

Admissions Policy



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Introduction

In accordance with the Education Act 1996 this policy describes the particulars of the arrangements for the admission of pupils to Peak School. Placement to school is made by the Local Authority following the Code of Practice.

Admissions Criteria

Peak School provides education for pupils who have an Education Health Care Plan (EHCP), which identifies their primary needs as Severe Learning Difficulties, Profound and Multiple Learning Difficulties, Autism learning difficulties, Complex autism including challenging behaviour, Communication and Physical Impairments. Pupils may have one or more impairments that are interrelated i.e. Severe Learning Difficulties and Autism.

Admission Procedures

Stage 1: The child may be in a mainstream setting/nursey setting/ home with a parent and be identified as having a particular need. At this point the Class teacher, nursey worker/ parent or carer may seek advice from the Early Years/Nursery/Mainstream School SENCO.

Stage 2: The SENCO/ Early Years SENCO/Nursery SENCO/ Health visitor will then take responsibility for gathering information and for co-ordinating the child's provision, working with the child's teachers or referring them to a variety of professionals. If a child is not of statutory school age, they may be referred to Early Years Forum.

Stage 3: The SENCO/ Early Years SENCO/Nursery SENCO/ Health visitor at this stage will decide what extra support the child may need. A number of professionals may be involved in assessing all aspects of the child development. A Graduated response will be followed by the setting to inform further decision making decisions.

Stage 4: When all evidence is presented, a request is made to the Local Authority (LA) to start a statutory assessment for an Education, Care AND Health Plan (EHCP). If the LA consider the need for an EHCP, this will be formulated with all stakeholders around the child.

Stage 5: The parents/carers of the child will then name a setting that they feel is appropriate for their child.

Stage 6: The request for placement is agreed by the Local Authority and the Headteacher who will liaise with the child's LA over placement of the child and the top up funding to be allocated (see Derbyshire Special School Profile Descriptors). Consideration will also be made regarding the schools PAN and how the admission may be 'incompatible with the efficient education of others' with supporting evidence of incompatibility.

Stage 7a: If agreement is made to admit the child the LA will be advised of an admission date and this will be communicated to parents via the LA. This plan is then monitored and review this annually.

Stage 7b: If the request to admit is refused by either or both the LA and Headteacher. In this instance the child's parents/carers are able to appeal this decision. For more information on the appeals process, please follow <https://www.gov.uk/schools-admissions/appealing-a-schools-decision>

Prospective parents are always welcome to visit the school, either informally or following the recommendation of the Local Authority and part of the EHCP process. Parents will have an introductory meeting with a member of the Senior Leadership Team and then are shown round the school, with special attention given to the department and the class the child is likely to join. Parents are given information about the school during the visit to the school, Parents are also encouraged to access the school website

The number of places funded by the Local Authority are set each year and can vary on an annual basis depending on the number of pupils on roll and who require places. Placements are from Nursery to the end of year 14 (2 – 19 years) and the number of pupils within each age phase can vary on an annual basis.

Derbyshire Special School Profile Descriptors

Category 1 – Extremely Challenging Behaviour (ECB)

Extremely challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the child or others is placed in serious jeopardy. The funding for these places is intended to recognise the needs of children with the following characteristics:

Essential Features

A continuing need for a high level of supervision at all times and throughout any 6 month period during the last 2 years, has, exhibited:

The need for constant individual supervision for at least 60% of each day, and ' for significant periods within the six months, the need for constant individual supervision at all times during each day.

It is anticipated that very few children will display these features, requiring a maximum of 15 - 20 places within the County. They will require very skilled management and an extremely high level of supervision. This is reflected in the funding level it is unlikely that any single establishment could sustain more than 2 or 3 such pupils at any one time.

Category 2 – Exceptional Learning Difficulties (ELD)

(Including Profound and Multiple Learning Difficulties (PMLD) and High Dependency Physical Impairment)

These places are intended to reflect the resource needs of children with the following essential features.

Essential Features

Either

Profound mental immaturity, the person in childhood having the social competence skills and dependency needs more typical of a child one fifth of their age or younger and by late adolescence not exceeding (or seeming unlikely to exceed) the typical skills of a child of two years.

"Mental immaturity" denotes long-term delay or cessation of development across a broad range of social, communication, self-care, learning and adaptive skills that rely on central organisation processes.

Or

Severe physical and/or sensory disabilities or other medical conditions resulting in total dependence, despite any mechanical or technological aids, in the following 3 areas:

For mobility both environmental (moving about the building) and personal (unable to change body position without some assistance);

For basic self-care - toileting, feeding;

For effective communication (unable to communicate needs - dependent on staff interpretation of body movements (language).

Children displaying these characteristics often require some combination of the following in school:

Substantial time and specialist staff skills to plan a curriculum; the delivery of detailed programmes to teach basic sensory responsiveness, attention and social responses, and also basic mobility and co-operation; physiotherapy and/or mobility aids are frequently required; a variety of specialist therapeutic approaches may be needed;

Frequent teaching via alternative special modes of communication, e.g. gesture, a signing or symbol system, sensory stimulation or objects of reference; a high level of trained skills in members of staff. Specialised micro technology may be required;

A safe environment offering skilled supervision to ensure their health and safety; frequent personal assistance with movement, eating and toilet;

Close medical oversight, access to nursing and/or skilled education care officer support.

Possible additional features

Severe behavioural difficulties, including unresponsiveness and/or restless activity and/or impulsive aggression and/or panic.

Such children require adequate supervision, and skilled and confident management in many social situations.

Severe chronic stress on family members, including carers and siblings.

This leads to a need for very close partnership with parents. Carers may need substantial help with the development of skills at home in a way that complements the school's provision.

The likely incidence of these additional features is recognised in the funding allocation for this group.

Category 3 - Extreme Communication Difficulties (ECOM)

Extreme Autism

Places for "this area of need will attract resources intended to reflect the needs of children who are within the autistic continuum and who manifest to an extreme degree all four essential features.

Essential Features

An extremely serious impairment of social relationships. This may present as aloofness and indifference to others. Other individuals may actively or violently rebuff social approaches by others or make social approaches that are one-sided and inappropriate and which may solely reflect an idiosyncratic preoccupation.

For these characteristics such children may need to be taught on an individual basis but with structures to enable "small group" work in order to learn basic social responses and co-operation skills.

An extremely serious impairment of social communication. There will be an absence of any apparent desire to communicate with others. Some individuals will confine communication to the determined expression of their needs or to factual comments that are not part of a social exchange and take no account of the social context.

There will be a need for highly structured teaching of basic comprehension skills and language structures; under the guidance of a speech and language therapist often using an alternative symbol or sign system.

An extremely serious impairment of social understanding and imagination, Individuals will appear to be unaware of the world about them and will not engage in copying and pretend play. Any play will remain stereotyped and repetitive.

Structured programmes to assist the development of symbolic and cooperative play will be needed,

An extremely serious pattern of behaviour related to impairment of social relationships social communication and social understanding such that the physical safety of the child or others placed is in jeopardy. Such children will require constant individual supervision for between 60% - 100% of each day.

It is anticipated that few children will display these features. They will require very skilled management by staff qualified and experienced in working with children at the "extreme" end of the Autistic Spectrum.

Category 4 - Severe Communication Difficulties (COM)

4.1 Autism

Places for this area of need will attract resources intended to reflect the needs of children who are within the autistic continuum and who manifest to a very seriously disabling degree some combination of all three essential features.

Essential Features

A serious impairment of social relationships. This may present as aloofness and indifference to others. Other individuals may accept social approaches by others or make social approaches that are one-sided and which may solely reflect an idiosyncratic preoccupation.

For these characteristics such children may need to be taught in small groups, occasionally on an individual basis, in order to learn basic social responses and co-operation skills.

A serious impairment of social communication. In its most extreme form there will be an absence of any apparent desire to communicate with others. Some individuals will confine communication to the expression of their needs or to factual comments that are not part of a social exchange and take no account of the social context.

For children with these characteristics there may be a need for highly structured teaching of basic comprehension skills and language structures, under the guidance of a speech and language therapist and perhaps using an alternative symbol or sign system,

A serious impairment of social understanding and imagination. In the most serious cases, individuals will appear to be unaware of the world about them and will not engage in copying and pretend play. Others may copy the actions of others, but without showing any real understanding of their meaning and purpose. Any play will remain stereotyped and repetitive.

Children with these characteristics may benefit from supported experience in carefully managed social settings in which they are exposed to appropriate role models. Structured programmes to assist the development of symbolic and co-operative play may be needed.

These features are to be distinguished from the behaviour and emotional difficulties described in the EBD definition below and the social immaturity described in the PMLD and SLD definitions. It should be noted that some pupils may show "islands" of much higher ability and occasionally real talent in for example, music, drawing or calculation.

Possible additional features

Immaturity, affecting self-care and independent living skills.

Generally children with these characteristics will need to be taught and managed in small groups and will need to be taught skills such as dressing toileting, shopping, cooking, and turn taking. Physical security may be an issue if the child wanders.

Unusual or excessive reactions to situations, especially novel or unstructured situations. This may appear as screaming, waving, tantrums, aggression or repetitive actions. Children with these characteristics will need skilled consistent management and teaching programmes.

Chronic family stress, affecting carers and siblings.

For this there will need to be very close partnership with parents. Parents and carers often need substantial help with the development of home and community skills to complement the school's provision.

The likely incidence of these additional features is recognised in the funding allocation for this group

4.1 Language

Places for this area of need will attract resources intended to reflect the needs of children who manifest to a disabling degree one or both of the essential features.

Essential Features

Either

A marked inability or difficulty in communicating effectively or fluently with their peers or adults in intelligible or meaningful speech, using language structures appropriate to age. This must be against a background of higher cognitive social and adaptive skills (relative to age) Up to age 9, where standard measures of language are appropriate and available:

The delay in language skills will be at least one third the child's age (e.g. two-year level at age 3 five-year level at age 8), and

There will be a marked discrepancy between general abilities and language.

For children with these characteristics there is a need for a highly structured teaching of basic speech skills and language structures, by teachers working with the guidance of a speech therapist, Support from an education care officer may be required to deliver programmes with sufficient frequency.

Or

A marked inability or difficulty in comprehending the conversational speech of peers and adults. The child may respond better to a limited or structured vocabulary or simplified language structures or to a signing/symbol system, Up to age 9, where standard measures of language are appropriate and available:

The delay in language skills will be at least one third the child's age (e.g. two-year level at age 3, five-year level at age 8), and

There will be a marked discrepancy between general abilities and language.

For children with these characteristics there is a need for highly structured teaching of basic comprehension skills and language structures, perhaps through use of an alternative symbol or sign system. This will require the guidance of a speech and language therapist, a teacher with special skills and support from an education care officer.

Possible additional features

Pupils in this group may also display, as a result of their language disorder:

Difficulties in academic learning, especially that requiring literacy and language skills. These are to be distinguished from academic difficulties described as "other learning difficulties".

Children with these characteristics will require a more individualised delivery and/or adaptation of the curriculum with some intensive teaching of key skills.

A higher level of stress and frustration, and a difficulty in making and sustaining relationships with peers.

Children with these characteristics may require a more individualised approach to management in class and pastoral work.

The likely incidence of these additional features is recognised in the funding allocation for this group.

Category 5 - Emotional and Behavioural Difficulties (EBD) (including SLD - Challenging Behaviour)

These places are intended to reflect the resource needs of children who display, over a long period at least one of the essential features.

Some emotional and behavioural difficulties in children are common and short-lived. Criteria and examples of severity that might require resources at this level are given below.

Essential Features

Excessive or unusual behavioural/emotional responses to ordinary social situations and stresses, either of timidity or aggression in comparison to children with a similar level of cognitive development.

Children with these characteristics generally require skilled management of the problem situations, including the setting and maintenance of appropriate boundaries, and confident, skilled management of the child's responses. They will require a supportive learning environment.

Poor social skills including an inability to make or keep friendships, an inability to co-operate with peers and inappropriate responses to reasonable routines and authority in comparison to children with a similar level of cognitive development.

Children with these characteristics generally require a higher level of supervision, smaller teaching groups, skilled and confident teaching and a programme of positive social education.

Possible additional features

Poor or disturbed relationships with family, or peers or teachers.

Children with these characteristics generally require counselling and therapeutic approaches to pastoral work. A high degree of contact with external support services is also beneficial together with close partnership with parents and carers.

Poor attitude to or habits of learning including, for example short concentration span, distractibility, poor motivation.

Generally these characteristics require teaching in smaller groups or frequent Individual attention from adults in class.

Critical/examples

These essential and associated features in total would in a placement resourced to meet the child's other needs:

Continue for more than 3 months and

Fall to respond to active pastoral and disciplinary efforts and

Result in at least two of the following:

Physical harm for other pupils, staff, property or the pupil concerned;

Disruption of the education of other pupils;

Upset or intimidation of other pupils;

Withdrawal or refusal to attend or participate in school activities;

Evident physical symptoms of prolonged stress or distress;

Excessive Involvement of staff in pastoral, supervisory or disciplinary actions.

Category 6 – Severe Learning Difficulties (SLD)

The group of children occupying these places will include those with both the essential characteristics, to an extent that it is disabling in ordinary contexts.

Essential Features

Severe cognitive immaturity, affecting thought, perception, memory, language, adaptive and academic skills. The general functioning of such children in these areas will be delayed. Formal or abstract thinking will be extremely slow to develop.

Pupils occupying these places will despite appropriate learning opportunities, exhibit academic attainments typical for a child of half their age.

For children with these characteristics there is a need for a finely structured curriculum and detailed teaching programmes to introduce and reinforce learning. Input from speech therapists and/or consultation with advisory/support staff may be needed.

Social immaturity, affecting self-care, independent living skills and social group skills.

Pupils occupying these places will, despite appropriate learning opportunities display social competency skills more appropriate to a younger child, e.g. 6 at age 10, 10 at age 15.

Generally such children will need to be taught and managed in a smaller group and will need to be taught self-care and independent living skills such as dressing, shopping, turn taking, cooking and interpersonal relationships.

Possible additional features

Health problems requiring close medical oversight and frequent treatment.

Poor communication skills, oral and/or written.

Difficulties in fine and gross motor skills.

Children with these characteristics will generally require regular medical oversight and careful attention to speech language and basic academic teaching, with advice from paramedical therapists and/or advisory/support staff if necessary.

Poor attitudes to or habits of learning including short concentration span} distractibility, poor motivation and resistance;

Generally pupils with these characteristics will require skilled teaching in smaller groups or with frequent additional adult attention in class to differentiate the curriculum.

There will need to be close partnership with parents of children with the above characteristics. Parents and carers are likely to need help with the development of skills to complement the schools provision.

The likely incidence of these additional features is recognised in the funding allocation for this group.

Category 7 - High Dependency Profile (HDP)

Pupils require very close, constant individual support for care, health and safety needs which may require more than one adult.

Context

This HD Profile (HDP) builds on the needs and Essential Fields already identified within the ELD profile. It would be expected that any pupil accessing this profile would already be meeting the criteria for an ELD profile with school demonstrating a clear need as to why the additional financial resources are needed. Physical barriers to learning are two fold, one is straightforwardly to do with available staff in order for necessary frequent and regular changes of position/posture, without this the child's body will become deformed and vital organs (heart, lungs, kidneys, liver) will not function as they should, this cannot happen without 1 - 1 (and at times higher) staffing levels. Secondly the physical complexity of these children means that they do not learn incidentally and require an adult with them at all times to ensure that they engage in the lessons/activities.

Criteria:

Pupils require a demanding physical regime that is necessary in order to develop and maintain a body that is healthy and more likely to carry them into adulthood.

These pupils require very frequent changes of position to transfer between different pieces of equipment for example, chair, standing frame, prone liar, wedge etc. There will be more than three transfers in a day, each transfer taking two and sometimes three adults. These transfers are highly technical and require children being positioned in a way that will ensure their physical development and maintain health.

Pupils generally benefit from a high level of therapy input. There will be evidence of interdisciplinary working (multi- agency reviews).

Children who for reasons of survival need constant monitoring because of for example life threatening breath holding, life threatening epileptic seizure that rapidly leads to status.

Children in the terminal phase of a progressive condition where they have become totally dependent and are losing basic sensory functions (vision/hearing).

Evidence –

The needs of the pupil may change rapidly so a current Statement or EHC may not demonstrate the need for an additional profile. However, for pupils requiring this level of support evidence could be –

End of Life Plan

Care Plan – devised via a multi-disciplinary approach around a pupils health needs.

Category 8 - Social Emotional and Mental Health Difficulties Profile

Pupils who have suffered significant developmental trauma and Attachment Disorder who require a high staffing ratio and significant therapeutic input.

Context

Barriers to learning are caused by significant mental health issues stemming from in utero and post birth developmental trauma and absence of early attachment. Often (but not always) have a diagnosis of/or are likely to have: Foetal alcohol syndrome, in utero drug dependency and prematurity. Children affected require a 1:1 key worker model at all times and due to hyper vigilant tendencies require a daily therapeutic and sensory offer to enable them to be able to access learning.

Criteria

Social and Behavioural

Pupils are constantly anxious and belligerent (this not always observable) therefore escalation to crisis is rapid and often unpredictable as triggers are internal and not easily (if at all) identifiable)

Pupils exhibit anti-social behaviour. Have difficulty responding appropriately to peers/adults and social situations. Withdrawn or chooses not to participate.

Social communication is limited due to lack on interpersonal skills and sensory needs.

May have significant attention difficulties or be self-absorbed and difficult to engage. May have significant traits of PDA.

Interactions are regularly inappropriate. Will be socially isolated or withdrawn and unable, or lack confidence to engage with others. Behaviour plan needs significant adult input to implement and review. May require 2 staff at time to supervise (e.g. possibility of false allegations).

Pupils are unable to self-regulate behaviours, are constantly in a hyper aware state and are unable to function socially without intensive therapeutic input.

May exhibit inflexibility and rigidity of thought which presents in a similar way to that of ASD.

Curriculum and learning

Rarely learns without persistent adult input in order to begin and complete tasks set e.g. to maintain concentration and to access resources and classroom.

Is likely to engage for around 20% of time.

May leave seat/room regularly during teaching, disturbing others.

Is unable to learn without ongoing therapeutic and sensory input.

Requires a sensory sensitive approach.

Care, health and safety

Health and safety issues arise when behaviour is uncontrolled requiring regular individual adult support.

Intensive therapeutic input is required in order to meet basic safety needs

Will need regular support to understand and communicate about personal wellbeing, health and safety- may read body language of others incorrectly.

Sensory seeking and sensory avoidant needs require a sensory sensitive approach throughout all aspects of school life.