

Belvue High School Admissions Arrangements

SEPTEMBER 2025



Reviewed: September 2025

Reviewed by: Sana Bhopal

1. Statutory Framework

Belvue School follows the London Borough of Ealing's Admissions Policy for pupils with Special Educational Needs and Disabilities (SEND). All admissions are managed by the Local Authority (LA) through the SEND Panel, in line with the Children and Families Act 2014 and the SEND Code of Practice (2015).

2. Entry Requirements

- All pupils admitted to Belvue School must have an Education, Health and Care Plan (EHCP) with Belvue named as the specialist provision required to meet their needs.
- Pupils are normally considered for admission following a statutory assessment coordinated by the Local Authority.
- The Local Authority has a duty to seek advice from health, education, and social care professionals as part of the EHCP process and must consult the child and their parents/carers.
- Outcomes included in the EHCP must be realistic, achievable, and reviewed annually at the Annual Review meeting.
- Pupils are generally admitted at secondary transfer (Year 7), though in some cases younger pupils may be referred and considered if appropriate provision can be made.

3. Referral and Decision-Making Process

- Referrals are made by the Local Authority SEND Department and considered by the SEND Panel.
 - Telephone: 0208 825 8700
- In exceptional circumstances, the Local Authority may request an emergency placement at Belvue School. This may occur if:
 - There is a sudden change in a child's health or development, or
 - A child with SEN moves into the Local Authority area.
- Any emergency placements must be reviewed and approved by the SEND Panel.

4. Admissions Criteria

To be considered for a place at Belvue School, a young person's profile of need will typically include:

- Moderate to severe learning difficulties, often with associated needs such as ASD, speech and language difficulties, or social, emotional and mental health needs.
- A requirement for a specialist learning environment with small class sizes, therapeutic interventions and multi-agency support.
- Evidence that needs cannot be met in a mainstream school or resource base, even with additional support.

All applications are reviewed against the school's agreed admission criteria.

5. Oversubscription

If Belvue School is oversubscribed, the Local Authority will either:

- Identify an alternative suitable provision, or
- Place the child on a waiting list until a place becomes available.

6. Visits and Parental Engagement

- Parents/carers are strongly encouraged to make a preliminary visit to the school to meet staff, see the facilities and gather information relevant to their child's needs.
- Further details about the school's SEND provision can be found in the Belvue School SEN Information Report.

7. Appeals

- Parents/carers who wish to challenge a decision regarding admission should contact the Local Authority directly for information about appeal arrangements.

8. Local Offer

Further details about SEND provision across Ealing can be found via the Ealing Local Offer

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Cognition and Learning • will present with life-long severe learning difficulties with additional sensory processing needs which have a major impact on their engagement in the process of learning and access to the curriculum. • Some may have medical/physical difficulties, • will have severe learning difficulties and be learning at early developmental levels throughout their lives (cognitive chronological equivalent 12 months - 2 years). • will be able to maintain attention on suitably differentiated and structured activities for short periods and	Cognition and Learning • will have a life-long learning disability and will have a combination of substantial and severe difficulties which will have a significant impact on all areas of learning and living throughout their lives which may include: • communication; • learning / understanding; • acquisition of new learning, and generalisation of knowledge and skills; • memory and organisation of self/possessions; • appropriate social interaction; • emotional wellbeing; • physical difficulties, including co-ordination; • sensory processing; • visual and hearing difficulties; • acquisition of social independence / self-help skills / personal care skills • behaviours that can challenge	Cognition and Learning • will have a range of needs which will include a learning difficulty, plus additional needs that impacts significantly on their learning and development and ability to access the curriculum. They may have a specific diagnosis or syndrome. Examples of additional needs might be: • a diagnosis of Autism • a social communication difficulty; • significant speech and language needs; • sensory processing difficulties; • medical and / or physical needs; • hearing and / or visual needs; • behaviours that can challenge that are mainly as a consequence of difficulties arising from any of the above, or from adverse childhood experiences /	Cognition and Learning • should / are likely to have a diagnosis of Autism. Some may not yet have a diagnosis or may have a social communication difficulty and associated needs that present in a very similar way to children and young people with Autism, requiring a specialist approach in line with best practice for children and young people with Autism. Children and young people will also have learning disabilities within the moderate learning difficulties range (MLD). • should /are likely to have Autism identified as their primary need, and are likely to have other co-occurring conditions and / or associated needs such as anxiety that is likely to affect their social, emotional, mental health and general well-being and may limit their access to a broad range of life opportunities.

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maintain attention for longer (up to 5 minutes) on areas of specific interest. - may have an additional diagnosis of Autism and other disabilities / needs. - will experience difficulties in understanding abstract concepts, maintaining concentration and attention, retrieving both short term and long-term memory, utilising sequential memory, exercising working memory, processing information, retrieving general knowledge, thinking, problem solving, and generalising previously learned skills. - will play at stage of relational (simple pretend towards self),	that are mainly as a consequence of the above; - medical/health needs - will be learning at early developmental levels and require support throughout their lives. Chronological equivalent 3 - 4 years, (at secondary). Where there is a standardised assessment of cognitive ability, they will be assessed as below the 1st percentile. - will be able to maintain attention and complete and follow simple and familiar tasks and routines independently for up to 10 minutes. - acquisition of learning will be slow. - may have an inconsistent developmental profile and may demonstrate an uneven profile of ability, particularly in areas which require	trauma. will have attainment significantly below expected levels in most areas of the curriculum, despite appropriate support. Will be learning at levels similar to expected learning levels of 4 – 6 years at secondary age, and may have a reading age of up to 6 years. Where there has been recent standardised testing of cognitive ability children and young people will be assessed as significantly below average / at or just above 1st percentile. Some may be able to achieve at higher levels in specific areas of particular interest. At secondary, will be working towards entry levels / functional skills. will be able to maintain attention on suitable differentiated activities for at least 10 minutes in a supportive	- Additional needs may be as a result of: - Previous or recent trauma - Mental well-being - Significant change in circumstances - Medical, physical and/or sensory needs - Behaviours that can challenge that are mainly as a consequence of difficulties arising from their needs - Social and economic factors - Complex family circumstances and needs will have attainment significantly below expected levels in most areas of the curriculum, despite appropriate intervention. Attainment at YR is likely to be at 22-36 months and at Y7 accessing a year 1 curriculum. will be able to maintain attention on suitable differentiated activities for sustained periods in a suitably

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functional (imaginative play from model), gross motor (roll, crawl, explore physically), social (notice peers, parallel play) Symbolic play (inanimate objects perform actions (e.g. doll eats food) - in the primary years will need support to learn to become independent in managing their personal care needs, including learning to be continent and needing support to learn to dress/undress. - In the secondary years may need support with personal care including physical prompts and verbal prompts. - as they get older, their vulnerability may increase and may limit their access to broader	judgement, comprehension, application of abstract concepts and social interaction. may be able to learn to travel independently to familiar places / on familiar routes. Will be likely to be able to move on to supported living and work arrangements in their adult lives.	environment. - will make progress in small steps. - will have significantly greater difficulty than their mainstream peers in acquiring basic literacy, numeracy and social skills. - will have difficulty in understanding complex concepts, and processing information. This may lead to anxiety and impact on their confidence to engage in learning and class discussions. - may be able to demonstrate competency in basic, recently practised tasks in a familiar environment. This is only maintained for short periods of time if revisited frequently after learning. - will have difficulties with generalising learning and applying it in different	structured supportive environment, particularly on subjects of specific interest.. - will have differences in their attainment, retention of learning and present with an uneven cognitive learning profile which could mask/disguise their needs and are likely to make small steps of progress (depending on their individual needs). - will have needs that affect how they understand their environment, communicate, process information (including sensory information), their social understanding and their ability to form relationships. - may have significantly more difficulty than their mainstream peers in acquiring basic functional skills and applying them in the correct context and generalising these to other contexts. - will respond positively over time

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life opportunities may be incontinent and require staff support with all aspects of intimate care while others will be continent but will need ongoing support with managing this.		settings. - may have a spiky profile, with higher achievement in some areas of the curriculum. - likely to be able to independently manage their personal care routines (dressing / undressing, toilet, eating and drinking) will be able to engage in vocational activities in secondary years with possible pathways to accreditation and employment.	to the interventions embedded within their support network and will make progress in response to autism specific strategies and interventions. may have a spiky profile, with higher achievement in some areas of the curriculum. Some pupils will have difficulties / anxieties around using the toilet which may impact on their anxiety and learning.
Communication and Interaction will have severe communication difficulties, which will affect both expressive and receptive communication skills. - are likely to express themselves through vocalisations which may be similar to words, gestures, pointing and single words.	Communication and Interaction - will have expressive communication at single word to simple phrase / sentence level, - may rely on gesture and signing to communicate proactively and / or to support verbal communication. - may have verbal communication that is difficult for unfamiliar people to understand.	Communication and Interaction - are likely to be able to engage in simple verbal interactions. - may be able to engage in more complex conversations. - will have speech, language and communication skills that are significantly below those of mainstream peers, affecting their ability to both express themselves clearly or understand complex language. This may lead to frustration and / or lack of	Communication and Interaction - may present an uneven profile within their expressive and receptive language and communication skills which may lead to frustration and / or lack of engagement in learning and / or social interactions. - may have spoken language that is echolalic. - may be highly articulate which may not give a true reflection of their understanding resulting in

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- may use several words but these may be repeated learned phrases / echolalic. - Spoken language may be difficult to understand by unfamiliar people. - Will rely on environmental cues to follow instructions. - will take time to process verbal instructions, and will usually need this supported by visual support, eg pictures and symbols and / or signing.	may understand at a higher level than their ability to communicate expressively may struggle to appropriately initiate and manage friendships, and some may struggle to maintain friendships as they grow older. Some may be over-familiar with people they do not know.	engagement in learning and / or social interactions. - will struggle to follow complex instructions (more than 3 instructions). This may lead to lack of engagement in learning if instructions are not accessible or heavy masking in order to fit in with peers. - will be able to express their basic needs independently. - will have difficulties in communication with non-disabled peers in universal settings and, therefore, difficulties forming and retaining peer relationships. Some may have a tendency to talk about a 'safe' topic of personal interest. may have difficulties in reciprocal social interaction and communication (such as their ability to make appropriate peer relationships, appropriate use of non-verbal communication, difficulties expressing/reading/regulating emotions and / or following another person's lead).	their communication and interaction difficulties not being evident to others; - may have difficulties in forming and maintaining relationships which is likely to impact on their learning and may increase their vulnerability. - may have difficulties in reciprocal social interaction and communication (such as their ability to make appropriate peer relationships, appropriate use of non-verbal communication, difficulties expressing/reading/regulating emotions and / or following another person's lead). may be non-verbal or have selective mutism.

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Social, emotional and mental health • will have difficulties with initiating and maintaining social interactions. • may have significant difficulties with separation from close family as they start school. • may experience intermittent episodes of high anxiety and challenging behaviour which become a secondary barrier to wellbeing and learning. This may be linked to difficulties with communicating clearly, sensory overload, difficulties with transitions etc. • may have very high levels of anxiety which may	Social, Emotional and Mental Health • may find it easier to make connections with younger children and young people but not understand the differences in socially acceptable behaviours as they get older. • may have had adverse childhood experiences / experienced trauma which will impact significantly on their learning and development. • are likely to display vulnerability and naivety in social relationship, sexual health, mental health, independence, stranger danger and online activity and will have difficulties in assessing risks and keeping themselves safe. • may display specific interests and eschew attempts to move them to other interests. Interests may be	Social, Emotional and Mental Health • will have significant difficulties in interacting socially with their peers and meeting the behaviour expectations within a mainstream setting. • are likely to lack self-awareness. • may have restricted, repetitive and stereotyped patterns of behaviour, interests, movements that can cause barriers in their ability to access learning opportunities. • may have self-esteem significantly affected by their awareness of the differences between themselves and their non disabled peers, and their wish to be a part of their peer group both in and outside of school. • may develop mental health difficulties as a consequence of their view on how others perceive them. • may develop behaviours as a	Social, emotional and mental health • will have difficulties with regulating their emotions, behaviours and responses to social situations. This may also be greatly impacted by puberty and their understanding of these changes and expectations. • may communicate their needs through distressed behaviours (such as shut down or melt down) that may be harmful or unsafe towards themselves and others. • may be negatively affected by their perception of their autism / needs and how they are impacted by this. This may lead to low self-esteem and poor mental health. • may be limited in their access to community and leisure opportunities by their autism / needs. • may have restricted, repetitive and stereotyped patterns of

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result in regular episodes of more challenging behaviour, including self harm, sometimes targeting other children and young people and staff and destruction of property. - As they get older, stronger and more aware of their physical strength, the impact of their developmental stage on their behaviour increases - may develop further difficulties from the onset of puberty and find it difficult to cope with emerging sexuality issues including the concept of public and private places. - As they get older, the impact of any associated medical conditions may increase and cause further barriers to	chronologically lower than those typical for a child of their age. - may be rigid in their thought and behaviour patterns. - may have higher levels of anxiety but find it difficult to communicate how they feel, which can lead to frustration, and in some cases challenging behaviour, including self-harm. - may have difficulties regulating their behaviour without adult support / frequent reminders. - may be susceptible to Mental Health needs as they grow older but lack the cognitive ability to understand and communicate their feelings. may be vulnerable to external risk factors as they grow, including exploitation.	result of their learning needs not being met, and in a new setting it may take time for them to access learning to the level of their ability. - will have difficulties with regulating their emotions, behaviours and responses to social situations. This may also be further impacted by puberty and their understanding the impact of this. - will have significant difficulties in identifying and applying strategies to avoid dangers, manage risks and keep safe, making them more likely to seek to engage in risky activities. - are often influenced by external factors, including current fads on the internet and through social media which can make them vulnerable to external influences. are vulnerable to grooming and other types of sexual exploitation.	behaviour, interests, movements and activities that can cause barriers in their ability to access learning opportunities. may display vulnerability and naivety in social relationship, sexual health, mental health, independence, stranger danger and online activity and will have difficulties in assessing risks and keeping themselves safe. May have specific anxieties / phobias.

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accessing opportunities, including mental health conditions that can impact on their communication and frustration and lead to isolation.			

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Sensory / physical / medical needs - are likely to with have visual and hearing difficulties and need adaptations to take account of these. - may have mild – moderate physical disabilities affecting their mobility, their gross and fine motor skills and limiting their ability to become more independent - may have additional medical conditions	Sensory, physical and medical needs - may have a number of agencies involved with them and their family - may have physical or sensory needs that require therapy advice and support. - may have additional medical needs that require support from school nursing. are likely to have difficulty recognising, understanding and communicating their medical / health needs which may lead to delay in treatment.	Sensory, physical and medical needs - may have fine and / or gross motor difficulties. - may have difficulties with coordination. - may have a visual and / or hearing difficulty. - may have additional medical needs that require some medical intervention / support. may require input from a range of agencies, including specific therapists. This will have been identified in their EHCP.	Sensory, physical and medical needs - will have difficulties with sensory overload which will impact on their ability to access learning and the curriculum. - may have fine and / or gross motor difficulties; - may have a visual and / or hearing difficulty. - may have difficulties with digestion and constipation.