

Admissions Guidance to Specialist Provision

***Guidance for admissions to Hertfordshire Special
Schools and Specialist Provision for pupils with a
Statement of Special Educational Needs***

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Introduction

Developing the guidance

This guidance is the outcome of partnership working between local authority officers, special school head teachers, and specialist support services during 2010-11 academic year. 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 will be used by provision panels during the 2011-12 academic year as a working document; it will be reviewed and revised where necessary during the course of the year, with a view to finalising the guidance in July 2012. The guidance includes reference to some mainstream specialist provisions, and the intention is for all types of specialist provision in mainstream schools (i.e. units, bases and provisions) to be included by July 2012. The final version is also expected to include exemplar case studies, as appendices or a separate reference document, which will be collected during the course of the 2011-12 academic year.

Definitions

At the time of developing this guidance, a new definition of complex learning difficulties and disabilities (CLDD) emerged as one of the outcomes of a Specialist Schools and Academies Trust research project funded by the DfE (which reported in March 2011).

“Children and young people with complex learning difficulties and disabilities (CLDD) have conditions that co-exist. These conditions overlap and interlock creating a complex profile. The co-occurring and compounding nature of complex learning difficulties requires a personalised learning pathway that recognises children and young people’s unique and changing learning patterns. Children and young people with CLDD present with a range of issues and a combination of layered needs- e.g. mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive. They need informed specific support and strategies which may include trans-disciplinary input to engage effectively in the learning process and to participate actively in classroom activities and the wider community. Their attainments may be inconsistent, presenting an atypical or uneven profile. In the school setting, learners may be working at any educational level, including the National Curriculum and P scales. This definition could also be applicable to learners in the early years and post-school settings.”

This definition has been accepted by the Department for Education (DfE), and it underpins this Hertfordshire guidance. Current DfE Pupil Level Annual School Census (PLASC) categories will continue to be used in this guidance to distinguish between types of need within the overall CLDD category.

Role of Hertfordshire special schools

The operation and continued development of Hertfordshire special schools is in line with the key principles identified by the national Special Schools Working Group (2003):

- “To provide high-quality education and care for pupils, and demonstrate expertise in working with pupils with complex learning difficulties, behavioural difficulties and with sensory or physical impairments
- To ensure effective partnership working between special and mainstream schools, the wider community, and health and social services, to meet the needs of children and young people and their families in a holistic way
- To innovate in curricular development, and develop different ways of providing effectively for pupils with a range of SEN, and facilitating their inclusion into the mainstream
- To have high expectations of all pupils with SEN, to raise levels of attainment and achievement

- To provide resource bases for teaching methods, resources, and ideas, for both special and mainstream schools
- To be outward-looking, seamlessly integrating specialist staff and SEN pupils into the wider community of schools”

Special schools in Hertfordshire are at the centre of a fluid range of services and provision which the local authority makes for children and young people with SEN. Hertfordshire special schools can offer a variety of provision through their different designations and distinctive areas of expertise.

Placement of children and young people

Children and young people placed in special schools of whatever type are likely to have a significant and interrelated combination of needs. Although these children and young people are not a homogeneous group, their unifying factor has been described in a 2010 Specialist Schools and Academies Trust paper as their ‘pedagogical vulnerability’. Hertfordshire special schools provide appropriate placements for children and young people with the most significant needs, who require a curriculum which is wrapped around them so that they can engage in learning. To achieve this engagement in learning, smaller class sizes and high levels of staffing and expertise throughout the school are often required.

In Hertfordshire it is acknowledged that there are overlaps between special school sectors and this is illustrated by the levels and descriptors set out in section 2 onwards. This overlap acknowledges the right of parents to express a choice for a type of school (including a mainstream school), which is reinforced in the March 2011 Green Paper, and gives more scope when a placement decision is finely balanced. For some children and young people the combination of their needs and current context requires a special school placement, at least for a period of time or as a flexible joint placement arrangement.

Placement process

The local authority is responsible for the decision to place a child or young person in a special school. A provision panel with multi-professional membership considers individual children with a statement where a special school placement is requested, as advised in the Code of Practice (paragraph 8:9).

Full details about the operation of provision panels are available in a separate ‘Terms of reference’ document (January 2011). Children and young people will only be admitted to special schools if they have a statement, or in exceptional cases as identified by the Code of Practice (paragraphs 8:23-28).

Review of special school placements

The annual review is the common way in which parents, schools and local authority can together review an individual child’s progress towards meeting the objectives specified in his or her statement (see purpose of the annual review as set out in the Code of Practice, paragraph 9:7). As part of the annual review the details of the child’s current placement will be discussed and parents may wish to discuss the appropriateness of placement in a specialist provision. This document is designed to help teachers inform parents about the potential suitability of options they may raise.

For some children and young people following their annual review, a move to a different type of special school or to a mainstream school will be appropriate. Where the rate of progress is significantly greater than peers, then particular attention will be paid to the appropriateness of the placement at the next annual review meeting.

For other children and young people, it is appropriate for them to continue their education in the same type of special school. Their programme might involve, for some of these young

people, time spent in another type of special school or a mainstream school. In the circumstances a dual placement can be established in the best interests of the child and where both settings agree.

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 special school sector 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.

Levels obtained where children and young people have been supported, in line with the testing support arrangements published each year, can be used appropriately to assess a child's potential and curriculum entitlement. Arrangements for determining teacher assessment levels will ensure fair access for all children and young people and follow Hertfordshire guidance. 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)

Children and young people 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 could be in terms of academic and/or social communication and interaction.

Children and young people placed in this type of school will therefore have a primary need in the areas of moderate learning difficulties (LD), autistic spectrum disorder (ASD) or speech, language and communication needs (SLCN). There will usually be associated secondary needs, such as behavioural and emotional or physical and sensory difficulties.

The following sections give a guide to the typical level of functioning in the three main areas of need which would make a child or young person suitable for placement in this type of school. A child or young person may have the level of functioning described in one or more of these three areas, as defined by PLASC categories: LD, ASD and SLCN. (Not every bullet point under the three headings will necessarily be met.)

For placement in a secondary learning difficulties school at Yr7, National Curriculum levels refer to teacher assessments in Yr5 because these will feature in the annual review report used to inform the decision about secondary transfer placement. It is expected that some children and young people will be attaining higher levels by the time of secondary transfer.

Young people attending secondary-age schools will have access to a range of accreditation appropriate to their ability and the progress they have made in the school.

Typical levels of functioning:

LD

The majority of pupils with learning difficulties 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 basic numeracy and literacy skills. Pupils with learning difficulties may have additional special 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. Please provide evidence to support this.**
- **The pupil consistently needs modification of both content and materials for the majority of the curriculum.**

and/or

i) ASD

- Diagnosis of autism or multidisciplinary assessment of characteristics universally accepted as falling within the autism spectrum
- Evidence of high and prolonged levels of anxiety and/or sensory sensitivity that are almost entirely preventing access to the mainstream classroom environment and which might manifest themselves in challenging behaviour (including withdrawn behaviour)
- 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 child or young person is usually operating at the levels defined in

previous LD section. However, there may be an area of particular strength, e.g. maths or ICT, where a child or young person is achieving at a higher level

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. However, there may be areas of particular strength, e.g. maths and science, where a child or young person is achieving at a higher level
- Speech and/or language skills considerably below the level of non-verbal skills, as indicated by standardised assessment or by a discrepancy of four or more National Curriculum sub-levels between speaking and listening and other core subjects

Many children and young people will demonstrate a combination of the three primary areas of need above. Some will also have additional needs, such as Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia or Dyspraxia. Medical issues may require daily supervision and potential intervention.

Children and young people will require a differentiated and often personalised curriculum to meet their profile of need. Further examples of a child or young person's functioning, engagement and learning style will be available in the case studies.

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

Children and young people 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.

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

- Severe learning difficulties
- Profound and multiple learning difficulties
- Autistic spectrum disorders
- 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

Where there has been standardised testing of cognitive functioning, **the vast majority of children and young people will be assessed as being at or below the 1st percentile.** For primary-age children, National Curriculum attainment levels will predominantly be in the range P1 to P5 (principally in PSHE, English and Maths). For secondary-age young people, National Curriculum attainment levels will predominantly be in the range P1 to P7 (principally in PSHE, English and maths).

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.

Physical and/or neurological impairment (PNI) specialist provision: special schools and mainstream unit

Children and young people attending a Physical and Neurological Impairment (PNI) special school or a mainstream base will have severe physical difficulties as their main presenting need. They will have an impairment 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 impairment 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 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 unit 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 an additionally resourced mainstream provision.

Hearing impairment (HI) specialist provision: special schools and mainstream units

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 affect 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 essential 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
- 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, 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 require 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.

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.

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

This guidance has been updated due to reflect the change in designation from schools for children with social, emotional and behavioural difficulties SEBD to Schools for children with social, emotional and mental health difficulties SEMH in September 2014.

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 disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. 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 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. Poor 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 social care services and / or CAMHS. 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 suffering from 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)

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 unco-operative
- 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

For pupils who are successful in this specialist setting that a move back to mainstream schooling can be considered. The key to a successful placement back in mainstream is that it meets the hopes 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 are one way of testing out the potential of pupils to operate successfully in that environment.

Pupils will be able 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 statement of SEN. However it is especially important to consider mainstream options at 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.

Visual impairment (VI) specialist provision: mainstream base

The VI Base at Barnwell School in Stevenage is a resource for the whole county. It provides for students from years 7 to 11 who are severely educationally partially sighted or educationally blind (definitions overleaf) and who have a Statement of Special Educational Needs which identifies vision as the primary need.

The visual impairment may have a significant effect on students:

- Access to printed and visual material for learning and research
- Access to incidental learning from the wider learning environment
- Access to and understanding of non verbal aspects of communication
- Independence in mobility, organisation and self care skills
- Ability to concentrate due to visual fatigue
- Ability to complete class work in some subjects without provision of tutorial time.

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

- The ability to engage fully in the life of the school
- The ability to record / read back without technological alternatives
- Literacy and numeracy
- Academic progress
- Practical areas such as PE, Technology and science practicals
- social skills
- Self-confidence/ self-esteem.

Students will need access to a range of specialist resources such as brailers, CCTV, ICT and software. They may need tutorial support and alternative programmes for subjects such as PE and Technology.

Some pupils may have needs additional to their visual impairment which could include:

- Hearing impairment
- Physical impairment
- Specific learning difficulties
- Speech, language and communication disorder
- Medical difficulties
- Emotional and behavioural difficulties
- Moderate learning difficulties

Support for these aspects will be provided in collaboration with the school's SENCO.

Blindness is a term used to refer to very extensive problems with visual acuity or field of vision, or a combination of the two, such as to have a substantial long-term adverse effect on the student's ability to carry out normal everyday activities. Definitions of educationally partially sighted and blind follow below (with reference to the RNIB website):

<p>Educationally partially sighted (severe) There is no definition of sight impairment or partial sight. However, convention is that partial sight (severe) involves:</p> <ul style="list-style-type: none"> – A <u>visual acuity</u> from 3/60 to 6/60 with a full field – Up to 6/24 with moderate restriction of visual field, opacities in the media or aphakia – 6/18 or better with a gross <u>field defect</u> (e.g. <u>hemianopia</u> or a marked constriction of the field (e.g. <u>glaucoma</u> or <u>retinitis pigmentosa</u>)) <p>There may also be other visual difficulty e.g. colour confusion, nystagmus, intermittent vision, significant photophobia</p>	<p>Educationally blind Blindness is legally defined as 'so blind that they cannot do any work for which eyesight is essential' In practice this translates to:</p> <ul style="list-style-type: none"> – A best correct visual acuity below 3/60 or 1/18 – A best corrected visual acuity better than 3/60 but below 6/80 with a very restricted visual field <p>Severe visual impairment is a term now sometimes used for blindness</p>
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Mainstream bases for speech, language and communication needs

Children and young people 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 young people 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 young person 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 disorder; 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 2nd 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 a learning difficulties school (see SLCN section on page 8)
- A significant discrepancy between a young person'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 young person 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 young person is typically achieving above the 2nd 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 5th 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 young person'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 of the Statement indicates that the SSLI is no longer the primary area of SEN.