

# Bower Grove School

## Admission Policy and Criteria



<i>New Policy adopted by Governors</i>	<i>November 2018</i>
<i>Policy to be reviewed annually by the Governors Strategy Team (Website)</i>	<i>November 2018</i>
<i>Policy to be reviewed next</i>	<i>November 2019</i>

## **Social, Emotional and Mental Health Needs with Learning Difficulties**

Bower Grove School caters for pupils with Social Emotional and Mental Health Needs with Learning Difficulties and pupils with SEMH in its primary phase from years R-6. In the secondary phase, years 7-11, we cater for pupils with SEMH with Learning Difficulties. Provision for pupils with SEMH without additional learning difficulties is provided at Goldwyn and Portal House Schools.

Bower Grove School is designated as a mixed school for pupils aged from 4½ to 16 years from the Maidstone, Tonbridge and Malling and Swale areas providing places for 183 pupils.

- 171 (designated) pupils with learning difficulties and Social, Emotional and Mental Health needs (SEMH) and pupils with Autism Spectrum Conditions and ADHD (Attention Deficit and Hyperactivity Disorder)
- Additionally, a mainstream primary (yr3-6) satellite provision for 12 primary aged pupils with Autism Spectrum Conditions (ASC).
- Admissions to the school are the responsibility of the Local Authority (LA) in conjunction with the Head Teacher acting on behalf of the governors. • All pupils will have an Education, Health and Care Plan (EHCP). In exceptional cases, the statutory assessment process may be in process following the approval of the Local Authority. • The LA Area Office makes referrals to the school following recommendations by Local Authority.
- Visits to the school and meetings with pupils and parents will take place prior to admission.
- Children can be admitted in year groups where vacancies exist, at any time of year although the school prefers the beginning of a school year, or the commencement of a new term.
- Inclusion programmes can, where relevant, facilitate phased transfer into both the special school and mainstream settings including the ASC Satellite.
- The school can negotiate a higher designated number with the Local Authority on an annual basis.
- All pupils at this school will access a broad and balanced curriculum comprising of the National Curriculum, Vocational, Life, Social Skills, wellbeing and emotional resilience learning opportunities.

### **ADMISSION CRITERIA TO A SCHOOL FOR PUPILS WITH SEMH AND LEARNING DIFFICULTIES**

The Parents decide they want non-mainstream education (i.e. place in a special school) the duty imposed on the LA by section 316 of the Education Act 1996 to educate the child in a mainstream school is lifted.

Parents express a preference for a particular maintained special school to be named in their child's EHCP Schedule 27 of the Education Act 1996 requires the LA to comply with parental preference unless:

- The school is unsuitable to the child's age, ability, aptitude or special educational needs
- The placement would be incompatible with the efficient education of other children with whom the child would be educated
- The placement would be incompatible with the efficient use of resources.

Bower Grove School pupils will have a diagnosis of SEMH as their Primary Need. They may have other co-morbid needs such as Autistic Spectrum Condition, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Opposition Defiance Disorder, attachment difficulties, personality disorders or other areas of difficulty. Pupils with SEMH and Learning Difficulties have mild to moderate cognitive difficulties and are more than two years behind age expectations. These pupils are working below GCSE Grade 4 and typically access Entry Level or Level 1 qualifications. In addition to Bower Grove School the following Kent schools admit children with **SEMH and Learning Difficulties** as their Primary Need: Elms, Orchard, Rowhill and St Anthony's. Pupils may have difficulties associated with Communication and Interaction needs. The head teacher/admissions lead in each school is best placed to judge whether a pupil's Communication and Interaction needs mean that they are unlikely to have a peer group and whether their behaviour's arise from ASC rather than SEMH needs.

Cognition and Learning		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
	Cognitive ability			<p>Typically working within upper P levels to Year 4 cognition level. Globally working at least 2 years behind age appropriate scores.</p> <p>Moderate delay with General Conceptual Ability within Centiles 1 – 5.</p> <p>Profiles likely to be uneven.</p> <p>Could include Specific Learning Difficulties.</p> <p>Projected to achieve Entry Level exams, Level 1 functional skills exams or GCSE grades 1 – 3.</p>	
	Need types	PMLD, ASD	SLD, ASD	MLD, SLCN, ASD, SEMHLD	
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
Social, Emotional and Mental Health	Conduct behaviour	<p>Displays violence and aggression towards peers and adults.</p> <p>Destructive and oppositional. Unable to take responsibility for</p>	<p>Oppositional and challenges authority.</p> <p>Increasingly aggressive towards others. Will steal and be destructive and will lie to</p>	<p>Finds it difficult to work alongside peers without abuse or conflict.</p> <p>Cannot settle to task and will interact inappropriately.</p>	

		behaviours leading to offending and being a danger to self and others.	absolve his/her responsibility	May have a formal diagnosis of a conduct disorder.	
	Learning behaviour	Unable to access learning due to deeply ingrained and damaged self-esteem and confidence, which leads to diversion strategies including total disruption, absconding, aggression and violence.	Needs direct supervision to make choices or to tackle a problem.  Low self-esteem often leads to non-cooperation, refusal or non-attendance  Has significant language delay causing extreme frustration and avoidance tactics	Unable to maintain concentration to set tasks or to organise self unless closely supervised.  Does not share or engage in a task with others or take turns  Language lacks coherence, especially when trying to give an explanation.  Low self-esteem will lead to opting out.	
	Emotional and social behaviour	Child is not ready for learning, as main needs are not being met.  Likely to choose different paths, e.g. drug addiction/ high risk activities, family dysfunctional break down.  Absconds and tries to break down any trusted relationships  High safeguarding risk. NEETs, homeless	Fails to respond to the distress of others or finds it enjoyable.  Has no long lasting peer relationships.  Unable to make positive approaches to others or chooses to remain isolated.  Highly sensitive to small changes in routine by showing anger, distress, refusal to co-operate.	Withdrawn into self when not immediately engaged by an adult.  Routine, strong negative response to peer interventions and approaches.  Unable to accept or respond emotionally to praise.  Unable to collaborate in a group-learning task.	

				May have a diagnosis of an attachment disorder.	
	<b>Mental health</b>	<p>Profound mental health needs such as psychosis, severe depression</p> <p>Highly volatile, mood swings</p> <p>Self-harms persistently</p> <p>Extreme anxiety causes extreme behaviours such as threats to take own life, or total isolated and refusal to engage with any ordinary activities</p>	<p>Complex mental health such as depression, anxiety disorders which require high- level specific support.</p> <p>Fears, phobias and significant eating disorders.</p> <p>Drug use, alcohol use.</p> <p>Flat, emotionally expressionless for majority of the time in educational environment.</p>	<p>May have attachment disorders ADHD, co-morbid ASD</p> <p>Highly reactive to critics.</p> <p>Will often be open about their needs.</p> <p>Many facets of ASD traits</p> <p>Evidence of significant emotional distress.</p> <p>Withdrawn and unable to participate.</p>	
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
<b>Communication and interaction</b>	<b>Social adaptability</b>			<p>Some challenging behaviours when faced with new or different situations contexts.</p> <p>Need for routines and positive rewards</p> <p>Repetitive, obsessive stereotypical behaviors</p> <p>Interested / fixated with sensory stimuli of objects</p>	

	<b>Social interaction</b>			<p>Can use functional interaction strategies but needs adult support</p> <p>Can be isolated from the peers due to not knowing the social rules</p> <p>Lacks empathy and can be frustrated when isolated</p> <p>Poor understanding can lead to anxiety and behaviour that challenges</p>	
	<b>Social communication</b>			<p>Uses spoken language to communicate a range of intentions e.g. requesting; commenting; greeting.</p> <p>Spoken language remains limited, used in a small number of structured familiar phrases.</p> <p>needs adult prompting to understand non-verbal communication and can often misinterpret</p> <p>May appear to have good language skills but has limited functional skills</p>	

				Speaks using sentences; the content is not always appropriate to the context	
	<b>Social imagination</b>			<p>Can play limited games with a trusted friend but each will stick to their own part.</p> <p>Still needs adults to intervene to ensure games continue or end in arguments</p> <p>Reluctantly play collaboratively to solve problems but prefer to play in parallel</p> <p>Prefers to be alone at social times</p> <p>Fixated behaviour in related to a specific interest</p>	
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
<b>Sensory and or physical needs</b>	<b>Care needs</b>			Some ability with personal independence skills.	
	<b>Health needs</b>			Well controlled health condition rarely	

				<b>presents a significant barrier</b>	
				<b>Healthcare plans in place</b>	
	<b>Sensory needs</b>			<b>Moderate HI and/or VI</b>	
	<b>Physical disability</b>			<b>Moderately disabled</b>	



### **Social, Emotional and Mental Health Needs**

Pupils will have a diagnosis of Social Emotional and Mental Health as their Primary Need. They may have other co-morbid needs, such as Autistic Spectrum Condition, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Oppositional Defiance Disorder, attachment difficulties, personality disorders or other areas of difficulty. Pupils with SEMH are of average (within two years of expected progress) or above average ability. These pupils have the potential to access higher GCSE levels (Grades 4 – 9). The following Kent schools admit children with SEMH as their Primary Need: Goldwyn and Portal House. In addition to Bower Grove School the following schools admit pupils with **SEMH in their Primary phase**, years R – 6, with the expectation that they will transfer to Goldwyn or Portal House in year 7: Elms, Orchard, Rowhill and St Anthony’s. Pupils may have difficulties associated with Communication and Interaction needs. The Head Teacher/admissions lead in each school is best placed to judge whether a pupil’s Communication and Interaction needs mean that they are unlikely to have a peer group and whether their behaviour’s arise from ASD rather than SEMH needs.

Age Range: (4 – 16 - Bower Grove) 5 – 16 (transferring to Goldwyn or Portal House at age 11).

Cognition and Learning		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
	Cognitive ability				<p>Of average ability (within two years of age-appropriate scores) and above and able to access higher GCSE levels (Grades 4 – 9)</p> <p>Achieving Year 4 objectives at secondary transition</p> <p>Can have Specific Learning Difficulties, therefore, profiles can be extremely uneven.</p>
	Need types				PD, ASD, SEMH
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
Social, Emotional and Mental Health	Conduct behaviour	<p>Displays violence and aggression towards peers and adults.</p> <p>Destructive and oppositional. Unable to take responsibility for behaviours leading to offending and being a danger to self and others.</p>	<p>Oppositional and challenges authority.</p> <p>Increasingly aggressive towards others. Will steal and be destructive and will lie to absolve his/her responsibility</p>	<p>Finds it difficult to work alongside peers without abuse or conflict.</p> <p>Cannot settle to task and will interact inappropriately. May have a formal diagnosis of a conduct disorder.</p>	
	Learning behaviour	<p>Unable to access learning due to deeply ingrained and damaged self-esteem and confidence, which leads to diversion strategies including total disruption, absconding, aggression and violence.</p>	<p>Needs direct supervision to make choices or to tackle a problem.</p> <p>Low self-esteem often leads to non-cooperation, refusal or non-attendance</p>	<p>Unable to maintain concentration to set tasks or to organise self unless closely supervised.</p> <p>Does not share or engage in a task with others or take turns</p>	

			<p>Has significant language delay causing extreme frustration and avoidance tactics</p>	<p>Language lacks coherence, especially when trying to give an explanation.</p> <p>Low self-esteem will lead to opting out.</p>	
	<p>Emotional and social behaviour</p>	<p>Child is not ready for learning, as main needs are not being met.</p> <p>Likely to choose different paths, e.g. drug addiction/ high risk activities, family dysfunctional break down.</p> <p>Absconds and tries to break down any trusted relationships</p> <p>High safeguarding risk. NEETs, homeless</p>	<p>Fails to respond to the distress of others or finds it enjoyable.</p> <p>Has no long lasting peer relationships.</p> <p>Unable to make positive approaches to others or chooses to remain isolated.</p> <p>Highly sensitive to small changes in routine by showing anger, distress, refusal to co-operate.</p>	<p>Withdrawn into self when not immediately engaged by an adult.</p> <p>Routine, strong negative response to peer interventions and approaches.</p> <p>Unable to accept or respond emotionally to praise.</p> <p>Unable to collaborate in a group-learning task.</p> <p>May have a diagnosis of an attachment disorder.</p>	
	<p>Mental health</p>	<p>Profound mental health needs such as psychosis, severe depression</p> <p>Highly volatile, mood swings</p> <p>Self-harms persistently</p> <p>Extreme anxiety causes extreme behaviours such as threats to take own</p>	<p>Complex mental health such as depression, anxiety disorders which require high- level specific support.</p> <p>Fears, phobias and significant eating disorders.</p> <p>Drug use, alcohol use.</p>	<p>May have attachment disorders ADHD, co-morbid ASD</p> <p>Highly reactive to critics.</p> <p>Will often be open about their needs.</p> <p>Many facets of ASD traits</p>	

		life, or total isolated and refusal to engage with any ordinary activities	Flat, emotionally expressionless for majority of the time in educational environment.	Evidence of significant emotional distress.  Withdrawn and unable to participate.	
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
Communication and interaction	Social adaptability			<p>Some challenging behaviours when faced with new or different situations contexts.</p> <p>Need for routines and positive rewards</p> <p>Repetitive, obsessive stereotypical behaviors</p> <p>Interested / fixated with sensory stimuli of objects</p>	<p>The child will have a diagnosis of ASD</p> <p>The child will be able to access a learning environment.</p> <p>The child will have Below, Average or Above average cognitive ability.</p> <p>The child will usually be achieve a range of Level 1 and 2 accredited courses by the end of Key Stage 4</p> <p>High sensitivity to changes in routine, which may result in anxiety and challenging behaviour.</p> <p>Very high levels of arousal may result in high-risk responses: phobias, avoidance behavior, exiting stressful situations.</p> <p>Inability to manage sensory overload and poor sensory integration</p>
	Social interaction			<p>Can use functional interaction strategies but needs adult support</p> <p>Can be isolated from the peers due to not knowing the social rules</p>	<p>May not understand social rules; may become isolated from peers.</p> <p>May lack empathy and remorse for actions.</p> <p>Able to learn and use a range of appropriate social behaviours and</p>

				<p>Lacks empathy and can be frustrated when isolated</p> <p>Poor understanding can lead to anxiety and behaviour that challenges</p> <p>Cannot routinely play games without adult intervention.</p>	<p>responses to mask their true lack of social understanding – especially girls.</p> <p>Excellent social media skills may lead to e-safety risks, including risk of radicalisation extremism.</p>
	Social communication			<p>Uses spoken language to communicate a range of intentions e.g. requesting; commenting; greeting.</p> <p>Spoken language remains limited, used in a small number of structured familiar phrases. needs adult prompting to understand non-verbal communication and can often misinterpret</p> <p>May appear to have good language skills but has limited functional skills</p> <p>Speaks using sentences; the content is not always appropriate to the</p>	<p>May be highly articulate with a wide vocabulary, which may not match their understanding or ability to apply in a functional way.</p> <p>May be highly skilled and knowledgeable about topics of interest, with huge capacity to learn.</p> <p>May appear highly sophisticated due to very good language skills/body language - especially girls, resulting in unrealistic expectations from others.</p>

				<b>context</b>	
	<b>Social imagination</b>			<p>Can play limited games with a trusted friend but each will stick to their own part.</p> <p>Reluctantly play collaboratively to solve problems bit prefer to play in parallel</p> <p>Prefers to be alone at social times</p> <p>Fixated behaviour in related to a specific interest</p>	<p>May feel low self-worth due to understanding that he/she is different.</p> <p>Poor understanding can lead to Strong sense of injustice resulting in challenge to/interference in authority decisions, and inability to accept responsibility.</p> <p>Can take independent decisions but may be unable to fully calculate the associated consequences/risks.</p> <p>Aware of ASD diagnosis but inability to understand, accept and manage its impact may lead to anxiety, challenging behavior and long term mental health difficulties.</p>
		<i>Profound needs</i>	<i>Severe needs</i>	<i>Moderate and Complex needs</i>	<i>Higher functioning needs</i>
<b>Sensory and or physical needs</b>	<b>Care needs</b>			Some ability with personal independence skills.	
	<b>Health needs</b>			<p>Well controlled health condition rarely presents a significant barrier</p> <p>Healthcare plans in place</p>	
	<b>Sensory needs</b>			Moderate HI and/or VI	
	<b>Physical disability</b>			Moderately disabled	

## **ADMISSION CRITERIA FOR ASC SATELLITE ON MAINSTREAM SITE**

1. Age Range – Primary (7-11) yr. 3-6
2. Maximum of 12 pupils on satellite roll at any time (3 pupils in each year group)
3. All satellite pupils will be on the roll of Bower Grove School
4. All pupils will have an Education, Health and Care Plan (EHCP)
5. The range of needs described in the pupil's EHCP will be difficulties which reflect the triad of impairments of social interaction, social communication and rigidity of thought.
6. The pupil must be able to access opportunities for integration provided by the mainstream school with support. The focus for integration will be identified by the Lead Teacher of the Satellite after consultation with mainstream staff and the pupil's parents. Where the pupil has been unable to take up any integration opportunities in their initial year/during any subsequent year, the appropriateness of the provision will be reconsidered at the pupil's Annual Review.
7. Primary pupils will be working within age appropriate mainstream expectations with specialist support.
8. Where a pupil is exhibiting major behavioural difficulties and there is the likelihood of that pupil posing a danger to themselves and/or others, it is unlikely that such a pupil will be able to access inclusion activities in the mainstream classroom. The satellite is not resourced to meet the needs of pupils with SLD (Severe Learning Difficulties) or where the primary need is emotional or behavioural.
9. At the pupil's Annual Review, prior to secondary transfer, there should be consensus that the pupil will benefit from the opportunities offered for integration into a mainstream setting from a specialist base.
10. The decision to offer the specialist provision is made through the West Kent Area Education Office's special educational needs decision-making system.
11. All of the above are subject to available places in the appropriate year group and the compatibility of needs within the current peer group. This will be discussed and agreed in consultation with the Head Teacher of West Borough Primary School.
12. The Local Authority will work within the protocol agreement agreed between the Governing Bodies of Bower Grove School and the mainstream school.

