



Sparkle Leisure Service Admissions Policy

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1. Introduction and Purpose

- 1.1 Sparkle provides specialist leisure and social learning activities, available to all children and young people aged 0-18 years old with a disability and/or developmental difficulty who are residing in Newport, South Torfaen or South Monmouthshire.
- 1.2 Sparkle leisure activities are tailored to meet individual need with some clubs operating an eligibility criteria and some designed around meeting specific grant outcomes.
- 1.3 All children/young people wishing to access Sparkle services will be required to complete a 'personal profile' as part of the assessment process prior to accessing Sparkle leisure services.
- 1.4 In some cases, additional documentation will be required to be completed, for example a personal care plan, risk assessment, etc.
- 1.5 Parents/carers will be asked whether or not they consent to Sparkle taking and sharing photographs, accessing other records/information, taking part in evaluation research, etc. prior to the commencement of Sparkle services.
- 1.6 Where Sparkle requires advance payment for sessions, parents/carers are expected to adhere to this unless a case for financial hardship is made and authorized in advance of the session start date.

2. Scope

- 2.1 This policy applies to all children and young people requesting and accessing Sparkle leisure services.
- 2.2 Sparkle staff have a responsibility to adhere fully to this policy.

3. Aim

- 3.1 Sparkle aims to provide equitable access to leisure and social activities/ services for all children and young people with a disability and/ or developmental difficulty aged 0-18 years, resident within Newport, South Torfaen and South Monmouthshire.
- 3.2 Sparkle's aim is to ensure that every child/ young person's needs are met through the provision of an individually tailored service. In addition, Sparkle will endeavour to ensure that all children/young people and their families are fully acquainted with the environment, staff and provision prior to the child/ young person's attendance.

4. Principles

- 4.1 Sparkle currently offers 238 child/young people places per week. The number of places is regularly reviewed and will not be exceeded unless directed by the Sparkle Trustee Board.
- 4.2 Following the completion of the initial personal profile, consensus of agreement will be reached with regard to the appropriate provision for the child/young person (see Appendix 1 for the current list of Sparkle provisions). Children and young people will be allocated one club only, but may still continue to access swimming lessons and family activities.
- 4.3 Places will be allocated for a maximum 12 month period. Eligibility for places will be reviewed annually with reassessments taking place during the period June to August for places commencing in September. A points based scoring system (see appendix 2) will be used to ascertain those children/young people who will benefit the greatest from specialist services. The review process will ensure equal priority is afforded to children/young people accessing Sparkle provisions as well as those on the waiting list.
- 4.4 There is an expectation upon all parents /carers to inform Sparkle of any changes/ amendments to the original information submitted.
- 4.5 Acceptance at leisure provisions are subject to change, dependent on outcomes of further individual based reviews and ongoing needs assessments which may be undertaken by Sparkle.

5. Requirements prior to accessing Sparkle leisure services

- 5.1 It is an expectation of parents/ guardians of children and young people eligible for Sparkle services to:
 - 5.1.1 Complete a Sparkle leisure service referral form (see appendix 3);
 - 5.1.2 Attend a Sparkle Personal Profile assessment meeting, to ensure that the child/young person's needs can be met. This will cover such areas as specific likes, dislikes, equipment requirements, etc. In addition and where appropriate, additional documentation will need to be completed, for example behaviour plans, risk assessments and personal care plans;
 - 5.1.3 Complete the consent procedures (see appendix 4 for consent form);
 - 5.1.4 Attend a water assessment meeting (for access to swimming lessons only);
 - 5.1.5 Make any required payment for Sparkle leisure services prior to the first session attended. Sparkle office staff will advise in writing of any payments required, see section 8 in this policy for full details.
- 5.2 Any incomplete forms will be returned to the parent/carer and the child/ young person will not be eligible to access Sparkle services until the required forms are fully completed, received and authorisation provided by Sparkle.

5.3 If it is found that the information provided by a parent/guardian is inaccurate or insufficient, Sparkle reserves the right to limit a child/young person's access to Sparkle services until a review meeting is undertaken.

6. Personal Profile Information

6.1 Information pertaining to the personal profile (see Appendix 5) will be held on file. In particular, information will be held with regard to:

6.1.1 The child/ young person's name, address, sex, and date of birth;

6.1.2 Full names of the parents/carers, the home address and current phone numbers;

6.1.3 Name and addresses of two additional adults who may be contacted in the event of an emergency at a time when the parents/carers cannot be contacted/ located;

6.1.4 Details of the child/ young person's primary health care provider, i.e. GP name, address and contact number;

6.1.5 Written instruction from parent/carer of any special health, medical, behavioural, communication, medication and dietary needs or any other special instructions together with any additional documents required, for example risk assessments and personal care plans.

6.1.6 Consent form data plus signed permission from the parent/carer for Sparkle staff to act on their behalf in respect of emergency treatment;

6.1.7 The names and contact details of those people, identified by the parent/carer, who will be 'dropping off' and collecting the child/ young person from Sparkle provisions. It is the parents/carers responsibility to inform Sparkle of any persons that cannot drop off or collect a child/ young person and/ or any changes to the named individuals who can drop off or collect their child/ young person.

6.1.8 Families will also be asked to indicate what they hope their child/ young person will achieve through attending Sparkle activities, i.e. to make friends, to improve their self-confidence and/ or self-esteem and to improve/ increase their opportunities to socialise and improve their communication skills.

6.2 Parents/carers will be asked to review all information held in relation to their child/ young person on a 6 monthly basis by Sparkle. However, there is an expectation upon parents/carers to inform Sparkle of any changes in information.

7. Waiting lists

- 7.1 If Sparkle is unable to offer a place to a child/ young person in the requested/ allocated activity due to a lack of available spaces, parents/guardians have the right to request for their child's/ young person's name to be placed upon the relevant waiting list.
- 7.2 Each leisure club will hold two separate waiting lists, one for children/young people requiring 1:1 support and one for children/young people requiring group support. A child or young person would then access the club when an appropriate space became available.

8. Payments

- 8.1 The cost for attending Sparkle activities is listed in Appendix 1. These charges will be reviewed annually in September.
- 8.2 Payment is required on the day of the session/club with the exception of swimming. Swimming lessons must be paid in advance of the first session of the 10 week block.
- 8.3 Payment for an activity can be made by cash, cheque or credit/debit card.
- 8.4 Where a payment is missed, a letter will be sent to the parent/ carer, stating that Sparkle requires the missed payment to be repaid as soon as possible.
- 8.5 Sparkle does not operate a refund policy.
- 8.6 Sparkle wants to ensure there is equality of access for all eligible children and young people. Sparkle therefore operate a hardship fund if a family find themselves in financial hardship. This could result in charges being subsidised or waived.

9. Cancellation and non-attendance of Sparkle leisure activities

- 9.1 Resources within Sparkle are limited and demand for services exceeds capacity. It is therefore expected that acceptance of a place is an acceptance to fully commit to the child/young person attending all sessions.
- 9.2 Sparkle understands that on rare occasions, a child/ young person may not be able to attend their allocated activity, i.e. due to illness, however this should occur in exceptional circumstances.
- 9.3 Sparkle requests that when a child/ young person is unable to attend a session that the parent/ guardian informs the Sparkle office/ Sparkle team leader at the earliest opportunity that the child/ young person will not be attending and the reason for non-attendance should be provided.
- 9.4 The non-attendance procedures operated by Sparkle are as follows:
 - 9.4.1 Two absences from a leisure activity will prompt a letter to the child/ young persons registered home address asking them to contact the Sparkle office

to confirm the reason for the absence and for them to inform Sparkle if they wish to retain the space within the club. This letter will also advise parents/carers that should no response be received within 7 calendar days, their place will be offered to another child/young person.

9.4.2 However, if families respond and the child/young person returns to club, attendance will be monitored for the next 3 months. Should 1 further session be missed within that period then the child/young person's place will be lost and offered to another child on the waiting list.

9.4.3 Where a child/ young person is unable to take up their allocated space within a leisure activity for an extended period of time, i.e. due to ongoing ill health, a request can be made by the parent/ guardian for that child/ young person to be placed on the waiting list until such time as a space becomes available. When the child is ready to take up the place, this can only be offered if there is no change in the assessed needs of the child.

10. Right to Appeal

10.1 If a child/ young person eligible for Sparkle services is not offered a place, they have the right to request that their case is reviewed by the Sparkle Team Manager.

10.2 If, following the review of the information, the child/young person is still not offered a place, parents/guardians have a right to appeal to the Chair of Sparkle Trustees.

10.3 Parents/ guardians are asked to note that this right to appeal does not apply if a child/ young person is offered a reasonable alternative Sparkle leisure activity club which differs from their preferred club.

10.3 Appeals should be made in writing to the Chair of Sparkle Trustees within 14 days of receiving the notification. The Chair will consider the appeal and where necessary, convene an appeal panel. If this appeal panel decides that a child/ young person should be offered a place within Sparkle, then the child/ young person shall be admitted at the earliest opportunity. If the decision is upheld then the decision of the panel is final.

11. Record keeping

11.1 Sparkle keeps a record of attendance alongside a session record of each activity that children and young people complete.

11.2 These records include a summary of the session and any achievements, progresses and experiences gained. This information will be shared verbally with the parents/ carers at the end of each session. Information recorded may include any behaviours observed and any strategies put in place to manage these behaviours. Information relating to the child/ young person's behaviour during a session, will also be shared with parents/ carers at the end of the session.

11.3 Additional documentation, as required, may be completed including incident/accident forms, concerns sheet, ABC behaviour charts and a bound and numbered book to report any physical interventions.

12. Transition and support to community provisions

12.1 Sparkle is committed to supporting children and young people to meet their full potential. This will mean that some children/young people no longer require a specialist provision as their needs can be met within a community provision.

12.2 Where a child/young person is considered by Sparkle to succeed in having their needs met by a community provision, Sparkle will ensure that a comprehensive transition plan is in place to support smooth and successful transitions to other provisions.

13. Sparkle policies

13.1 Reference to the following policies, should be made in conjunction with this policy:

- 13.1.1 Sparkle Safeguarding and Child Protection Policy;
- 13.1.2 Sparkle Code of Conduct for Staff
- 13.1.3 Putting Things Right;
- 13.1.4 Sparkle Procedures for Investigating Allegations of Abuse by Sparkle Trustees and Members of staff;
- 13.1.5 Sparkle Positive Handling Guidance;
- 13.1.6 Sparkle Intimate Personal Care Policy;
- 13.1.7 Sparkle Missing Child Policy;
- 13.1.8 Sparkle Group Setting Policy;
- 13.1.9 Sparkle Transition Policy;
- 13.1.10 Managing Challenging Behaviour Policy;
- 13.1.11 Sparkle Financial Hardship Policy;
- 13.1.12 Sparkle Planning for Emergencies Policy;
- 13.1.13 Sparkle Medication Management Policy.

Appendix 1- Sparkle leisure service provisions

| Club | Age range | Day | Time | Cost (per person) |
|----------------------------------|-------------|----------------------|--------------|--|
| Afterschool Club | 5-11 years | Monday | 4.00-5.30pm | £5.00 |
| Afterschool Club | 12-15 years | Tuesday | 4.00-6.00pm | £5.00 |
| Youth Club | 12-18 years | Monday | 5.30-7.30pm | £5.00 |
| Youth Club | 12-18 years | Thursday | 5.30-7.30pm | £5.00 |
| Sparkling Sibs | 7-11 years | Tuesday | 4.30-6.00pm | £4.00 |
| Independent Living Skills | 14-17 years | Wednesday | 5.30-7.30pm | £5.00 |
| Skills | 6-17 years | Wednesday | 5.30-6.30pm | £3.50 |
| Swimming lessons | 5-17 years | Thursday | 4.30-6.30pm | £55.00 per 10 week block |
| | 5-17 years | Friday | 4.30-6.30pm | £55.00 per 10 week block |
| | 5-17 years | Saturday | 10.00- 12.00 | £55.00 per 10 week block |
| Minecraft Club | 8-17 years | Thursday | 5.30- 6.30 | £4.00 |
| Friday Night Club | 5-11 years | Friday | 5.30-7.00pm | £5.00 |
| Play Club 1 | 5- 11 years | Saturday | 1.00-2.00 | £3.50 |
| Play Club 2 | 5-11 years | Saturday | 2.00-3.00 | £3.50 |
| Continuing Care Club | 5-17 years | 1st and 3rd Saturday | 11am – 3pm | £5.00 for 2 hours £7.50 for 4 hours |

Appendix 2- Sparkle eligibility criteria

Eligibility criteria

| Eligibility criteria | 1:1 | Group |
|--|------------|--------------|
| Not currently independently accessing any community provisions and hence has little or no opportunity to socially interact with peers | 1 | 1 |
| A looked after child | 1 | 1 |
| Confirmed diagnosis of disability / developmental difficulty | 1 | 1 |
| Significant social difficulties and inability to establish and maintain social interactions and relationships | 1 | 1 |
| Emotional responses that adversely affect behaviour which impacts significantly on the child's own learning or the learning of others | 1 | 1 |
| Delayed receptive and expressive language skills i.e. non-verbal/extremely limited language | 1 | 1 |
| Personal care support i.e. toileting, feeding, medication which has to be administered by a professionally trained member of staff. | 1 | 1 |
| Not currently attending an educational setting/NEET or has a fulltime 1:1 in school or attending a special needs school/unit on a full time basis | 1 | 0 |
| Not currently attending an educational setting/NEET | 0 | 1 |
| Requiring facilities/services not available elsewhere e.g. hoist | 1 | 0 |
| Serious concerns for child's safety, i.e. known runner, will harm themselves or others on a regular basis | 1 | 0 |
| Eligible for continuing care funding (1:1 only) | 1 | 0 |
| Point deduction- Alternative and reasonable Sparkle provision offered and refused | -1 | -1 |
| Maximum number of points awarded (highest need) | 10 | 7 |

Where two children/ young people achieve the same 'score', a child who has accessed Sparkle for 2 years or more will be considered a lower priority to a child who has not accessed Sparkle at all.

Appendix 3- Sparkle Leisure Service Referral form

*Referral Form for Leisure Activities

Please ensure that this form is completed in full to avoid a delay in accessing the leisure services

| | | |
|---|---|--|
| How did you find out about Sparkle? | Occupational Therapy <input type="checkbox"/> | Speech and Language <input type="checkbox"/> |
| Family Liaison Officer <input type="checkbox"/> | Physio <input type="checkbox"/> | Paediatrics <input type="checkbox"/> |
| Other (please specify) <input type="checkbox"/> | | |

| | | | |
|---|--------------------------------|------------------------------------|--|
| Name | | Date of Birth | |
| Address | | Email address | |
| Mobile number | | Home Number | |
| Preferred method of contact <i>(you may select more than one method)</i> | Post <input type="checkbox"/> | Telephone <input type="checkbox"/> | |
| | Email <input type="checkbox"/> | | |

Details of Serennu based professional who will endorse this referral:

Name:

Department:

Contact details:

Alternative contact:

For Swim Lesson Referrals Only:

| | |
|--|--|
| Did a professional recommend swimming lessons to you? | Yes/No |
| (If yes, which service referred you) | |
| Occupational Therapy <input type="checkbox"/> | Speech and Language <input type="checkbox"/> |
| Physio <input type="checkbox"/> | |

| |
|---|
| Family Liaison Officer <input type="checkbox"/> Paediatrics <input type="checkbox"/> Other (*please specify) <input type="checkbox"/> |
| Has your child ever had hydrotherapy? Yes/No If 'yes' is this ongoing? Yes/No |

| | |
|--|---|
| Additional information that you feel it is important Sparkle are made aware of, relating to the child or parents needs in preparation for the profile meeting. | |
| Contact details of referrer | Name: Relationship to child / young person: Contact Number: Email: Date referral form has been completed: |

When the referral form has been received, a Sparkle member of staff will contact the family, to invite them into the centre to complete a personal profile and discuss which activities would best meet the child / young person's needs.

Please return the completed referral forms to: Sparkle Office, Serennu, Cwrt Camlas, High Cross, Newport, NP10 9LY.
Email: ABB_SparkleActivities@wales.nhs.uk

The information you give to Sparkle is important to us. We believe the most important details are yours. We will keep the information you share with us safe and secure.
The new GDPR legislation states that we now need your consent to do so, this is called 'opt in'. If you agree to your information being held by Sparkle, please tick the box

Date: _____

You can find more information on how we use your personal information on: www.sparkleappeal.org/blog/sparkle-privacy-policy

Office Use:

| Actions | Date | Staff initials |
|-------------------------------------|------|----------------|
| Date referral received | | |
| Date of personal profile meeting | | |
| Date referrer has been contacted | | |
| Date 'Referral' spreadsheet updated | | |

Appendix 4- Sparkle leisure service consent form

Consent Forms



| | | | |
|--|---|-------|--|
| Name of child/ young person: | | D.o.B | |
| Consent to take and use photographs: | <p>I Parent/ Guardian DO / DO NOT (please circle as appropriate) give Sparkle (South Gwent Children’s Foundation) permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my child/ young person and any accompanying adult/child for any of the following uses:</p> <ul style="list-style-type: none"> • Sparkle campaigns/appeals incorporating video tapes, audio CDs, CD Roms, DVDs and other similar communications and data storage media yet to be invented; • Television advertisements, radio advertisements, magazine advertisements, leaflets, information packs, flyers, parenting advice publications, the Sparkle website or any website owned by Sparkle and related sites as well as any other suitable publicity purposes; • Fundraising and promotional materials, educational materials, research materials, lecture outlines, materials required for teaching purposes, for reference in the Sparkle video library and Sparkle photographic library; • Any other material that Sparkle deems furthers its charitable objectives. <p>The above consent will apply throughout the world and for an indefinite period.</p> <p>I confirm that I have the appropriate authority to give consent for the child/young person named on this form.</p> | | |
| Signed: (parent/ guardian) | | Date: | |

Consent to go on trips:

I Parent/ Guardian DO / DO NOT (please circle as appropriate) give permission for my child/ young person to go on trips with Sparkle and I understand that Sparkle will inform me in advance of any planned trips.

Signed:
(parent/
guardian)

Date:

Consent to share information:

By signing this consent you authorise organisations based at Serennu (Aneurin Bevan University Health Board, Newport City Council, Torfaen County Borough Council, Monmouthshire Council, Newport Live, and Medicinema) to share appropriate information with Sparkle.

The information shared will be:

- necessary information for the purpose for which you are sharing it;
- shared only with those people who need to have it;
- accurate and up to date;
- shared in a timely fashion;
- shared securely.

I Parent/ Guardian DO / DO NOT (please circle as appropriate) agree to the sharing of information as described above.

I understand that I may withdraw my consent to share information at any time, and if I do I understand that I must inform Sparkle.

I Parent/ Guardian also DO / DO NOT (please circle as appropriate) agree to the sharing of information with the external organisations listed below in accordance with the above principles.

External organisations:

CB Training- Swimming lesson provider/ partner.

Signed:
(parent/
guardian)

Date:

Medical Consent:

If my child/ young person requires urgent medical advice or treatment, Sparkle will notify me and/or other named contacts immediately and if necessary an ambulance will be called to take the child/ young person for treatment.

If I have not arrived by the time the ambulance needs to leave, the child/ young person will be accompanied to the hospital by a member of Sparkle staff.

I Parent/ Guardian DO / DO NOT (please circle as appropriate) agree to any emergency medical advice or treatment necessary during the running of the club/ activity and I authorise Sparkle to sign any written form of consent required by the hospital authorities if the delay in getting a signature is considered by the doctor to endanger my child's/ young person's health and safety.

Signed:
(parent/
guardian)

Date:

Consent to participate in research and service evaluation:

I Parent/ Guardian DO / DO NOT (please circle as appropriate) give Sparkle (South Gwent Children's Foundation) permission for my child/ young person to be involved in evaluation/research projects for the purpose of understanding, evaluating and improving the centre and Sparkle's activities.

I understand that:

- My child's/ young person's identity will be kept anonymous at all times.
- Any completed research materials will be stored in a secure location, and destroyed 6 years after collection.
- The data collected may contribute towards educational materials, training materials, reports/articles and conferences.
- I may withdraw my consent to participate in research and service evaluation at any time, and if I do I understand that I must inform Sparkle.

Signed:
(parent/
guardian)

Date:

Appendix 5- Sparkle Personal Profile form



Personal Profile for

.....

Completed by:

Date completed:

Review date:

All About Me

| | |
|---|---|
| Name | |
| Date of Birth | |
| Address | |
| Parent/ guardian contact number | |
| Parent/ guardian mobile number | |
| Parent/ guardian Email address | |
| I live with | |
| My diagnosis | |
| Is this child/young person: a Looked After Child or on the Child Protection Register | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| These are the people who will drop me off/ pick me up from clubs: I CAN NOT have contact with: | |
| Hair Colour | |
| Eye Colour | |
| Distinguishing features | |

| | |
|---------------------------|--|
| I go to school at: | |
| My teacher is: | |

| | |
|--|--|
| My favourite school activities/ subjects are: | |
| My friends are: | |

Communication

| | |
|--|--|
| Are you able to communicate through speech? | |
| What is your first language? | |

| | |
|----------------------------------|--|
| Do you wear hearing aids? | |
| Do you wear glasses? | |

| I know and understand or use the following for communication (please tick if used): | | | |
|--|--|---------------------|--|
| Objects of reference | | TEACHH | |
| Makaton or Sign along | | Schedules | |
| PEC's | | BSL | |
| Spoken Words | | Other: Prompt cards | |

| |
|--|
| Additional information (including specific words/ sounds and their meanings): |
| |

What I like and don't like

| | |
|-------------------------------------|--|
| My favourite things to do: | |
| Things I like to talk about: | |

| | |
|---|--|
| I don't like: | |
| I don't enjoy playing or going to: | |

| I can't stand: | I will react by: |
|-----------------------|-------------------------|
| | |
| | |

| | |
|--|--|
| You will know I am happy because: | |
|--|--|

What would I like to achieve from Sparkle activities?

*Please tick all that apply

| Target | √ | **Achieved |
|---|----------|-------------------|
| Make Friendships | | |
| Improve confidence and self-esteem | | |
| Improve social and communications skills | | |
| Other (please specify) | | |

**** to be completed at 6 month review**

| Comments |
|-----------------|
| |

Behaviour

| | | |
|---|--|-----------------|
| Staff need to be aware: | | |
| Behaviours that challenge have occurred at home | | Yes / No |
| If yes – Last known incident | | |
| Behaviour plan in place? | | |
| Risk Assessment in place? | | |
| Behaviours that challenge have occurred at school | | Yes / No |
| If yes – Last known incident | | |
| Behaviour plan in place? | | |
| Risk Assessment in place? | | |
| Behaviours that challenge have occurred in social activities | | Yes / No |
| If yes – Last known incident | | |
| Behaviour plan in place? | | |
| Risk Assessment in place? | | |
| Behaviours that challenge have occurred in the community | | Yes / No |
| If yes – Last known incident | | |
| Behaviour plan in place? | | |
| Risk Assessment in place? | | |

Support I Will Need

| Behaviour in Serennu | |
|-------------------------------------|-----------------|
| Individual risk assessment in place | Yes / No |
| Positive handling plan in place | Yes / No |
| Behaviour in School | |
| Individual risk assessment in place | Yes / No |
| Positive handling plan in place | Yes / No |

| |
|--|
| Triggers to my behaviour could be: |
| |
| My behaviours may look like / sound like: |
| |

| I can/ might (please tick which are relevant) | | | |
|--|--------------------------|------------------------------|--------------------------|
| Self Harm | <input type="checkbox"/> | Target other young people | <input type="checkbox"/> |
| Target staff | <input type="checkbox"/> | Target members of the public | <input type="checkbox"/> |
| Abscond | <input type="checkbox"/> | Withdrawal from others | <input type="checkbox"/> |
| Swear | <input type="checkbox"/> | Damage property | <input type="checkbox"/> |
| Kick | <input type="checkbox"/> | Punch | <input type="checkbox"/> |
| Bite | <input type="checkbox"/> | Head bang | <input type="checkbox"/> |
| Spit | <input type="checkbox"/> | Smearing | <input type="checkbox"/> |

| Any additional information or behaviours I might show | | |
|--|---------------------------|--------------------------|
| Defensive Behaviours | Anxiety Behaviours | Crisis Behaviours |
| | | |

| The best way to support me | | | |
|----------------------------|--|---------------------------------------|--|
| Giving space | | Simple listening | |
| Reassurance | | Acknowledgment | |
| Help scripts | | Agreeing | |
| C.A.L.M talking/ stance | | Removing audience | |
| Negotiation | | Distraction | |
| Choice/ limits | | Take up time | |
| Humour | | Time out | |
| Consequences | | Withdrawal (staff observation needed) | |
| Planned ignoring | | Cool off- directed / offered | |
| Supported touch | | Transfer Adult (HELP Protocol) | |
| Success reminded | | Verbal advice and support - short | |

This is how you will know I have calmed down:

Safety

| | Good (requires no prompting) | Moderate (will require prompting) | Basic (needs supervision) | No awareness (will require support and supervision) |
|-----------------|--|---|-------------------------------------|---|
| Road Safety | | | | |
| Personal Safety | | | | |
| Stranger Danger | | | | |
| Kitchen Safety | | | | |
| Handling Money | | | | |

For your safety you should know:

My Medical Needs

| | |
|--|--|
| I have a diagnosis of: | |
| This means for me: | |
| I am allergic/ have a food intolerance to: | |

| Additional information (please circle appropriate response) | |
|---|----------|
| Do you have epilepsy? | Yes / No |
| Do you have any issues with eating or drinking? | Yes / No |
| If YES please give details | |
| Do you have any toileting needs? | Yes / No |

Medication

| | |
|--|--|
| Medication I am currently taking | |
| Medication required whilst at Serennu? | |

If yes, what is it?

Professionals Who Support Me

| | | |
|--|----------------------|-------------|
| GP surgery | | |
| GP's name | | |
| Contact Details | | |
| | Please circle | Name |
| Occupational Therapist | Yes / No | |
| Physio Therapist | Yes / No | |
| Care Coordinator | Yes / No | |
| Transitional Planning Officer | Yes / No | |
| Social Worker | Yes / No | |
| Paediatrician | Yes / No | |
| Epilepsy Nurse | Yes / No | |
| Dietician | Yes / No | |
| Speech and Language Therapist | Yes / No | |
| Any other relevant professionals: | | |
| | | |

My Physical Needs

| | |
|---|-----------------|
| Do you have any moving and handling needs? | Yes / No |
| If NO please move to next section | |
| Do you need to be hoisted? | Yes / No |
| Do you transfer? | Yes / No |
| Do you use a wheelchair? | Yes / No |
| Do you require bed rest? How best can we support this? (Stretching and moving) | Yes / No |
| Do you need help to sit? | Yes / No |
| Do you have a specialist chair or aides? | Yes / No |
| Do you need help with walking? | Yes / No |
| Do you require any equipment? | Yes / No |
| Do you need help with standing? | Yes / No |
| Do you require any equipment? If YES what equipment? | Yes / No |

| | |
|---|-----------------|
| Individual Risk Assessments required | Yes / No |
| Supervisor to action | |

| | |
|----------------|--|
| Date requested | |
| Date actioned | |

Emergency Contact Details

Please give at least 1 additional emergency contact number

| Name | Mobile number | Relationship to child/ young person |
|------|---------------|--|
| | | |
| | | |
| | | |
| | | |

| Parent/ guardian work contact details | |
|---------------------------------------|----------------|
| Name | Contact Number |
| | |
| | |
| | |

Sparkle activity (Office use only)

| Add to waiting list | |
|-----------------------------|-------------|
| Club | Please tick |
| Play Club – session 1 | |
| Play Club – session 2 | |
| Friday Night Club | |
| After School Club - Monday | |
| After School Club - Tuesday | |
| Youth Club – Monday | |
| Youth Club – Thursday | |
| Independent Living Skills | |
| Skills | |
| Family Swim | |
| Swimming Lessons | |
| Minecraft | |
| Medi Cinema | |
| Other | |

Other Clubs I currently attend:

| Support requirements are determined by profile meeting | | | | | |
|--|--|-------------|--|------------|--|
| 2:1 support | | 1:1 support | | Group | |
| Allocate with immediate effect | | | | | |
| Allocated club | | | | Start date | |
| | | | | | |
| | | | | | |

| Action | | Date | Initials |
|--|--------|------|----------|
| Transferred to waiting list(s) | Yes/No | | |
| Consent checked and added to consent spreadsheet | Yes/No | | |
| Electronic profile completed | Yes/No | | |
| Waiting list letter/email issued | Yes/No | | |

Appendix 6 – Sparkle Admissions Procedure



Sparkle Admission
Procedures - amend