



<b>Policy Name</b> <b>08. Admissions Policy</b>		<b>Effective from</b>	20 <sup>th</sup> January 2021
<b>Last reviewed</b>	<b>January 2021</b>	<b>Agreed by BoT</b>	January 2021
<b>Reviewed by</b>		<b>Next review</b>	<b>January 2024</b>

## 08 - Admissions Policy + Appendix

### INTRODUCTION

Playskill is accessible to children with physical delay or disabilities and their families living in local areas, i.e. Watford, St Albans, Three Rivers and Dacorum. In certain cases, families from a wider catchment area may be considered, but local families will take precedent.

Playskill provides an environment in which all children who attend are encouraged to fulfil their potential and that is suitable for children with physical delay or disabilities. Children with full independent mobility and/or autistic spectrum disorders alone will not benefit from Playskill. [See appendix 4 for assessment criteria].

### OBJECTIVE(s)

It is Playskill's intention that the setting offers equal opportunities and access to families needing to access Playskill's services regardless of their ethnic origin, social background or language.

### RESPONSIBILITIES

It is the responsibility of the Director and Deputy Directors of Playskill to ensure that this policy is implemented.

### IMPLEMENTATION

Playskill can be accessed directly by parents/carers telephoning the Director either by the Playskill mobile or by email. On receipt of the parent's/carer's contact, the date of the contact and details about the child will be recorded. In the case of professional staff phoning with regard to a child obtaining a place at Playskill, a telephone call with the parent/carer will still be required.

Places on Playskill pre-school group's waiting list will be considered, following an initial assessment by questionnaire or telephone contact, to children aged between one and five years (in exceptional cases, children may be offered a place earlier than one year old). Places will be offered in order of date of receipt of questionnaire/initial assessment, taking into account any exceptional circumstances. A waiting list will be kept recording the date of contact from the parent/carer of the child and receipt of the questionnaire. In cases where English is not the first language of the family or the parent/carer has special needs, the questionnaire will be completed with the aid of an interpreter or on the telephone.

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Before taking up any offered place at Playskill, a parent or a guardian with parental responsibility must give their written consent (see Appendix 1). This will be obtained in person on the initial assessment morning. If a child fails to attend this initial assessment morning, without due reason, the place will be offered to the next child on the list for that term. However, an opportunity to take up a place for the following term will be given. Regular attendance is essential for the maximum benefit of the child. Attendance at the group will be monitored and recorded as part of the termly report for the child.

Children will be offered a place for one term in the first instance subject to availability. The place may then be extended if, following assessment, it is considered that the child will benefit from further sessions and there are places available for the following term.

### CHANGES FROM PREVIOUS VERSION

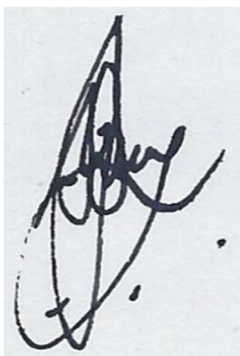
Section	Change	Reason for Change
All sections	Updated format and wording	Changes to reflect new Policy template

### APPROVAL

Policy prepared by: Lucy Sharpe, Trustee and Andrea Clarke, Director

Approval required by : Board of Trustees

Signed on behalf of Board of Trustees



Signed:

Name: Stuart Soloway, Chair of Board of Trustees

Date: 20.1.2021

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## APPENDIX 1

### Parental consent document

#### **Parent/Guardian Consent to Assessment, Treatment, Discussion and Distribution of Reports and consent for Communication with Playskill**

Re: Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

I am the parent/guardian/person with parental responsibility of the above child and as such give consent for an assessment by the Director and any of the Playskill team and any subsequent actions to be carried out as discussed and agreed with the team within Playskill. I understand that where possible the targets agreed with the NHS/education professionals will be used to inform the play ideas for Playskill, and that they will be contacted by the Playskill team for this reason.

I agree to the discussion of the progress of my child's play and needs in that context at the professional discretion of the Playskill team. I understand this may also involve written communication, exchange of reports, video calls, telephone conversations, e-mail or face-to-face meetings with other involved professionals and services. I understand that the progress of my child will be discussed within the Playskill team, but that they are bound by confidentiality, except for the purposes of the above described liaison with professionals involved in my child's care.

**Please tick** to confirm your permission for us to contact/continue to contact you with regard to general communication, parent training, social events, fundraising and marketing events for Playskill. We are required to obtain your permission due to new legal requirements regarding Data Protection. If you require more information on this please refer to our Privacy Policy which can be found on our Website.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second copy of form held by parent/guardian. Third copy for professionals

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Professional Title	Name	Address	Tel.
Occupational Therapist			
Physiotherapist			
Speech & Language Therapist			
Advisory Teacher			
Health Visitor			
Other			

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## Appendix 2

### VIDEO and PHOTOGRAPHY Permission

#### Internal Playskill

I..... the parent of .....

give my permission for the use of still digital camera photography and/or video footage of my child. It is understood that the footage will be relating to play activities and equipment, and will be used only for other professionals or carers to view.

#### Wider audience

I **do/do not** [delete as appropriate] give my permission for the usage of still photography/ video footage; to be used to demonstrate the work of Playskill to a wider audience [includes website, press and publications, no names of children are used without additional permission].

Date.....

Signed.....

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**Appendix 3**  
**Initial Parent Questionnaire**

**CONFIDENTIAL**

**Please return to: Playskill, LeMarie Centre, 524 St Albans Road, Watford, Herts, WD24 7RX**

<b>Child's name (First)</b>		<b>Address1</b>	
<b>(Surname)</b>		<b>Address2</b>	
<b>Parents name (First)</b>		<b>Town/City</b>	
<b>(Surname)</b>		<b>County</b>	
<b>Relationship</b>		<b>Post Code</b>	
<b>Childs Weight</b>		<b>DOB</b>	
<b>Advisory Teacher</b>		<b>email</b>	
<b>Other professionals</b>		<b>Tel. Home</b>	
<b>Social Worker</b>		<b>Tel. Mobile</b>	

<b>Name/Address of GP</b>		<b>Name address of Therapists involved /frequency seen</b>
<b>Full Name</b>		
<b>Name of Surgery</b>		
<b>Address1</b>		
<b>Address2</b>		
<b>Town/City</b>		
<b>County</b>		
<b>Post Code</b>		
<b>Contact number</b>		

<b>Are you under 25 years of age? Yes/No</b>	<b>Is your child's father under 25 years of age? Yes/No</b>
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**Birth history – normal delivery/ complications details etc**

**Diagnosis ( if known) / main problems**

**How did you hear about Playskill?**

**What are your key concerns for your child at present?**

<b>Developmental milestones – Have they? If so, at what age in months?</b>					
<b>Rolled</b>		<b>Cruised</b>		<b>Used words</b>	
<b>Sat</b>		<b>Drank from cup</b>		<b>Smiled</b>	
<b>Stood</b>		<b>Babbled</b>		<b>Crawled</b>	
<b>Used spoon</b>		<b>Held an object</b>		<b>Head held up</b>	

**Do you have any concerns re your child’s feeding (eating, drinking, chewing, swallowing, gastrostomy etc)?**

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What utensils does your child use to feed with?

Does your child have difficulty in understanding what you say to him/her, or following instructions? Have you noticed changes in this area?

Describe your child's spoken language (eg, does he/she use sounds, words or sentences? What vocabulary do they use? Is he/she easy to understand?)

If they have difficulties in making you understand, do they become frustrated?

What non-verbal ways, apart from spoken words, does your child communicate with you (eg, pointing, gesture, signs, pictures or symbols)?



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**What Physiotherapy advice/ targets have you currently been given? Please be specific.**

**What Occupational Therapy advice /targets have you currently been given. Please be specific.**

**What play activities does your child enjoy most/dislike most?**

**What food would you suggest for your child at snack time? [Please bring any special utensils]. Are you having Speech and Language Therapy advice for feeding - if so please state it here. If they have a gastro will they be fed at this time?**

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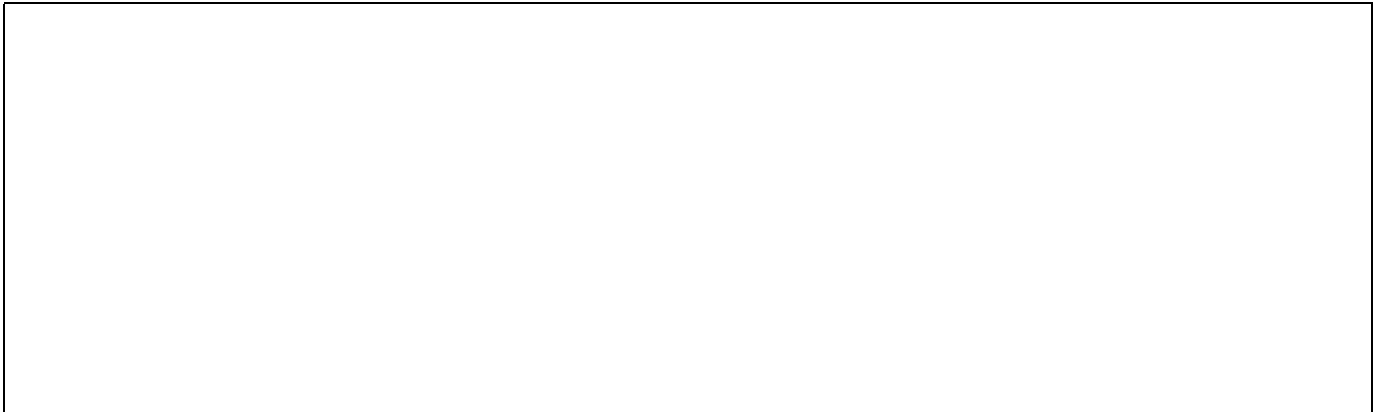
What current Speech and Language advice / aims have you been given? Please be specific.

Please describe any specialist equipment your child has at home.

If it was possible to choose, which session would you prefer your child to attend, please indicate a 1<sup>st</sup> and if possible a 2<sup>nd</sup> preference:

- Monday 9.30 to 11.30 – venue The Lemarie Centre, Watford
- Monday 12.30 to 2.30 – For Nursery age children, venue The Lemarie Centre, Watford
- Tuesday 9.30 to 11.30 – venue The Lemarie Centre, Watford
- Tuesday 12.30-2.30 – venue The Lemarie Centre, Watford
- Friday 9.30 to 12.30 – venue Woodfield School, Leverstock Green, Hemel Hempstead
- Friday 12.30 to 2.30 – For Nursery age children, venue Woodfield School, Leverstock Green, Hemel Hempstead

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## Appendix 4

### Playskill Assessment Criteria

#### Initial Question;

Do they have a physical difficulty or delay on the questionnaire we receive?

Do the family live within our catchment area? (see above policy)

If **NO** then they do not require assistance from Playskill.

If there is only a problem within one specific domain, other physical difficulty, then this would not be an appropriate reason for attending Playskill but indicates a need for a specific service.

If **YES**;

#### For new referrals;

1] It is a priority for children to be assessed within a term of receipt of application [waiting list questionnaire], to assess their need for a place.

2] What is the level of physical difficulty?

- For AM group - Are they not walking independently?
- For PM groups only - Do their fine motor/ SLT needs originate from a gross-motor delay that has now reduced?

3] Are there special consideration? For example - surgery/ procedure relevant to physical disability, and/or significant parental/carer support needed.

4] Are relevant services providing specific support?

#### For families who have previously had a place;

1] Have they attended regularly? On acceptance of a place attendance is expected regularly apart from illness [Playskill must be informed of this]

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2] Is it their last placement before they will start school, is there likely to be a significant gain by attending for this term?

3] Is the child meeting their SMART goals? If consistently this is not the case, then it is an indicator that other help may be more relevant.

If all the goals are consistently being met, is it possible now to enable the parents to continue working independently with their child?

### **Summary**

<b>High Priority</b>	<b>Medium Priority</b>	<b>Low Priority</b>
New referral	New/ known child	Known child with previous history of 2 terms input
Limited access to other services	Input from other services	Input from other services
High need of parental/carer support	Parent/Carer support is developing	Parents/ carers informed
High level of physical disability	Moderate level of physical disability	Low level of physical disability
Other special considerations		
Last term before school where a major impact is anticipated from attending group	Last term before school consideration if felt beneficial	
Significant potential predicted for child to achieve with Playskill input.	SMART goals <ul style="list-style-type: none"> <li>• being achieved consistently</li> <li>• consistently achieved with significant Playskill input</li> </ul>	SMART goals <ul style="list-style-type: none"> <li>• not being achieved consistently</li> <li>• consistently achieved with minimal Playskill input</li> </ul>

All the factors above are considered and level of physical difficulty alone, is not the only indicator of group place priority.