidence.** This can be in the form of doctor's appointment card, labels from prescribed medication etc. Failure to provide such evidence will result in an unauthorised absence being recorded.

We would now expect to see a significant improvement in *name's* attendance over the coming review cycle. If this is not the case, and absence continues at this present rate over any future eight-week cycles, we will progress to **Stage 3** of our attendance procedures where you will be asked to come into School for a **Stage 3 Attendance Contract Meeting**; the purpose of which would be to provide appropriate guidance and support to improve your *son/daughter's* attendance. The meeting would be led by our Education Welfare Officer.

Once again, we enclose a detailed information sheet which clearly sets out the negative impacts of non-attendance and our Attendance Stage reviews detailing what that could mean in our future action.

May we take this opportunity to remind you that it is your legal responsibility to ensure your child's attends regularly and punctually and it's in *name's* best interests to be in school so that learning can take place. If you feel you need support in this, please contact *name*, **Head of House**, as soon as possible, for us to better understand any barriers to learning *name* may have that we can help to alleviate.

Yours sincerely

Attendance Team

Name of school

Stage 3 Letter

Date of printing

Addressee

Address block

Dear *Salutation*

Re *Name of Student* - Attendance Stage 3

Further to our letter dated X where we placed *name* on Attendance Stage 2, we are disappointed to note that *name* has continued to be absent from school over the most recent eight-week review cycle. Please find enclosed Registration Certificate so you can see their absences. These will include any session where your child has arrived in school after the close of the morning register.

We note during this last 8 week-cycle, *name* has been absent from school for a further X sessions (X days) or **has been late after close of registration for X mornings which constitutes an unauthorised absence**. As such, we have now placed your *son/daughter* on Attendance Stage 3 and you will now be invited to attend at meeting in school with our Education Welfare Officer. **Noble Education staff will be in touch with you directly in due course OR We would like to meet with you on XXX at XXX.**

As previously advised, if *name* has a diagnosed medical condition, then please ensure the school is fully aware of this with all supporting medical documentation for our records.

Please again find enclosed information sheet which clearly sets out the impact of non-attendance and our Attendance Stage reviews detailing what that could mean in our future action. May we remind you again that it is your legal responsibility to ensure your child's attends regularly and punctually and it's in *name's* best interests to be in school so that learning can take place.

Yours sincerely

Attendance Team
Name of School

Stage 4 Letter

Date of printing

Addressee

Address block

Dear *Salutation*

Re *Name of Student* - Attendance Stage 4

Further to our letter dated X where we placed *name* on Attendance Stage 3, we are again disappointed to note that *name* has continued to be absent from school over the most recent eight-week review cycle. Please find enclosed Registration Certificate so you can see their absences. These will include any session where your child has arrived in school after the close of the morning register.

We note during this last 8 week-cycle, *name* has been absent from school for a further X sessions (X day's) or **has been late after close of registration for x mornings which constitutes an unauthorised absence.**

Your attention has already been drawn to your *son/daughter's* poor attendance but, unfortunately, we have not seen a significant improvement. As such, we have now placed *name* on **Attendance Stage 4.**

As the situation is now serious, the school will now raise our concerns with the Local Authority to see what steps should be taken and to seek their involvement.

The Education Act 1996 places a duty on parents/carers to ensure regular school attendance of all registered pupils. The maximum penalties under Section 444 of the Education Act 1996 for failing to do so are:

- A fixed penalty not exceeding level 4 on the Standard Scale (£2,500) and/or
- Up to 3 months imprisonment

Once again, we enclose a detailed information sheet which clearly sets out the negative impacts of non-attendance and our Attendance Stage reviews detailing what that could mean in our future action.

Yours sincerely

Attendance Team
Name of School

Stage 5 Letter

Date of printing

Addressee

Address block

Dear Salutation

Re *Name of Student*; dob - Attendance Stage 5 Final Written Warning

Further to our letter dated X where we placed *name* on Attendance Stage 4, we are again disappointed to note that *name* has continued to be absent from school over the most recent eight-week review cycle. Please find enclosed Registration Certificate so you can see their absences.

We are writing to you today as the parent/carer of *name* and therefore having parental responsibility for a child of compulsory school age and registered at *name of school*.

THIS IS A FINAL WRITTEN WARNING TO POINT OUT THAT YOUR CHILD HAS FAILED TO ATTEND SCHOOL REGULARY.

It is your responsibility to secure the REGULAR ATTENDANCE IN FOR YOUR CHILD unless he/she/they are prevented from attending by reason of evidence sickness or any unavoidable cause.

If, after this FINAL WRITTEN WARNING, there is no marked improvement, a recommendation will be made to the Local Authority that you be prosecuted, or your child be brought before the Family Proceedings Court to secure an Education Supervision Order.

The penalties under Section 444 of the Education Act 1996 in the event of a conviction are:

- A fixed penalty not exceeding level 4 on the Standard Scale (£2,500) and/or
- Up to 3 months imprisonment

Yours sincerely

Attendance Team

Name of School

Appendix D - Attendance Stage Procedures

Lighthouse Schools Partnership/[Name of School] Attendance Stage Procedures

The Government considers any student who has an attendance rate of 90% or less to be a 'persistent absentee'. Research* suggests that a student who is a persistent absentee (34 sessions or 17 days) or more over an academic year can mean a losing a full GCSE grade in **every** subject taken and could therefore significantly impact on a student's life chances.

- 90% attendance would be equal to 1 session's (half a day) absence per week
- 90% attendance over 5 years is equal to missing half school year which is a total of 190 sessions (95 days).

The table below sets out the impact of whole days absent and lost learning hours in an academic year:

	Attendance %	Sessions Missed	Days Missed	Lost Hours of Learning
Excellent	100% - 99%	0 - 4	0 - 2	0 - 10
Good	98% - 96%	8 - 15	4 - 7.5	20 - 37.5
Requires Improvement	95% - 91%	19 - 34	9.5 - 17	47.5 - 85
Persistent Absentee	90% - 86%	38 - 54	19 - 27	95 - 135
Critical	85% - 80%	57 - 76	28.5 - 38	142 - 190

Attendance Stages

Attendance Stage 1	• Initial eight-week review period • Absences exceed 6 sessions (3 days) or more letter to be sent • Parent referred in writing to attendance policy and advised further absence will prompt Stage 2
Attendance Stage 2	• Subsequent eight-week review periods • Absences exceeding 6 sessions (3 days) student will be placed of stage 2 of the attendance procedures - letter will be sent • No further absence will be authorised without evidence
Attendance Stage 3	• Absence of 6 sessions (3 days) or more continues over eight-week review periods • Parental attendance meeting with EWO and Attendance Contract drawn up
Attendance Stage 4	• School seek support of Local Authority and clear expectations to be set out with parent. Could involve other agencies; school nurse, Early Help Assessment submitted
Attendance Stage 5	• Informs parents expectations have not been met • Possible legal action

You can find full details of LSP/Name of School Attendance Policy on the school website or, alternatively, a copy can be sent to you on request * <https://www.gov.uk/government/publications/a-profile-of-pupil-absence-in-england>

Appendix E - Attendance Clinic Letter

«ParentName»
«Address_Line_1»
«Address_Line_2»
«Address_Line_3»
«Address_Line_4»
«Address_Line_5»

Confidential

Dear «ParentName»

RE:«ChildName» DOB: «DOB»
«Child_Address»

To improve attendance at school there will be a series of attendance clinics. Clinics are pro-active and positive in addressing potential attendance problems before they become entrenched and require more input.

Your son/daughter has come to our attention due to his/her low attendance. We are very concerned about this.

To discuss this with yourself and your child, we are offering a clinic in school at «Time» on «Interview_Date». We would like you to attend and meet.

Your child's absences may have been authorised or unauthorised. If they have been authorised we will need to meet with you in order to decide whether they can continue to be authorised.

We try to work in partnership with parents and if there are any issues which are affecting your child's attendance at school, we would like to help you resolve them.

I hope you will take this opportunity of meeting with us.

Yours sincerely

«Head_Teacher_Name»
Head Teacher

C.C.

Appendix F - Attendance Clinic Meeting Agenda

AGENDA:

1. Welcome and Introductions.
2. Explain purpose of the clinic: to avoid year on year absences and gain good habits, but also to look at any concerns or barriers school need to be aware of and where required to offer support.
3. To go away with a plan and clear hopes and expectations.
4. Establish who has parental responsibility and take down full contact details and where possible DOB. Under the Education Act step-parents also have responsibility to ensure the pupil attends school.
5. Attendance certificate shared with parent/carer and attendance codes explained.
6. Discuss impact of these absences on pupil's attainment, progress and wider wellbeing.
7. Discuss reasons for absences and consider if these can be reduced (possible input support from school nurse where applicable).
8. Complete action plan from discussions in the clinic.
9. 8-week review period set where the expectation attendance should be higher or improve.

SCHOOL:

Pupil:

Tutor Group/Class

Attendance: %

Present:

Issues Discussed

Recommendations/Action

Review Date (8 weeks)

Copied to:

Signed

Date

Appendix G - Fixed Penalty Warning Letter

FIXED PENALTY WARNING LETTER

Dear xxxxxxxx

Education Act 1996: Formal Warning regarding your child's unauthorised absence from school

Pupil's Name: xxxxxx

Date of Birth: xx/xx/xxxx

Registered Pupil at: xxxxx School

Attendance from: xx/xx/xxxx to xx/xx/xxxx

xxxxxxxxx has attended for xxx out of a possible xxx half day sessions including x unauthorised absences.

The Education Act 1996, section 444, states that if a child fails to attend school regularly, her/his parent is guilty of an offence. As a parent/carer you are under a duty to ensure your child receives full time education. If your child continues to fail to attend school the Local Authority can proceed with a Penalty Notice or prosecution.

The maximum penalties from these actions are:

- a Penalty Notice fine of £60 (or £120 if not paid within twenty-eight days), or
- a fine not exceeding Level 4 on the Standard Scale (£2500) and / or
- up to three months' imprisonment.

Therefore, I must advise you that if xxxxx continues to arrive after the school registers have closed or continues to miss school (and the school has not authorised the absence) then, either a Penalty Notice will be issued to you without further warning, or the Authority will consider taking further action under the Education Act 1996.

Yours sincerely

Appendix H - Non-Attendance Meeting Invite (North Somerset)

Parent]

[Address]

[Town]

[Post Code]

Dear [Parent]

[Pupil]

Date of Birth:

Warning to Parent/Carer Regarding Your Child's Poor/Non-School Attendance
--

Your attention has already been drawn to [Pupil]'s poor/non-school attendance, but unfortunately there has been no significant improvement.

The Education Act 1996 places a duty on parents and carers to ensure the regular school attendance of registered pupils. The maximum penalties under section 444 of the Education Act 1996 for failing to ensure satisfactory attendance are:

- A fine not exceeding level 4 on the Standard Scale (£2500) and/or
- Up to three months' imprisonment.

As the situation is now serious you are required to attend a meeting to discuss your child's non-attendance with myself, Mr Peter Noble from Education Welfare and [Pupil]'s [Title of School Representative - HOH or Head Teacher]. The meeting will be held on:

[Date] at [Time] at [Venue]

Please note that the meeting is likely to proceed even if you do not attend and decisions will be made by those present.

Yours sincerely

Appendix I - Request for a LA Statutory Interview

PLEASE ENSURE YOU COMPLETE EVERY SECTION AND ATTACH ANY SUPPORTING DOCUMENTS

Name of School	
Contact Person and Phone Number	
Position Held	
Date of referral	

Child/Young Person		Date of Birth	Year Group	
Forename(s)	Last Name			
Gender:		Ethnicity:		
DOES THIS PUPIL HAVE ANY SEND (DELETE AS APPLICABLE)	NONE	UPN:		
	SCH LEVEL			
	NEEDS ASSESSMENT	Looked After Child (LAC):	YES/NO	
	EHCP			
Is there an open referral to Social Care? PLEASE DELETE AS APPLICABLE		CP	YES	NO
		CIN	YES	NO
		Referral	YES	NO
Name of Allocated Social Worker:				
Home address of pupil:				
Name of 1st Parents/Carers (and address if different from above):		Date of Birth Parent 1	Relationship (indicating parental responsibility; if absent parent please indicate level of contact SEE FRONT SHEET):	
Contact details of 1 st parent:				
Name of 2nd Parents/Carers (and address if different from above – if only have details of 1 parent please		Date of Birth Parent 2	Relationship (indicating parental responsibility; if absent parent please indicate level of contact SEE FRONT SHEET):	

provide information as why 2nd parent details are not provided)		
Contact details of 2 nd Parent/Carer		

Please provide attendance details including – <i>please attach attendance certificate</i>					
Current attendance as of date of referral (MUST BE BELOW 85%)			= %		
Unauthorised Absence	NUMBER OF SESSIONS	%	Authorised Absence	NUMBER OF SESSIONS	%
Late arrival before register is closed	NUMBER OF SESSIONS	%	Late arrival after register is closed	NUMBER OF SESSIONS	%

Please give dates of any contact with parent/carer including telephone calls, letters and meetings and indicate the strategies implemented to date: Please give a chronology of actions including telephone contacts, letters, meetings and attach any relevant documents:
--

What do you believe is the reason why this pupil is not attending school regularly?

SEE INFORMATION SHEET

Any other information you wish to share with CMES?

Have you completed a CAF/Early Help Assessment?

**YES
(Date)**

NO (if not why not)

Are you aware of a CAF/EHA completed by another professional?

YES/NO

If yes please give name of lead professional and date of completion

Have you referred to your Behaviour & Attendance Panel?

**YES
(Date)**

OUTCOME

Other Agencies involved (and name of practitioner, if known):

FOR EXAMPLE: *Social Care, Student & Family Support Service (SAFS), Parent Support Advisor, Mentoring Plus, Alternative Provision , Play Project, CAMHS, School Nurse, GP, Brighter Futures, Education Psychologist, Connecting Families, Youth Offending Service, Southside or any Other:*

Please give as much information as possible	
How does the child get to school?	
Does the child/family belong to a particular faith or religion?	
Does the child suffer from a particular known medical condition?	
Are you aware of any friendship issues with this child?	
Does this child have any SEN or disability?	
Is the parent/carer aware of the referral to the local authority CMES?	YES/NO (IF NO THEN GIVE REASON WHY NOT)

Does this pupil have a sibling at your school?	YES/NO
Name and DOB of sibling	Attendance of sibling (Please attach an attendance certificate)

NAME OF DOCUMENT – Please list all documents attached to this referral

Declaration *(this section must be signed by the Headteacher/principal)*

I confirm that the details contained on this form are true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I wilfully state in it anything which I know to be false or do not believe to be true.

HEADTEACHER

SIGNATURE

NAME

I make this referral is in line with the school policy, which is attached to this referral.

HEADTEACHER

SIGNATURE

NAME

DATE

PLEASE SEND THE COMPLETED REFERRAL IN SCHOOL POST

Request for Support Family Wellbeing/Early Help (Intensive/Targeted Need) and Children's Social Care

Appendix J - North Somerset Request for Support

This form must be used to request support for a child(ren) and their family for one of the two following services:

1. **Family wellbeing/early help service** support is requested, that is where you are concerned for a child's wellbeing and the family has asked for support where you have been supporting the child and family at a lower level of early help need and that now cannot be addressed by one or more organisations at a lower level of need
2. **Children's social care** service, that is where you are worried about the safety of a child in that they are being harmed or are at significant risk of harm.

If you are unsure about whether or not to make a request, or which service (level of need) will best help the family and safeguard the child, please refer to the North Somerset Continuum of Need on the North Somerset Safeguarding Children's Partnership website and speak to your designated safeguarding lead. If you remain unsure of the level of need you can telephone the Children's Services professional advice line during office hours on **01275 888690**.

To make a request for support for either Family Wellbeing/Early Help (Intensive/Targeted Need) and Children's Social Care:

Front Door to Children's Services:

- 8.45am to 5pm Monday to Thursday, 8.45am to 4:30pm Friday - 01275 **888808**
- Out of Hours (Emergency Duty Team) - Monday to Thursday 5pm – 8:45am; Friday 4.30pm – Monday 8:45am and Bank Holidays - **01454 615165**

If you are worried about an **immediate risk of significant harm** to a child, it is essential that you share your concerns by telephone request to the Front Door, if appropriate this request will be accepted over the telephone and you will need to follow this up by completing the online referral form within 24 hours.

Family Wellbeing (Early Help)

Family Wellbeing (Early help) – intensive Early Help support for families who are facing challenges in their lives which impact directly on the outcomes of their children.

This includes an assessment of need, planned delivery of support, parenting groups and integration into community.

☐

Children's Social Care Service

Children's Social Care is a statutory service/specialist level of need (see North Somerset Continuum of Need) that assesses and provides services for children and families whose needs are complex.

Children social care work with families who are experiencing, or are at risk of experiencing significant harm if they are not provided with statutory services

☐

Consent

The request must be discussed with the child and their family and consent sought from those with parental responsibility. *Unless to do so would place the child at further risk of harm.* If you are worried about a child's safety and you are unable to gain consent immediately, **this should not stop you from making a request for support. However please ensure your designated safeguarding lead agrees with your actions.**

**Please send this request for support form to Front Door for Children's Services:
childrens.frontdoor@n-somerset.gov.uk**

This is a request (please tick one of the options above based on the level of need as outlined in North Somerset's continuum of need).

Please provide your assessment and/or child's plan from the work you've already undertaken within Early Help work along with this request for support.

Family Wellbeing		Children's Social Care	
This request has been discussed with the child and family and consent to this request has been given (parents/carers are required to physically sign a hard copy of this document below) – you retain the hard copy on your files.		This request has been discussed with the child and family and consent to this request has been given (parents/carers are required to physically sign a hard copy of this document below) – you retain the hard copy on your files.	
Signed		Signed	
Print Name	Date	Print Name	Date
Signed		Signed	
Print Name	Date	Print Name	Date
If parent(s) have not been informed or given consent, please explain why not			

Is this a self-referral – explanation of request			
Details of Child(ren)			
Family Name:		Family Name:	
Given Names:		Given Names:	
DOB or Expected Date of Delivery:		DOB or Expected Date of Delivery:	
Gender:		Gender:	
Ethnicity:		Ethnicity:	
Primary Language or preferred means of communication:		Primary Language or preferred means of communication:	
Religion:		Religion:	
Is an Interpreter or Signer Required?		Is an Interpreter or Signer Required?	
Primary Address:		Primary Address:	
Telephone Number:		Telephone Number:	

Mobile Number:		Mobile Number:	
NHS Number:		NHS Number:	
Does the child have a disability and/or an Education Health & Care (EHC) plan? If so detail:		Does the child have a disability and/or an Education Health & Care (EHC) plan? If so detail:	
Child Exploitation concerns? If no indication what is your evidence of no risk? Please give details.		Child Exploitation concerns? If no indication what is your evidence of no risk? Please give details.	

Parent/Carers Details:			
Family Name/Surname:		Family Name/Surname:	
Forenames		Forenames	
Date of Birth		Date of Birth	
Relationship to the child		Relationship to the child	
Does this person have parental responsibility – Y/N		Does this person have parental responsibility – Y/N	
Any special needs/disabilities		Any special needs/disabilities	
Ethnicity		Ethnicity	
First language		First language	
Interpreter required?		Interpreter required?	
Current Address		Current Address	
Contact Details – Tel No and email		Contact Details – Tel No and email	

Other household members and significant relationships						
Name/s	DOB	Relationship	Ethnicity	First Language	Communication Needs	Address and Contact Details

Educational Setting/Early Years/School/College details			
Name			
Address			
Tel No			
Head Teacher	Contact Details	Nursery/Class/Form Teacher	Contact Details

Services currently working with the child and family			
Professional Full Name	Agency / Role	Address and Postcode	Email and Telephone Number

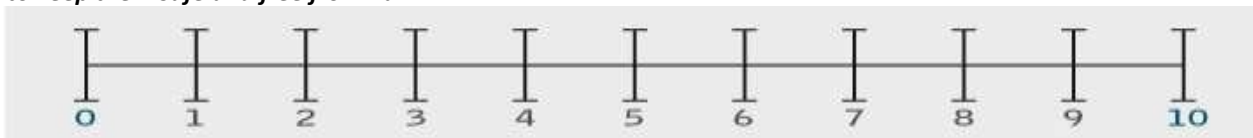
What is working well for this child and in this family? <i>What are the strengths/support systems within the family, the strengths and resources within the family and what they do well? Do these strengths and resources reduce the risk and if so how and in what context?</i>

Reason for Request for Support. What are you and/or the child and family worried about? <i>Does the child and/or family share your worries? What have you seen/what are you worried about? Provide detail including frequency, severity and impact on the child. Have these worries, behaviours happened before – please tell us. Tell us about a time when you weren't worried about a child/young person. Do you know if there is anyone within the family or the community helping the family? If so, please provide details and comment on how this is going. What are the specific behaviours and/or issues for the parent/child/young person that may pose a risk to their safety? Please provide your Early Help Assessment and/or child's plan with this request for support. If you have not provided early help to the family already, why not and what could you be providing.</i>

What do you want to happen next to ensure the child is safer and ensure the parents/carers can keep the child safe?

How worried are you?

Where do you rate the situation at the moment on a scale of 0-10 where 0 means the child is in danger or has already been hurt and 10 means that everything is now sorted for the child, they have people around who care for them and help to keep them safe and free from harm.



What do you need to see to improve it?

Who else could provide help to the family

**What has led to you making a request for support? – please tick all that are applicable
(Supporting Families criteria highlighted – three or more identified = family meet SF)**

Alcohol misuse by child/young person (SF)	Learning disability of parent/carer/adult in household (SF)	
Alcohol misuse by parent/carer/adult in household (SF)	Missing from home	
Anti-social behaviour (SF)	Missing from school/education (SF)	
Child exploitation -Sexual or criminal (SF)	Mental health of child/young person, including bereavement (SF)	
Disability (SEND)	Mental Health of parent/carer/adult in household (SF)	
Domestic Abuse (SF)	Employment / Debt / Finance (SFEA)	
Drug misuse by child/young person/criminal exploitation/county lines (SF)	Child on Parent Violence	
Parental Conflict	Challenging behaviour in child / Young person	
Drug misuse by parent/carer/adult in household (SF)	Physical disability or illness of child/young person/adult in household (SF)	
Early Years SEND (SF)	Physical abuse	
Emotional abuse	Isolation of parent / career / child and Young person	
Fabricated Illness	Private Fostering	
Family in acute distress	Radicalisation	
Female genital mutilation	Special Education Needs and Disability	
Forced marriage	Sexual Abuse	
Gang affiliation and/or serious youth violence (SF)	School exclusion/multiple school moves	
Homeless young person/family at risk of homelessness (SF)	Self-harming	
Honour based violence	Trafficking	

Learning disability of child/young person (SF)	Unaccompanied Asylum Seeker (UASC)	
Learning disability of parent/carer/adult in household (SF)	Young Carer	
Neglect	Threat of eviction (SF)	
Family Relationship break down (SF)	Refugee	

If the issue you are concerned about is not listed, please include below

**** Please ensure you have completed the Child Exploitation screening tool and attach this to your request.**

[You can Download the Screening Tool by clicking here](#)

Referrer (Request for Support) Details	
Name:	
Job Title:	
Organisation/Agency	
Role with the child and family	
Telephone:	
Email:	
Address including postcode	

Any other professionals/agencies involved with the child and family			
Name of professional:	Role	Agency Name	Contact Details

Appendix K - BANES Early Help Assessment

Early Help Assessment for family

Date assessment started: Date of planned 'Team around the Child/Family' meeting:

Details of all unborn babies/child(ren)/ young people in the family:

Name	E.D.D./ D.O.B/ age	Gender	Ethnicity	Disability	Religion	First language	Telephone Number	SEN (Include details below)	Address
1.									
2.									
3.									

Details of significant family members (e.g. adult siblings, fathers, mothers, carers, relatives and/or others):

Name	D.O.B.	Gender	Ethnicity	Relationship to child(ren) (<i>identify which child(ren) where more than one is being assessed</i>)	Parental Responsibility? (How do you know this?)	Telephone number	Living in same household? (If parents/carers living in separate addresses, list address here if appropriate)

Communication and accessibility needs or details of any SEN indicated above

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**Has another assessment been completed recently? If so, please summarise what was learned
(Please consider any outstanding actions)**

Why is this assessment being completed? What are you hoping to achieve?

What has been tried to meet the needs including details of any outcomes

Family history/context. (Please include details of any relevant cultural or community considerations)

Details of person co-ordinating this assessment

Name:

Job title:

Agency:

Secure email:

(If you do not have a secure email address, please use a secure file transfer system)

Telephone number:

Services involved	Name and address	Contact details (telephone number and email)
GP		
Dentist		
Early years setting, school, college or training		
Health Visitor or School Nurse		

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Section 1a: Child(ren)/young people – Information about themselves

What do they each think is going well? (or what might your unborn child say?)

Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc

--

What do they each think is not going well? (or what might your unborn child say?)

Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc

--

What do they think needs to change?

Be specific about desired changes and outcomes. Aim to describe how things would be if...

--

What are the risks and concerns if things don't improve?

What might your life look like if things stay the same?

--

Section 1b: Parents/Carers – Information about the child(ren)

What do mothers/fathers/carers think is going well?

Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc

What do mothers/fathers/carers think is not going well?

Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.

What do mothers/fathers/carers think needs to change?

What are the risks and concerns if things don't improve?

What are you worried might happen?

Section Two: Information about Mothers/Fathers/Carers

Life history, including experience of being parented. *(Please consider significant life events, childhood experiences, any history of domestic violence and/or substance misuse as well as positive family relationships with immediate or extended family.)*

General Health. *(Please include any diagnosed medical conditions, physical as well as emotional or mental health and wellbeing and any involvement with adult services)*

Employment/progress to work, finances and home situation. *(Consider job security, financial security, benefits and any other dependants)*

Social and Community resources/activities. *(Consider support networks, friends and family in the local area and other interest groups)*

Language/communication/culture. *(English as a second language, communication needs as well as any cultural and heritage considerations)*

Keeping children safe. *(Include positive and protective factors, understanding of safety, setting and enforcing boundaries, e-safety)*

Confidence in Parenting. *(Dealing with conflict and disagreements, co-parenting and consistency)*

Family and household routines. *(Consider rule setting, expectations, consistent or chaotic childcare)*

What do Fathers/Mothers/ Carers want to change? *(Consider the needs of the adults as well as the children and the readiness to make changes)*

How would these changes impact/improve family life? *(Consider individual needs, differing opinions, family unity, shared goals and positive outcomes)*

Section Three: Information from others working with the family

This section is to capture information from other professionals involved with the family and can either be completed directly or after gaining their input from phone calls or other communications.

Your name/agency/ contact details:	Who are you working with? (i.e. name of child(ren) or family):	Outline involvement, including dates:

What is going well for this family?

Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc.

What is not going well for this family?

Consider home, finance and employment, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc.

What needs to change to meet the family's needs?

Be specific about desired changes and outcomes. Aim to describe how things would be if...

What are the risks and concerns if things don't improve?

Consider short, medium- and long-term impact/outcomes for the young person

Section Four: Information from person co-ordinating this assessment

What do you think is going well?

Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.

What do you think is not going well?

Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.

What do you think needs to change to meet the young person or family needs?

Be specific about desired changes and outcomes. Aim to describe how things would be if...

What are the risks and concerns if things don't improve?

Consider short, medium and long-term impact/outcomes for the young person

Section Five: Summary and Analysis

Drawing on all information gathered here, what is your professional opinion of what life is like for this child or young person? *Please use evidence and any relevant research or professional experience to support your analysis and be agency/service specific where appropriate.*

(If the assessment includes an unborn baby, what is your professional opinion of what life will be like for the baby?)

Consent to store and share my information

Assessor's confirmation

- I confirm I have explained the need for and practice of storing and sharing information with the person named below and /or that person's parent/carer and that they have given their signed consent below.
- I have detailed below any persons or agencies that this information should NOT be shared with without prior permission of the parent/carer/young person named below.
- I have explained the exceptional circumstances where it may not be possible to abide by such a request and that not sharing information could delay the process of support for the unborn baby/child(ren)/young person.
- You can find further guidance and explanation of the consent process, information sharing protocols and privacy notice using the links below.

www.bathnes.gov.uk/sites/default/files/consent_guidance_0.pdf

www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/information-sharing-protocol

www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN_Early_Help_Assessments.pdf

Assessor's Name: **Signed:** **Date:**

Managers' Name: **Signed:** **Date:**

Family agreement to sharing information

- I agree that this assessment and all subsequent reviews/updates can be shared with any agencies and professionals who can help things to improve for me or my child(ren) and family, except those specified in the box below.
- I understand that this information may also be shared for the purposes of quality assurance and service improvement with a group operating within an agreed data sharing agreement.
- I have had the need for the storing and sharing of this information explained to me and I understand the exceptional circumstances under which it may be shared without my prior consent.

I withhold my consent for this information to be shared with:

Child/young person(s) name: **Signed:** **Date:**

Parent/carer(s) name: **Signed:** **Date:**

Please return the completed assessment securely to the Integrated Working Team either:

- by email from B&NES or Virgin Care accounts directly to IWT@bathnes.gov.uk.
- Alternatively, from all other sources, please send by registered post to Integrated Working Team, Lewis House, Manvers Street, Bath, BA1 1JG or call Lyn Tapping on Bath 395448 or Kevin Clark on Bath 395308 to discuss other options

Action Plan

Needs <i>Which child does the need relate to? (if supporting multiple children) Which of the identified needs does this address?</i>	Desired Outcome <i>See section five 'Summary and Analysis' from assessment</i>	Action	Who will do this?	By When? <i>Please give specific timescales rather than 'ongoing' or 'asap'</i>	Progress and comment on specific action
	End result				
	We will know this is happening when				
	End result				
	We will know this is happening when				
	End result				
	We will know this is happening when				
	End result				
	We will know this is happening when				

Appendix L - LSP EWO Support Structure

Trust Attendance Reviews (penultimate week of every term) 6 x year (1.5 hours) to identify key results, patterns, areas of concern and determine focus for next term Pete Noble and Janine Ashman Noble Education to prepare key set of reports (from school MIS)	
School Leader Attendance Review - Primary (last week of every term) HT and Attendance Lead and Pete Noble 6 x year (30 minutes) to identify key data, patterns, areas of concern and focus for upcoming term for EWO work: • Overall school attendance • Key group attendance • PA rate • Key group PA rate • Trust/ National comparisons • Agree support for the next term • Link Governor invited to attend Noble Education to prepare key set of reports (from school MIS)	School Leader Attendance Review - Secondary (Last week of every term) HT/ SLT Lead and Attendance Lead and Pete Noble 6 x year (40 minutes) to identify key data, patterns, areas of concern and focus for upcoming term for EWO work: • Overall school attendance • Key group attendance • PA rate • Key group PA rate • Trust/ national comparisons • Agree support for the next term • Link Governor invited to attend Noble Education to prepare key set of reports (from school MIS)
EWO Attendance Meeting School Attendance Lead and EWO, invite LA 6 x year (length depending on school size) • Standard set of reports prepared by school • Review pupils at each stage of attendance procedures • Review individual pupils and actions needed to improve attendance	
Offer based on school need to include: • Attendance clinics • Attendance contract meetings with families • Work with pupils • Formal attendance meetings with families • Home visits • Attendance at EH/SG meetings • Link to LA attendance support	

Other Trust resources to be available to schools:

- Attendance Policy and framework of actions
- Standard reports and analysis of attendance
- Standard letters and communications re attendance
- Training on how to send letters from school MIS - scomis/ expert in Trust
- Directory of earlyhelp resources to support attendance
- CPD for Attendance Leads
- SharePoint on LSP Learning for attendance

Appendix M - Termly HT Attendance Review

(Pete Noble and HT/ Attendance Lead)

School:

Date:

2021-22 Attendance Summary	School	LSP Secondary/ Primary	LSP overall	National
Attendance rate				
PP Attendance rate				
SEND attendance rate				
EHCP attendance rate				
Persistent absentee				
PP PA				
SEND PA				
EHCP PA				

	Term 1			Term 2			Term 3			Term 4		
	School	LSP Secondary/ Primary	National	School	LSP	National	School	LSP	National	School	LSP	National
Attendance rate												
FS/ Y7												
Y1/ Y8												
Y2/ Y9												
Y3/ Y10												
Y4/Y11												
Y5/ Y12												
Y6/ Y13												
PP Attendance rate												
SEND attendance rate												
EHCP attendance rate												
Persistent absentee												
PP PA												
SEND PA												
EHCP PA												
Focus for EWO next term (including agreed EWO time allocation):												
Actions agreed:												