Luccombe Hub This document forms part of the policy handbook and is intended for use at Luccombe Hub	
Title:	**Admissions**
Subject Area:	Centre Administration
Applies:	Immediately
Issued:	1st January 2022
Reviewed:	29th February 2024
Next Review:	1st March 2026
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1. Introduction

1.1 Aims

This policy sets out the criteria for entry to The Luccombe Hub and the process for admissions.

1.2 Consultation

This policy is written in consultation with the Centre Staff and parent feedback.

1.3 Legislation and guidance

This policy is written with reference to:

- Equality Act 2010
- Education Act 2002
- Human Rights Act 1998
- Education (Independent School Standards) (England) Regulations
- SEN Code of Practice

2. Procedures and practice

2.1 Steps (chronology)

All children attending shall show need for a therapeutic approach to education, they may have or be in the process of obtaining an EHCP, or by way of referral made via their school due to behavioural needs.

SEN needs may include but not limited to:-

- ASD/ADHD/SPD/PDA/social communication difficulties.
- Attachment disorders/trauma
- Speech and Language that falls below average ability range.
- Social Emotional Mental Health (SEMH) needs
- motivation and intent to learn as part of a group.

The Centre will consider referrals for admission from Local Authorities and any other persons looking for an alternative education provider for their child. A referral request can be made by completing the referral forms (private/Professional) See appendix 1. We ask that on referral any relevant paperwork be included eg, EHCP/Any individual child Risk Assessments/Educational Psychologist reports/ School reports. Upon receipt of the referral request and paperwork, acknowledgement will be sent to the referring party within 10 working days.

Procedure

The Luccombe Hub offers a staged admission process – this is to ensure suitability of placement for the young person.

1st Stage:

- Assessment team will read referral papers and decide whether to offer a taster visit, this is based on the need for therapeutic support and/or education, due regard is given to the safety of our current learners and any proposed learner, together with acknowledgement of the openness of the site and any presentation of behaviour. Equal and serious consideration will be given to all proposed placements.
- A response will be provided within 10 working days.
- Site taster visit arranged
- Review of visit and decision regarding The Luccombe Hubs suitability for the child to enter 6 weeks assessment period.
- Outcome letter provided to referrer.

2nd Stage – 6 week trial assessment period

- A young person will be welcomed into the Luccombe Hub for an initial 6 weeek period – this provides time for transitioning into the new setting and an opportunity for a mutual decision to be made as to whether the young person needs can be met by the centre and impact of behaviour on the centre community.
- A review by the senior team will be carried out before the end of the 6 week period to review suitability – consideration is given to the safety of the young person and all other learners, safety in regard to the openness of the setting and impact on wellbeing of the young person and other learners.

3rd Stage –

- If decided that a permanent placement can be offered this will be communicated to parents, young person and referrer. A formal proposal will be provided and arrangments made for any official start date.
- Admission pack is sent to parents/carers at least one week prior to entry

- Where on review of the 6 week assessment, it is felt that the setting is unsuitable and the centre cannot meet needs. This will be clearly communicated to all parties and no permament placement will be offered.

2.2 Roles and responsibilities

Centre Lead will be responsible for making final admissions decision and contents of proposal.
Behavioural Lead will review needs against provision together with Educational Lead and Centre Lead
Educational Lead will review previous education and develop individual timetable
Office team will arrange for sending out proposals, admission packs and any individualised risk assessments

2.3 Aspects

The Luccombe Hub does not operate a waiting list in the cases of oversubscription.

The Luccombe Hub follows UK GDPR and Data Protection guidance regarding any data handled during the admission process. Please refer to the Centre's Privacy Notice.

The Luccombe Hub Centre we will continuously seek to ensure that all members of the Centre community are treated with respect and dignity. Every individual will be given fair and equal opportunities to develop their full potential regardless of their gender, ethnicity, cultural and religious background, sexuality, disability or special educational needs and ability, and other factors as detailed within the Centre's Equality Policy. These meet in full the requirements of the Equality Act, October 2010.

3. Concluding notes

3.1 Monitoring and review

This policy is reviewed annually

3.2 Links to other policies

This policy is written with reference to the Behavioural policy, Equality Policy, UK GDPR and Data Protection Policy, Centre's Privacy Notice and Complaints Policy.

3.3 Appendices

Appendix 1

Initial Enquiry Form – *For private referrals*

Our normal process for admission follows:

Initial Enquiry

Personal visit/taster session

Review and offer of place – proposal sent

Completion of Admission documents

We ask you to provide some information regarding a prospective learner to enable us to better understand the child/young person when they attend for a visit/taster session. We understand that visiting a new setting for some children/young persons can be overwhelming and so for our team to have a brief understanding of needs from the outset helps everyone get the most out of the session and for a child to feel understood from the start

CONFIDENTIAL INFORMATION

The information provided within this form will be treated with the utmost confidence and only shared with those needing to see it. Please see our website www.Luccombehub.com or request a copy of our UK GDPR and Data Protection Policy and Privacy Notice for more information.

SECTION 1

Child/Young Persons Details:

Full Name:			
Like's to be known as:			
Date of Birth:			
Address:			
Town:			
County:		Postcode:	

Parent/Guardian Name: Email Contact Number	
Emergency Contact Details	

SECTION 2

About the Child/Young Person

Please tick all that apply.

EHCP (Please provide copy of EHCP prior to taster session)	
LAC	
Adopted	
Medical Needs	
ASD	
Sensory Issues	
PDA	
ADHD	
Attachment/Trauma	
Anxiety/Mental Health	
ODD	
Social Worker	

Family Support Worker	
CIN	
CP	
Other	

Other: Please provide details

Please give outline of hobbies and interests:

SECTION 4

Schooling History- Please provide brief details:

Question	**Comments**
In School? If so, please provide name of school	
Out of School (How long and provide name of last school attended?)	
Working towards age related expectations?	

SECTION 5

Any other information ?

Please provide brief details of any known trigger points

Signature: …….

Date: ……

OFFICE USE ONLY

Documents received: ……. (Date)

Completed form ☐ ☐ Medical Information, if applicable ☐

Taster Session arranged (date)…….. –

REFERRAL FORM – *professionals copy*

Please provide as much information as possible within this form as it enables our team to better understand the child/young person leading to better outcomes for all.

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SECTION 1

Child/Young Persons Details:

Full Name:			
Like's to be known as:			
Date of Birth:			
Unique Pupil Number			
Gender			
Ethnicity			
Religion:			
Address:			
Town:			
County:		Postcode:	

Person with Parental Control Name (Address if different than above) Contact number Email	
Emergency Contact Details	
Is the child a LAC? Y/N	
EHCP? Y/N If yes, please complete EHCP section below	
Social Worker Y/N If yes, please complete Safeguarding section	

SECTION 2

Referrers Details:

Title:	
Forename	
Surname	
Organisation	
Address	
Contact number	
Email Address	

SECTION 3

Multi- Agency Involvement

Foster/Respite worker Name Address Contact Number Email	
Social worker Name Contact Number Email	
Family Support Work Name	

Contact Number Email	
ED Psychologist Name Contact number Email	
SALT Name Contact Number Email	
OT Name Contact Number Email	
CAMHS Please provide Name Contact Number and Email	
Health Contact/Consultant Name Contact Number Email	
Any other agency Name Organisation	

Contact Number Email	

SECTION 4

EHCP

Please complete this section if the child or young person is in receipt of an EHCP or in the process of applying for an EHCP. Please provide The Luccombe Hub with a full copy of the EHCP when returning this completed form

Date EHCP issued	
Date EHCP assessment applied for if not issued **Caseworker contact details** **Name** **Email** **Tel Contact**	
Date of last EHCP review	
Health & Care Needs – please provide summary details if applicable	

If the young person is not in receipt of an EHCP– please provide summary of areas of strength, areas of need including background history, targets both personal and academic currently working towards, known triggers and what works for the child. Please provide any independent reports

SECTION 5

Schooling History

Current School: Name: Address Contact Tel Number:	
Previous School: Name Address Contact Tel Number	
Any gaps in education?	
Current year group	
Current assessed levels? Maths English	
Any other information?	

SECTION 6

Safeguarding

If you answered yes, to social worker/family worker involvement, please complete this section

Please tick

Child Protection ☐ Child in Need ☐

Please provide details of any current safeguarding concerns and/or family history

SECTION 7

Any other information ?

Checklist of documents to return together with this form where applicable:-

EHCP ☐

Therapy Reports – OT/SALT ☐

TAC/TAF/IEP ☐

CP/CIN Documents ☐

School Transcipts/assessment information ☐

Health & Medical information

Referrer's Signature: ……..

Date: ……

OFFICE USE ONLY

Documents received: ……. (Date)

Completed form ☐

EHCP ☐

CIN/CP docs ☐

School transcript/reports/assessment information ☐

Health/Medical Information ☐

Therapy Reports – OT/SALT ☐

Taster Session arranged ☐ **Date……**