

Rice Lane Primary School and Nursery



Children's Attendance Policy

SAFEGUARDING STATEMENT

“Rice Lane Primary School and Nursery is committed to safeguarding and promoting the welfare of children, young people and adults. We expect all staff and volunteers to share this commitment”.

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Children’s attendance Policy***

***AGREED BY STAFF: JANUARY 2022
AGREED BY GOVERNORS: FEBRUARY 2022
REVIEW: TWO YEARS UNLESS REQUIRED EARLIER***

At Rice Lane Primary School and Nursery, we believe that a good education will help children for the rest of their lives. Their journey to success starts with us working together, to make sure they get the best out of every single day. Rice Lane Primary School and Nursery, is a successful and happy school and your child plays their part in making it so. The school now considers at least **97%** attendance as satisfactory, this is in accordance with both National and Local Authority expectations.

In order for every child to achieve their full educational potential, a high level of school attendance is essential.

At Rice Lane Primary School and Nursery, we believe, promoting excellent attendance, is the responsibility of the whole school community. Within School we promote good attendance through creative approaches to the curriculum. This includes topics of high pupil interest and choice, supported by a wide range of learning resources.

Why Regular Attendance is so important:

Expected School Attendance is 100%

Our aim, is to make sure that Attendance at Rice Lane Primary School and Nursery is Outstanding. Any absence affects the pattern of your child's schooling and regular absence will seriously affect their learning. Any pupil's absence, disrupts teaching routines so may affect the learning of other children in the same class. Ensuring your child's regular attendance, at school is your legal responsibility and permitting absence from school, without a good reason creates an offence in law and may result in prosecution.

Promoting Regular Attendance:

The school will contact you on a different coloured paper dependent on attendance level as outlined below:

97% - 100% Green

94% – 96.9% Amber

Below 93.9% Red

Should your child's attendance be below **90%** for any reason this will be classified as a **Persistent Absentee**. Helping to create a pattern of regular attendance is everybody's responsibility -parents, pupils and all members of school staff.

Aims and Objectives

- To ensure all pupils take full advantage of opportunities for learning in school
- To ensure the well-being and safety of children at Rice Lane Primary School and Nursery
- To set school targets for attendance
- To monitor pupil absence and challenge non-attendance
- Give you details on attendance in our weekly newsletter; and weekly attendance updates on school website; Attendance Boards displayed in the school.
- Report to you every half term on your child's attendance and punctuality rate
- Celebrate good attendance by displaying achievements in the news letter

Intentions

- To actively promote and encourage **100%** attendance for all pupils.
- Every week the best attending class in each phase will receive a trophy and 100 pawcent in assembly.

- To reward each class whose daily attendance is **100%**.
- To celebrate **100%** attendance the whole year with certificates and trophies.
- To monitor regular or extended absence and take steps to resolve this.
- To work with Educational Welfare Officer Ms Lorraine Foulkes to ensure no child is absent without school being aware of the reason.
- To ensure that discretionary power to grant leave is only used in exceptional circumstances.
- To use the School Information Management System to analyse and monitor pupils' patterns of absence and work with parents to rectify patterns.
- To ensure the parents of children whose attendance is not meeting the **expected** standard are held to account.
- To issue fixed term penalties to those families where more than 10 sessions (5 days) have been missed.
- To issue Court proceedings to parents of children who are at persistent absenteeism levels.
- To ensure the school is compliant with the Guidance on Infection Control in School as published by the Public Health Agency – see appendix 1.

Teaching and Learning Impact

Rice Lane Primary School and Nursery will endeavour to reduce the disruption to children's learning through unnecessary absence and will work with families towards avoiding lateness or avoidable time off from school. Work will be given to children who are isolating for covid absences.

Equality and Inclusion

All children will be dealt with in the same manner. Allowances within this policy will be made for children with severe disabilities or illnesses who require additional time off for administration or medication.

Safeguarding

If your child is absent School will:

- Telephone you or any named persons on your contact card on the first day of absence if we have not heard from you by 9:10am
- We will continue to try and contact you until a reason for your child's absence has been established.
- If we are unable to make contact to confirm the reason for the absence then a home visit will be made by a Learning Mentor or the Attendance Officer.
- If we are unable to make contact after 2 consecutive days with the parent and child we may contact the police and report your child as missing.
- If persistent absence continues, you will be invited into school to discuss the situation with the Headteacher, Attendance Officer and EWO.
- Medical evidence will be requested in cases where there are regular absences and if attendance is below 97%. Failure to provide medical evidence will result in the absence being unauthorised with court action being considered or the possibility of a fixed penalty notice.

Registration of pupils at Rice Lane Primary School and Nursery will ensure that staff are aware of any new legislation with pupil registration.

- Registers are to be completed at the beginning of every session i.e. morning and afternoon.
- Parents to be aware of importance of contacting school to report absence before 8.50am
- Senior Leaders and School Governors to ensure evaluation of attendance procedures

- Regular reports will be provided for the Governing Body.

Sickness during the school day

If a child is ill during the school day, school will contact parents and carers and arrange for the child to be collected. School will follow the guidance as set out in the Guidance Infection Control in Schools and other Childcare Settings (Appendix 1). Parents will be informed by the school when their child can return.

In instances where children have contagious sickness or episodes during the school day, the child must remain at home for at least the following school day as specified in the Guidance Infection Control in Schools and other Childcare Settings (Appendix 1).

Contents of the Attendance Register

Each class teacher will take the attendance register at the start of the first session of each school day and at the start of the afternoon session. On each occasion they will record whether every pupil is present or absent. The school will follow up any absences to:

1. Ascertain the reason;
2. Ensure the proper safeguarding action is taken;
3. Identify whether the absence is authorised or not; and,
4. Identify the correct code to use before entering it on to the school's electronic register or management information system which is used to download data to the School Census.

Registration and Absence Procedures

All absences will be recorded electronically using the national codes. Any pupil who is on roll but not present in school must be recorded within one of these categories: #

1. Unauthorised Absence – This is for pupils where no reason has been given or whose absence is deemed to be without valid reason. This can occur if a child arrives after 9.30am.
2. Authorised Absence – This is for those pupils who are away from school for a reason that is deemed to be valid under the Education Act 1996.
3. Approved Educational Activity – This covers types of supervised educational activity undertaken offsite but with the approval of the school.

The school gates close at 9am every morning and if your child arrives after this time, an adult must bring the child and always report to the school office and make sure your child is signed into our late arrival system in the front foyer. If they arrive after registers have closed they will receive a U mark in the register; accompanied with the number of minutes late the child was. A record of late minutes is kept for individual children and the same procedure for absence is followed if lateness is a concern.

Reporting Absences

It is a parent's responsibility to inform school of any reasons for a child's absence, before 8.50am each day that they are absent from school (unless otherwise arranged with school) and to provide further information as required. If no information or a phone call is received on your child's first day of absence, school will make contact with you to ensure your child is safe and that their absence is genuine. Further contact will be made on every subsequent day of absence.

Requests for 'Leave of Absence' during Term Time

Since September 2013 the Head teacher may only authorise leave for 'exceptional' circumstances. Head teachers are now only allowed to authorise any leave of absence when an application has been made in

advance and it is felt to be for an exceptional circumstance; the annual family holiday would not be deemed an 'exceptional' circumstance.

What happens if a child goes on holiday in term time or takes leave of absence for other reasons without permission from the school?

Under new Government legislation; there is no entitlement in law to time off in school time to go on holiday.

The amendments make it clear the Headteacher may **NOT** grant any leave of absence during term time.

The absences will be marked in the school register as unauthorised absences and this may result in a Penalty Notice of £60 (rising to £120) per parent per child being issued by the Local Authority. In some cases, parents may be prosecuted for the offence of failure to ensure regular attendance at school.

Other circumstances will be considered, judgements will be made on individual requests. Circumstances where a Penalty Notice may be issued:

- A Penalty Notice can only be issued in cases of unauthorised absence.
- There will be no limit on the times a Penalty Notice for unauthorised leave of absence can be used in an academic year.
- In cases where there is more than one pupil in a family with unauthorised absences, Penalty Notices may be issued for more than one child.
- The presence of an excluded child in a public place at any time during school hours in the first five days of exclusion.

Penalty Notice for leave of absence (holiday) in term time

- Even where attendance levels are high Penalty Notices may still be issued
- More than one Penalty Notice could be issued for repeated absence without permission during term time.
- A combined total of ten sessions (not necessarily grouped as 5 consecutive days) could trigger a Penalty Notice.
- Instead of monitoring and totalling holiday absences taken across each academic year, they will now be monitored across the previous three terms, regardless of academic year

Penalty Notice for persistent absence

Parents whose child is repeatedly absent will now only receive one warning notice period to bring about improvement in attendance in a single academic year. If attendance deteriorates again then no further formal warning notice will be issued and the Local Authority can automatically consider other statutory actions if unauthorised absence reoccurs. Please note school classes regular attendance as being **97%** and persistent absenteeism is classed as **90%** and below.

Mis-reporting 'Sick Leave' Where strong evidence exists that the reporting of 'sick leave' is not genuine, Fixed Penalty Notice procedures will be imposed. **Evidence could include:**

- Social Media
- Non-contact with School
- School are unable to contact Parents/Carers
- Children returning to school with a 'suntan'

- Children reporting a holiday, either before or on returning to school Children reporting non-illness

Medical Appointments

Parents of children attending a medical appointment during the school day need to produce an appointment card/letter or similar paperwork prior to the appointment. Where possible all medical/dental appointments should be made outside of the school day. We can then confirm lateness as a 'medical' absence and therefore authorised. A medical authorised appointment will still affect your school attendance. Should evidence not be produced then the absence will be classed an unauthorised.

We ask in order to avoid disruption to your child's learning that medical appointments throughout the school day are kept to an absolute minimum.

Covid Related Absences

The following Government Guidance should be read for covid related absences:

<https://www.gov.uk/government/publications/school-attendance/addendum-recording-attendance-in-relation-to-coronavirus-covid-19-during-the-2021-to-2022-academic-year#not-attending-in-circumstances-relating-to-covid-19>

School Action on Repeated Absence

Where a child is persistently late or absent, even if the Headteacher has been informed, the following steps will be taken:

- A letter will be sent home informing parents of the number of late arrivals.
- If lateness persists then the parents will be contacted by the Attendance Team.
- Please note that any lateness or unexplained absence will be monitored by the Attendance Team.
- Schools must now adhere to the 'Code of Conduct under the Provision of the Education (Penalty Notices) Regulation 2007 and Subsection (1) Section 23 Anti- Social Behaviour Act 2003'.

Roles and Responsibilities

Attendance is overseen by Mrs Roach Headteacher, the Attendance Team in school and Ms Lorraine Foulkes the Education Welfare Officer who meet each week to go over all figures for the week. Children causing concerns are also identified at this point and appropriate procedures, as outlined in the policy are followed. The school has a legal duty to publish its absence figures to parents and to promote attendance.

Equally, parents have a duty to make sure that their children attend. School staff are committed to working with parents to ensure every child achieves the target of **100%** attendance. The Admin Team maintain records of all children's attendance and punctuality.

School will support parents in achieving good attendance and punctuality for their child. If support is required contact should be made to the Attendance Team or the Headteacher.

Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room)** on **0300 555 0119** or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)	Exclude for 48 hours from the last episode of diarrhoea	Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria*	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. See: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or child-minder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste, Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
	Tetanus, diphtheria and polio	One injection
14 to 18 years old	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-diseases-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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