



# **Admissions and Exit Guidance to Specialist Provision**

***Guidance for admissions to Hertfordshire Special Schools and Specialist Provision for pupils with Education, Health and Care Plans (EHCPs)***

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## CONTENTS

	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Schools for children and young people with learning difficulties (LD)</b>	<b>5</b>
<b>Schools for children and young people with severe learning difficulties (SLD)</b>	<b>7</b>
<b>Schools and specialist provision for children and young people with physical and/or neurological impairment (PNI)</b>	<b>8</b>
<b>Schools and specialist provision in mainstream schools for children and young people with hearing impairment (HI)</b>	<b>9</b>
<b>Schools for children with social, emotional and mental health difficulties (SEMH)</b>	<b>11</b>
<b>School/provision for children with autism and / or social, emotional and behavioural difficulties</b>	<b>13</b>
<b>Mainstream bases for speech, language and communication needs (SLCN)</b>	<b>14</b>

# Introduction

## Developing the guidance

This guidance has been updated through the Specialist Provision workstream. **The guidance does not represent a blanket policy; it is a framework and basis for considering the setting in which the special educational needs of an individual child or young person can be appropriately met.**

The guidance aims to provide clarity for parents / carers, early years settings, schools, colleges and other partners. It will be used by provision panels when considering requests for specialist placements to help inform the recommendation for the type of setting that will best meet the needs of the child.

The guidance is designed to be used alongside the work being developed on the descriptors of need / provision and the core offer for special schools and specialist provisions as part of a graduated approach to meeting local needs.

**It is recognised that many children and young people have a range of needs, and all schools, including special schools, are expected to make reasonable adjustments to meet the full range of needs of a pupil in line with the Equality Act 2010.** Further Guidance can be found in the Equality and Human Rights Commission Technical Guidance for Schools which outlines the requirements of the Equality Act 2010 for schools in relation to the provision of education and access to benefits, facilities or services, both educational and non-educational (<https://www.equalityhumanrights.com/en/publication-download/technical-guidance-schools-england> )

## Definitions

Current DfE Pupil Level Annual School Census (PLASC) categories will continue to be used in this guidance to distinguish between types of need.

For the purpose of this guidance, children and young people are referred to as CYP.

**Role of Hertfordshire special schools** (developed from the National Special Schools Working Group information (2003)

- To provide high-quality education and care for CYP, and demonstrate expertise in working with CYP with complex learning difficulties, behavioural difficulties and with sensory or physical impairments
- To provide a role in the broader community provision, ensuring effective partnership working between special and mainstream schools, the wider community, and health and social services, to meet the needs of CYP and their families in a holistic way
- To innovate in curricular development, and develop different ways of providing effectively for CYP with a range of SEND, and facilitating their inclusion into mainstream provision
- To have high expectations of all CYP with SEND, to raise levels of attainment and achievement and to clearly demonstrate progress across all areas of the CYP's development
- To provide resource bases for teaching methods, resources, and ideas, for both special and mainstream schools
- To be outward-looking, working in collaboration with Hertfordshire County Council specialist services to seamlessly integrate specialist staff and CYP with SEND into the wider community of schools
- To be flexible in meeting the needs of CYP, families and in adapting their approaches and accommodation to meet changing needs
- To prepare CYP for transition, either within education and into the life outside school and / or into adulthood

Special schools in Hertfordshire are an important contributor to the services and provision which the local authority makes for CYP with SEND. Hertfordshire special schools offer a

variety of provision, including school to school support, through their distinctive areas of expertise.

### **Placement of children and young people (CYP)**

CYP placed in special schools and specialist provision of whatever type are likely to have a significant range of needs. Hertfordshire special schools provide placements for CYP with the most significant needs who require a specialist curriculum and approach to teaching and learning. **A CYP may meet the admissions guidance for a special school; however parents / carers are still able to choose a mainstream setting if they wish to.**

'If a parent of a child, or young person, wants that child or young person to attend a mainstream setting, the LA can only refuse if a mainstream placement would be incompatible with the efficient education of others, **and** there are no reasonable steps the LA could take to avoid this (section 33 Children and Families Act 2014). The degree or complexity of their needs or disabilities, and the suitability of mainstream, is **not** a reason in law for refusal of mainstream. This applies not just to attending a mainstream school or college but also to taking mainstream courses.'

(taken from IPSEA Website)

For some CYP the combination of their needs and current context requires a special school placement, at least for a period of time or as a flexible dual placement arrangement (see Dual Placement Guidance 2019). CYP placed in specialist provision in mainstream schools would not usually meet the admissions guidance for a special school. CYP placed in specialist provision will be able to access a mainstream curriculum with the right on site specialist support and provision.

### **Placement process**

The local authority is responsible for the decision to place a CYP in a special school or a specialist provision. A provision panel with multi-professional membership considers individuals with an Education Health and Care Plan (EHCP) where a specialist placement is requested, as advised in the Code of Practice (paragraph 9:78), and makes a recommendation on type of placement. Full details about the operation of provision panels are available in a separate 'Terms of reference' document (December 2016).

CYP will only be admitted to special schools or formally designated 'specialist provisions' in mainstream schools if they have an EHCP, or in exceptional cases, for example when a child moves into the area from a different country and an Education, Health and Care Assessment has started.

### **Review of special school placements**

The annual review is the usual way in which parents, schools and the local authority can together review the CYP's progress towards meeting the outcomes specified in his or her EHCP (see Reviewing an EHC Plan section of the Code of Practice, paragraph 9:166 – 9:210). As part of the annual review the details of the CYP's current placement will be discussed and parents together with the school may wish to discuss the appropriateness of the placement. If the school believes it is no longer the right setting to meet the CYP's needs, or the needs have changed (evidenced by assessment information), consideration may be given to amending the plan to specify what would be required to enable them to meet the needs, or seeking an alternative placement either in another special school or in a mainstream school or specialist provision in a mainstream school. This Admissions Guidance for special schools or specialist provisions would be applied by the panel when considering the request for a change in type of provision. An Annual Review can be called forward if needed.

For some CYP it is appropriate for them to continue their education in the same type of special school, but it may be considered appropriate to meeting their needs to consider dual placement at another school. The parents / carers, young person and the two schools would need to agree this and set up an agreement on how this would operate (see Dual Placement Guidance) Their programme might involve time spent in another type of special school or a

mainstream school or a college.

It is important to note that consideration by the local authority of requests for specialist provision can only be made following informed expression of parental preference. Schools may wish to contact their named SEN Officer for advice if they anticipate that a change of placement may be considered at the annual review.

### **Using this guidance**

There is a separate section for each type of special school / specialist provision in this document. Levels and descriptors used in the following sections for each sector are provided as **guidance** for making the decision about whether a child or young person would be appropriately placed in a special school. The guidance will in time be used in conjunction with exemplar case studies and the examples of children's functioning they provide. This is particularly important where needs are less clear and/or information appears contradictory.

The panel will consider assessment information provided by the family and the school as well as assessment information from other services and professionals. Where evidence is incomplete or contradictory, further information or scrutiny will be requested by the panel.

## **Schools for children and young people with learning difficulties (LD)**

[Middleton School](#) (Primary), Ware (4 – 11)  
[Colnbrook School](#) (Primary), Watford (4 – 11)  
[Southfield School](#) (Primary), Hatfield (4 – 11)  
[Woolgrove School](#) (Primary), Letchworth (4 – 11)  
[Collett School](#) (All Age), Hemel Hempstead (4 – 16)  
[St Lukes School](#) (Year 2 – Year 11), Redbourn (7 – 16)  
[Pinewood School](#) (Secondary), Ware (11 – 16)  
[The Valley School](#) (Secondary), Stevenage (11 – 16)  
[Garston Manor School](#) (Secondary), Garston (11 – 16)

CYP will be attaining at a low academic level, either because of a global learning difficulty or because of the impact of autism and/or a speech and language disorder on their functioning. The impact on functioning will be in terms of academic attainment and also likely to be on social communication and interaction skills.

CYP placed in this type of school have a primary need in the areas of significant learning disabilities (LD) which impact significantly on attainment and progress. This will often present alongside autistic spectrum disorder (ASD) or speech, language and communication needs (SLCN). There may also be secondary needs, such as behavioural and emotional or physical and sensory difficulties, but these will not be as the main presenting need, but will form part of the range of needs. Some CYP will also have additional needs, such as Attention Deficit Hyperactivity Disorder (ADHD), or Dyspraxia. Medical issues may require daily supervision from an adult and potential intervention.

CYP will be operating in the LD cognitive range, as described below, and their ability to make progress will be limited across all areas of development. They will have a life-long learning disability which requires a multi-disciplinary service response.

CYP will require a differentiated and often personalised curriculum to meet their profile of need.

The following sections give a guide to the typical level of functioning in the three main areas of need which would mean a CYP is suitable for placement in this type of school. A CYP may have the level of functioning described in one or more of these three areas, but not every bullet point under the three headings will necessarily need to be met.

For placement in a secondary LD school at Yr7, assessment information in Yr5 will be drawn on because these will feature in the annual review report used to inform the decision about

secondary transfer placement.

Typical levels of functioning:

## **LD**

The majority of CYP with learning disabilities will be identified early in their school careers. Their general level of academic attainment will be considerably below that of their peers and they will have particular difficulties acquiring and maintaining basic numeracy and literacy skills. CYP with learning disabilities will have additional needs for example speech and language difficulties or difficulties relating to other pupils or adults.

Indicators will include:

- The pupil's attainment will be significantly below age related expectations and typically 50% below
- Overall cognitive profile between the first and second percentile
- For Primary aged children they will be attaining at around half chronological age as indicated by EYFS/IEALD
- The pupil consistently needs modification of both content, pace and materials for the majority of the curriculum, including significant scaffolding and use of simplified language
- Evidence that includes a range of samples of annotated unsupported work, observations made by outreach teams, EP cognitive assessments, Speech and Language Therapist reports with age related norms and school reports.

***And in addition could have***

### **i) ASD**

- Diagnosis of autism or multidisciplinary assessment of characteristics universally accepted as falling within the autism spectrum
- Evidence of significant and prolonged difficulties in social communication and interaction
- Poor receptive language skills, with performance often measured at or below 2nd percentile
- Variable or inconsistent ('spiky') cognitive ability profile with attainment limited by impact of the autism, so that the CYP is operating at the levels defined in previous section.

***and/or***

### **ii) SLCN**

- Expressive and/or receptive language at or below 2nd percentile (a speech and language disorder)
- Variable or inconsistent ('spiky') cognitive ability profile with attainment limited by impact of the speech and language disorder, so that the child or young person is operating at the levels defined in the LD section above.
- Speech and/or language skills considerably below the level of non-verbal skills, as indicated by standardised assessment or by a significant discrepancy between speaking and listening and other core subjects

### **Exit Guidance**

- Assessment information evidences that the CYP has either made significantly greater or less progress than their peers and may be ready to return to a mainstream school or meet the admissions guidance for another type of school / specialist provision that might better meet their needs and provide a more suitable peer group (change in the specified provision in section F of the EHCP).

## Schools for children and young people with severe learning difficulties (SLD)

### Schools:

[Amwell View School](#), Ware (2 – 19)  
[Lakeside School](#), Welwyn Garden City (2 – 19)  
[Greenside School](#), Stevenage (2 – 19)  
[Watling View School](#), St Albans (2 – 19)  
[Woodfield School](#), Hemel Hempstead (3 – 19)  
[Breakspeare School](#), Abbots Langley (2 – 19)

CYP will be operating in the SLD cognitive range, as described below, and their ability to make progress will be limited across all areas of development. They have a life-long learning disability which requires a multi-disciplinary service response.

Where there has been standardised testing of cognitive functioning, **the vast majority of CYP will be assessed as being at or below the 1<sup>st</sup> percentile**. Progress of children and young people will be measured using the engagement and progress steps. Pre key stage standards replaced P levels 5 – 8 from September 2018 for SLD pupils who can access subject based study, and P levels 1 – 4 continue to be used in 2018/2019 for those pupils who do not access subject based study. There are further changes expected in 2020 and this section will then be updated accordingly.

Children and young people will have significant and multiple disabilities which may include some or all of the following:

- Severe learning difficulties
- Profound and multiple learning difficulties
- Autistic spectrum conditions
- Significant difficulties with communication (expressive and/or receptive language)
- Sensory impairment

This may manifest itself in some or all of the following:

- Considerable difficulties with appropriate social interaction and understanding
- Associated challenging behaviour
- Limited self-help skills and awareness of danger
- Predominantly dependent on adults for personal care skills
- Reliant on adults for activities, and travel dependent

Associated secondary needs may include:

- Related physical difficulties including those with significant and severe needs
- Related medical difficulties including those with life-limiting conditions
- Fine and gross motor difficulties
- Multi-sensory impairment
- Attention deficit hyperactivity disorder (ADHD)
- Sensory integration difficulties

Typically CYP in an SLD setting will require a highly differentiated and personalised curriculum to meet their assessed significant profile of need. A high priority is placed on developing CYP's communication, independence, social and functional everyday living skills.

SLD schools will use, for example, the Early Years Foundation Stage (EYFS) framework, Routes or Quest for Learning framework, and different pathways of learning (such as pre-formal, semi-formal or formal) and a wide variety of accredited modules for post 16.

Pre-school age children will be functioning at significantly below their chronological age, i.e.

below half their chronological age in most areas of development. They may have an inconsistent development profile.

Children and young people will require a highly differentiated and personalised curriculum to meet their significant profile of need. The opportunities for independent learning and activities will be limited.

### **Exit Guidance**

- Assessment information evidences that the CYP has either made significantly greater or less progress than their peers and may meet the admissions guidance for another type of special school / specialist provision that might better meet their needs and provide a more suitable peer group (change in the specified provision in section F of the EHCP).

## **Schools / specialist provision for children and young people with physical and/or neurological impairment (PNI)**

### **Schools:**

[Lonsdale School](#), Stevenage (3 – 18)

[Meadow Wood School](#), Bushey (3 – 11)

[Bushey Meads School](#), Bushey (11 – 18) – mainstream secondary with a base

Children and young people attending a Physical and Neurological Impairment (PNI) special school will have severe physical difficulties as their main presenting need, which could not be met within a mainstream setting with reasonable adjustments. Their disability may be caused by injury, illness, a congenital condition or genetic disorder that causes a loss of or difference in physiological or psychological function. They may have little control over their physical functioning, and their disability may have a severe or profound effect upon their ability to access learning and on their attainment and achievement at school.

These children and young people may also have a range of other needs associated with their physical difficulties which may include sensory impairments or an additional neurological impairment such as epilepsy.

Children and young people in a PNI school will have a range of cognitive functioning, and rates of progress can be very varied. Some children and young people will be linguistically and academically able, while others may have significant developmental delay and/or below average attainments. All, however, will have the ability to be active and interested participants in their environment and seek to gain an understanding of their personal worlds through physical exploration. All children and young people will require a physical curriculum to support their learning and the development of their physical, communication and cognitive skills.

Some children and young people may have difficulties with speech, language and communication and require the use of alternative or augmentative approaches and aids to support their communication. Some children and young people may have difficulties with swallowing, feeding and drinking, and may require a gastrostomy tube to enable their nutritional needs to be met. They may also have significant health needs which require regular or continuous medical intervention.

Children and young people attending a PNI special school may require a wide variety of specialist equipment in order to access learning and to support the development of their learning and of their physical and communication skills. They may also be dependent on others for some or all of their personal care and travel needs. Children and young people in a PNI special school will also require the intervention of therapy and healthcare professionals to:

- Regularly assess and review therapy and healthcare needs
- Provide goal-based therapy programmes adapted to children and young people's learning and developmental needs, and appropriate for a school setting

- Provide direct therapy intervention according to clinical need
- Provide support, advice and training for school staff in relation to access to learning and the curriculum, and the development of children and young people's physical skills, communication skills and health management
- Communicate regularly with parents about children and young people's health and therapy provision and the impact of health and therapy intervention.

For younger children it may initially be difficult to establish the true level of their cognitive functioning. While it can be difficult to differentiate between a main presenting need of PNI or SLD in the early years, this is usually clearer at the time of transition from Key Stage 1 to Key Stage 2 or at secondary transfer.

Where a child at secondary transfer meets the admissions guidance for placement in an SLD school, then placement in a secondary PNI specialist provision is not normally appropriate. Young people attending a secondary mainstream provision will be able to access the mainstream secondary curriculum with specialist support and adaptation and will have therapy and medical needs that can be met within a mainstream provision with additional resources.

### **Exit Guidance**

- Assessment information evidences that the CYP has either made significantly greater or less progress than their peers and may be ready to return to a mainstream school or meet the admissions guidance for another type of school / specialist provision that might better meet their needs and provide a more suitable peer group (change in the specified provision in section F of the EHCP).

## **Schools and specialist provisions for children and young people with hearing impairments (HI)**

### **Schools and specialist provision in mainstream schools:**

[Heathlands School](#), St Albans – Total Communication ages 2 – 16  
[Knightsfield School](#), Welwyn Garden City – Auditory Oral ages 10 – 18  
[Maple Primary School](#), St Albans (10 place HI specialist provision)  
[Moss Bury Primary School](#), Stevenage (6 place HI specialist provision)

All children and young people will have a significant hearing impairment as their main presenting special educational need which will affect their development of language and communication and their access to learning.

The hearing impairment may have a significant effect on children and young people's:

- Language and communication skills
- Speech intelligibility
- Listening and attention (particularly in poor acoustic conditions or demanding learning and social situations)
- Understanding of language and concepts
- Ability to express thoughts and feelings
- Relationships and interaction with others

This may manifest itself in difficulties with some or all of the following:

- The ability to engage in the life of the school fully
- Social maturity / self-confidence / self-esteem
- Literacy and numeracy
- Access to information and incidental learning
- Academic progress

They may also have a strong reliance on visual learning or multi-sensory learning.

For some children and young people the likelihood of these difficulties is known, so early placement is preferable to ensure good outcomes and to guard against the anticipated difficulties and avoid a widening gap compared to hearing peers.

Some children and young people may have needs additional to their HI, which could include:

- Visual impairment
- Physical impairment
- Specific learning difficulties
- Speech, language and communication disorder
- Autistic spectrum condition
- Medical difficulties
- Emotional and behavioural difficulties
- Moderate learning difficulties

Pupils' ability range will be wide, as will their functioning range, covering a cognitive span from low ability to gifted and talented. All children and young people will need the curriculum delivered in an accessible way with the development of language and cross curricular literacy at its core. This may include the use of sign language, Sign Supported English (SSE), a structured approach to language delivery and development, techniques and approaches designed specifically for deaf children i.e. visual phonics, auditory training, listening programmes and shape coding.

Children with hearing impairment will need a standard physical environment, including access to an acoustic environment meeting BB93 recommendations, use of technological and assistive listening devices e.g. cochlear implants, hearing aids, radio hearing aids, sound field systems, wireless mini-mics.

Some children may benefit from a deaf peer group to secure the development of their social and emotional wellbeing.

All children and young people will require opportunities to develop their language and communication skills. Some children and young people will require an auditory / oral approach (using listening, speaking and lip-reading) and will be appropriately placed at a unit or school using an auditory / oral approach. This would be indicated by information within specialist reports or parental preference clarifying that a child or young person was developing communication predominantly through listening and speaking. These children / young people will be aided by either cochlear implant/s or hearing aids.

Some children and young people will require or prefer a total communication approach and will be appropriately placed at a school using a total communication approach. This would be indicated by information within specialist reports clarifying that a child or young person was developing communication predominantly through signing or benefits from sign support or has made little or no progress with acquisition of language through listening. In addition, some children and young people from deaf family backgrounds have age appropriate language in BSL. Good outcomes will be secured for them through continuing provision of BSL.

At secondary transfer, it may be appropriate for a child who has previously used total communication to transfer to a school using an auditory/oral approach, if specialist reports and parental preference indicate that the child has developed his or her expressive and receptive spoken language skills to a level that would enable him or her to access the curriculum and social interaction without sign support.

### **Exit Guidance**

- Assessment information evidences that the CYP has either made significantly greater or less progress than their peers and may be ready to return to a mainstream school or meet the admissions guidance for another type of special school / specialist provision that might better

meet their needs and provide a more suitable peer group (change in the specified provision in section F of the EHCP).

## **Schools for children with social, emotional and mental health difficulties (SEMH)**

### **Schools:**

[Larwood School](#), Stevenage – Primary (5 – 11) girls and boys  
[Haywood Grove School](#), Hemel Hempstead – Primary (5 – 11) girls and boys  
[Batchwood School](#), St Albans – Secondary (11 – 16) girls and boys  
[Falconer School](#), Bushey – Secondary (11 – 16) boys  
[Brandles School](#), Baldock – Secondary (11 – 16) boys  
[Hailey Hall School](#), Hertford – Secondary (11 – 16) boys

Pupils placed in this type of school will experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disabilities such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder where mainstream provision has not been able to meet their needs. Some may have unmet learning needs. Pupils' ability range will be wide, as will their functioning range, covering a cognitive span from low ability to gifted and talented. Sustained interventions from specialised agencies in other settings will have been unable to bring about a positive change.

It will be clear (that in the vast majority of cases) from school based behaviour logs/supporting notes that such behaviours/issues have developed over time and a number of strategies have been used to try and support the pupil. However, such interventions have failed or have had limited impact.

Pupils may have experienced significant social issues; for example, disrupted home and personal life is a significant contributory factor in many cases, with adult responses reinforcing inappropriate behaviours. Their behaviour may be a result of abuse, neglect or psychological trauma. Challenging behaviour can also be as a result of their Special Educational Need (SEN). Many pupils may be known to the early help and / or social care services and / or CAMHS. Some pupils may also demonstrate a sudden and catastrophic deterioration in behaviour that does not respond to appropriate specialist intervention, however, school based evidence will make it clear the actions and support that have been used so far.

Pupils' behaviour may be a result of mental health concerns. Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised. School based evidence will make it clear the actions and support that have been used so far. (Guidance can be found in document [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental Health and Behaviour - advice for Schools 160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf))

Pupils with a diagnosis of ASD who require this provision are unlikely to have autism as their main presenting need, but this additional or associated need will mean that their combination of difficulties presents as a complex profile of overlapping, co-morbid needs.

Pupils' difficulties are likely to be an amalgamation of the three broad categories: social, emotional and mental health. Pupils may exhibit behaviours in one or more of the three categories. There is no particular number of indicators which mean this provision is required if met: some pupils may exhibit just a few to a very significant and severe extent, whilst others will meet a large number with varying intensity. In all cases there will be a pronounced

and measurable impact upon pupils' learning and attainment, with pupils achieving considerably below their potential in most areas of the curriculum.

Indicators for **social difficulties** will include some of the following:

- Persistent challenging of authority
- Regular and sustained aggression or threat of aggression towards others
- Some learning difficulty or underachievement
- Routinely anti-social and uncooperative
- Long-standing indifferent or erratic response to discipline
- Significantly delayed / immature social skills
- Long-standing inability to form relationships (peer / peer and / or peer / adult)
- Very poor social communication skills, including social use of language and the conventions of social behaviour
- Entrenched lack of social conscience or a sense of inner justice
- Behaviours which seek to exploit weaknesses in others and to control situations, including regular use of targeted and abusive language
- Persistent lack of basic hygiene and / or sense of personal safety
- Severe and regular damage to property

Indicators for **emotional difficulties** will include some of the following:

- Persistent Low self-esteem and poor self-image
- Extreme lack of empathy and respect for the needs and rights, feelings and emotions of others, including inappropriate emotional responses and actions in a given situation
- Long-standing school phobic / neurotic / isolated
- Considerable frustration or distress
- Extremes of emotions or withdrawal behaviour
- Entrenched inability to trust others and / or lack of resilience
- Highly inappropriate sexualised behaviour, including a preoccupation with sexualised matters and language
- Expressed desire to harm others for reasons of self-esteem and / or status, including through psychological intimidation or bullying behaviour
- Persistent inability to manage own anger

Indicators for **Mental Health difficulties** will include some of the following:

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias,
- anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and antisocial behaviour;
- hyperkinetic disorders, e.g. disturbance of activity and attention including ADHD
- developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers.
- other mental health problems include eating disorders, habit disorders, posttraumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties

are experienced at the same time, children are often described as having mental health disorders.

### **Exit guidance**

Some pupils with the right specialist support accessed through the special school will make sufficient progress to consider a move back into a mainstream setting. The key to a successful placement back in mainstream is that it meets the needs and aspirations of the pupil and that all parties are committed to making the mainstream placement work.

Dual placements or structured trials in mainstream schools can be considered to test out the potential of pupils to operate successfully in that environment.

It will be appropriate for pupils to leave a special school placement when they are securely able to:

- Make positive choices more frequently
- Operate in various social contexts
- Cope with different situations and make independent transition successfully (e.g. from smaller to larger groups)
- Overcome resistance to and fear of learning
- Maintain workable relationships with adults

Pupils may return to a mainstream setting at any time, following appropriate review of their EHCP. However it is especially important to consider mainstream options in advance of times of transition, e.g. transfer between primary and secondary phases. The bullet point factors above are also relevant in considering a mainstream dual placement during KS3, and to developing a programme during KS4 which may also involve FE college or alternative providers. (For guidance on dual placements, see introduction P5.

## **School for children with autism and / or social, emotional and behavioural difficulties**

### **Roman Fields School – Secondary (11 – 18) Boxmoor, Hemel Hempstead**

**Roman Fields is an alternative provision for CYP with autism and/or social, emotional and behavioural difficulties.** All young people MUST have an EHC Plan to be considered for a place. CYP's ability range is often wide, as is their functioning range, covering a cognitive span from low ability to gifted and talented.

CYP placed at Roman Fields will primarily have difficulties including:

- Disrupted / unusual emotional or social development.
- Autism.
- ADHD, ADD, ODD or similar medically diagnosed disorders.
- Diagnosed mental health conditions and difficulties.

Some of the CYP will have been permanently excluded or at risk of permanent exclusion from mainstream, special or out-county schools. Others have not yet thrived in other settings, having associated anxiety levels and/or mental health concerns. Typically pupils would join Roman Fields when a significant range of support from a range of specialists has failed to have the desired impact on their learning and or social and emotional well-being.

### **Exit guidance**

Some young people are so successful in this specialist setting that transition to a mainstream school or post 16 college is often the outcome. The key to a successful placement in a school or college is that it meets the hopes and aspirations of the young person and his or her parents/carers. Dual placements or structured trials provide the means to support

youngsters and assess whether they are able to function successfully in a new environment.

The aim is for young people to leave the provision with the qualifications, skills and attributes to succeed in their adult lives, along with an agreed onward placement that matches their interests and aspirations.

- Build relationships with peers and adults.
- Make positive choices.
- Operate in various social contexts.
- Cope with different situations and make independent transition successfully (e.g. from smaller to larger groups).
- Overcome resistance to and fear of learning.
- Maintain relationships as adults.

## **Mainstream bases for speech, language and communication needs**

**Note:** The role and purpose of these provisions is being reviewed due to the changing needs of pupils and current numbers accessing the provision. The admissions guidance will be updated if required as part of this process.

CYP considered for a place in a speech and language base in a mainstream school will have a specific impairment of speech and/or language abilities as their primary presenting area of difficulty at the time of placement. A specific speech and language impairment (SSLI) describes CYP whose skill in understanding and/or expressing themselves through speech and language is significantly impaired in the context of their general ability assessed non-verbally.

An SSLI can affect various aspects of speech and/or language in complex ways. The CYP placed in a speech and language base will at the time of assessment have impairment in one or more of the following:

- Receptive language
- Expressive language
- Speech and phonology

They could also have additional needs such as:

- Social use of language and functioning
- Attention and listening
- Memory for spoken information
- Motor skills
- Symbolic play

They may have social and emotional difficulties arising from frustrations in communicating or they may have an autistic spectrum condition; however, these additional needs will not be severe enough to prevent the young person making progress over time in the base in relation to their speech and language needs.

Typical levels of functioning will be:

- Achieving at or below the 2<sup>nd</sup> percentile in one or more areas of speech and language when assessed on a standardised test of language development
- Operating outside of the levels that are consistent with admission to an LD school (see SLCN section of LD Admissions Guidance on page 6)
- A significant discrepancy between a CYP's speech/language skills and his/her level of general ability assessed non-verbally where both assessments have taken place
- An SSLI which is demonstrable regardless of the young person's first language

### **Exit Guidance**

Moving out of a speech and language base into a mainstream placement will be considered when one or more of the following applies:

- The CYP has made measurable progress in his or her areas of identified need as, for

example, indicated by the use of the ratings scale/guidance, so that they have functional levels of speech and language skills to enable them to access the mainstream curriculum. This may be accompanied by recommendations for a reduction in speech and language therapy support.

- The CYP is typically achieving above the 2<sup>nd</sup> percentile in one or more/most areas of speech and language when assessed in their specific area(s) of impairment on a standardised test of language development (DEEP/CELF equivalent to 5<sup>th</sup> percentile or below). Their performance will be considered alongside how they function in real-life contexts, parents' reports and the clinical judgement of the therapist, staff in the base and other relevant professionals.
- There is a noticeable reduction in the effect of a CYP's SSLI on their educational performance, including social, emotional academic or vocational functioning, with a corresponding decrease in the amount of base support and increased ability to access the mainstream curriculum.
- The Annual Review indicates that the SSLI is no longer the primary area of SEN.