****Pupil unauthorised absence – voluntary phase referral checklist****

DfE expectation is that before involving **Education Welfare**, schools will have:

* worked to build strong relationships with families,
* listened to and understood the barriers to attendance and,
* worked with families to remove them.

Where voluntary support has not been successful or not been engaged with, and where school view is that statutory intervention is appropriate, school to complete checklist and share with EWS.

**Where there is no detailed assessment and action plan, please note that unless there is a good reason not to do so, an appointed home visit will be required in this, or the previous half term to proceed with this referral.**

One form per family:

|  |  |
| --- | --- |
| School: |  |
| Name of parent 1: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Name of parent 2: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Any absent parent with PR |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Any reason why any parent above shouldn’t be contacted? Please provide details: |  |

Please include all children in the family who are on the school roll.

| **Child’s name** | **Dob** | **Academic Year** | **Attendance % year to date** | **No of unauthorised absences in last 4 school weeks** |
| --- | --- | --- | --- | --- |
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Please provide as much evidence as possible to support your request for EWS involvement:

|  |  |  |
| --- | --- | --- |
| **General** | **(Y/N)** | **Evidence / information (include key dates)** |
| Have you made first day telephone calls? Texts? (Yes/No) |  |  |
| Have letters been sent to share concerns in line with school policy? (Yes/No) |  |  |
| Have you met with the parent/s and discussed non-attendance? Date/s? Reasons provided for the absence.  |  |   |
| Child/ren spoken with (in confidential space)?What reasons have they shared with you? Date/s? |  |  |

| **Child/ren – health and wellbeing** | **(Y/N)** | **Evidence / information (include key dates)** |
| --- | --- | --- |
| Are child(ren) missing certain days? Is there a pattern? (Provide info.) |  |  |
| Has illness been given as main reason for absence? If so, has the school contacted the GP/consultant, with parents' consent, to request further information? |  |  |
| Child/ren suffering from anxiety? If so, have parents been advised to seek a referral to CAMHs via their GP? Are CAMHS involved? |  |  |
| Is the child a Young Carer? If so, is this having an impact on their attendance? If so, what support has been offered? |  |  |
| Any behavioural issues? If so, which services have you referred to? Link SEND teacher? Education Psychologist? Details. |  |  |
| If an EHCP is in place, are the outcomes being supported? When was EHCP last reviewed? |  |  |

| **Parent/s - responses to concerns** | **(Y/N)** | **Evidence / information (include key dates)** |
| --- | --- | --- |
| Action plan drawn up with the parent/s (and child/ren where appropriate) with a review date? Details. |  |  |
| Have any referrals to other agencies been offered to the parent/child/ren? What was the response? Which other professionals are involved? |  |  |
| Parent/s engaging with school? i.e. taking telephone calls, attending meetings, calling in with reasons for absence, present for appointed home visits? Details. |  |  |
| Where support has not been successful or not engaged with, has an appointed home visit been undertaken? Details. |  |  |
| Parent/s proactive in working to address attendance concerns? Details. |  |  |
| Parent/s following advice given by school and involved professionals? Details. |  |  |
| Parent/s giving consent for referrals to be made by school to support services? (Consent not needed for referral to EWS.) |  |  |

**Once complete, save as a word document.**

Share completed checklist with Leicester City Council EWO.

**Additional information required**:

* Copy of record of any meetings with family in last six months
* Copy of any assessment forms completed with child/family in last six months which relate to attendance concerns.
* For non-engaging parent, copy of appointed home visit letter (most recent)
* Up to date attendance certificate for the current school year

**Date shared with EWO:**

Method: email / shared drive (delete as applicable)

**For completion by EWO**

|  |  |
| --- | --- |
| **EWO’s name** |  |
| **Date form received** |  |
| **EWS decision on involvement** |  |
| **Details of action to be taken** |  |
| **If referral not accepted, reasons and feedback to school** |  |
| **Date and method returned to school.** |  |