OXFORDSHIRE COUNTY COUNCIL

Request to Initiate Legal Proceedings through the County Attendance Team

Please complete all sections. As this evidence maybe used in court incomplete forms will be returned.

PUPIL DETAILS		
Surname:	NCY:	UPN:
Other surname() pupil may be known by:	Date of Birth:	
Forename(s):	Gender:	Male ☐ Female ☐
Address: Post Code:		
Current School:		
Ethnicity:		
SEN Category:	C&I ☐ C&L ☐ S&P ☐ SEMH ☐	
Name of SEN Officer:		
Is EHCP in place?	Yes ☐ No ☐	
If yes how is this effecting attendance at school?		
Child Protection Plan?	Yes ☐ No ☐ Has been in the past ☐	
Looked After Child?	Yes ☐ No ☐	

Please give details of the child's attendance for the <u>last 60 sessions</u> this must include at least <u>10%</u> unauthorised absence – please include an up-to-date Attendance Certificate for the <u>last 60 school sessions</u>, to the date of the referral.

Sessions total possible: 60	Total unauthorised absence:	Total Attendance:
	Total unauthorised absence: %	Total Attendance: %

REFERRAL DETAILS	
Referral Date	Referred By (name)
Job Title/Dept	Phone No
School/Agency Name	Fax No
Email Address	
Reasons for referral (please provide any detailed additional information to support this referral):	

PARENT/CARER DETAILS	
Parent/Carer 1	**Parent/Carer 2**
Title: Surname:	Title: Surname:
Forename:	Forename:
Address (if different):	Address (if different):
Home phone/Mobile:	Home phone/Mobile:
Work Phone:	Work Phone:
Parental Responsibility? Yes ☐ No ☐	Parental Responsibility? Yes ☐ No ☐
Relationship to pupil:	Relationship to pupil:
Employed? Yes ☐ No ☐	Employed? Yes ☐ No ☐
Health/Communication difficulties:	Health/Communication difficulties:

First Language:	First Language:

OTHERS WITH DAY TO DAY CONTROL	
Person 1	**Person 2**
Title: Surname:	Title: Surname:
Forename:	Forename:
Address (if different):	Address (if different):
Home phone/Mobile:	Home phone/Mobile:
Work Phone:	Work Phone:
Parental Responsibility? Yes ☐ No ☐	Parental Responsibility? Yes ☐ No ☐
Relationship to pupil:	Relationship to pupil:
Employed? Yes ☐ No ☐	Employed? Yes ☐ No ☐
Health/Communication difficulties:	Health/Communication difficulties:
First Language:	First Language:

OTHER AGENCIES INVOLVED			
		Officer Name	Tel no.
Social Care	Yes ☐ No ☐		
Educational Psychology	Yes ☐ No ☐		
Medical/Health	Yes ☐ No ☐		
PCAMHS/CAMHS	Yes ☐ No ☐		
Police	Yes ☐ No ☐		
Autistic Outreach	Yes ☐ No ☐		
LCSS	Yes ☐ No ☐		
Youth Offending	Yes ☐ No ☐		
Behaviour Support	Yes ☐ No ☐		
Substance Abuse	Yes ☐ No ☐		
Young Carers	Yes ☐ No ☐		
Kingfisher	Yes ☐ No ☐		
Bereavement	Yes ☐ No ☐		
REOC Residential edge of care	Yes ☐ No ☐		
Other			

OSCB CHILD SEXUAL EXPLOITATION (CSE) SCREENING TOOL (Referrals will **not** be accepted unless this is completed)
http://bit.ly/1UbyP0b **Please complete for both boys and girls** Has the CSE Screening tool been completed: YES ☐ NO ☐ If not why is it not relevant: Were any concerns raised?: YES ☐ NO ☐ If yes, has it been forwarded to The Mash Team and a copy attached with this referral ☐ Any additional information:
Please review Channel vulnerability assessment
https://www.gov.uk/government/publications/channel-vulnerability-assessment Were any concerns raised? YES ☐ NO ☐ **Signed (Head teacher/Designated Safeguarding Lead):** **Date:** **Print Name**:

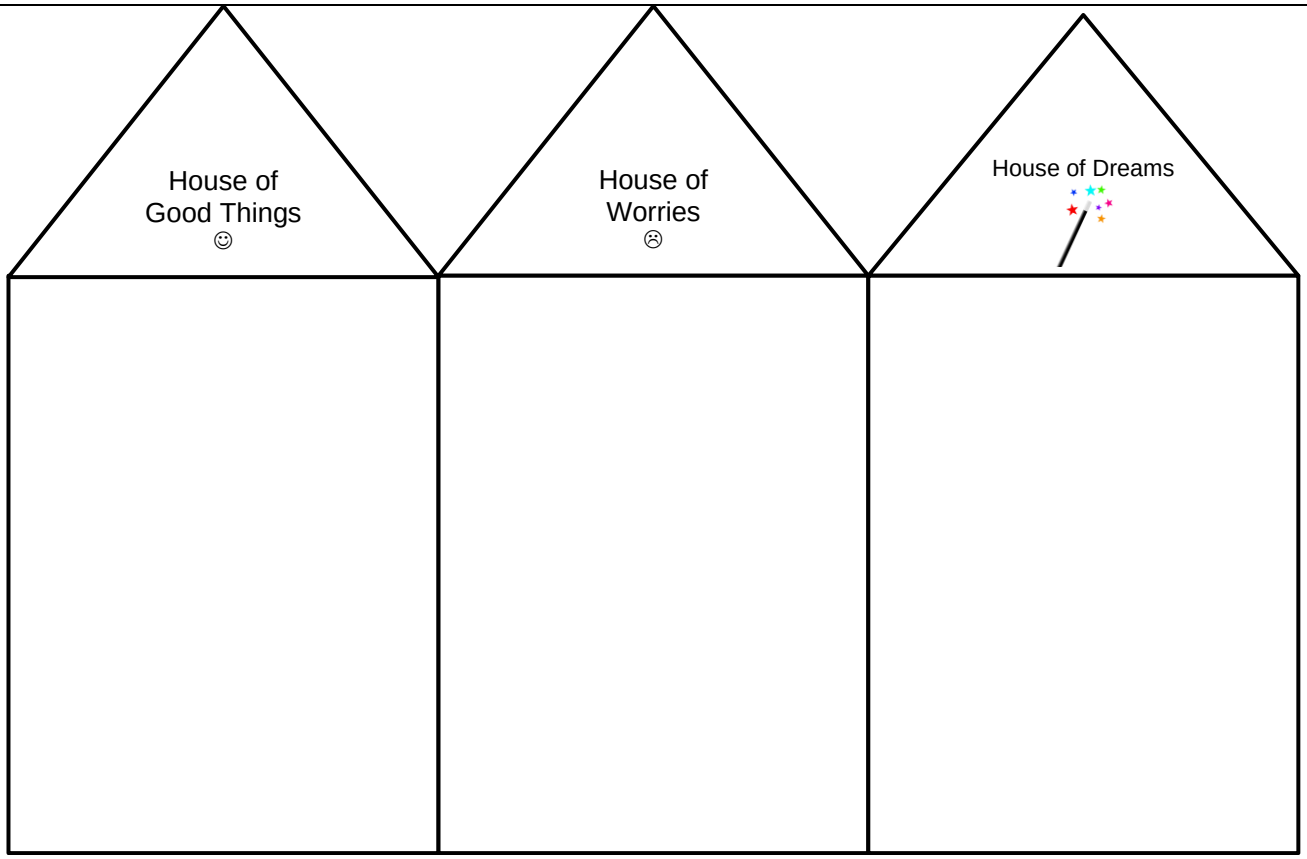
In order for this referral to be assessed please fill in the below, attaching all relevant paperwork available and submit the following with this report:		
Copy of letter sent to parent at outset of working with family to indicate attendance concern	☐	
Any medical evidence (where relevant) including letters from GPs/consultants/School Nurse	☐	
Records of parenting contract meetings held with parents	☐	
Records of home visits made by school staff to discuss attendance	☐	
Comments report from registration	☐	

This should be used with Secondary school age children only, please indicate Why if left blank.

Child and Young Person Feedback Form

Name		**Date of Birth**		**School**	

	In School	**At Home**	**In the Community**
What concerns/ worries are impacting your attendance at school and is there anything you'd like to change?			
What's going well in your life and what are the good things?			
What are your hopes and dreams and what do you look forward to?			



Please use this to gain the ‘Voice of the Child’, this should be used with Primary School age children.
Please ensure that this is completed prior to making a referral to CAT.
Please indicate ‘why’ if this document is blank.

Any actions taken to support the child's broader social, emotional & behavioural needs		
	Offered?	Start/End date/refused
Early Help Assessment	Yes ☐ No ☐	
Transport assistance investigated	Yes ☐ No ☐	
Reduced timetable	Yes ☐ No ☐	
Alternative Provision	Yes ☐ No ☐	
Altered curriculum	Yes ☐ No ☐	
Time at school inclusion unit	Yes ☐ No ☐	
Help with catching up on missed work	Yes ☐ No ☐	
Rewards/Sanctions	Yes ☐ No ☐	
Behaviour Support	Yes ☐ No ☐	
Pastoral Support Plan (PSP)	Yes ☐ No ☐	
Managed Move	Yes ☐ No ☐	
Change of tutor group	Yes ☐ No ☐	
Bullying resolution	Yes ☐ No ☐	
Mentoring/buddying	Yes ☐ No ☐	
School nurse input	Yes ☐ No ☐	
Counselling	Yes ☐ No ☐	
Parenting help/referral	Yes ☐ No ☐	
Other strategy/support. Please evidence.	Yes ☐ No ☐	

Please ensure that all paperwork attached as evidence is signed and dated.

The County Attendance Team requires this additional information to be able to build a successful case for prosecution. Without this evidence a referral will be deemed unsuitable to accept. It is important to know if support has been offered even if it is rejected by pupil and/or parent.

Signed (Head teacher): **Date:**
Print Name:

By signing this, you are agreeing that a representative of your school will be available to attend court to give evidence if required.

This form may be shown to the parent/carer and could be used as evidence if court action is taken. This form should be sent to attendance@oxfordshire.gov.uk, faxed to 01865 783327 or posted to **The County Attendance Team, Oxfordshire County Council, Abbey House, Abbey Close, Abingdon, OX14 3JD**

INITIAL HEALTH AND SAFETY RISK ASSESSMENT

Please ensure that the Risk Assessment is completed.

Activity	Risk Posed	Risk			Measured to be taken to reduce risk	Action taken
		H	M	L		
School meeting/ Home Visit	Aggressive pupil	☐	☐	☐	Collect information re: family from school	☐
	Aggressive parent	☐	☐	☐		☐
	Previous history of aggression	☐	☐	☐	Take colleague on visit	☐
	Threatening environment	☐	☐	☐	Ensure mobile phone is available and fully charged	☐
	Known drugs/drink abuse	☐	☐	☐	Log visit with office stating time and expected length of visit	☐
	Other (please specify)	☐	☐	☐	Assess situation on arrival Conduct interview on doorstep/in hall if uncomfortable with situation Other (please specify)	☐

School's Responsibility Pre Referral	
If a pupils' attendance is less than 90%, the school identifies the reason for absence. If a cause for concern, contact parents by phone, letter, or invite parents to a Parenting Contract Meeting to identify any support required. Consider a home visit and offer the Early Help Assessment. Set achievable attendance target with parents and pupil. If the absence is due to illness over 10 days or in a regular pattern, seek written permission from the parents to contact GP for confirmation that pupil is too ill to attend. Set review date not more than 20 school days later. Consider Penalty Notice if appropriate.	
Review attendance, up to 20 school days later.	
↓	**Attendance target not met**
School to set up a Multi-agency planning meeting or TAF, inviting parents, pupil, LCSS, and any other agencies who may be working with the family to attend. This meeting will draw up an attendance action plan and will identify what support the pupil/parents may require to improve attendance. Set review date not more than 20 school days later.	
↓	**Attendance action plan fails to improve attendance (attendance review period is the date of the parenting contract to the date identified)**

Referral to The County Attendance Team by completing in full the appropriate form.
A referral will only be accepted if the pupil has at least 10% **unauthorised** absence and legal action is required to ensure regular attendance at school.
Referrals will also be accepted when pupils are thought to be illegally employed.

A referral will only be accepted when all steps above have been attempted and evidence provided. **(Please ensure the case process below has been followed before a referral is submitted to the County Attendance Team)**

This referral should be completed giving as much information as possible, and will not be accepted without the additional supporting paperwork required.

Please include the following supporting paperwork:

- Academic year to date registration certificate for pupil, showing no N's
- Registration certificate for the 60 sessions indicated
- Copy of parent contract meeting
- Copies of school letters to parents
- Copy of multiagency planning meeting
- Any other relevant documents highlighted in the process of completing this form

Please return this form and supporting paperwork to:

County Attendance Team
Oxfordshire County Council
Abbey House
Abbey Close
Abingdon
OX14 3JD

Telephone: 01865 323513
Fax: 01865 783327
Email: Attendance@Oxfordshire.gov.uk

<u>Office Use Only</u>

CA Officer Assigned:	
Signature: **Joanna Goodey** **Senior County Attendance Officer**	
Date:	