

## **Persistent absence and support for disadvantaged pupils - Call for Evidence**

At the Association for Young People's Health (AYPH) we are concerned about the impact of the proposed Department for Education's (DfE) reforms to reduce persistent absence from education. In particular, the proposals to adopt a data driven approach to tackle absence is reductive and will not solve the issue. Schools already collect and report extensively on pupil attendance. Resource and investment in this area should instead focus on developing solutions alongside children, young people and families. It is important that we do positively tackle persistent absence, as we know that young people regularly missing school are more likely to have poorer health and social outcomes later in life.

There are multiple barriers preventing different young people from attending school on a regular basis, which must be overcome. Solutions to reduce absence rates are complex and unique to different young people and families. Some groups of young people are more likely to be at risk of persistent absence due to the external circumstances in which they live. They may face disadvantage and barriers to accessing school, such as transport, digital access and limited parental support. For example, care experienced young people may require additional support to meet their educational goals. These specifics will not be accurately picked up within the quantitative data collection proposed by the DfE. In order to appropriately capture the reasons for missed school attendance, there must be ample engagement opportunities with young people and families at the school level. There must be an open dialogue to understand reasons for absence. Engaging with young people and families should be carried out by professionals with appropriate training and skills.

Young people with long term health conditions or those clinically vulnerable to Covid-19 are at risk of being absent from education. We know that having a long term health condition, be that physical or mental, can impact a young person's ability to engage with school in the same way as other young people. Many young people with long term conditions may have to miss lessons due to medical appointments that cannot be arranged outside of school hours. Where possible, schools and health services should work with young people and families to make adaptations for these young people.

Broad level data collection may miss cases that require safeguarding action or intervention. There must be targeted resource for identifying safeguarding protection for young people not at school, especially in light of recent tragic incidents.

Young people thrive in safe, supportive environments. They have told us that they want schools to provide support and to nurture trusting relationships with peers and professionals. Young people would like clear and transparent communication between education and families. Solutions to address persistent absence should reflect broader whole-school approaches to provide mental health support for young people. Positive learning environments are much more likely to attract young people to return to school as opposed to the anticipation of punishment that many young people who have been absent face, which can create a culture of fear. If young people have been absent from school for prolonged periods due to illness, the current culture can heighten anxiety about the return to school and further extend the period of absence. We are concerned that parents receive letters from schools to pay fixed penalty notices. Within the context of a cost of living crisis these payments are likely to be unaffordable for many families. These actions are not a viable solution to a complex and long term problem, as they are likely to corrode positive relationships between young people, families and schools. It is counter-productive to punish young people and families that are most likely to need external support to encourage school attendance.

A frequent discipline method for young people within schools is to remove the young person from the classroom or exclude their involvement in extra-curricular activity. Often young people who “act up” within the classroom require additional learning support, have unmet medical health needs or are experiencing challenging home environments. We are concerned with the double standard of aiming to encourage these groups of young people to have 100% school attendance, yet they are frequently missing class time when they are on the school premises.

We support approaches that some local authorities are taking to provide Free School Meals for all pupils, as universal access could have multiple benefits in reducing health inequalities and encouraging school attendance for disadvantaged young people. Other innovative solutions to encourage school attendance should be developed with young people and families.

### **About AYPH**

The Association for Young People’s Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds.

We want all young people to have the best possible health and equal access to high quality youth friendly services.

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