Making Attendance Everyone's Business in Redcar & Cleveland

Solutions Workshop

8ᵗʰ May 2024

Health interventions to help reduce the risk of, and reverse persistent and severe absence in the Borough

This Project is funded by Anglo American and managed by Redcar & Cleveland Borough Council

To keep up to date on the Project and to access free and useful resources please visit

www.skyblue.org.uk/attendance

How do we maximise health interventions that could prevent the risk of and reverse persistent and severe absence?

Why does this matter?

The barriers from mental and physical ill-health e.g. short-term illness, ongoing physical health and mental health challenges, Social, emotional and mental health (SEMH) needs are a main driver of persistent absence. DfE reports it as THE biggest driver impacting on Persistent Absence (PA) numbers.

Data for this Project in 2023 found lots of intersects between the incidence of poor or limited health and attendance rates by children and young people, whether ill themselves and / or whether caring for someone in their family who is struggling.

Illness (not medical or dental appointments etc) accounted for 39% of authorised absences of CYP classified as severely absent (SA) in primary schools using Autumn 2023 R&C data; 35% amongst secondary school SA pupils and 12% of those in special schools.

Health needs and service pressures mean children and young people's needs are unmet or undiagnosed; there are thought to be a lack of special school places and specialist support, and with complex illness there are issues around appointments and transport.

Data from DfE shared in 2023 found that special education needs and disability (SEND) accounted for 24% of persistent absence.

However, we do need to find out the full scale of the impact of health on attendance behaviours, understanding who is affected most by what sort of health challenge, to more confidently put in place interventions that will work for each child, young person and family circumstance.

DfE Guidance

The recently published '**Working together to improve school attendance**[1]' guidance sets out clear roles and responsibilities for schools, multi-academy trusts and local authorities to work together to provide access to early help services and ensure joined up support for children and families facing **special educational needs, health or disability related barriers to attendance**. It states:

'In working with parents to improve attendance schools should be mindful of these barriers and put additional support in place such as pastoral or curriculum support.'

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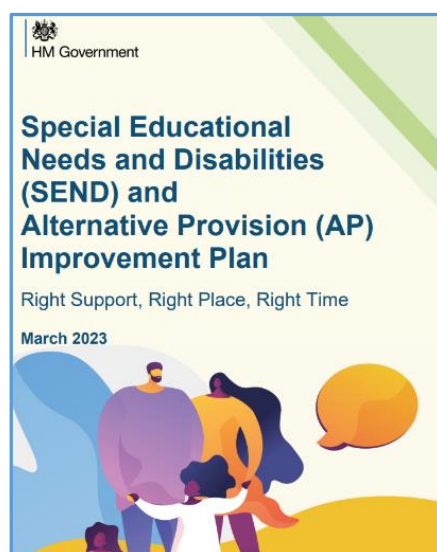
[1] Working together to improve school attendance - GOV.UK (www.gov.uk)

Partners have many opportunities throughout the Project to utilise health interventions to impact attendance but how do we maximise their impact?

Emotionally based school avoidance
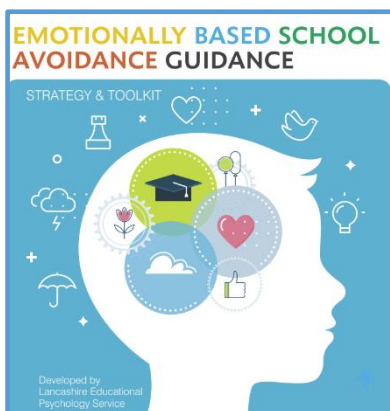
[2]

Increasingly recognised as a challenge that explains why some young people are not attending school, a range of guidance and good practice exists for schools, parents and professionals to use. What is the approach in Redcar & Cleveland, and is it being used in all the right places?

Further insights about EBSA and how this is being addressed in Redcar & Cleveland are being collected by the Project Team, so additional notes and suggestions will follow.

Social and emotional skills

EEF's review of attendance interventions included the teaching of social and emotional skills e.g. approaches might build pupils resilience or self-regulation skills that might assist when social and emotional barriers to attendance do arise. Interventions: targeted goal setting, reducing test anxiety, topics related to self-concept. These were found to have a small but positive impact. Attendance interventions rapid evidence assessment | EEF (educationendowmentfoundation.org.uk)

Mental Health

This is a huge topic! We need to understand how the various interventions available are impacting on attendance, and whether the lack of specific types of mental health and / or emotional wellbeing support is correlating with persistent and severe absence. The lack of a specific 'mental health' attendance codes used by schools in their registers makes this difficult to quantify, but professionals believe that there could be ways to qualify the issue for children in different ways, but it would need effort and piloting with willing schools. This Project is keen not to duplicate anything already in place that coordinates MH support for CYP / families rather bring some visibility and curiosity to the way in which interventions could reduce the risk of, and reverse PA and SA levels across the Borough. How could all the practice, guidance and insight shared via the Child Health and Wellbeing Network be brought to bear on the attendance challenge in the Borough in 2024; as well as the DfE case studies and guidance to support pupils where a mental health issue is affecting attendance in 2024 and 2025?

The Network has 10 priorities[1] and system partners that work with children and young people across topics that correlate with school absence – **are we linking up to maximum effect?** Priorities 1. Voice of CYP and families 2**. Mental Health** 3. Poverty 4. **Additional Needs & Vulnerability** 5. Inequalities and access 6. Strong start in life 7. **Health promotion** 8. Family support 9. **Childhood illness** 10. Data, digital & communication

Schools and Brighter Futures for Children are useful sources

Healthy eating

EEF's [review of attendance interventions](#) also looked at **meal provision including school breakfast and lunch programmes**. Meal provision may have nutritional benefits leading to improved health and reduced sickness leading to fewer absences from school. Providing free or reduced-price meals may also remove a barrier to school engagement for poor pupils. The provision of universal breakfast programmes has had either a null or small positive effect on pupil attendance. How effective are breakfast clubs and holiday activities and food programme activities in Redcar & Cleveland? Could Public Health's new 'Health Start' offer for schools make a difference if adopted by more schools?

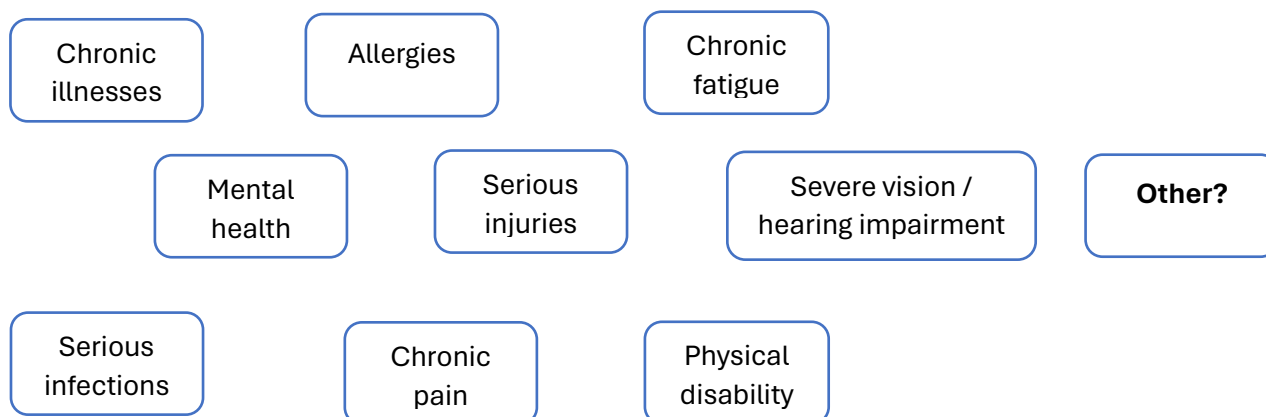**Confidence so parents know when / not to send their children into school**

Some absence from school is explained by illness, but it is unclear to what extent children are being kept off school because parents are uncertain – or anxious – about their child being infectious / catching something from other children. Recognising this as an issue the national Attendance Action Alliance has worked with the HNS and the UKHSA to develop guidance on this topic alongside agreed Royal College of GP principles. But is this advice being given or received at all GP surgeries / primary care settings at the moment when a parent needs it?

> **Are we using the NHS and UKHSA guidance and new Royal College of GP principles? Is the App to help parents know whether to send their child into school or not well known and being used confidently in Redcar & Cleveland?**
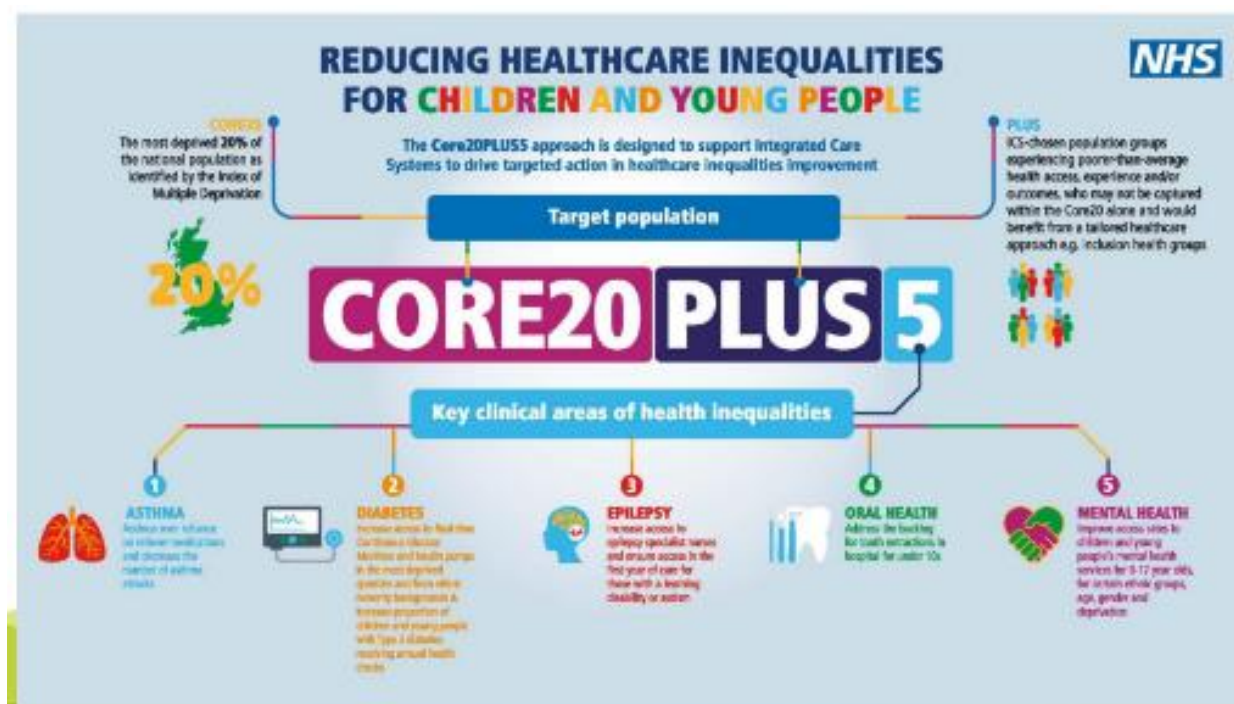
Other ways in which confidence around this topic can be built is through relational practice by professionals that work with children, young people and families, but similarly, are they aware of and using the available guidance consistently in their caseload management?

> Examples of good practice: Social workers and early help workers ensuring that that every conversation with a pupil and family involves school attendance and addressing any barriers. School nurses identifying and working with pupils who are anxious about returning to school. Family hubs giving out information to parents on **[illness and absence](#)** and sharing DfE's [attendance guidance for parents](#)

What type of health conditions could be impacting persistent and severe absence?

Chronic illnesses	Allergies	Chronic fatigue
Mental health	Serious injuries	Severe vision / hearing impairment	**Other?**
Serious infections	Chronic pain	Physical disability

Core20Plus5

Core20PLUS5 Framework for Children and Young People: A North East and North Cumbria Regional Perspective
A Practical Guide for Using the Framework in a Variety of Settings

> Early in this Project a Public Health colleague reported that they had found **asthma to be a key causes of school absence.** If this is the case, what do we do about this in all schools?

This paper has only started to scratch the surface of the relationship between health and attendance, and it is potentially one of the biggest areas of opportunity for Redcar & Cleveland to explore in order to support more children with good attendance for the long term.

It will be important top embed 'attendance' in the new Joint Strategic Needs Assessment for the Borough and any public health service delivery plans so that the topic of attendance can be easily justified by different health specialists across the system – maximising physical, mental health and healthy eating interventions in different contexts including nurseries, schools, colleges, communities and homes.

The opportunity for maximising the skills of health improvement specialists, community developers (in the new Healthy Communities Team), as well as HeadStart, Health Start and immunisation team specialists is great, and it is fantastic to know that many of these individuals have already taken a keen interest in the 'Making Attendance Everyone's Business' Project to explore solutions.

We hope to build on this momentum bringing greater understanding about 'health and attendance' through our work together and welcome leadership and support for this topic from those best placed to take it forward – as well as any support that can be provided to illuminate things we don't know through available health determinants research in Redcar & Cleveland in the next 2 years.

Suggestions from delegates attending the 20th of March 2024 'solutions' workshop session

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Suggested Solution(s): Health interventions

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1: Thinking about this solution, and referring to the theory of change diagram, if done well, which outcomes would it most contribute towards?

Delegates thought of different health and wellbeing interventions and mapped these to the Project's theory of change; they could make a case for almost every outcomes for children, young people and families highlighting the massive opportunity to explore the intersects between health and attendance and how one affects the other. Outcomes might include:

- A sense of belonging (if needs are being met) and a sense of purpose
- CYP more likely to try new things (as if they are heathier, this can lead to increased confidence, a precursor to being willing to try new things)
- More motivation (because better health = more energetic young people/adults)
- Healthier minds / positive mindsets
- Self-esteem, confidence, feeling supported by peers, friendships and academic resilience (these are outcomes typically resulting from HeadStart)
- More alert to learning and focus (e.g. through healthy eating)
- More adults in the system understanding the child's issues and concerns and circumstances e.g. if caring for a parent at home, a sibling or 'living with their Nanna' (understanding the context leads to better contextualisation of interventions)

"More parents would feel listened to and feel like their child is being supported. Could health interventions give rise top parental role models, intergenerational activity that is positive and challenges historic 'issues' or beliefs. Parents feeling like they know how to express what they want for their children and supported to return to education or learning themselves."

- Improved parental health (particularly if health and wellbeing interventions purposely seek to help each parent develop and enhance their support network)
- Better support in communities for parents that enable them to re-connect with school if relationships – for whatever reason -have broken down

"How can we support parents through communities?"

- More understanding of the relationships between families, children, schools/learning settings and services
- Better relationships that feel personal and individual around each child

"We used to have dinner staff when I was at school playing cards and dominos with us at lunchtime – she knew us all, and she was a legend! She, and others, did things that made kids want to come in."

2: Are we already doing this solution ('health & attendance') anywhere 'well' in Redcar & Cleveland?

Where is it working well and why?	Where are there gaps that you think this solution would ideally fill?
- Every school has a Mental Health Lead, and some schools are working with HeadStart making good progress with mental health interventions in the 'Getting Help' segment of the iThrive framework - South Bank Primary School was namechecked as having some success with this type of intervention and the way their mental health team works with the whole family. - Outwood Normanby has been part of a behavioural science / health-led project linked to improving uptake of immunisation. That trial is thought to have been successful and has continued with other schools in Hartlepool and Durham. Can behavioural science / work with school nurses be amplified in Redcar and Cleveland? - Public Health South Tees reports that its Holiday Activities Fund piloted interventions in Middlesbrough have been successful and there is the intention to do targeted activity in Redcar & Cleveland in summer 2024 i.e. 4 days' food, cooking together and physical activity / sports. The intention would be to open this up to HeadStart schools and identify Year 6s struggling with transition or for whom attendance is low or moving to Year 7 without their mates "One of our schools (Mo Mowlam Academy[3]) has set up an Eco Shop to support families struggling to afford essentials, reporting that it has overcome issues of stigma for these families who are reluctant to go to a	- We need to connect with every MH lead in every school and ensure Attendance is their business - Every school is also thought to have a Health and Wellbeing Lead, and an immunisations lead. But do they feel that attendance is their business? - Can behavioural science / work with school nurses successful in Outwood Normanby be amplified to other wiling schools in Redcar and Cleveland? - Targeted HAF activity for Year 6s in the summer before they move to secondary school – aimed at those with low attendance (in HeadStart schools). PHST reports that staff capacity – rather than desire to enable this activity is the barrier and wonder if there is a way to engage with and gain the support of the VCSE sector to support the ambition in Redcar & Cleveland? - It is unclear how many schools offer breakfast clubs to the point where those children and young people eligible for free school meals as well could have access to at least 2 good meals a day – how can this information be collected easily without burden to the schools? What can we learn from EEF's review and other practice and pilots taking place e.g. in York there is a local fundraising appeal to build on pilots with two primary schools to provide breakfast (charged at £1 per day per child) to upscale to all children in every school

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[3] **Mo Mowlam Academy** is a Special Academy for students aged 5-16 with Social, Emotional and Mental Health Difficulties

- food bank. It is supporting family engagement particularly responding to healthy eating issues impacted by levels of financial insecurity and poverty

- Breakfast clubs were reported as being a good intervention to support punctuality and especially for parents with social anxiety, however, there was some divergent views about how this can sometimes be an issue depending on how much the breakfasts are i.e. some are free breakfasts, some are at a charge which not everyone will or can afford.

- There has been trauma informed training in some schools and feedback from that to, for example, the Virtual School has been positive

- Children and young people often come to school because it is their safe place, and some do enjoy trusted relationships – but this is not always the case and all efforts to ensure all children feel safe will support good attendance. We need to explore where this is being done well e.g. anti-bullying activity and understand how that could work in more settings

- It would be good to understand where mental health needs are being met well in schools and how that is being achieved – what is it about the environment, the skills and attributes of staff, the curriculum, the relationships, 'the creativity' that provides protective factors for children who may be struggling and more likely to be on the cusp of persistent absence as a consequence

- We're uncertain where it is happening, but the group is interested to know where flexibility in schools is having an affect on

- The group felt there was an issue with parents keeping children off school for minor illnesses so how can the guidance (that is available) reach all parents across the Borough in accessible ways so they feel confident / motivated to get their children into school (whilst also knowing when not to send their kid(s) into school too)

- A study across the North East found that wellbeing activities need to be embedded across the curriculum not just within PSHE

- Tutor time would ideally be extended to address wellbeing of more children and young people. We need to look at how schools are leading on this – 'what does being a tutor mean?'

- There is a view that we need resources and training to amplify the trauma informed care training and practice so that it can be embedded in all education settings, and other parts of the system at the same time

- The group wondered what they can learn from what it is most children like doing or those who say they love coming to school; and whether they have space and time at school to break or have downtime to recharge

- Those in the local authority / professional services part of the system feel that more is being done and could be done by supporting CYP and families with their health in communities alongside the VCSE sector and communities themselves as not everything can be on the shoulders of schools and professional services – untapped potential where parents can also be supported to value education more over time for their children?

reducing persistent or severe absence and how that is done • Development of the Resolve Programme at RC College and Endeavour Connect Programme at Prior Pursglove are supporting those with SEMH to re-engage with learning at Post 16. It's a mixture of remote learning and relationship building • Laurence Jackson School was name checked for its 3-5pm after school offer to support children and young people with re engaging with the school.	• There is felt to be a gap in Emotionally Based Literacy Assistants trained to support (like MHST), with ongoing supervision and peer support led by the EP team [following the Thrive Model]. Mapping is needed across RCBC to see who is still using this approach. • Consistent use of language (supportive) about health absence; along with 'support before sanction' • Parents are not sure who to ring in the secondary system if child is ill/anxious etc. They need reassurance that they will be looked after and then more likely to send them to the school. • An attendance hotline within the local authority and available in community settings too – a worries helpline! • Support Adult First model to see improvements with children.

The delegates also described past activities they felt were successful but stopped because of a cessation of funding or external resource to sustain it including:

Positive Futures (2-year) pilot with Mill Lane Primary School in Stockton which involved 6 weeks of holiday activity in the summer to assist transition from primary to secondary school. The pilot was also with 2 willing secondary schools. The youth workers delivering the activity because a familiar face for the young people that participated and continued to be a port of call for them into Years 8 and 9. Some of the young people also used the youth clubs and so the youth workers became trusted adults in their lives. The fact they were NOT from the school was 100% a factor in developing the trust it was reported. As well as intrinsic outcomes for the young people a wider community outcomes was a reduction in anti-social behaviour (Insights kindly shared by Rob Bell, Prior Pursglove College)

"We used to have family picnic days. They were successful. And 'Police Week' – dogs 'n stuff, activities, cars. You remember those weeks clearly. And in the 6th form 'car crash' and 'smoke busters' – probably 'vape busters' these days! The Fire Brigade, community safety, housing, police, PCSOs – all together. These events were usually towards the end of term and there would be board games. As a kid you wouldn't want to miss it, you'd get into school for these!

A double-sided coin though....."We get the other side of this. Parents think there isn't anything important going on in school towards the end of term, or that the kids don't do anything in the

last week so don't worry about their kid's attendance so much." (RCBC Attendance & Welfare Team)

The role of parents and grandparents was emphasised by this group too.

"We need celebration events for parents and grandparents that builds pride in their children's achievements; and to build their sense of belonging with their school. The role of grandparents is important in many of our communities – we maybe need specific solutions with them and their needs and influence in mind too."

3: Which people/organisations in the wider system i.e. not just schools or colleges, but across any of the services, in communities, at home – need to be involved in this solution?

- Public Health South Tees
- Health and social care staff – many contexts (clinical, non-clinical, preventative, early intervention, responsive, crisis, in clinical settings, primary care networks, in communities and homes)
- RCBC – multiple departments (cross-departmental approach is essential)
- School immunisation team (the regional team for PHST is commissioned by the ICB ('intra health) since September 2023
- School nurses (to support low level mental health issues and encourage resilience)
- Early Help – to support attendance
- Health Visitors (in the Early Years phase)
- Family Hubs – toi support drop ins (weekly), coffee mornings – these settings need to be accessible and non-threatening and hours that suit families
- Family Support Service – noting they have 4 weeks waiting lists (neuro)
- VCSE engagement officers who look after a patch – could Trusts fund work outside of school hours? Could we map the VCSE sector to signpost parents
- The Junction – their work with young carers and how to best support them emotionally aiming for a better understanding by school staff
- Social prescribers to support parental mental health
- Social workers that are working with children in our care
- The Virtual School

4: What is your recommended action plan for this solution?

How do we get started / build on what we've got? *If we think more of this type of solution is needed how do we make it happen?*	*Can we make change using the resources 'we' already have in the system i.e. can we improve things by doing things differently with what we've already got? Do we need additional resource to make a step change in the outcomes to reduce the risk of / persistent / severe absence?*
• A range of Public Health offers were described, but it is unclear how well known they are in the system and uptake / adoption by the 57 schools in the Borough. Offers include: • Eatwell Award • Asthma Friendly Schools initiative • HeadStart (a whole school academic resilience intervention) • Health Start – a new offer to be promoted to schools comprising different elements of healthy eating, physical activity and mental health activity) • PHST are invited to deliver a focused 'health and attendance' workshop as part of this Making Attendance Everyone's Business Project which can accommodate further solutions workshops in 2024 and 2025 – to build awareness and understanding of these offers and see how they connect to the relationships each other service has. This might also be usefully shared via the Attendance Network termly session hosted by RCBC's Head of Inclusion • One of the college / Trust contributors at the workshop said that it can feel quite overwhelming so a school / college would need to 'pick one and start with that' and grow it slowly, mindful that without senior leadership buy-in, any intervention would likely fail to become embedded.	• Public Health South Tees offers could be better understood by 'everyone in the system' and promoted accordingly in the different contexts where trust is most prevalent i.e. within communities by VCSEs and community groups or via community health champion models / peer to peer models of community-centred public health; in nurseries, schools, colleges, the PRU, specialist schools and alternative learning settings • Thinking about the system team that would ideally be familiar with and favourable about these 'health and attendance offers' so that they get adopted and embedded the group listed many different individuals and organisations including, but not limited to: • Staff in schools/colleges: The Headteacher; Senior Leadership Team; Deputy Principal; Designated Safeguarding Lead; Mental Health Lead; Health & Wellbeing Lead; Tutor Team; Counsellors (where available); any Health and Wellbeing mentors (in a College Faculty for example); anyone responsible for PSHE in each school; senior staff in the corresponding multi academy trust for each school; school nurses; SENCos; pastoral staff • Staff in Public Health South Tees: the physical activity team; the Holiday Activity Fund team; Drug and Alcohol service; Healthy Communities Team; HeadStart; immunisations team

- Focus on the HAF interventions for R&C in 2024 with view to seeking out more staff capacity and VCSE support for 2024/25 if the targeted work appears to be successful

- Contact the fire brigade service[4] to establish what community safety and education engagement resources they have; and the police to see if there is any feasibility and appetite for doing some targeted engagement work as part of any proposed place based pilot for the Making Attendance Everyone's Business Project in 2025 onwards

- The power of parents and the power of grandparents – and their influence – needs to be recognised and developed in the interest of every child's attendance – we need to search out the best practice available in the Borough and put in place celebratory interventions that are developed alongside / with or preferably by them in communities and with schools where relationships can be bridged and improved

- The UKHSA has developed a 'Healthier Together App[5]' that can help parents decide whether it is safe / they should send their child into school or not if they are ill. NB. At a recent Thrive at Five discovery session it was reported that whilst Apps can be helpful, they are not suitable for all parents / family members, particularly those with low literacy and struggle with text and words – mixed methods of communication will be required

- Wider health system: Primary Care Network leads; GPs; social prescriber; key individuals in the ICB with commissioning and safeguarding responsibilities[6]

- Wider professional services working with children, young people and families: The 0-19 service; family hubs; health visitors; Inclusion Lead for RCBC and the attendance and welfare team

- VCSE sector / charities / community groups: 'We are With You' , Barnardo's

- Big institutions e.g. Middlesbrough Football Club / Foundation

- Find out whether the Healthier Together App is widely downloaded and used in Redcar and Cleveland; and whether it is known by Primary Care Network leads and other professionals managing CYP / family caseloads so that the National Attendance Action Alliance agreements (with the Royal College of General Practitioners) to provide consistent advice to parents concerned about whether to send their child into school or not when feeling unwell – is available and accessible across the Borough

- Ask Grangetown Primary School, who are the first HeadStart 'Gold' school in Redcar & Cleveland to consider a) helping other primary schools and b) consider being the first school to become a Health Start school. Similarly, reach out to South Bank Primary School to see if their mental health team would be willing to share

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[4] E.g. the 'Smoke Free Alliance Lead'

[5] 'The NHS Healthier Together app has been designed to allow you to access care for your child much more easily. If your child is unwell and needs to be seen by a healthcare professional, instead of having to call your GP surgery, your surgery may offer you the option to use the app to directly inform them about your child's symptoms. They will then contact you to decide what needs to be done. And if you are seeking help when your GP surgery is shut, it will direct you to NHS 111. Lots of other parents have already downloaded it and have found it extremely useful. Download the Healthier Together app :: Healthier Together (what0-18.nhs.uk)

[6] The ICB's Safeguarding Lead for Tees Valley was recently invited to present to the Teesside Attendance Action Alliance (led by DfE) offering a connection to this part of the system.

• The ICB's Safeguarding Lead for Tees Valley has agreed with the Teesside Attendance Action Alliance (led by DfE) to seek to connect named individuals in every doctor's surgery with every wellbeing lead in schools as an initial action (sharing names and contact details between each of these parts of the system)	their good practice and 'train' or coach peers – this may require some funding to support the requests but could be a cost effective means of peer led learning to amplify some of the PHSDT offers more widely in the Borough • Seek to host at least one joint event involving public health, police, fire, housing, primary care network, family services and other services able to support this ambition in at least one secondary school in 2024/2025 academic year pooling the best of their preventative and early intervention offers with a wide and inclusive invitation for pupils and families alike/. Identify one school willing to do this as part of the wider idea of a preventative 'team around a school' that is less about managing individual / complex cases, rather a more universal intervention aimed at promoting protective factors and reducing risk factors through positive promotion of support available. This idea would be ideal to include in any place based pilot agreed for this Project.

Next steps (from May 2024)

1. The Project Team will seek to identify willing individuals within Public Health South Tees to lead on a 'health and attendance' thematic solutions workshop in 2024 to galvanise the many suggestions and pledges of support that have started to emerge as well as understand the different offers (in schools, homes, communities) that could support good attendance in Redcar & Cleveland

2. We will seek the support of the Director of Public Health to give greater visibility to the 'health and attendance' intersects and relationship in the Borough longer term linking to the opportunities of the new Joint Strategic Needs Assessment and service plans.

3. We have also received great enthusiasm from multiple staff within different teams of Public Health to support this work and, in respect of any place-based pilot, the new Healthy Communities Team who are keen to work alongside other stakeholders to help build social capital in more places and wherever possible do more early intervention and preventative activity that benefits both attendance and health of CYP and families.

4. The Project team will reach out to the Police and Fire Bridge Service to explore their resources for community education and engagement alongside public health and other services.

5. We will connect with Thrive at Five to understand what has been discovered through their work focusing on Early Years interventions that will support a Good Level of Development by more children in Redcar & Cleveland by the age of 5, particularly their understanding of parental needs given their centrality to the 5 year intervention.

6. Any opportunities for maximising the available resources through the wider determinants research in Redcar & Cleveland will also be explored.

7. Meetings with professionals linked to the desire for a more trauma informed Borough and those seeking to address the issue of emotionally based school avoidance will be completed to identify connections and opportunities.

8. The Project Team will seek to align with, and share good practice with the Teesside Attendance Action Alliance who have prioritised 'health' in their work to understand good practice from neighbouring local authorities and Trusts.

9. We will seek leadership from within the education sector for this topic and look for support to discover the best practice, the gaps and opportunities for future trials and collaboration.

10. We will seek to understand the extent to which the guidance available for parents when deciding whether to keep their children off school or not due to illness is known and being used. To do this we need support from many stakeholders including PCN Leads.