## THE PAVILION ADMISSIONS POLICY and PROCEDURES

The Pavilion is a Pupil Referral Unit and Alternative Provision that meets the needs of children and young people who are unable to access mainstream educations (on temporary or permanent basis). The Local Authority commissions a number of places to meet a range of identified needs which include:

- School exclusions
- Respite packages
- Medical referrals
- Interim referrals for SEN
- Complex needs referrals

# Admissions Policy for Excluded Pupils (Whetstone and Meadway 1 sites)

- Request received from the Pupil Placement Panel for pupils excluded from mainstream school KS3 or KS4 who are resident in Barnet.
- Acknowledgement letter sent by The Pavilion indicating that a full referral will commence within a two-week period.
- The Pavilion staff liaise with other professionals in order to obtain accurate details for full referral and needs to be addressed.
- Full referral considered by head teacher of The Pavilion
- If it is an appropriate referral, parents/carers and students invited for interview with co-ordinator of PRU.
- At interview, the following items are discussed:
  - ✓ Students long and short term aims
  - ✓ PRU aims and objectives
  - ✓ Student strengths and weaknesses
  - ✓ Rules and ethos of the PRU
  - ✓ PRU procedures

### The Pavilion referral form is completed

- A date is set for assessment/induction sessions, which must be attended prior to placement on a permanent timetable.
- Letter sent to previous school requesting National Curriculum levels of attainment, coursework and school records (including Barnet record) REMOVE AS THIS IS ON REFERRAL FORM
- All information a checked including prior and current National Curriculum levels of attainment, coursework and school records, ULN and attendance data
- Pupil is entered on The Pavilion integrisg2 system
- Induction sessions commence- See Induction Policy
- Link teacher or form tutor appointed
- IEP written by pupil/link teacher and parent/carer present
- Behaviour support plan / or SEN provision map / or respite and outreach learning log is put in place
- All aspects of progress monitored and recorded
- Parents/carers informed accordingly
- Reintegration to schools is closely monitored on a case by case basis and evaluations completed

# Admissions Criteria for Medically Referred Pupils requiring outreach teaching (Outreach may be in homes, libraries or in the base established as Mead way 2)

The mainstream school supported by appropriate evidence from a medical professional (typically consultants) will request to make a referral for outreach education when it is clear that a young person is unable to attend school for 15 days or more, whether consecutive or cumulative, as a result of a diagnosed medical condition.

The case will be discussed with either the Headteacher or Deputy Headteacher (Access and Inclusion) to ensure that provision via The Pavilion can effectively meet needs. In some cases, discussion may indicate that a school is best able to meet needs from its own resources via a Individual School Health Care Plan. The school will complete a detailed referral form and include current school attendance, interventions and attainment.

Decisions regarding how best to provide an intervention of home (or out of school) tuition are made after taking into account a number of factors:

- The needs of the student (high anxiety, illnesses, age, ability, planned next steps, special circumstances)
- Information from the risk assessment and from other professionals
- The best initial setting for delivering teaching (home, 1:1 in a library setting; small library groups; supported reintegration to mainstream school; stepped transition to a new setting) it is also likely that students may move from home to library based tuition as planned steps toward return to mainstream education
- Matching staff expertise to identified needs of a student when possible
- Staff teaching commitments and spaces to timetable optimum teaching blocks for the student

These variations mean that a personalised learning programme can be developed for each student. It also remains flexible and able to be adapted to the changing needs as the child progresses towards full time return to education.

## Admissions via Local Authority Complex Needs Panel (CNP)

Pupils with SEN Statements or Education Health Care Plans may be directly referred via the Complex Needs Panel.

The referring SEN officer will complete The Pavilion referral form and forward it to the Headteacher.

Pupils are typically placed on a short stay, interim basis while further assessment, mediation or applications to other settings are made. It may be that a child has moved into the borough and is awaiting a transfer into an appropriate mainstream or specialist provision.

When possible, pupils referred by CNP will be placed in Mead way 2 and given access to full time education with additional support from teaching assistant/s.

Where children are too young or their needs are too complex to be met at Mead way 2, there will be programme of home teaching put in place, offering daily sessions.

### **Admissions for Pupils attending Hospital Education**

The Galaxy Ward at Barnet General Hospital is an acute children's ward with children's accident and emergency services for children and young people aged 0-19 years. There are 30 beds on the ward, 13 of which are cubicles. The ward expanded in January 2014 and is seeing increased admissions from neighbouring boroughs. It typically receives a mix of acute short term admissions and returning patients with serious underlying medical conditions. There have also been some long stay patients.

Discovery Classroom is located next to-the ward and provides a well-resourced learning environment that is able to offer the core curriculum to children aged between 5 – 16 years while they are in hospital. It can additionally provide support for self-study for 16-19 year olds who may also access the learning environment.

The classroom space comfortably allows for 6 children to work in each morning or afternoon timetabled session; additionally children may be taught on the ward or in cubicles according to needs.

## **Daily Protocols**

- Each morning and each afternoon hospital staff will identify and list children school age children who are expected to be able to access education during that day.
- The teacher will then join the TA and share the task of visiting each child who is deemed able to access education. At this stage teaching staff introduce themselves to new patients; explain the availability of the classroom / learning resources; find out which school the pupil attends; current year group; what levels/grades the pupil is working at and whether there are any current topics in core subjects that the child wishes to work on.
- It is essential to make students aware that they can access education either by the bedside or in the classroom at any time during the teaching day. They are informed that they may return to the ward/bedside at any time if they become tired or feel unwell.
- Additional risk assessments may then need to be made and notes made on student records. A RMN
  (Registered Mental Health Nurse) may be assigned to a patient, particularly where CAMHS support is
  required. If the student is brought to the classroom, the RMN will accompany at all times.
- The teacher will then determine where best to teach each child / young person. This decision will be based on medical information and may be influenced by numbers of children able to access. Each day will require consideration of individual needs and matching to the resources available.

#### **Prioritisation**

There will be quiet days and some days when demand for education support may outstrip staffing resources available. On such occasions it will be necessary to prioritise access to education as follows:

### Returners

This is an identified cohort of children who may have had many previous admissions. Individuals are known to staff, contact has been established with their schools, progress is tracked on a central data system and a sharing of target setting between school and hospital education is taking place. It is likely that these children and yp have ongoing curriculum work in process and they will be familiar with classroom and education routines.

When a returning student is required to remain in a cubicle for infection control purposes, work will be prepared and taken to the student as a priority.

#### **Long Stay Patients**

Where a patient is on day 2 or 3 onwards – this patient will have already completed assessment tasks and will have been introduced to the classroom. Depending on health and well-being needs, the children and yp may wish access the classroom for either or both morning or afternoon sessions or they may wish to work independently back on the ward, having collected work and resources from the classroom. Laptops are available for use on the ward to support this approach to learning.

## New Admission / Day 1

Where the child is a new admission, it will be normal procedure to encourage the pupil to complete work at the bedside for the morning session, with additional support from the teaching assistant if needed. He/she will then be invited to access the classroom in the afternoon. Medical staff may continue to run tests and observations throughout the morning and may require the child to be at the bedside.

The pupil will have bedside pack that contains age appropriate work in core subjects with some short assessment tasks. Also students will be provided with a reading book and educational games. The bedside pack will be given out at 9.30 and the assessments collected at 11.00 for marking. The assessment information will enable teaching staff to set work based on attainment and baseline assessment.

## **Student Daily Learning Plan Tracking Progress**

Using prior attainment and baseline assessment information, all students are set an Academic and Wellbeing target for each session they access and it is documented whether the targets have been met. In addition to this, when appropriate, student's complete a 'Student Daily Learning Plan' which summarizes their learning within a session (see appendix), and highlights their next steps.

#### **School Liaison**

For returning students and those who have been admitted for a longer period of time, teaching staff make contact with the home schools and collect key information and plan the curriculum in conjunction with the school.

#### **Evaluation**

Students and parents are asked to briefly evaluate their learning experience on a daily basis.