**Hillingdon’s Quality Assurance Framework for Alternative Provision**

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**What is ‘good’ Alternative Provision?**

Before considering alternative provision for a child, schools and local authorities need to ensure both the quality of education and the safety of pupils within a setting.

The DfE describes good alternative provision as: ‘that which appropriately meets the needs of pupils and enables them to achieve good educational attainment on par with their mainstream peers. All pupils must receive a good education, regardless of their circumstances or the settings in which they find themselves.

Provision will differ from pupil to pupil, but there are some common elements that alternative provision should aim to achieve, including:

* good academic attainment on par with mainstream schools, particularly in English, mathematics, and science (including IT), with appropriate accreditation and qualifications;
* that the specific personal, social, and academic needs of pupils are properly identified and met to help them to overcome any barriers to attainment;
* improved pupil motivation and self-confidence, attendance, and engagement with education; and clearly defined objectives, including the next steps following the placement such as reintegration into mainstream education, further education, training or employment’

The DfE identifies that a good provision should:

* have a clear purpose with a focus on education and achievement as well as meeting the pupil’s needs and rigorous assessment of progress;
* offer appropriate and challenging teaching in English, mathematics, and science (including IT) on par with mainstream education – unless this is being provided elsewhere within a package of provision;
* be suited to the pupil’s capabilities, give pupils the opportunity to take appropriate qualifications and involve suitably qualified staff who can help pupils make excellent progress; and have good arrangements for working with other relevant services such as social care, educational psychology, child and adolescent mental health services, youth offending teams and drug support services etc.

Alternative provision should be good quality, registered where appropriate, and delivered by high quality staff with suitable training, experience, and safeguarding checks. It should have clearly defined objectives relating to personal and academic attainment. Where an intervention is part-time or temporary, to help minimise disruption to a pupil’s education, it should complement and keep up with the pupil’s current curriculum, timetable, and qualification route.

Ofsted inspectors will look at how well the commissioner supports any pupils who are attending an alternative provision. They will need to be satisfied that these pupils are safe and are having their needs met effectively.

When looking at the suitability of alternative provision, inspectors will consider:

* that the provision is a registered school (if it needs to be) and that leaders have checked this;
* that it provides high-quality education and is safe;
* how the commissioner has quality assured the education on offer;
* the commissioner’s reasoning for why this is the best choice for the pupils who are accessing it;
* whether relevant safeguarding checks have been carried out by the commissioner;
* whether students are accessing a broad, balanced and well-planned curriculum;
* the attendance of the pupils involved;
* how well the provision supports pupils with their personal development.

**Registration Status**

If an alternative provision is functioning as a school, it will need to be registered as an independent school before operating. It is a criminal offence to operate an unregistered independent school. Therefore, schools commissioning alternative provision should check the registration status of any provider that they are considering.

There is no legal definition of what constitutes ‘full-time’ education. However, the DfE would consider an institution to be providing full-time education if it is intended to provide, or does provide, all, or substantially all, of a child’s education. A provision must register, as an independent school where it

provides full time education for:

* 5 or more pupils of compulsory school age
* 1 or more pupils of compulsory school age with an education, health, and care (EHC) plan
* 1 or more pupils of compulsory school age who are looked-after by the local authority

**Definition of full-time education**

The DfE and Ofsted consider any institution that is operating during the day, for more than 18 hours per week, to be providing full-time education. This is because the education being provided takes up the substantial part of the week in which it can be reasonably expected a child can be educated, and therefore indicates that the education provided is the main source of education for that child.

Relevant factors in determining whether education is full-time include:

* the number of hours per week that is provided - including breaks and independent study time;
* the number of weeks in the academic term/year the education is provided;
* the time of day it is provided;
* whether the education provision in practice precludes the possibility that full-time education could be provided elsewhere.

Schools and services considering commissioning alternative provision should remember that children should receive the same amount of education as they would receive in a maintained school. Therefore, if a child is accessing an unregistered provision, they can only attend part time and the school or service will need to ensure that most of their education is provided through a registered provider or by attending school for at least half of the week.

**QA Framework**

This framework should be completed by the commissioner of any Alternative Provision before a child or young person commences a placement. This framework is designed as a starting point for commissioning an AP placement. Commissioners should take responsibility for carrying out their own suitability and quality assurance checks, as well as keeping up to date with government guidance and any local requirements.

Rigorous quality assurance of alternative provision is essential once a placement has been secured, the commissioner is required to keep firm ‘ownership’ of students who attend it and ensures that the placement always meets the student’s needs. Regular rigorous quality assurance is a crucial part of commissioning and monitoring process. Best practice includes:

* The student knows that the commissioner is interested in their provision and will intervene and support them if there are any problems.
* The commissioner has a key link member of staff who liaises with the placement provider and takes an ongoing interest in the student’s progress.
* Commissioning staff routinely visit the provider, at agreed intervals, to monitor the quality of the provision. They are also responsive if there are problems at any point.
* At the same time, the commissioner respects the fact that the provision may look different from ‘school’ and does not interfere unnecessarily.
* The provider records the student’s personal, academic and placement specific progress as agreed with the school or unit. The student is involved in self-evaluation.
* The commissioner takes note of this information and includes it in their routine tracking of the student’s overall progress.
* The commissioner triangulates this with data such as overall attendance, behaviour, and progress to evaluate the impact of the provision on the outcomes for the student.
* If a student is not making adequate progress, the commissioner finds out why and responds accordingly, offering support or challenge to the student or the provider concerned, and if necessary, changing the placement.
* Risk Assessments must be formulated and updated regularly.

A [monitoring framework](#Bookmark14) has also been included in this document which can be used for ongoing oversight of an alternative provision placement.

**Framework: Safeguarding**

|  |  | **RAG** | **Evidence / Notes** |
| --- | --- | --- | --- |
| **Procedures** | All staff at the provision (including agency, temporary and volunteers) have been issued with a copy of the latest version of Keeping Children Safe in Education (KCSIE) part one. The provider can evidence that staff have read this guidance |  |  |
| Site is secure and public access to the site is managed effectively |  |  |
| Rigorous processes for signing visitors in and out of the site and for checking the I.D of visitors are consistently applied |  |  |
| Clear displays are present around the premises and at reception that inform staff, visitors and young people of who the DSL and their deputy are and how to find them. These displays should be accessible/friendly to young people |  |  |
| The Designated Safeguarding Lead (DSL) and deputy DSL are identified in the staff handbook or other staff induction literature/materials. If this information was disseminated electronically, then acknowledgement of receipt/reading has been obtained from all staff |  |  |
| Arrangements for calling home on the first day of students’ absence are robust and consistent. Evidence of this activity must be recorded |  |  |
| Detailed information is elicited on referral that enables the provider to safeguard students effectively |  |  |
| Effective ways to identify emerging safeguarding/CP problems and potential unmet needs of individual children and families are in place |  |  |
| Contact with the local/relevant Multi-Agency Safeguarding service (MASH)(SPOC/IPOC) must always be made where there are concerns raised about the welfare of any student at the provision. Evidence that these referrals were made (and followed up if the response received from children’s social care was unsatisfactory) must be available |  |  |
| Referrals made and any other information submitted to external agencies are of sufficient quality |  |  |
| The provider is able to evidence their representation at multi-agency meetings such as TAC/CIN where required/applicable |  |  |
| Storing and processing of safeguarding-related and other sensitive information, including when sending information/documents electronically, are secure and held separately to general student records |  |  |
| All staff are aware of who the Local Authority Designated Officer (LADO) is, what their role is and how to make a referral to this service.Evidence that this information has been shared with staff must be available |  |  |
| Any LADO referral is made as soon as practicably possible and always within 24 hours |  |  |
| Notes:* For all above criteria, where the check is remote, it may be triangulated with a spot check on a site visit or against other information held by the commissioner; this is particularly likely where evidence for criteria checked remotely is insufficient for a positive judgement to be made
* The QA process will involve a face-to-face or virtual meeting with the designated safeguarding lead and headteacher/proprietor of the provision
 |

**Framework: Leadership and Management**

|  |  | **RAG** | **Evidence / Notes** |
| --- | --- | --- | --- |
| **Leading on Safeguarding** | The providers’ Safeguarding/CP Policy is clear, recently updated and fit for purpose - providing enough detail to inform practice |  |  |
| The staff conduct policy contains specific reference to and adequate guidance on:* Conduct outside the provision which could compromise safeguarding or bring the provider into disrepute
* Acceptable use of technologies, including mobile technology
* Staff/student relationships
* Communications including use of social media
* Physical intervention and restraint
 |  |  |
| The provision has a DSL and a deputy to act as DSL in the absence of the post-holder |  |  |
| The DSL is a member of the leadership team and has a job description that clearly outlines the role |  |  |
| The DSL possesses the appropriate level of training for the role. The current requirement is a Level 3 DSL specific qualification which has been provided or approved by the local authority. Evidence of this qualification must be available |  |  |
| Any changes to the staffing of the DSL or deputy roles are communicated to the local authority immediately |  |  |
| **Staffing and Safer Recruitment** | The provider maintains a single central record (SCR) of all staff and regular visitors to the site that fully complies with the statutory guidance outlined in the most recent version of Keeping Children Safe in Education |  |  |
| A named person is responsible for updating and maintaining the SCR |  |  |
| The SCR and any documentation collected and retained on recruitment (such as references, DBS certificates and I.D verification) is securely stored |  |  |
| If the provider uses a supply agency or external contractor; they hold, on record, written confirmation that the agents follow safer recruitment best practice when they supply staff to the provision |  |  |
| Every appointment panel for a position at the provision has at least one person on it who has undertaken safer recruitment training |  |  |
| There is always at least one question asked in all interviews about safeguarding |  |  |
| **Staff Training and Development** | Training for those staff supporting [or leading on support for] students with medical conditions are in place where appropriate/necessary – the nature of the training should depend on specific medical needs of the students accessing the provision |  |  |
| All staff have received training in child protection and safeguarding on appointment and at least annually thereafter. Evidence of the training content and staff attendance must be available. Training should include information on the provider’s safeguarding procedures/arrangements and relevant local/national issues and priorities. |  |  |
| Rigorous performance management of teachers and support professionals is in place. The processes applied should be effective in supporting staff to improve and enhance their practice and the overall quality of the provision |  |  |
| Those responsible for teaching/leading lessons/sessions are observed regularly. Observation feedback is of sufficient quality to support the individual to improve |  |  |
| Other relevant training opportunities (internal and external) are made available to staff in order to enable them to better fulfil their roles and keep abreast of changes and updates to guidance and best practice – e.g. data protection, safeguarding and health & safety |  |  |
| **Policies:** The provider must have policies in place to govern specific aspects of their work as detailed below. The policies must be fit for purpose and updated/ratified regularly (in line with guidance – usually annually) by the governing body or the person to whom the governing body have delegated this duty where appropriate. All listed policies must be made available as part of the QA process  | Data protection and privacy |  |  |
| Complaints |  |  |
| Behaviour and exclusions |  |  |
| Staff discipline, conduct, grievance and capability |  |  |
| Statement of procedures for dealing with allegations of abuse against staff |  |  |
| Child protection policy and procedures |  |  |
| Premises management |  |  |
| Equalities |  |  |
| Learning and teaching to include marking and assessment |  |  |
| Whistleblowing |  |  |
| **Admissions** | A service level agreement (SLA) is in place between the provider and commissioners and/or home schools. The service level agreement is fit for the purpose of clarifying lines of responsibility and expectations for curriculum content, student support, safeguarding arrangements, costs/invoicing and information sharing including reporting on progress |  |  |
| Referral information for all students placed at the provision contains enough information to assure the safety of the students and suitability of the provision to the needs of those enrolled. This should include information on ability, aptitude, specific needs and CP/safeguarding concerns and must be received prior to enrolment. This information should be shared with all relevant staff at the provision. Evidence of this practice must be available |  |  |
| The roll status of students is made clear in the SLA and within attendance records. The relevant local authority is routinely informed of any changes in the roll status of students accessing the provision as soon as practicably possible |  |  |
| **Board / governance arrangements:** The governing body must exhibit/evidence a sound understanding of their duties/responsibilities in respect of overseeing the work of the school and must adequately perform the following non-exhaustive list of functions. Evidence of the governing body fulfilling the listed duties is required.  | The governing body meet regularly and act in the best interests of the provision and the students accessing it by; maintaining independence in decision making, paying due regard to the Nolan principles of public life; and being open and accountable to public scrutiny |  |  |
| Governing body hold school staff accountable for safeguarding arrangements and processes so that these are effective in keeping children and young people safe |  |  |
| Objective and effective performance management of the headteacher or equivalent role at the provision is in place |  |  |
| Governing body ensuring delivery of the provision’s purpose by, in conjunction with the head or equivalent, developing a long-term strategy such as a development plan, improvement plan and/or self-evaluation framework |  |  |
| Strategic oversight for setting, reviewing and amending operational plans and budgets is in place |  |  |
| Strategic oversight for students’ progress and evaluating results is in place |  |  |
| Governing body ensures that the provider understands and complies with all legal and regulatory requirements |  |  |
| An adequate, process is in place at the provision for handling complaints constructively, impartially and effectively |  |  |
| If the provision is a charity, returns are submitted to the charities’ commission in line with their expectations |  |  |
| **Information Governance** | Evidence of the provider’s Information Commissioner’s Office (ICO) registration is available. The certificate is on display |  |  |
| **Registration with DfE** | The provider **must** be registered with DfE as a school if legal thresholds for school registration are met/exceeded |  |  |

**Framework: Health & Safety**

|  |  | **RAG** | **Evidence / Notes** |
| --- | --- | --- | --- |
| **Policy** | There is an adequate Health and Safety/First Aid policy in place that is accessible to all staff |  |  |
| The Health and Safety policy is reflected in practice |  |  |
| There is a named designated person for health and safety |  |  |
| **First Aid** | There is a named designated person for First Aid. This person must have a suitable level of training and be capable of administering resuscitation |  |  |
| First aid equipment is fit for purpose. First aid resources and equipment are carefully and conscientiously managed so that they are compliant |  |  |
| **Certification / Insurance** | There is an up-to-date and fully completed health and safety law poster on display |  |  |
| Public liability insurance cover with a limit of indemnity of not less than £5,000,000 covers the providers activities. The policy certificate is on display |  |  |
| Employer’s liability insurance with a limit ofindemnity of not less than £5,000,000 is in place |  |  |
| Professional indemnity insurance with a limit of indemnity of not less than £2,000,000 is in place |  |  |
| **Fire Safety and Evacuation** | There is a named designated fire warden who is responsible for overseeing safe evacuation in the event of fire. This person must be clear on their responsibilities and the applicable processes |  |  |
| Clear signage is in place for all fire evacuation routes |  |  |
| There is evidence of recent and regular fire evacuation drills |  |  |
| Means of escape is free from obstruction |  |  |
| Fire-fighting equipment is present. Fire extinguishers must be labelled and tested in the last year – test stickers/certificates/evidence must be present and compliant |  |  |
| Fire detection and warning systems must be present, fully functioning; evidence of recent and regular testing must be available |  |  |
| A fire risk assessment has been carried out at all sites accessible to students/staff in the last year by a competent person |  |  |
| **Managing Hazards and Risks** | There are specific risk assessments of all general and specialized activities that are made fit for purpose by taking account of: the specific work/activity to be undertaken, the nature of the student(s), all risks to the student(s) health and safety, appropriate control measures to protect the student(s), the provision of information and training to the student pertaining to the risk(s) identified |  |  |
| Effective measures are in place to minimise the risk of hazards related to work equipment, machinery and hazardous chemicals where they are present |  |  |
| A relevant staff member possesses accreditation (IOSH/NEBOSH) to ensure the effective management of risk associated with chemicals and hazardous equipment where appropriate/applicable |  |  |
| The organisation is familiar and compliant with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) procedures. This includes robust record keeping of all RIDDOR incidents/reports |  |  |
| **Other cyclical testing and miscellaneous premises management** | All electrical devices must have been subject to portable appliance tests (PAT) in the last calendar year. This must be evidenced by the existence of PAT stickers on the appliances and test certificates. Identification of appliances must be clear – e.g. using asset/reference numbers for each appliance tested |  |  |
| There are separate toilets for staff and students |  |  |
| Sanitary bins are provided in toilets used by female learners and staff |  |  |
| **Notes:*** The evidence asserted within risk assessments will be triangulated with practice observed on the site visit. The expectation is that relevant staff are familiar with the control measures identified in risk assessments to mitigate against risks identified with the activities they are delivering
* All risk assessment criteria/checks will be reinforced with a physical check during the **site visit**
* All records provided may be triangulated with any other information held/obtained by the commissioner
 |

**Framework: Quality of Education**

|  |  | **RAG** | **Evidence / Notes** |
| --- | --- | --- | --- |
| **Intent** | The curriculum on offer is ambitious and designed to give all learners (including those with SEND) the knowledge, skills and accreditation they need to succeed in life. A full range of curriculum subjects should be available, with students specialising only when necessary |  |  |
| The curriculum is coherently and sequentially planned to enable students to access future learning/training/employment opportunities |  |  |
| In KS4, there are opportunities for all learners to access work experience and/or suitable work-related learning |  |  |
| **Implementation:** Evidence listed in this section may be supplemented with lesson/session visits and meeting(s) with staff during the site visit, or remotely where possible, as part of the QA process | Staff at the provision know their students well. Information held on students’ needs is comprehensive. This includes any information on special educational needs, readiness to learn and any other potential barriers to learning and achievement |  |  |
| All taught sessions are planned with appropriate learning objectives with activities and outcomes relating to the objectives |  |  |
| Teachers create an environment that allows the learner to focus on learning |  |  |
| Teachers exhibit sound subject knowledge and passion for the subject(s)/course(s) they teach. Effective support is provided for those teaching outside their main area(s) of expertise |  |  |
| Teachers present subject matter clearly, promoting appropriate discussion about the subject matter they are delivering |  |  |
| **Impact: Work Scrutiny**Students’ work over a period of time (such as since the start of the academic year or since joining the provision) is required in order for judgements to be made for criteria within this section. Providers are expected to provide sufficient examples of work that will support the commissioner to reach the judgement that the criteria in this section have been met  | Teachers check learners’ understanding systematically, identify misconceptions accurately and provide clear, direct feedback |  |  |
| Teachers and leaders use assessment well, for example to help learners embed and use knowledge or to check understanding and inform teaching |  |  |
| Assessment information informs planning to ensure that learners gaps in knowledge required to succeed in external examinations are addressed |  |  |
| A rigorous approach to the incorporation of literacy and numeracy is employed that develops learners’ confidence in these skills |  |  |
| A marking policy is in place and fit for purpose. The guidance issued by leaders (contained within the marking/assessment policy) on the formative and summative assessment of learning should be reflected in practice. Marking is regular (in line with policy) and provides appropriate comments/feedback on how to improve performance |  |  |
| Work in students’ book/folders covers the full planned curriculum in all subject areas |  |  |
| There is evidence of an increased level of challenge in lesson activities over time |  |  |
| Assessed work provides secure evidence for assessment/progress data/tracking |  |  |
| Presentation of completed work evidences the providers’ high expectations for students’ effort |  |  |
| **Impact: Progress and Achievement** | Results for external examinations provide evidence that students have made sufficient progress in relation to their starting points |  |  |
| Progress tracking shows that learners make acceptable rates of progress. Where this is not the case, there is clear evidence that the provider has(is) put(ting) effective intervention(s) in place |  |  |
| **Impact: NEET Prevention** | Learners’ destination information must be collected. Few students become NEET after the end of the providers’ course. The provider must evidence that they have measures in place to ensure that students continue to access education, employment or training in the post-16 phase |  |  |

**Framework: Behaviour and Personal Development**

|  |  | **RAG** | **Evidence / Notes** |
| --- | --- | --- | --- |
| **Behaviour**Evidence listed in this section may be supplemented with lesson/session observations during the site visit or remotely where possible as part of the QA process  Where possible The QA process will involve a meeting with pastoral staff and a meeting with students (either face-to-face or remote) | High expectations for students’ conduct/behaviour is evident. These high expectations are reflected in students’ behaviour |  |  |
| An effective system of record keeping for behaviour incidents is in place |  |  |
| Behaviour incident data is analysed to determine whether students’ behaviour is improving or worsening and to identify other patterns/trends of behaviour. There is evidence that this analysis informs approaches employed by the provider and any pastoral intervention that is put in place |  |  |
| Relationships between staff and students reflects a positive and respectful culture |  |  |
| Staff create an environment in which bullying, and discrimination of any kind, are not tolerated. Any incidents of this nature are dealt with quickly and effectively |  |  |
| **Attendance** | Learners’ rates of attendance and punctuality are at an acceptable level when compared with previous placement(s) and/or national benchmarks |  |  |
| Students’ absence is monitored forensically; there is swift and effective intervention when students’ rates of attendance decline |  |  |
| **Personal Development**Asserted practice may be triangulated against responses during meetings/conversations with students/staff  | Students are effectively supported to make a successful transition to the next phase of their education, employment or training. An effective and impartial careers programme is in place |  |  |
| The provider prepares students for life in modern Britain by equipping them to be responsible, active citizens who contribute positively to society |  |  |
| The provider’s wider work supports students to develop their character – including their resilience, confidence and independence – and helps them know how to keep physically and mentally healthy |  |  |
| The provider, where applicable, supports students to overcome the barriers to learning and education that have led to them being in AP |  |  |
| Students are supported to develop an age- appropriate understanding of relationships and understand how to keep themselves safe |  |  |

**Framework: Support for Students**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **RAG** | **Evidence / Notes** |
| **Induction** | Students receive an induction which ensures that they understand their rights and responsibilities. There is evidence that the induction takes place consistently for all students |  |  |
| Induction effectively supports students to understand procedures for remaining safe on site and in the local area and familiarises them with the provider’s expectations in terms of their attendance and conduct |  |  |
| **Student Voice** | Students have a forum in which they can express opinions and raise issues. There is evidence of this activity and its impact |  |  |
| **Student Support** | Learning and pastoral support is available to all students throughout the programme. Students and staff are aware of the procedures to access this support |  |  |
| Students are provided with careers information, advice and guidance |  |  |
| Where relevant, the provision works with external agencies to support students with specific needs |  |  |
| Where students have specific SEND needs, there are individual plans in place |  |  |
| The provision has a named SENDCo who coordinates support for students with SEND |  |  |

**Framework: Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RAG** | **Evidence** | **Notes** |
| Does the provider have a Data Protection Policy?  |  |  |  |
| Is there a service level agreement in place, setting out the services that the alternative provision agrees to provide?  |  |  |  |
| Does the alternative provision meet any additional requirements that have been specified by the Local Authority or Academy Trust?  |  |  |  |
| Is there a Complaints Policy? Is there a system in place to ensure that the commissioner is made aware of any complaints involving their pupils?  |  |  |  |

**Alternative Education Provider Check list (non-Ofsted registered providers only)**

This checklist should be completed in addition to the QA framework before commissioning a placement for a child in an unregistered provider.

|  |  |
| --- | --- |
|  | **Operational Information** |
| State on which days there is a provision for children and young people |  |
| State the provisions operational hours for children and young people (include hours per day if different) |  |
| Current number of pupils accessing the provision by age group | EYFS: |
| Key Stage 1: |
| Key Stage 2: |
| Key Stage 3: |
| Key Stage 4: |
| Key Stage 5: |
| Ratio of adult to child for each provision group/class |  |
| Qualifications (suitability) of staff |  |
| Areas of education (curriculum) supported by provision |  |
| Is there a school prospectus/timetable and/or scheme of work? |  |
| Number of children accessing the provision with an Education Health Care Plan |  |
| Number of Children accessing the provision who are looked after by a local authority  |  |
| Number of children attending other educational provisions (please state names of provisions) |  |

**Pupil Risk Assessment Template**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** | **Main School Name** | **AP Name** | **Year Group** | **DoB** | **Proposed Start Date** |
|  |  |  |  |  |  |
| **1** | **What are the behavioural patterns which present health and safety hazards or challenges?** |
| FrequencyH hourlyD dailyW weeklyM monthly | Behaviour | Level of Risk (1=low10=high) | Probability(likelihood of harm)1 improbable2 possible3 probably4 likely | Hazard(potential for harm)1 rare2 occasional3 frequent4 persistent | IntentionD deliberateA accidentalI involuntary | Is this your opinion or is it knownto you?K knownO opinion |
| Self-harm |  |  |  |  |  |
| Bullying |  |  |  |  |  |
| Highly Verbally Abusive |  |  |  |  |  |
| Sexually abusing/inappropriate behaviour |  |  |  |  |  |
| Violent/aggressive behaviour |  |  |  |  |  |
| Impulsive/dangerous behaviour |  |  |  |  |  |
| Substance/alcohol misuse |  |  |  |  |  |
| Offensive on the basis ofrace/gender/religion/disability |  |  |  |  |  |
| Absconding/absenting |  |  |  |  |  |
| Damage to property |  |  |  |  |  |
| Offending |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Carrying/using weaponry |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| **Further Comments** |

|  |  |  |
| --- | --- | --- |
| **2** | **Who is most impacted by these risks (self, peers, teachers, other adults etc)?** | **Estimate the risk level- H/M/L** |
|  |  |  |
| **3** | **What measures have been taken to reduce the risk?** | **Estimate the risk level- H/M/L** |
|  |  |  |
| **4** | **What further action is needed to reduce the risk?** | **Estimate the risk level- H/M/L** |
|  |  |  |
| **5** | **What activities cannot be reasonably safely managed without disproportionate costs?** |  |
|  |  |  |
| **6** | **What level is the overall risk posed?** | **Estimate the risk level- H/M/L** |
|  |  |  |
| **7** | **Is the provider able to safely work with this student?** | **Y / N** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person completing the form** |  | **Head of AP setting** |  |
| **Job Title** |  | **Signature** |  |
| **Signature** |  | **Date of initial assessment** |  |
| **Date** |  | **Date of review assessment** |  |

NB: Best practice would be to also gain the views from parent/s and gained their agreement

**QA Monitoring Framework**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** | **Main School Name** | **AP Name** | **Year Group** | **DoB** | **Date of Visit** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Evidence & Comments** | **RAG Rating** |
| Appropriate Timetable | ***Are core subjects taught regularly and often enough?*** |  |
| Appropriate Targeting | ***Are the subjects taught at the appropriate level given the ability of the students? Are special needs taken into account? Are the students clear on next step academic and social, emotional and behavioural targets? Is the work linked to the targets?*** |  |
| Tracking of Students | ***Are the individual successes for each student tracked and shared effectively?*** |  |
| Behaviour | ***Are the students behaving well? Are they enthusiastic learners?*** |  |
| Teaching | ***Are the teaching activities appropriate and differentiated for the students?*** |  |
| Safeguarding | ***Are safeguarding procedures in place?***  |  |
| Student Views | ***Do students prefer the alternative provision to mainstream school? How is the provision helping them? What do the students like doing? Is their attendance and attitude to learning improving? What are your plans for the future (post 16 destinations)?*** |  |
| **Impact of the provision?** |  |

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| --- | --- | --- | --- |
| **Name of person completing the form** |  | **Head of AP setting** |  |
| **Job Title** |  | **Signature** |  |
| **Signature** |  | **Date of review assessment** |  |
| **Date** |  |  |  |