

FINAL REPORT

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Project Name	Improving Attendance in Primary Schools in Brinnington, Stockport
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Abstract

Differences in life expectancy and healthy life expectancy of over 7 years and 12 years respectively exist between different neighbourhoods of Stockport. Research shows that improved school attendance leads to short-term social, developmental and educational benefits. It also results in greater life-long health, in part due to improved socioeconomic conditions and psychological benefits, and by empowering people to adopt healthy lifestyle behaviours. To help even up the health inequity across Stockport, ways to improve attendance at primary schools in Brinnington were therefore explored. Having spoken to key stakeholders from health, education, council and VCSE groups alongside the local community, new ways of working in primary care were introduced to help improve community awareness of the health benefits of school and equip people with the knowledge to make informed choices about attendance. The use of consistent policies across primary care, early years settings and schools has reduced school absence for medical reasons. Moreover, the greater awareness of the benefits of school attendance among the local population and the services they encounter has increased appropriate signposting to help address wider factors impacting attendance. Interventions have been set up to be easily rolled out across the whole of Stockport and possibly even more widely to cover other boroughs in the future. It is hoped that this will reduce the health inequity that exists between different sectors of the population across Greater Manchester.

Throughout this work, the word “parent” has been used to mean the main carer of the child at home.

1. Background

1a. Introduction

As a General Practitioner (GP) in Stockport, I am aware that members of the community where I work in Brinnington have reduced life expectancy and healthy life expectancy compared with their peers in other neighbourhoods of the same borough. By way of background, Brinnington is a suburb in the North-East of Stockport which, according to the Index of Multiple Deprivation (gov.uk, 2019), is in the most deprived decile nationally based on income, employment, housing, education, health, environment and crime. Wider sociopolitical contributory factors are too vast for a short local project like this to address. Focusing instead on what local factors may be relevant, it is evident that average attendance at primary schools in Brinnington is below the level that is nationally recognised as adequate. Brinnington has three primary schools (but no secondary schools) and two GP Practices – a large health centre serving approximately 10,000 patients and a smaller surgery with approximately 1500 patients.

Parents undoubtedly want the best for their children, so this project explores why attendance at primary school may be lower in Brinnington than in surrounding areas, by seeking views of the local community and other relevant stakeholders in education, health, council and VCSE groups. Following this, a logic model was formulated to address ways of tackling low attendance, drawing

on findings from previous studies and the wider literature. A particular focus was how those of us working in primary care can play our part in the inter-sectoral work needed to better equip families with the knowledge they need to make informed choices for their children.

1b. Health inequity in Stockport

Health inequalities in England were already widening over the ten years prior to the Covid-19 pandemic, and the inequitable socio-economic impact of the pandemic on the most vulnerable in society has led to progressively worse health inequity since then (Marmot, Allen, Goldblatt, et al., 2020). Even within the same borough of Greater Manchester, there are considerable differences in life expectancy and healthy life expectancy between the richest and poorest members of society which may be hidden in aggregated data. This is illustrated in **Table 1**, which shows the average life expectancy of men and women is 7.5 years and 7.3 years less respectively in the most deprived neighbourhood of Stockport (including Brinnington) compared with the least deprived neighbourhood. Similarly, men and women in the most deprived neighbourhood enjoy on average 12.7 and 13.7 fewer years respectively of life in good health (Stockport Health and Wellbeing Board, 2024).

Neighbourhood	Average Life Expectancy (years)		Average Healthy Life Expectancy (years)		% of life spent in “not good health”	
	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
Stockport Central (incl Brinnington)	75.4	79.4	58.9	59.9	22.0%	24.5%
Bramhall & Cheadle Hulme South	82.9	86.7	71.6	73.6	13.6%	15.2%

Table 1: Disparity in health outcomes between different neighbourhoods of Stockport 2020-2022; data from (Stockport Health and Wellbeing Board, 2024)

1c. Rationale for this project

One of the United Nations’ Goals for Sustainable Development is “By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes” (United Nations, 2024). Moreover, UNICEF highlights the need - even in high income countries such as England - to tackle the inequality in educational achievements within each country, instead of purely focusing on country-wide averages (UNICEF Office of Research, 2018). Of note, the Covid-19 pandemic led to the education of the most deprived children being disproportionately impacted (Marmot, Allen, Goldblatt, et al., 2020). Several factors influence health, either independently or combined. Looking at how to promote fairer health for all, Marmot has expressed the need to ensure every child has the best start in life, focussing on investment in education in the early years (Marmot, Allen, Boyce, et al., 2020) and good outcomes from school is one of the mayoral priorities in Greater Manchester (Greater Manchester Combined Authority, 2024).

- **Attendance and educational outcomes:**

Regarding short-term educational outcomes, there is evidence that poor school attendance, even at primary school level, leads to reduced educational achievements (Department for Education, 2023b). Data also show that in 2019, children leaving primary school who fell below the expected standard in numeracy and literacy had missed on average 4 more days than their peers who surpassed the standard expected of them (Department for Education, 2024c), supporting the fact that every day counts. Only 40% of children who had persistent absence (attendance $\leq 94\%$) in Key Stage 2 (KS2), when aged 7-11 yrs, attained their expected level of attainment on leaving primary school, compared to 84% of children with greater attendance rates (Department for Education, 2024a). There is evidence that greater attainment at KS2 improves the likelihood of being employed and having higher earnings in these children’s early 30s. This advantage is greater for children who had been eligible for free school meals (Department for Education, 2023a). The difference in the rates of eligibility of free school meals as a marker of families’ socioeconomic status has been supported in a systematic review of the link between socioeconomic status and school absenteeism (Klein et al., 2020).

- **Attendance and direct health benefits:**

Immediate benefits of primary school education include development of emotional, social, physical and cognitive skills (Braverman et al., 2014; EDClass, 2020). All these promote improved long-term health through improved socioeconomic status, improved ability to adopt healthy lifestyle behaviours, and psychological benefits, as shown in **Figure 1** taken from a report from the United States of America (USA) (Virginia Commonwealth University Center on Society and Health, 2015).

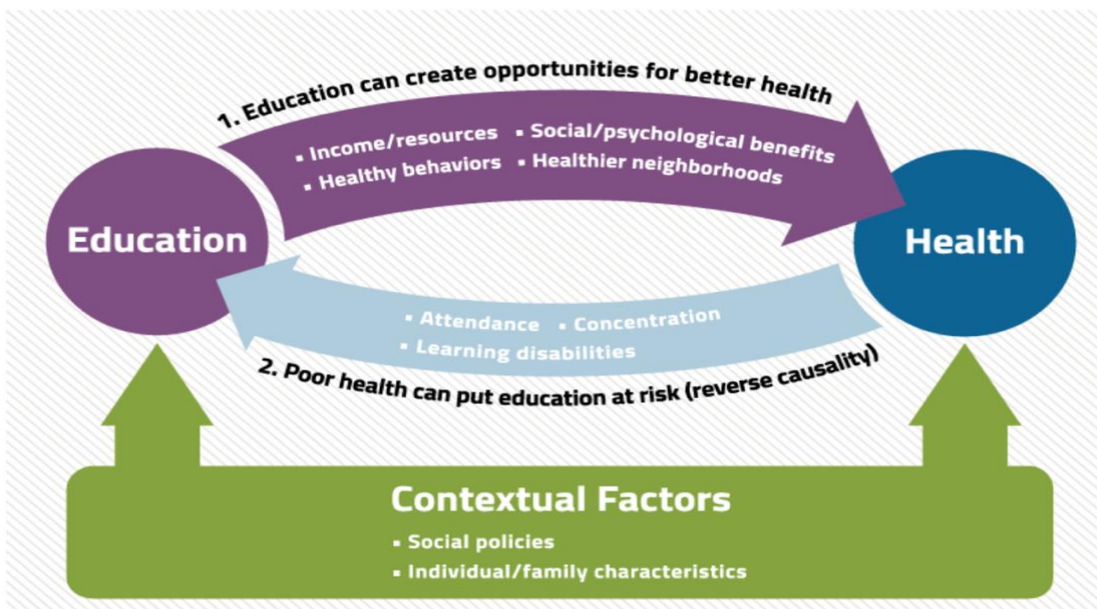


Figure 1: Conditions throughout people’s lives can affect both education and health (Virginia Commonwealth University Center on Society and Health, 2015)

Part of the improved health demonstrated in this report is a consequence of increased ability to pay for healthcare in the USA, so not directly applicable to England which has the National Health

Service and medical treatment free at the point of delivery. However, it also cites increased income as improving affordability of healthy food options, time to devote to leisure and exercise and ability to work fewer hours or take earlier retirement. Therefore, there is no reason these findings cannot be generalised to other high-income countries such as England.

- **Education as a wider determinant of health:**

Education and child development are wider determinants of long-term health as they determine economic and social opportunities and resources, as shown in **Figure 2** (Braverman et al., 2014).

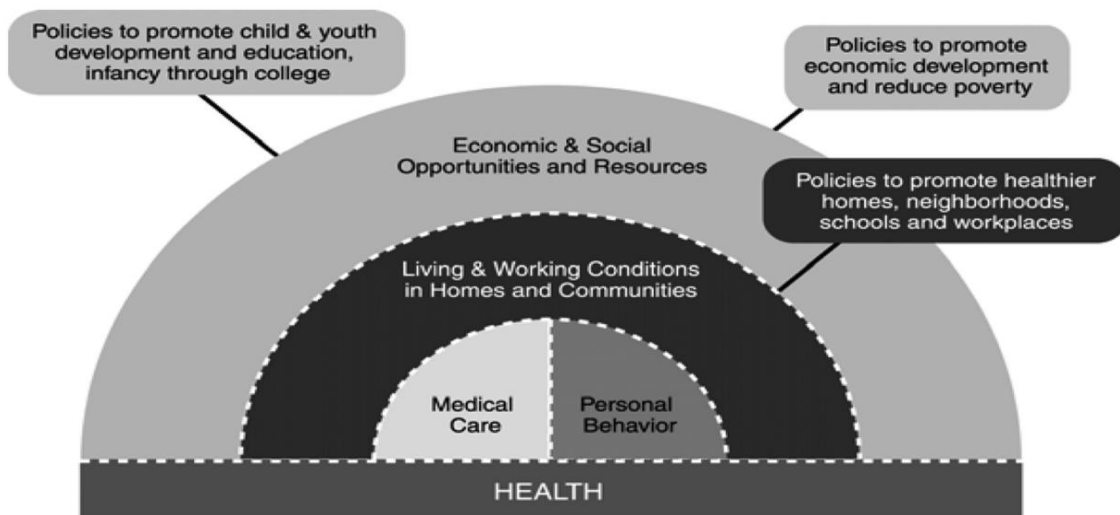


Figure 2: Influences on health – What shapes the conditions that shapes health? (Braverman et al., 2014)

Although there are only a few studies of the long-term effects of absenteeism in primary school, a recent study in the United Kingdom (UK) using information from the 1970 British Cohort Study (Sullivan et al., 2023) examines the long-term consequences of early school absence (Dräger et al., 2023). This is a robust study as it is longitudinal and has adjusted for confounding factors such as socioeconomic deprivation. Because school absence was only measured at age 10 years, however, it is difficult to extrapolate results to the effect of absences when younger than this. They found that a child who misses 5 days of school when aged 10 years old goes on to be 4.2% more likely to be out of employment when aged 42yrs. There is also evidence that, in the USA, more deprived children who miss sessions in primary school have their long-term outcomes disproportionately negatively affected than their less deprived peers (Gershenson et al., 2015). There are fewer studies of the impacts of absenteeism in primary school compared with secondary school in the literature, so some studies from other high-income countries were used to inform this project, alongside reports generated by charitable organisations. It has been found that long-term outcomes, capabilities and health are dependent on the skills which children develop at a younger age through education (Dräger et al., 2023; Braverman & Barclay, 2009).

This project seeks to improve attendance in primary schools in Brinnington to lead to better short-term and long-term health outcomes, as shown in **Figure 3**. This will have a role, along with other

wider determinants of health, in reducing health inequity between the most deprived and least deprived residents of Stockport.

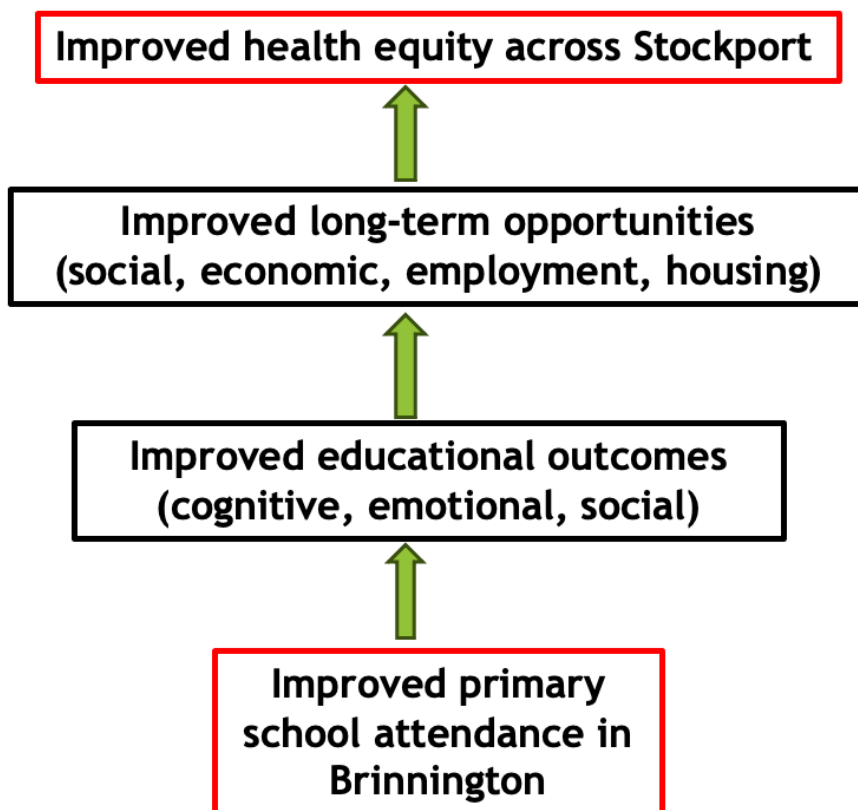


Figure 3: Rationale behind improved primary school attendance in Brinnington leading to improved health equity across Stockport

1d. National standards

National guidance for school attendance in England stipulates that all children in mainstream education must aim for school attendance of 100%. However, it is recognised that children do sometimes need to miss school for medical reasons, or for certain pre-defined events such as outside examinations, religious festivals, and other exceptional circumstances agreed with school. For this reason, there are nationally used standards for attendance rates, as shown in **Table 2** (Department for Education, 2024b).

	% of available school sessions attended
Good attendance	96-100%
Acceptable attendance	95-95.9%
Poor attendance	≤94%
Persistent absence	≤90%
Very poor attendance	≤70%
Severe absence	<50%

Table 2: Standards of school attendance in England; data from (Department for Education, 2024b)

Although children in the borough of Stockport have better primary school attendance than the national average (94.6% compared to 94.1%), it is still not an acceptable standard. Stockport Educational Welfare Service report that the biggest cause of absence in Stockport is due to illness, at 3.6%, with 217,957 days per year missed. Schools in Brinnington have even lower attendance (average 91.4-93.3%), as shown in **Table 3** (Department for Education, 2024b). Arguably more concerning is the rate of persistent absence, with 22.5-30.8% of primary school children in Brinnington missing at least 10% of school, compared to the Stockport average persistent absence rate of 14.5%.

Area / school (% of children eligible for free school meals [FSM])	Attendance rate [acceptable attendance is ≥95%]	Persistent absence rate [children missing ≥10% of school]
England	94.1%	16.2%
Stockport (19.7% FSM)	94.6%	14.5%
School A, Brinnington (62.4% FSM)	93.3%	22.5%
School B, Brinnington (41.1% FSM)	93.0%	27.5%
School C, Brinnington (54.6% FSM)	91.4%	30.8%

Table 3: State funded primary school attendance 2022-2023; data from (Department for Education, 2024b)

Children from more deprived families, as indicated by eligibility for free school meals, have been shown to have greater absenteeism than children from less deprived families, even within the same geographical area (Klein et al., 2020).

2. Scoping exercise

“Attendance is everyone’s business. I am clear that if we are to improve attendance rates, all services who work with children must make attendance their responsibility.”

Dame Rachel de Souza (Children’s Commissioner for England, 2024)

2a. Stakeholder engagement

To learn about the involvement of different sectors in school attendance, and to discuss what factors may help improve primary school attendance in Brinnington, the local community was

approached. Meetings were also held with stakeholders from different organisations, as listed in **Table 4**.

Sector	Organisation/key stakeholders	
VCSE	Stockport EPEC (Centre for Parent & Child Support, 2025)	Hub Coordinator
	Brinnington SEND (Special Educational Needs and Disabilities)	
	Life Leisure Gym, Brinnington Park	General Manager
GREATER MANCHESTER COMBINED AUTHORITY	School Readiness and Public Service Reform	Programme Manager
	GM Violence Reduction Unit	Director Clinical Health Lead Public Health Lead
EDUCATION	Primary schools, Brinnington	Headteachers Attendance Officers Learning Mentors for attendance Parent Engagement Officers Safeguarding Leads
STOCKPORT COUNCIL	Education Welfare Service	Operational Lead Senior Education Welfare Officers
	Project Consultant	
	Community Supporter	
	Community Capacity Worker	
	Early Years	Childminding Team Manager Childcare Project Manager Setting Lead
	Family Hub (Stockport Metropolitan Borough Council, 2025a)	Head of Family Help Head of Service, Early Years and Neighbourhood
PRIMARY CARE		
• DENTAL	Manchester Community Dental Service	Senior Oral Health Improvement Manager
	Oral Health Leads	
	Senior Primary Care Programme Manager - dental	
	GM Federation of Local Dental Committees	Secretary
	NHS England	Project Manager in Primary Care
• PHARMACY	GM Local Pharmaceutical Committee	Management Support Pharmacist Board member
	Community Pharmacies	Community Pharmacists, Brinnington
• OPTOMETRY	Primary Eyecare	Clinical Leads
	Orthoptics	Public Health Lead and Head Orthoptist, Stockport
• GENERAL PRACTICE	All staff at the 2 General Practices in Brinnington	
	NHS GM Stockport Locality	Named GP for Safeguarding and Clinical Director of Tame Valley PCN
	Stockport GP Training Scheme	Primary Care Medical Educator

Table 4: Key stakeholders approached

LOCAL COMMUNITY:

Questionnaires were handed out to parents at a local summer fair asking what school attendance rate they felt their child should have, what they liked about school / nursery for their child, and how they thought it may be good for their child's health. Children were given their own questionnaires asking how school / nursery made them feel (colour in the appropriate face) and what they like about it. Consent was obtained to use names and ages to be used for public health campaigns and teaching. The parent was then given an information sheet with examples of how school and nursery are good for health. There were 25 completed parent questionnaires. When asked what they felt would be acceptable attendance at school, answers ranged from 50% to 100%. Because of the skewed distribution, the median of 95% is the most indicative of what the parents felt to be acceptable attendance, which corresponds with national standards. The majority highlighted social and educational benefits of attending school. Regarding how school could be good for their child's health, most suggested building up their immunity and social skills. Long-term benefits were not volunteered which could suggest there is a need to increase awareness of these. The vast majority of the 34 children who completed questionnaires said school or nursery made them feel happy, and cited how they liked it because they could make friends, play and have fun.

2b. Ideas from stakeholder engagement

It became quickly apparent during the scoping exercise that there is already a vast amount of work being done by different sectors to improve school attendance. By discussing with stakeholders how we might work collaboratively, several thoughts emerged. These insights are set out below, grouped according to theme.

Ideas involving the local community:

- Early establishment of routine and attendance in early years settings would lead to it becoming the norm; families would over time come to appreciate its relevance to them
- Be mindful that socioeconomic challenges and stress in families contribute to difficulties in establishing routine for children and prioritising education
- Help parents see nursery and school as helping their children fit in or belong to a social group
- Increase awareness and discussion in the local community of the wider and long-term health benefits of school
- Need consistent messaging to families from different sectors; repeat key messages in newsletters/posters; can display information on Healthy Living boards in community pharmacies; see whether there is an appetite for Optometrists to display posters
- Would be useful to have community messaging around education for what illnesses warrant time off school
- Would be useful for parents who struggle with their mental health to know of local support groups; they could access these while their child is at school
- There appears to be a good understanding amongst parents of the attendance rate required, but it would be interesting to know how this percentage equates to appreciation of the equivalent number of days off school

- Build on the fact that most children interviewed enjoyed the fun and social aspects of school and nursery
- Could give a leaflet about preventative dental care to families of children when they return to school following a dental appointment; could link this to a certificate saying well done for coming back to school, with points about dental health written on it to display at home
- There is a need to address the wider determinants of health alongside school attendance to make a meaningful difference

Ideas involving primary care:

- GPs are well placed to have conversations with families in appointments about attendance
- Look at how the best information may be gained in a 10-minute GP consultation; look at “intervention readiness” to consider parental mindset and illness behaviour
- Look at when and how GPs can signpost people for further advice to address issues which may be affecting attendance; GPs can act as a bridge to the Family Hub
- Need to support families (parents and children) in enabling them to make changes and to appreciate how this will benefit them now and in the future
- Could look at violence prevention work in primary care, thinking about adverse childhood experiences, trauma response, navigator services, written information following appointments
- Could involve the pharmacy in advising families whether their child can go into school or not
- GPs can talk about fun activities and stimulating the child as early as the 8-week baby check; involve any older siblings who accompany them
- Need to address illness procedures; when to authorise illness is key; find ways to encourage parents and children to return to school after an absence
- Explore the possibility of finding a digital solution to differentiate between medical and dental reasons for school absence
- Could make a school attendance protocol part of the policy in the Healthy Living Dentistry programme in Stockport (see “*ideas for further work*” section)
- Could work with General Dental Practices, Early Years workers and contribute to e-learning Early Years Mouthcare Matters training (see “*ideas for further work*” section)
- Provide a crib sheet for pharmacy staff to read from to advise on medical conditions and when it is safe for children to return to their childcare setting
- Pharmacy could send out text messages to patients with links to further advice for medical conditions
- Review GP appointment system to minimise non-urgent appointments being made in school hours
- Educate the GP workforce about the importance of regular attendance at school and early years settings

Ideas involving schools and early years settings (nurseries & childminders):

- Need to address attendance in early years settings as the establishment of routine and nurture of behavioural, emotional and social skills at this age would help equip children with the skills necessary to start and have good attendance at school

- Increase parental engagement with early years settings from age 2yrs, with support on parenting skills alongside; think of stay and play sessions in nursery where children can show what they've been doing while their parents absorb key messages
- Look at the school mindset – if a child is absent from school with recurrent illness, there is a need to keep the child engaged (see “ideas for further work” section)
- Use social media for empowering and praising parents regarding return to school following appointments

3. Focus of project

As evidenced by the scoping exercise, there are several contributory factors to poor school attendance. This project focusses on the role primary care can play in working with other stakeholders to improve primary school attendance in Brinnington. **Figure 4** shows a life course approach used to illustrate educational inequalities (UNICEF Office of Research, 2018) and how different determinants may influence educational attainment. Primary care interventions do not have a role at all these levels but may have impact at several of them – social / cultural / institutional context, educational policies and practices, and family circumstances and actions. The figure has been adapted by adding purple arrows to illustrate where primary care can make a difference.

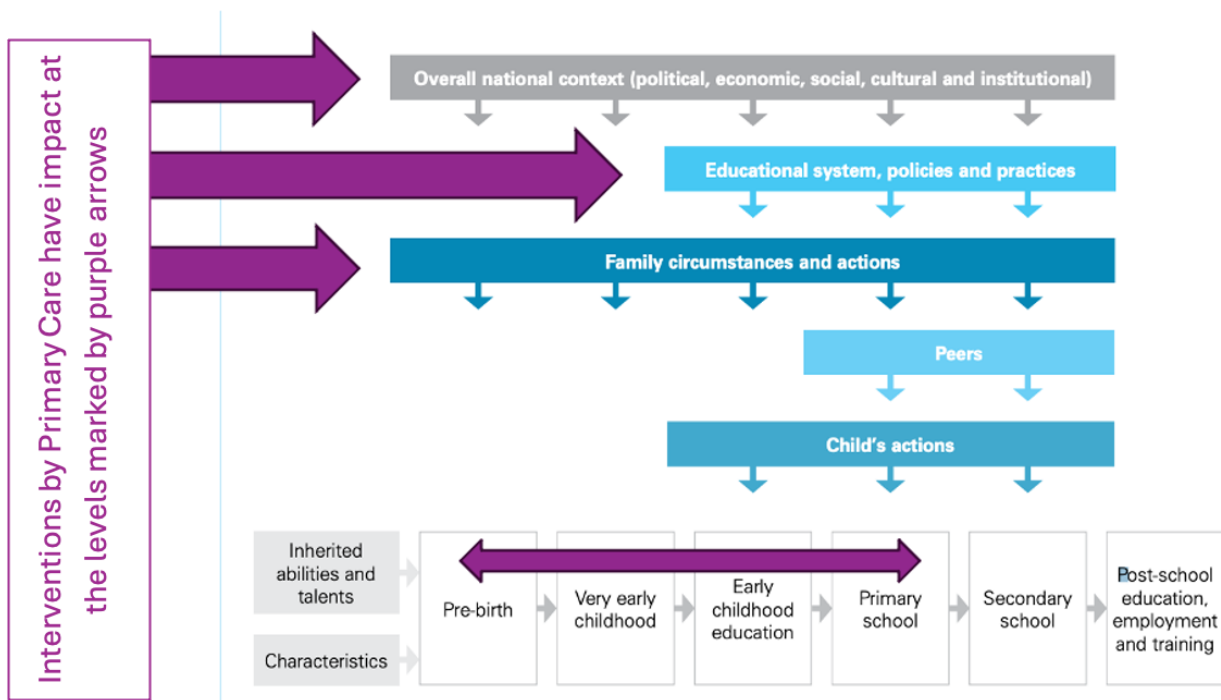


Figure 4: Life course perspective on educational inequalities; adapted from (UNICEF Office of Research, 2018)

The project has been extended to incorporate children from age 2yrs to include early years settings (nurseries and childminders) as several stakeholders highlighted the importance of establishing routine and focusing on developmental and social goals from an early age.

4. Logic model

A logic model of inputs, activities, outputs, outcomes, short-term impacts and long-term impacts is presented in **Figure 5**. A summary of the activities carried out to improve primary school attendance is shown in **Figure 6**. Both these will be explained in more detail below.

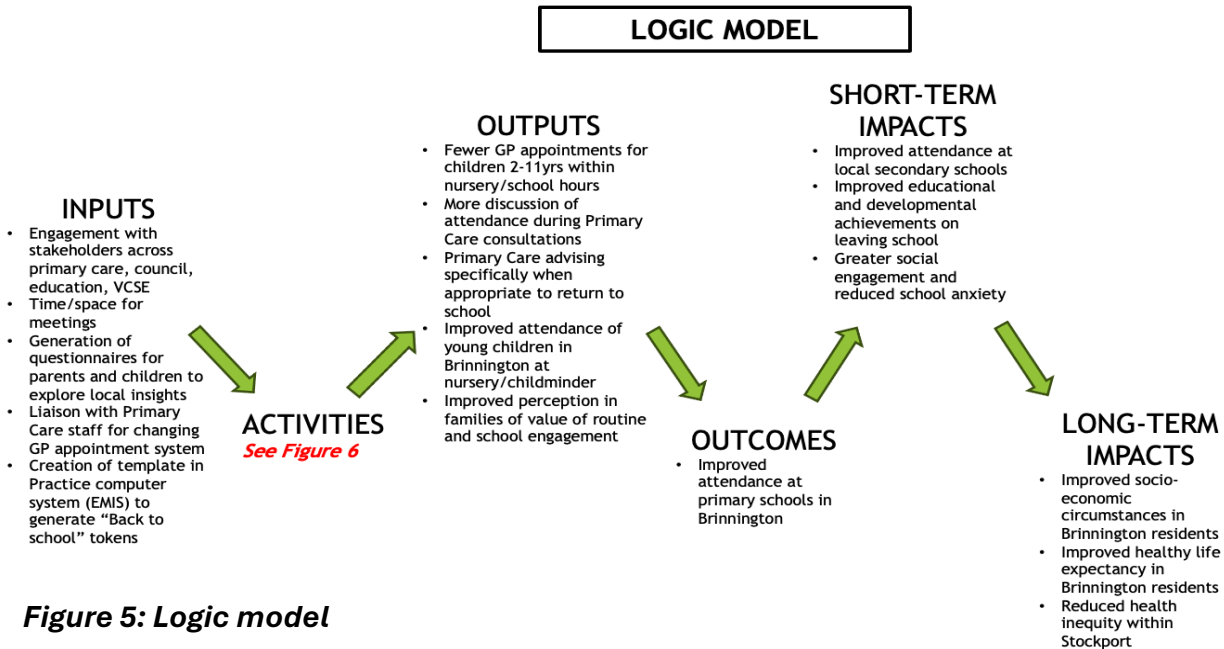


Figure 5: Logic model

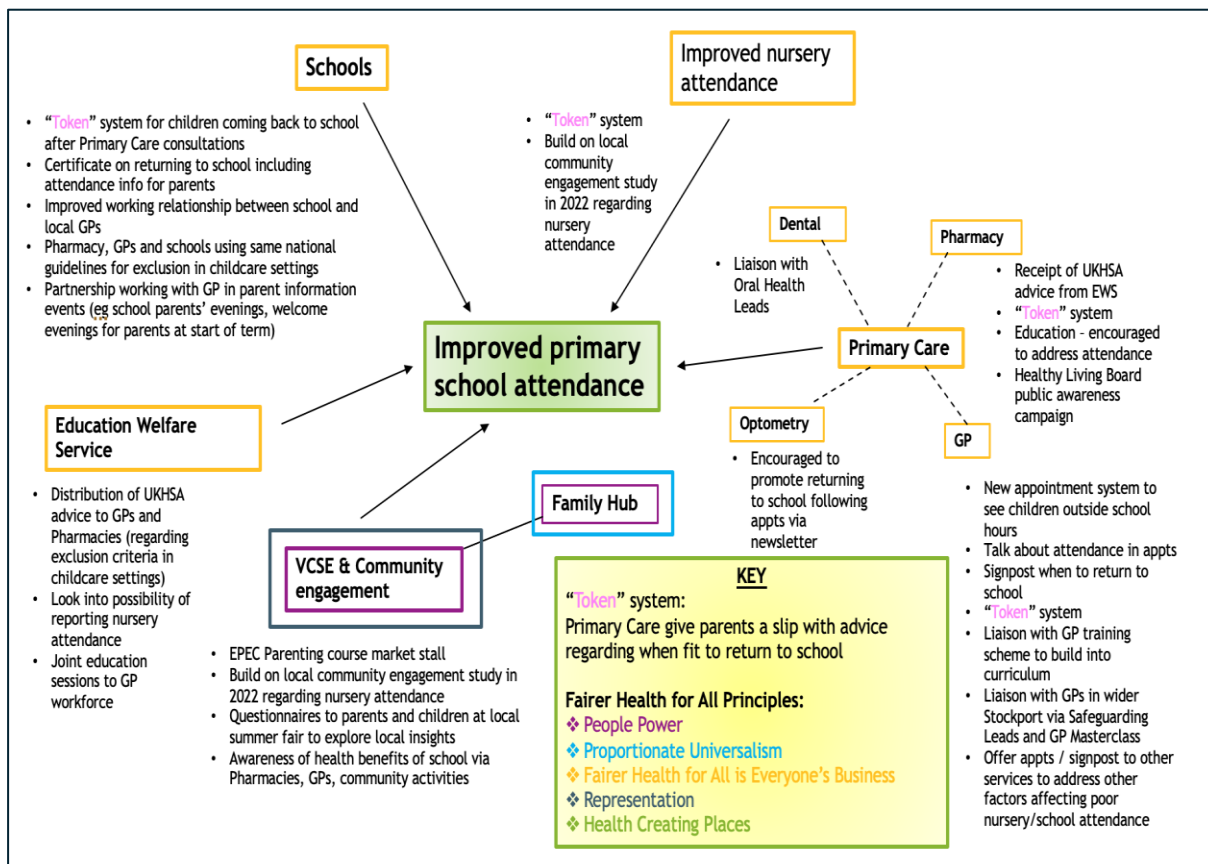


Figure 6: Activities to improve primary school attendance

Assumptions and challenges of the logic model are summarised in **Figures 7 and 8** respectively and will also be expanded upon below.

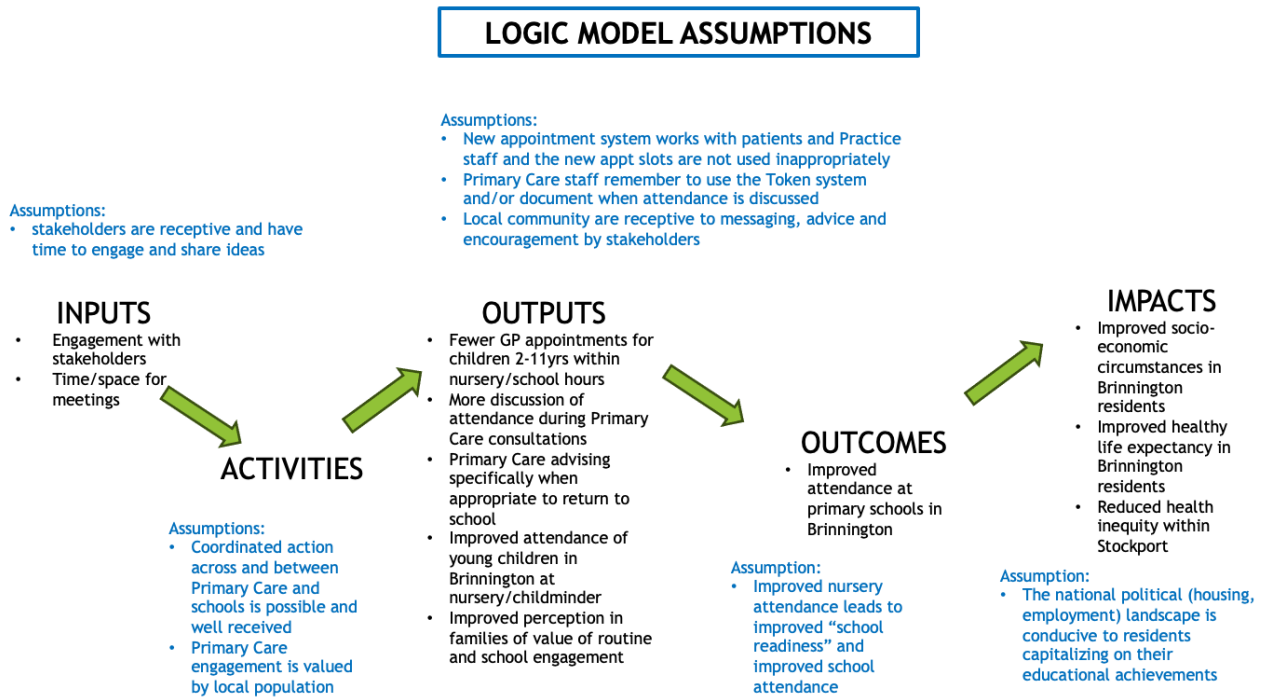


Figure 7: Assumptions of logic model

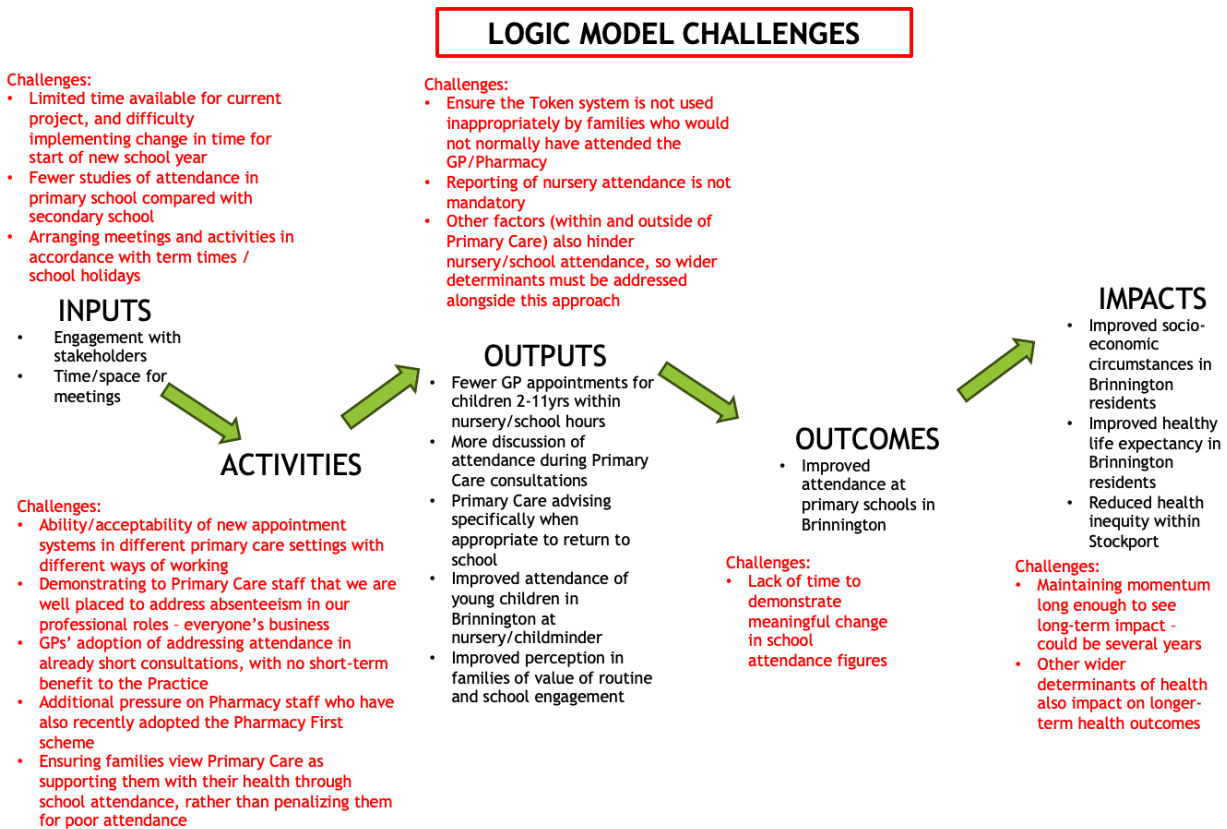
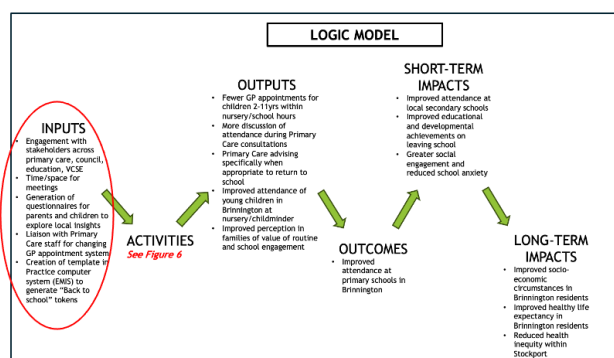


Figure 8: Challenges of logic model

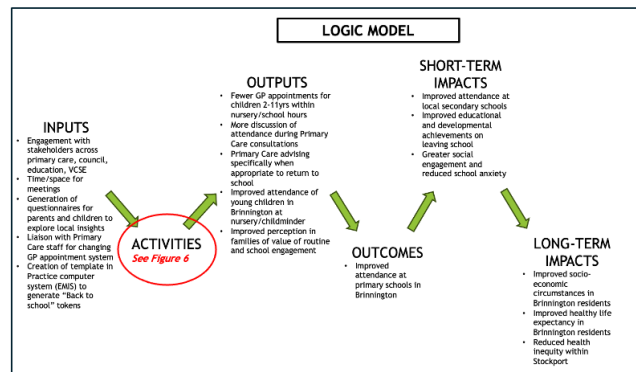
Each stage of the logic model will now be described in detail, with explanation of the assumptions and challenges for each.



4a. INPUTS

Inputs have already been described in the “scoping exercise” section above. It was assumed that stakeholders would be receptive to being contacted about this project, and there was in general a good response from people approached. Several members of the local community and representatives of key services have been happy to share their ideas, and generous in giving up their time to help work together with a shared goal of improving the health and future life chances of children in Brinnington. Meetings with stakeholders were held either online or in person, and some correspondence was by email. School holidays necessitated the need to plan timetabling of discussions with the education sector.

The community questionnaires built on the mixed messages around school attendance during the pandemic which were found in a report of parents’ perceptions of the importance of school after the Covid-19 pandemic (Burtonshaw & Dorrell, 2023). Furthermore, Nesta (Nesta | UK Innovation Agency for Social Good, 2025) worked with GMCA to conduct exploratory interviews with parents and Early Years workers in Brinnington in 2022. They drew attention to the high level of challenges families often face, including parents’ own mental health concerns and adversity in their daily lives leaving little time to spend on creative, engaging play with their young children. If parents themselves have had negative experiences of nursery and school, it may be more difficult for them to see the immediate or long-term benefit of education for their young children. Coupled with this, it can be hard to appreciate that engaging with young children through play and imagination to develop their social, emotional and cognitive skills is needed for them to be ready to start school. Nesta looked in a nuanced way at understanding the challenges faced by parents and discovered the benefit of empowering parents to develop their child’s development through play at home, which may in turn avoid medicalising challenging behaviour. By recognising that nursery is then important for their child’s continued development, the value placed on education would improve, leading to fewer sessions missed. Parents interviewed did not want to be “lectured to” and instead were more receptive to education/health messaging through bite-sized fun facts.



4b. ACTIVITIES

Several activities were undertaken. These have already been set out in **Figure 6**, which illustrates how they encompass the Fairer Health for All principles of “people power”, “proportionate universalism”, “fairer health for all is everyone’s business”, “representation” and “health creating places” (Greater Manchester Integrated Care Partnership, 2025), and demonstrates how they are interlinked. The activities will now be described, grouped according to site of the intervention.

i. ACTIVITIES INVOLVING PRIMARY CARE

GPs

- **Talk about attendance in appointments**

When families approach General Practices for an appointment this is an ideal time to capitalise on the opportunity for sharing wider information. Training on the health benefits of regular attendance at school – and the advantage of going to a childminder or nursery before starting school – was given to reception staff and all GPs and practice nurses in the main health centre in Brinnington in staff meetings. A copy of the presentation was shared with the other GP practice in Brinnington and was discussed by them in their own staff training. The need to be inquisitive and specifically ask about attendance when seeing children, even if the appointment is not for them, was highlighted - emphasising that children’s school attendance is everyone’s business.

- **Review of appointments system**

To explore how timing and content of children’s GP appointments may contribute to unnecessary time off school, an audit was done of all medically urgent and “book on the day” appointments at Brinnington Surgery (the larger of the two GP surgeries) for children aged 2-11 years for one month. June 2024 was selected as there were no planned school breaks during this month. It was important to focus on children aged 2-11yrs, to include all children of nursery / primary school age. The results are shown in **Table 5**.

	Week beginning				
	3/6/24	10/6/24	17/6/24	24/6/24	
Mondays	6	7	5	4	22
Tuesdays	1	3	4	3	11
Wednesdays	4	3	4	2	13
Thursdays	8	8	1	5	22
Fridays	7	2	3	4	16
	26	23	17	18	

Table 5: Number of medically urgent and book-on-the-day appointments for children aged 2-11 years in June 2024

Each consultation was reviewed to see whether the child was medically fit to return to school.

Of these 84 appointments:

67 (79.8%) were given appointments in school hours

17 (20.2%) were given appointments after 3pm

Of the 67 children seen in school hours:

20 were not fit for school

47 were fit for school

Of the 47 children seen in school hours who were medically fit to return to school:

3 (6.4%) were seen at or before 9:30am

44 (93.6%) were seen after 9:30am

None of these 47 children had been advised by the GP to return to school

53 of the 84 appointments (63.1%) resulted from phone calls to Reception before 09:15am that day

Of these 53 appointments, 48 (90.6%) were given appointments in school hours

Of these 48 “early bookers” seen in school hours:

14 (29.2%) needed to stay off school that day

34 (70.8%) were well enough to go back into school

Only 3 of these were seen before 09:30am

These results were shared with GPs and the reception team. Presentation in a Practice clinical meeting and subsequent discussions led to adoption of a new appointments system as it was recognised that the current booking of appointments in school hours delayed the return to school. Children were often seen too late for them to go into school for the rest of that day, even if they were found to be well enough. Timing of appointments had to be such to give parents a chance to assess whether there is a medical concern and time to travel up to the surgery after dropping siblings off at school. It would also allow school to raise concerns about the fitness of a child

when they arrive at school in the morning. The time of the appointment should allow time for a near full day of lessons if the child is found to be well enough to return to school. There is an assumption that slots reserved for children are not booked for other patients, and not used inappropriately by children who would otherwise have simply gone to school.

- **Signpost parents and children to when they are expected to be fit to return to school or nursery**

It has been discussed within the two GP practices serving Brinnington residents to make a point of giving clear advice to parents regarding when their child is likely to be fit to return to school **and encouraging them to do so**. The Education Welfare Service already shares a document produced by the United Kingdom Health Security Agency (UKHSA) with all schools, containing advice regarding medical conditions that do or do not need exclusion from childcare settings (*Children and Young People Settings: Tools and Resources - GOV.UK, 2024*). The same information is shared by the local Public Health Team with nurseries and childminders. Ways of sharing the same information with GP practices were examined, so that families are given consistent evidence-based advice from childcare, education and primary care sectors. This consistency helps embed sound advice in the community and will improve parents’ knowledge and confidence to manage illness themselves.

- **“Token” developed**

Methods of relaying information to families in GP appointments to consolidate verbal advice were explored. This would help parents share information with school if they would like to and would be a source of further health advice. It would need to be quick and easy for GPs to produce in an already stretched 10-minute consultation. GPs are all trained to “safety net” in every consultation - informing patients what they should expect, what to look out for, and when and how to seek further advice if needed. A written note would help this process. A “token” was developed as shown in **figure 9**.

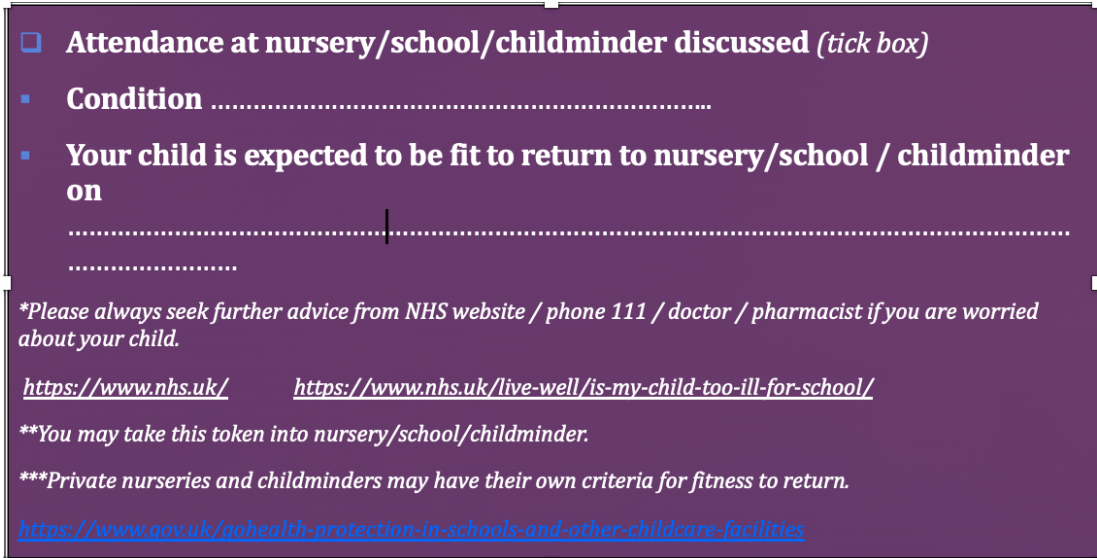


Figure 9: Token given by GP

This token self-populates with the child's name and date of consultation during a GP consultation and can then be filled in, saved to the records and printed off for the parent by the GP. It gives specific written advice regarding when the child is likely to be fit to return to school and contains information on where to get further help or advice if needed. The primary purpose of this token is to equip parents with information and guidance, to help them manage their child's illness appropriately and enhance their knowledge for this and subsequent episodes of ill health.

- **Build training about school attendance into the Stockport GP Training Scheme**

To establish the discussion around attendance in childcare settings as routine in GP consultations, a teaching session was delivered to Stockport GP Trainees in November 2024, alongside their Medical Educator. As these doctors will be our future GPs, it is hoped that if they are aware of the importance, including the health benefits, of regular attendance at school, they will carry this knowledge through to their future substantive posts and share this knowledge with their future colleagues. Stockport GPs have a reputation amongst colleagues for being forward thinking and proactive, and anecdotal evidence suggests that established GPs are receptive to ideas which the new generation of doctors bring into their practices.

- **Training of established GPs in Stockport around the importance of school attendance**

A presentation with question-and-answer session was delivered to the Safeguarding Leads of each Stockport General Practice in November 2024. These GPs share knowledge around safeguarding concerns with their practice colleagues to ensure everyone is up to date with protocols to safeguard our patients as they are brought out. As persistent school absence may indicate an underlying safeguarding concern, and as every child has a right to a good education, it was felt this would be an appropriate way of disseminating knowledge around school attendance. Concerns were raised that schools may come to *expect* the completion of tokens and/or families will make GP appointments when they would ordinarily not have done so, purely to get a token for school as evidence of illness. This highlighted the need for schools to fully understand the role of the tokens being for the use of parents rather than schools themselves. It was also discussed that having mentioned attendance, families ought to be signposted to other sources of help or support where needed to address any factors which may be making regular attendance difficult.

- **Offer parents and children appointments and/or signpost to other services to address other factors affecting school attendance**

Education of the GP workforce into effective ways of enquiring about specific needs and how to refer families to other sources of support were included in the GP training events, but feedback after the events revealed that 50% of the GPs who responded were still unsure of how to signpost people for further advice if the reason for school absence is not purely medical, or if there is a problem with persistent absence. GPs receive several missives each with details of different services, and it is difficult to keep track of which services are now obsolete (having been superseded by others), and when each should be used. Therefore, a single sheet to be used by

families or health professionals was produced, which lists in a simple format how families can get further advice regarding accessing early years places, schooling, financial issues, lifestyle and social factors and / or medical concerns of any family member which may be impacting on attendance. Because it is hoped this work will extend to the whole of Stockport, the information included is applicable to all Stockport residents, not only those living in Brinnington. The health benefits of school are highlighted. The nationally recognised acceptable attendance rate of 95% is written on the sheet, but also in the format of missing on average no more than 1 day every 4 weeks to better visualise what this figure means in practice. This document has been saved to the intranet system of Brinnington Surgery and can be printed or texted to family members by any member of staff. It has also been shared with the Stockport Primary Care Quality Assurance Manager for distribution to all Stockport GPs.

Community Pharmacy

- **Education around advising parents of when their child is fit to return to school**

Community pharmacists now see many patients under Pharmacy First and the Minor Ailments Scheme (Stockport Metropolitan Borough Council, 2025b). For further consistent messaging to help families manage their children's illnesses, information including the same fitness for school document used by schools and GPs (*Children and Young People Settings: Tools and Resources - GOV.UK*, 2024) has been shared with the two local community pharmacies through emails and then in-person meetings. Some counter staff did not agree with the guidance set out in the document as some information is different from when their own children were school age. This shows how guidance does change over time as new evidence and risk/benefit analysis of missing school changes. This is also illustrative of perceived mixed messages families may receive from friends or family members. However, the local pharmacists welcomed the guidance and were happy to use it.

- **Token generated**

This token is similar to the token used by GPs and can be given to parents when consulting the pharmacy about illness either through Pharmacy First, the Minor Ailments Scheme, or when talking to one of the counter staff. However, counter staff did not feel confident to give these out, and any specific advice given to families would be passed on to the pharmacist on duty in any case. A significant challenge of the token system is the cost of paper and printing. It has been used in this project to help raise awareness of the need to promote good attendance, help staff have a focus to think about, and acts as an auditable way of demonstrating attendance has been discussed. In the future, as long as good attendance is still discussed and encouraged, then the physical token is of secondary importance or may be issued in an electronic format.

- **Encouraged to be inquisitive about attendance when seeing children**

A teaching session was given to staff in one of the local pharmacies in December 2024, as up until then some staff did not feel it was their place to mention school attendance. There was a mixed response from staff, some of whom felt it too intrusive to question families who live in the same

community as them (see “*ideas for further work*” section). However, the pharmacists themselves were comfortable in addressing attendance with their customers.

- **Increase public awareness about the health benefits of school**

Posters, including quotes from residents gained through community engagement, have been produced and displayed on the two pharmacies’ “Healthy Living” notice boards and in the waiting rooms of the two local GP practices.

Optometry

- **Promote return to school after appointments**

It was not possible to display posters produced in this project in high street optometry chains as they are not branded. The Local Optical Committee have however published a short section about attendance in their newsletter which went out to optometrists in Greater Manchester East covering Bury, Rochdale, Oldham, Tameside and Stockport. Orthoptists at the local hospital already advise children to return to school following appointments and are happy to be further involved in the future.

ii. ACTIVITIES INVOLVING EARLY YEARS SETTINGS (NURSERIES AND CHILDMINDERS)

- **Improve nursery / childminder attendance**

GP training sessions (described above) have described the importance of encouraging attendance at early years settings from an early age. Similar information, in particular the benefit to current and future health, has been discussed with early years leaders and shared with them for dissemination to their nursery and childminder leaders and management meeting.

- **Build on the local community engagement study done in 2022**

The local nurseries have been asked to keep a log of absences each day, but this has not been possible on a routine basis. However, staff in nurseries and childminders do flag patterns of absence and set up Team Around Early Years meetings with families of children with low attendance, especially where children are vulnerable. This builds on the findings of the work carried out by Nesta and GMCA described in the “Inputs” section above.

- **Sharing of information regarding the health benefits of good attendance in the early years**

This information has been added to the new Start Well in the Early Years literature which was due to be published in December 2024 for families with children aged 0-5yrs.

iii. ACTIVITIES INVOLVING SCHOOLS

- **Token system for children coming back to school from primary care consultations**

When parents have been given a token by either the GP or the pharmacy, they may choose to take it into nursery / school / childminder. The benefit of taking it in is sharing of information with parents' consent, so that the childcare provider is aware that it is safe for the child to be there. The parent may choose not to take the token, however, and the childcare setting must not expect a token to be brought in as "proof of illness". The token is primarily for the family's information, and secondarily for liaison with the school if the parent wishes. Most families given tokens chose not to show it to school, however, but did take their children back to school following an appointment more than they had done in the past (as detailed later).

- **Certificate on returning to school**

Certificates for each school and nursery in Brinnington (with their logos) have been produced. School/nursery may give the returning child a certificate to congratulate them on coming back in. The certificate also has some key public health messages about the importance of good attendance which the families can read while the certificate is displayed at home. Childminders may of course use their own reward system. On discussion with schools, it was agreed that a certificate to take home would be the most appropriate reward, as treats or stickers to wear at school may create jealousy leading to children to stay off school in order to then get a treat when they return, which is obviously counter-productive.

- **Improved working relationship between schools and GPs**

Although GPs and schools have occasionally worked together regarding individual children, the process of working on this project has strengthened our connection (see "*ideas for further work*" section). Schools and GPs all have the children's best interests at heart, along with their families.

- **Consistent approach with pharmacies and GPs regarding national guidelines for school exclusion due to illness and consistent messaging around benefits of school**

The wider sharing of the government guidance document which schools use enables consistent messaging and less misunderstanding between different services. There has, however, been some lack of awareness in one of the schools about the illness exclusion document they have been sent by EWS, and/or lack of confidence in following the guidance. This illustrates how implementation of new ideas is an iterative process, needing adaptation of approach where necessary. Specific training about childhood illnesses was therefore delivered to the headteacher and pastoral / designated safeguarding lead of the school concerned, to share amongst their staff. They have been advised to seek further advice and support from the GP surgery or community pharmacy when needed.

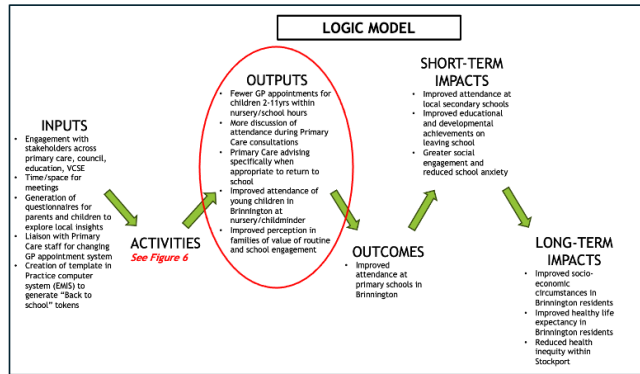
iv. ACTIVITIES INVOLVING THE LOCAL COMMUNITY

- **Greater awareness of health benefits of school via pharmacies, GPs, community activities**

Regarding the activities implemented, it is assumed that coordinated action between primary care and schools is possible and well received. For interventions to be successful the local population must value engagement with primary care services. However, it is important to ensure that families view primary care as supporting them with their health, rather than seeing this as penalizing them for poor attendance. Although the two GP practices in Brinnington are both supportive of the need to address school and nursery attendance, it has felt a little challenging to engage the new cohort of resident doctors who started to undertake their training in General Practice just as the new appointment system was implemented. This may be because, being new to the area, they do not yet appreciate the wider social context of this population and are still learning about the role that GPs play in holistic care of their patients. It may also be because this is the first time they have thought about the issue of school attendance being everyone's business. They may, in addition, be feeling overwhelmed with all the new processes involved in their new GP roles. Engaging established GPs is another challenge, as GPs are already needing to manage short appointment times for increasingly complex consultations. Every GP practice creates their own appointment system, so the possibility of seeing school age children outside of school hours - or at either end of the school day - may differ. Reserving appointment slots early each day may not be practical for GP practices which have fewer doctors or less capacity to manage the morning rush of phone calls. There is no immediate benefit to the practice of these activities, but evidence of the longer-term benefit to their patients (see below) ought to make it worthwhile.

It is assumed that these measures will help families make better informed choices for their children and gain access to further support which may be needed to address wider determinants of health. In the long-term, this ought to reduce the number of GP appointments needed through improved self-efficacy.

Pharmacy staff are already under pressure with the new Pharmacy First scheme (NHS England, 2024) which started this year and involves people seeing their community pharmacist for medical advice for several pre-specified conditions instead of contacting their GP. This has added significantly to pharmacists' workload, which may pose a challenge to their capacity to engage in school attendance work. However, this scheme has put community pharmacists in an ideal position to have these conversations with families. It is hoped that the distribution of standardised information regarding different illnesses will make it easier for staff to share appropriate advice with families.



4c. OUTPUTS



Fewer GP appointments for children 2-11yrs within nursery/school hours

A certain number of GP slots in Brinnington Surgery are reserved at 09:30am on each school day for children aged 2-11yrs. Any child whose parent phones for an urgent appointment after 09:30am will be given an appointment as soon as possible or at the end of the day. All appointments booked for children aged 2-11yrs are intended to be coloured purple on the appointments system to alert the GP of the need to discuss school/nursery attendance. Because this was a new system, some children aged 2-11yrs were booked into appointment slots which were not coded as purple, illustrating the complexity of reception staff's jobs. Any non-urgent appointments (for example asthma reviews) will be booked outside of school hours in ordinary slots. Following the introduction of the new system, the appointment data were audited.

Evidence of impact:

Table 6 shows comparison of GP appointment times at Brinnington Surgery before and after the introduction of the new purple "child on the day" slots in September 2024. To enable direct comparison of all children's GP appointments (whether booked into purple slots or ordinary slots) before and after training of GPs, consultations from June 2024 were compared with those from November 2024, as shown in the green columns. 80% of appointments were made in school hours after 09:30am in June, compared with 44% in November, showing the proportion of children seen during the school day had almost halved since the new system was introduced.

For the Autumn Term data (September – December 2024) only the purple slots were examined, shown in the purple column, for ease of analysis due to the sheer numbers of children seen over this time. There will have been other appointments (in ordinary slots) for children aged 2-11yrs during this period, but these were not included in this analysis. In the Autumn school term, 149 children were seen in purple slots. Of these, 41 children (28%) were seen after 09:30am and before the end of the school day, compared with 80% before the new system was introduced. Thus the proportion of children seen during the school day had reduced by approximately two thirds. 108 of the 149 children (72%) were seen by 09:30am or after school (compared with 20% before the new system) which gave them time to return to their childcare setting if well enough and if their parents agreed.

	JUNE 2024	NOVEMBER 2024			PURPLE SLOTS SEPT-DEC 2024 (Autumn Term)
		ORDINARY SLOTS	PURPLE SLOTS	ALL NOVEMBER 2024 SLOTS COMBINED	
Book on the Day / Urgent appointments	84	120		165	
Purple “child on the day” slots	-		45		149
Number of appts in school hours	67/84 (80%)	64/120 (53%)	8/45 (18%)	72/165 (44%)	41/149 (28%)
↳ Seen in school hours and fit for childcare setting	47/67 (70%)	34/64 (53%)	6/8 (75%)	40/72 (56%)	32/41 (78%)
↳ Attendance mentioned	0/47 (0%)	19/34 (56%)	1/6 (17%)	20/40 (50%)	14/32 (44%)
Number of appointments outside school hours	17/84 (20%)	56/120 (47%)	37/45 (82%)	93/165 (56%)	108/149 (72%)
↳ Seen outside school hours and fit for childcare setting		32/56 (57%)	28/37 (76%)	60/93 (65%)	80/108 (74%)
↳ Attendance mentioned		10/32 (31%)	17/28 (61%)	27/60 (45%)	52/80 (65%)
Attendance mentioned when fit for childcare setting				47/100 (47%)	66/112 (59%)

Table 6: Appointment data for children aged 2-11yrs before and after new booking system introduced in September 2024

Despite initial reservation about the need for this system, due largely to lack of awareness of school absenteeism being partially our responsibility, once the purple early morning slots were an established part of the system all staff became more aware of the prevalence of the problem surrounding school attendance and were more likely to address this whenever a child was seen. As GPs, we are taught to treat our patients holistically, and this project has served to build on this. All staff at Brinnington Surgery (GPs, receptionists and practice nurses) are committed to playing their part in improving school attendance, in recognition of the fact that it is everyone’s business.

Sustainability and roll-out:

A questionnaire to GPs in Brinnington explored the sustainability of this new appointment system. All respondents thought it was a good idea, and 92% felt the new system is sustainable in the long-term. It can only be sustainable if there are enough appointment slots available (for example if there are enough GPs on duty and if there is enough capacity in the practice to manage other patients alongside these reserved slots). In Brinnington Surgery we release the 09:30am slots to other patients if any have not been filled by 9:00am. Each GP practice has their own protocol to meet their patients' needs and expectations according to their staffing capacity, their preferred ways of working, and the demographics of their patient population. We at Brinnington Surgery have demonstrated that this system works for us, so other practices could adapt our approach to fit their own booking protocols.



More discussion of attendance during primary care consultations

Staff have been encouraged to emphasise the fun aspects of attending childcare settings and the happiness and reward they will feel when they return, in addition to discussing with parents how it is good for their child's long-term health and ability to fit in with social groups. When the "Attendance at nursery/school/childminder" box is ticked, an auditable code is added to the patient's medical record to show that attendance has been discussed. As seen in **Table 6**, attendance was mentioned (found in the consultations either as a free-texted comment or by having ticked the "attendance discussed" box) in 65% of all the purple child on the day appointments when the child was well enough to return to school, and also in 44% of appointments within school hours when the child was fit to return to school in the Autumn Term September-December 2024. This is compared with 0% mention of attendance in well children prior to the introduction of the new system. In the same 3-month period, 27 tokens were filled in and given out. Over the Autumn Term, a total of 112 children were seen who were fit for school, and 59% of these were advised to return to school. Local schools have been requested to be lenient about uniform (or lack of) if children go back into school straight from a GP appointment. A questionnaire was sent out to all GPs and practice staff who undertook the training around attendance, and over 85% felt much more aware of attendance in childcare settings now than previously. Nobody reported finding it difficult to bring up the subject of attendance during consultations. However, despite training, half of staff were still unclear of the national standard for attendance recognised as acceptable (the answer is 95%). This fits with some parents also being unclear of how to use these percentages in a meaningful way. All GP staff recognised that good school attendance encourages good routine for children and their parents/carers, facilitates safeguarding of children and encourages social interaction and relationship building. However, only 93% felt it would improve future employability, and 86% felt it would improve life expectancy and healthy life expectancy. This could possibly be due to the issue of attendance still being a new topic for GPs to get to grips with but is more likely to be because of the appreciation of the impact of other wider determinants of health in addition to education.

Sustainability and roll-out:

Having delivered training around attendance to the Stockport GP Training Scheme, the slides may now be incorporated into the teaching of subsequent cohorts. By consolidating advice in newsletters to all Stockport GP practices via the ICB, GPs' approach to school attendance ought to improve over time. The pilot at Brinnington Surgery shows that big improvements can be made with minimal extra work by GPs. The same resources may be used in other boroughs of Greater Manchester in the future as the underlying principles are applicable everywhere.

Although the token is still considered useful for families, schools need to be reminded that they must not expect or require proof of illness to be provided. A letter has therefore been sent to the Education Welfare Service for dissemination to all primary and secondary schools in Stockport to communicate that the token is primarily for families' use and should not be requested by schools. For this project there has been a reliance on GPs and pharmacists to document (fill in tokens) when children are advised about going back to nursery or school, to not only aid communication with families, but also as a way of demonstrating how often advice has been given by staff. Over time, however, similar results ought to be obtained without using the tokens as it will become standard procedure to discuss attendance during consultations.

Most GP practices use the EMIS medical record IT system (emishealth.com, 2025). The code "fitness for school examination" was added to the medical records automatically within EMIS when the "Attendance at nursery/school/childminder" box was ticked. A link to the UKHSA guidance has been added to the bottom of the token and the Data Quality Team is due to embed the token into EMIS for all GP Practices in Stockport once they have approved the accuracy of the imports. There is no reason this cannot be done across the whole of Greater Manchester if there is agreement of the localities concerned.

The one-page resource for signposting families to sources of support to improve school attendance has been distributed to all Stockport GPs by the Stockport Primary Care Assurance Manager.



Primary Care advising specifically when appropriate to return to school

The use of standardised UKHSA guidance (*Children and Young People Settings: Tools and Resources - GOV.UK, 2024*) has been shared across all childcare settings, GP Practices and community pharmacies in Brinnington. This resource updates real-time on the website and has been well received by GPs and pharmacists. The schools involved in this project, who already receive this document from the Educational Welfare Service each year, have welcomed consistency of advice around what conditions warrant time off school. However, several school staff were unaware of this guidance, as a link to it was amongst several other documents emailed to them. Those teaching staff who had seen it described varying levels of confidence in using the contents when assessing children themselves, although this did improve after a teaching session. Another concern raised was risk of infection if a member of staff is pregnant – which could be addressed separately (see "*ideas for further work*").

Sustainability and roll-out:

A link to the UKHSA advice (*Children and Young People Settings: Tools and Resources - GOV.UK, 2024*) has been shared with all GP Trainees and GP Safeguarding Leads in Stockport. It has also now been emailed out to all Stockport GPs in the December 2024 newsletter by the Primary Care Quality Assurance Manager (Stockport) at NHSGM with a covering explanation of the importance of minimising school absence. A link to the guidance has been added to the bottom of the token for ease of reference. It is being shared as an online resource on the Community Pharmacy Greater Manchester (CPGM) website used by the >600 community pharmacies in Greater Manchester, having been agreed by the Chair of the Greater Manchester Local Pharmaceutical Committee.



Improved attendance of young children in Brinnington at nursery/childminder

This proved difficult to demonstrate in the short timescale of this project, but the fact primary care are talking about attendance in early years placements as well as school ought to have some impact. The new signposting sheet is being shared across all Stockport GP surgeries via the Stockport Quality Assurance Manager to make advice to families simpler and more effective. With expanded entitlement for funded places in nurseries and childminders for children aged from 9 months old in September 2025, working parents who meet certain minimum criteria will be eligible for 30 hours per week of early years provision in termtime. It remains to be seen whether the nurseries can log attendance data to help inform future evaluation of the impact of interventions, but there will be statistics for the uptake of funded nursery places.



Improved perception in families of the value of routine and school engagement

By talking about attendance in appointments and asking the question of whether there is anything making it difficult for their child to attend their childcare setting, families are more aware of the value of good attendance. They feel we are offering help if needed and recognize that we appreciate that establishment of routines can be difficult when facing other pressures, rather than judging or criticizing them. Families work hard to do the best they can for their children, and using the single page resource for relevant signposting demonstrates the importance of attendance and the support available where needed. Local poster campaigns in the two GP surgeries and the two community pharmacies in Brinnington may have had a drip-drip effect into families' consciousness, and certainly families are not surprised when now asked about school in appointments. Although not measurable, several patients did bring up the topic of school attendance and said they are aware we are doing work around it. There is a general perception in the community of different services pulling together to help families seek appropriate support for difficulties they may be facing, and families are beginning to speak to us about how they know that school is good for their children's long-term health.

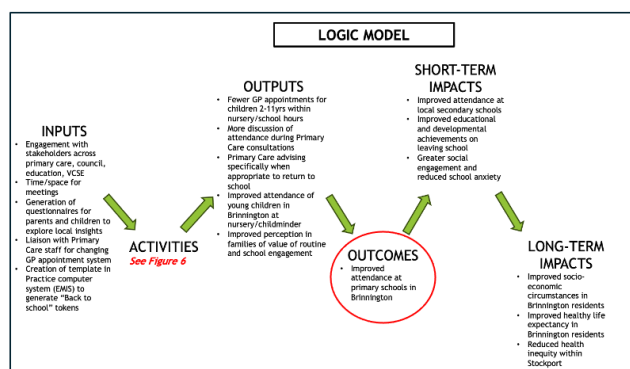
Start Well for Early Years leaflets now include information on the wider health benefits of attending childcare settings from an early age. Staff who work in these settings are also more

aware and can advise families accordingly alongside the great work they already do to promote parental engagement with nursery and school. By quoting absence rates as “average number of days per week” in materials rather than percentages improves families’ and professionals’ appreciation of national standards. Similar approaches have been used in other health campaigns, for example using pictorial representations of risk in screening literature (NHS Bowel Cancer Screening: Helping You Decide, 2025)

Sustainability and roll-out:

A slide presentation with key health messages of the health benefits of good attendance has been shared for discussion at the Stockport Nursery and Childminder Leaders and Management meeting. They have also been informed about the tokens and how although they may be brought in by families, they are not required and not to be expected. The “certificate” system has turned out to be too complex to be used consistently in the three primary schools in Brinnington. It also involves costs of paper and printing which is unsustainable. One of the schools gave out stickers to every child who came back to school to wear throughout the day, rather than giving out certificates to take home. This worked well for school as it would likely have been cheaper and less time consuming for them to do. It did not appear to create jealousy among the other children despite the initial concern. However, it did mean that some of the public health messaging around the importance of school (printed on the certificates) did not reach home. Another school gave out a reward certificate on production of the token. The other school, who have historically had the highest rate of absence, did indeed give out a certificate to every child who returned to school from an appointment or illness. All three schools have worked extremely hard with new processes and have each demonstrated improved attendance, as will be seen below.

For the process to be successful, the community needs to be open to messaging from different stakeholders about school attendance. As a GP, I feel the community are used to different services being involved. Throughout this project, different stakeholders I have encountered have been engaged and interested, appreciating the common goals we share. It has been a privilege tapping into their knowledge. We are all more aware of seeing issues through a wider lens than previously, standing back to view the bigger picture, and not being afraid to reach out to each other for thoughts and ideas. Not all problems can be solved in isolation, but we can at least all pull in the same direction.



4d. OUTCOMES

- Improved attendance at primary schools in Brinnington

There is an assumption, based on research already discussed, that increased attendance at nursery will lead to improved school readiness and that increased awareness of the benefits of school will result in improved school attendance. This project had limited time to demonstrate any meaningful change in school attendance figures, partly because each term has different patterns of medical absence (meaning more than one year is needed to compare months like-for-like) and because of the time needed for children to transition from nursery to school.

The attendance figures in the three primary schools in Brinnington in the Autumn Term 2023 were compared with those of 2024 and are shown in **Table 7**.

School	Autumn Term 2023			Autumn Term 2024		
	Number of children on roll	Overall attendance	Persistent absence	Number of children on roll	Overall attendance	Persistent absence
School A	377	94.4%	19.96%	460	95.2%	19.19%
School B	210	91.75%	27.14%	213	91.88%	35.68%
School C	398	88.4%	40.70%	332	91.2%	30.72%
ALL SCHOOLS	985	91.4%	29.9%	1005	93.2%	26.5%

Table 7: Comparison of primary school attendance in Brinnington between Autumn Term 2023 and Autumn Term 2024

Attendance in all three primary schools in Brinnington improved over the past 12 months, with overall attendance among all children in Brinnington increasing from 91.4% in Autumn Term 2023 to 93.2% in Autumn Term 2024. It is impossible to know how much of this improvement is due solely to interventions outlined in this project, but the result is good news for these children and their futures. School A, the largest of the three primary schools, has performed particularly well with a current overall attendance of 95.2% which is classed as acceptable and is above the Stockport and national averages for attendance in 2022-2023 shown in **Table 3**. School B

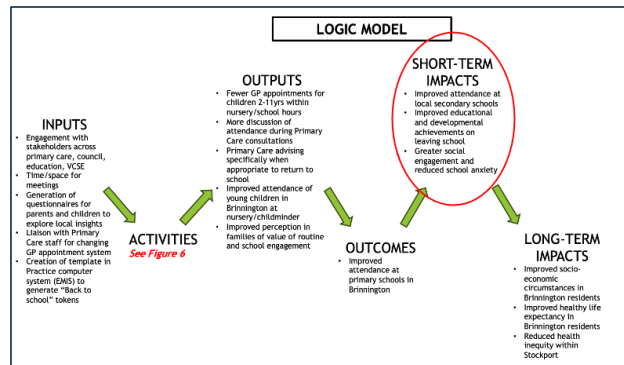
highlighted that several children missed the return to school for the start of the Autumn Term 2024 as they were on holiday, leading to a higher-than-expected rate of persistent absence. 18 Education Penalty Notices were given out by this school (each due to at least 5 days of unauthorised absence), resulting in a fine to each parent of £80 which rises to £160 each if not paid within 21 days. It will be interesting to see what the figures for persistent absence will be in the future, with increased awareness of the health benefits of school alongside these higher fines which were introduced in August 2024. Despite the variation in results between the three schools, all are to be commended on their improved overall attendance and the overall reduced persistent absence rate (from 29.9% to 26.5%) in Brinnington over the past year.

Due to limited time allocated to this project, it was difficult to implement change in time for the start of the new school year in September 2024. This was disappointing, as there is evidence that the first week back at school in September is the most crucial, with absence in this week leading to increased likelihood of subsequent absences (Christmas, 2023). This is a key consideration in the planning of further projects.

School A reported that 39 of the 57 children attending medical appointments (68%) returned to school the same day although there was no data from the previous year for comparison. The figures for School B were even better, with 54 of 72 children (75%) returning to school following appointments. School C did not have any figures for this, but did report that children returned more often after morning appointments than after afternoon appointments, reflecting the benefit of having changed the timing of medical appointments for children.

As stated earlier, there had been concerns raised by the GP Safeguarding Leads that schools may come to expect families to attend GPs to get tokens as proof of illness. During this project there was variability in the three schools' expectations regarding the tokens and families' use of them. School A rewarded all children who came back to school, and families chose to hand in their tokens to school 70-80% of the time. This may have been because historically this school used to ask families for proof of illness. However, School B were advising families that they would get a note from the GP when attending an appointment, and although a high proportion (75%) of these children went back to school the same day, the majority chose not to hand in their token. School C reported only 2 tokens were handed in by families. This suggests the system does not put undue burden on primary care to provide documentation for schools. It will be useful to see whether the expectation of schools changes further on receipt of the advisory letter sent out to them.

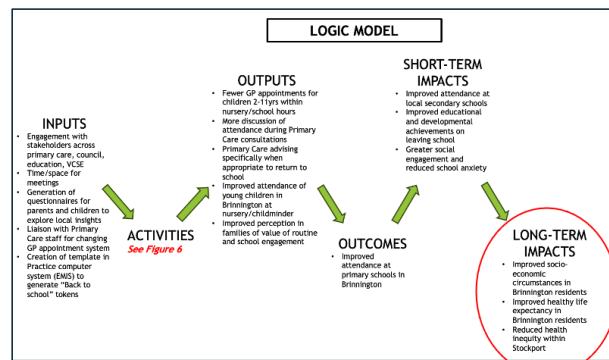
At a local level, it has been useful getting to know the staff at the local schools, and we feel comfortable in approaching each other if there are any concerns around children, demonstrating the value of good relationships. I am also now a school governor at one of the schools and would advise all GP practices and schools to build good relationships. It is hoped that greater awareness of the issues around attendance and consistent use of medical guidelines will help families and staff navigate concerns together.



4e. SHORT-TERM IMPACTS

- Improved attendance at local secondary schools
- Improved educational and developmental achievements on leaving school
- Greater social engagement and reduced school anxiety

It is important to maintain the momentum of this project to see any short-term impact on attendance at secondary school and improved educational, social and emotional outcomes. With implementation of the proposed activities and increased knowledge of and exposure to information around the health benefits of attendance in childcare settings this will hopefully become the norm over time. This would become evident over the next 5+ years.



4f. LONG-TERM IMPACTS

- Improved socioeconomic circumstances in Brinnington residents
- Improved healthy life expectancy in Brinnington residents
- Reduced health inequity within Stockport

Long-term impacts of this project on health will take 20+ years, and it is important to note that other factors will change over this timeframe. This whole process is also dependent on wider determinants of health which affect the population's longer-term health outcomes. So, with the inevitably changing sociopolitical landscape over the next 20 years, it will be difficult to tease out what intervention is having the most impact. If this project is rolled out to Stockport as a whole and then to the rest of Greater Manchester, more data will be available to help clarify the benefits of the proposed activities. Nevertheless, it is hoped that if a strong foundation of attendance in

childcare settings is established this will go some way to “futureproofing” these children’s lives, no matter what the political climate.

5. Conclusion

This project set out to help improve health equity across the neighbourhoods of Stockport, Greater Manchester. Literature suggests that the poor rates of attendance in the schools in Brinnington may contribute to the lower life expectancy and healthy life expectancy there compared with other neighbourhoods in Stockport. Stakeholders from the local community, health, education, council and VCSE groups were approached to see how we could work together to improve this. The excellent work each stakeholder does quickly became apparent, and everyone approached took on board the new challenge of us working together to generate possible changes to our ways of working for the benefit of the local community. The project largely focused on adaptations to ways of working in primary care, including change of appointment times to minimise the amount of school missed, actively encouraging children back to school when fit enough, signposting families to sources of further support if attendance is becoming a problem, and promoting awareness of the short-term and long-term health benefits of attending school. In a short amount of time, there has already been a noticeable improvement in attendance in all the primary schools in Brinnington, from 91.4% in Autumn Term 2023 to 93.2% in Autumn Term 2024. The process of carrying out this project has helped everyone involved think outside their own predefined boundaries. By working together at a population health level in ways that are welcomed by the community, much can be achieved to improve school attendance.

6. Ideas for further work

- Explore ways of rolling out interventions demonstrated in this project across other boroughs of Greater Manchester.
- Make a school attendance policy part of the Healthy Living Dentistry programme in Stockport.
- Work with General Dental Practices and Early Years workers to contribute to Early Years Mouthcare Matters training and e-learning.
- Look at how schools keep children engaged if they are absent from school with prolonged illness.
- From September 2025 Ofsted will require all childcare settings to keep attendance registers for children aged 0-5yrs. This would be a good opportunity to look further at mandatory reporting of nursery attendance to help target resources to improve attendance.
- Explore the possibility of differentiating between medical and dental reasons for school absences. This would generate more granular data to enable dental public health interventions to be targeted appropriately.
- Plan parent engagement events in schools to be delivered by primary care highlighting the health benefits of good attendance.
- Look at how the relationship between schools and GPs can be strengthened.

- Explore the feelings of staff in primary care regarding addressing school attendance with the local population, especially if they themselves live in the same community.
- Look at teaching events for school staff concerned about infection risk during pregnancy.

Acknowledgements and final notes

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I am happy to share any resources I have made for this project and discuss any aspects further with anyone who is interested in either building on this work or replicating it in other areas. I may be contacted on saroja.forester@nhs.net.

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