



Managing Specialist Placements

Introduction

This document describes the process whereby pupils may be admitted to a specialist provision or special school and the guidance for admission.

Process

All decisions relating to placement in a specialist provision including special schools, and specialist provisions within mainstream schools for pupils with social, emotional and mental health (SEMH), autism, hearing impairment and speech and language difficulties, are the responsibility of the Special Educational Needs and Disability (SEND) Team. The Manager of the Special Educational Needs and Disability Team is the statutory decision maker for the authority.

The SEND Panel will consider cases put forward for specialist provision as advised in the Code of Practice paragraph 9:78 – 9:87 and sections 33 and 39 of the Children's and Families Act 2014. This panel will have a multi-professional membership. The Manager of the Special Educational Needs and Disability Team acting on behalf of the Local Authority (LA) will convene and chair it, and will invite specialists as appropriate. The panel will consist of representatives from the following according to need:

- The Special Educational Needs and Disability Team
- The Educational Psychology Team
- The Early Years Team
- The Sensory, Communication Support Team
- The Inclusion Support Team
- Special schools and mainstream schools
- Independent Parental Supporters

The SEND Panel's role is to advise the Special Educational Needs and Disability Team. The Special Educational Needs and Disability Team are responsible for deciding on appropriate provision.

Pupils will only be admitted to special schools and specialist provisions within mainstream schools for pupils with SEMH, autism, hearing impairment and Speech and Language Difficulties if they have an EHCP or statement, or in exceptional cases as identified by the Code of Practice Paragraphs 1:29 – 1:30 and outlined in the Guidance for Assessment and Emergency Placements.

Cases will be brought to the SEND Panel for discussion following an annual or interim review or at the proposed/draft statement/EHCP stage.

All decisions following the panel will be communicated verbally (where possible) and/or in writing to the parents.

Guidance for placement in a special school

SLD Schools

General descriptors:

Pupils with severe and profound learning difficulties are described as having severe cognitive impairments which have a major effect on their ability to engage with and participate in the school curriculum. They are likely to have associated difficulties in mobility and co-ordination, communication and the acquisition of social and personal independence skills.

Severe and profound learning difficulties are caused by either or a combination of biological impairment (e.g. genetic disorder) and/or trauma (e.g. anoxia). Such a degree of learning difficulty is evident early in life, unless caused later in life by trauma such as road traffic accident. Pupils with severe and profound learning difficulties have a life-long condition and are unlikely to be fully independent even in adult life. Such a degree of learning difficulty is not the result of social deprivation.

Pupils with severe and profound learning difficulties need specialist support in all areas of curricular access. This group of pupils require an approach to teaching that utilises the Early Years Foundation Stage Curriculum and the National Curriculum as a medium through which to teach priority areas of learning. The nature of the curriculum at St. John's requires such radical adaptations and significant additions that it cannot feasibly be replicated within the mainstream school setting. Traditional approaches to teaching such as differentiation (whether normal or significant) are not adequate responses to the depth and complexity of the learning disabilities experienced by so many pupils within this group. The separation of teaching and learning into discrete National Curriculum subject areas has little educational relevance for such pupils.

The specialist teaching approaches required to meet the exceptional needs of these pupils are possessed by teachers who have received specialist training and/or acquired the necessary mandatory qualifications. Classroom support staff require recognised training in line with agreed levels of specificity and consistency of programme delivery. Teaching requires collaborative support from therapists such as speech and language, occupation and physiotherapy as well as clinical and educational psychologists. Many of these pupils will have associated medical conditions and as such may require high levels of clinical support from trained nursing staff.

Where there has been standardised testing of cognitive functioning pupils will be assessed as being at a level below the 1st percentile at the full scale quotient.

Threshold levels of educational attainment

Pupils with severe and profound learning difficulties will be attaining across all areas at levels of:

- P5 and below at end of KS 1
- P7 and below at end of KS 2
- 1C and below at end of KS 3

NB.

- (a) Achievement within the 'P' scales is likely to be uneven both across and within different subject areas. This implies that academic achievement is harder to realise and maintain for this pupil group. It is also harder to assess in a meaningful way. Attainment alone is not a sufficient indicator to identify degree of learning difficulty. An understanding and description of the means of access to learning and the curriculum required to meet such exceptional need is necessary for a more accurate assessment and description of learning difficulty.
- (b) Assessment of a pupil performing alone may be necessary for the purposes of diagnosis or required for school-wide and national data collection. It, however, underestimates the pupil's potential for learning as part of a group with adult guidance. An understanding of 'lateral' as well as 'linear' progression is required.

Specific descriptors:

Autistic Spectrum Condition (ASC)

Pupils who present with dual diagnosis (ASC and SLD) will have their degree of autism assessed separately from that of their learning difficulty. The needs of those with dual impairment are different from those presenting with a single S/PMLD diagnosis and as such additional approaches to teaching and learning are required.

The implications of ASC may include:

- finding social interaction confusing or threatening and thus causing a tendency to withdraw from social encounters;
- failure to appreciate the purpose of language and communication and an innate inability to express wants and needs to others either verbally or by gesture;
- inability to understand gestures, facial expression, social signalling through eye-pointing, body postures and communicative distances thus severely limiting the understanding of others' intentions and feelings;
- problems in sharing joint attention with others and an associated problem in understanding shared and separate perspectives on the world;
- lack of incidental or spontaneous learning and an associated difficulty in applying previously learned skills in novel situations, different location or without the presence of known adult or familiar cues;

- inflexible patterns of behaviour and an over reliance on regular routines which if interrupted may result in confusion or distress;
- limited or no control over channelling of attention which may be either totally unfocussed resulting in an inability to filter out redundant information or alternatively so tightly locked to a task or sensation that all other stimulus is blocked out;
- problems with sensory modulation giving rise to adverse reaction in the presence of certain sounds, sights (colours, space, movement in visual field) and touches.

Sensory and Physical

The degree of learning difficulty concerning pupils with multi-sensory impairment (MSI) will be assessed when the extent of the sensory impairment is clinically determined and subsequent educational input delivered. The implications of such sensory impairment may include:

- restricted movement limiting the development of exploratory play and attention control;
- limited experience of encountering and exploring objects and surfaces resulting in lack of object concept/cause and effect/object permanence;
- distorted perception of tactile sensation so that anything touched will give feedback different to what the adult would expect;
- poor proprioceptive feedback limiting awareness of and ability to control own body position or movements;
- reduced impact of distant sensation resulting in lowering of motivation to explore.

There may also be additional medical factors that will also adversely affect the receptiveness and ability to react and respond to teaching. Overall the educational implications of sensory and physical impairment for pupils with severe and profound learning difficulties may include:

- reduced cognitive, physical and fine-motor ability to engage with the curriculum in a meaningful way;
- reduced cognitive ability to anticipate future events or results of own actions;
- reduced awareness of self and others and restricted ability to develop social communication and interaction skills.

Pre-school

Children are likely to be functioning at significantly below their chronological age; at or below half their chronological age in most areas of development. They may have an inconsistent development profile.

Observational assessment, recorded through the Early Years Foundation Stage Profile or similar, will demonstrate that these children are unlikely to be able to access the mainstream curriculum and/or interact with their peers even with reasonable adjustments and with considerable support.

MLD Schools

Pupils will be receiving, and will continue to require, additional educational provision to help them access the curriculum.

Many will have complex difficulties and learning will be affected by one or more of the following: social, emotional and mental health; speech and language difficulties; social and communication difficulties; sensory impairment.

- Despite appropriate intervention their needs may not be able to be met by normal differentiation and the flexibilities of the national curriculum in a mainstream school.
- Require additional educational provision to help them to access the curriculum.
- Have much greater difficulty than their peers in acquiring basic literacy, numeracy and social skills, i.e. 3 National Curriculum Levels below their peers. Their understanding of concepts is poor. They may also have associated speech and language delay, low self-esteem and low levels of concentration, commensurate with their moderate learning difficulties.
- Require varying levels of inter-agency co-operation and planning.
- Require additional support in many areas of the curriculum to acquire basic learning skills and social competencies. This may be in the form of advice from specialist services and carried out by school staff.
- Require additional support (in small groups and 1:1 support) in many areas of the curriculum to acquire basic learning skills and social competencies.
- There is a lack of acceptable progress within the curriculum. Pupil profiles show no progress or regression in some subject areas

Where there has been standardised testing of cognitive functioning pupils will be assessed as significantly below average (less than the 2nd percentile at the full scale quotient).

School-age

Pupils will be attaining across all areas at a level of:

- P level 6/7 and below at the end of Key Stage 1
- 1c and below at the end of Key Stage 2
- 2a and below at the end of Key Stage 3

Entry into the ASC Provision at Grange

The ASC pupil may have a more uneven profile than a typical MLD pupil, but his learning is predominantly within the MLD range.

The pupil has a diagnosis of an autism spectrum disorder. The impact of autism on the child's learning necessitates access the structured support within the TEACCH provision.

The student has difficulties with literal interpretation, processing and social use of language which inhibit social interaction and curriculum access.

The student has a high level of rigidity. Transitions between tasks present the student with particular difficulties hence the child needs additional support.

Obsessions interfere or inhibit learning.

ASC has a significant impact on the students' ability to access the curriculum which necessitates between 20% to 100 % of the curriculum being delivered by specialist ASC staff within the provision.

The student has a high level of anxiety which present barriers to learning. The provision offers a safe haven where staff can problem solve / provide supportive strategies in response to student's reactions to stress.

It is acknowledged that time required in the provision will vary. e.g. In times of stress, the time taught within the provision may increase.

The student needs to be taught and supported by specialist staff with a sound knowledge of ASC to support their social, emotional and communication needs. The pupil needs to be taught in small groups and elements of teaching needs to be delivered on a one – one basis.

A high level of visual instruction and adaption is required to access lessons. Some of this needs to be delivered on a one to one basis.

Social skills need to be directly taught. The student needs regular intervention to facilitate social interactions. There are frequent difficulties due to the student's lack of understanding of the motives of others, perceived bullying; physical responses to misunderstandings etc.

PD School

Pupils will have a physical disability and or complex medical needs as their prime area of need which limits their ability to make progress across all areas of development. They are likely to have one of the following associated with their physical or medical condition: a lifelong learning disability, a visual impairment, a hearing impairment, a communication difficulty and a need for some social and emotional support.

Due to their physical and associated learning difficulties, all pupils will require specialist support and access to an appropriately differentiated Early Years Foundation Stage and National Curriculum.

Many children will have complex needs including the requirement for medical interventions, multi sensory support and access to alternative and augmentative communication.

The cognitive levels of the children will mean they have the potential to achieve above the level of pupils admitted to a school for pupils with Severe Learning Difficulties (SLD) i.e. the potential to achieve at a level for pupils with Moderate Learning Difficulties (MLD) or mainstream ability. Attainment levels may range, however, from age appropriate levels of attainment to the early P levels.

Pupils are likely to have a life long disability. Many will have limited self help and personal care skills; all will require some support in these areas.

Pupils may exhibit inappropriate social behaviours requiring a higher level of adult support. Few children, due to their physical and learning difficulties are likely to become fully independent adults and may require life long support.

Even with additional resources/access provided by the LA, mainstream or MLD schools would not reasonably be able to provide for these pupils. In addition to their learning needs pupils may have some of the following:

- Significant mobility difficulties requiring specialised equipment and considerable adult support. Many pupils will have lifelong dependence upon an adult for their mobility needs, having no independence of mobility.
- Significant difficulties with self help, personal care and independence skills and in many cases may be totally dependent upon an adult for their care and never be able to achieve independence in their own care.
- Significant difficulties with communication and may be totally non-verbal communicators requiring expert teaching and the use of additional and augmentative communication systems and devices in order to access the curriculum.
- Significant nursing needs associated with their physical disability or medical condition. They may require, for example, gastrostomy feeds, regular medication, catheterisation or tracheotomy care and intensive daily health care input. Few of these pupils will become independent even in adult life.
- Pupils may have deteriorating and life-limiting medical and physical conditions requiring considerable medical, physical and emotional support for themselves and their families.

- Pupils may have been involved in a trauma or accident or have become disabled due to a sudden illness and therefore require specialised medical, physical, social and emotional support.
- Pupils may have physical disabilities and/or complex medical needs and have become vulnerable and isolated in mainstream schools because the learning and social opportunities have not suited their needs and have adversely affected their ability to learn and make progress.
- Pupils will require specialised access to the National Curriculum and an adaptation of the curriculum that allows for key areas specific to need to be prioritised: personal independence, communication, mobility, physical and health care, access to technology and life and social skills. The National Curriculum in isolation, and delivered in a mainstream environment, will not be appropriate to meet their needs. Pupils will require small class groups, individual teaching and a high degree of adult intervention.

Early Years Foundation Stage (EYFS)

- Children will have significant physical disabilities or medical conditions as their prime area of need which limits their access to the curriculum and means that their physical safety and development is likely to be compromised in a mainstream environment.
- Children are likely to be functioning at significantly below their chronological age in all areas of their development. They may have an inconsistent development profile.
- Children will require a holistic approach to education with access to a range of therapies including physiotherapy, occupational therapy, speech and language therapy.

Post 16 Provision in Bedford Borough

- Provision for pupils Post 16 will be available at St John's School for pupils with Severe Learning Difficulties. The admission guidance for St John's school will apply for admission to the Post 16 provision.
- Provision for pupils Post 16 will be available at Ridgeway School for pupils with Moderate Learning Difficulties as well as for pupils with Physical Disabilities/Complex Medical needs.
- The admission guidance for Ridgeway School will apply for those with Physical Disabilities/Complex Medical needs.
- The admission guidance for MLD Placement will apply for Post 16 pupils with Moderate Learning Difficulties requesting placement at Ridgeway Post 16 Provision.
- There may be some pupils with ASC as their primary need who may have their needs best met at St John's Post 16 Provision more appropriately than Ridgeway Post 16 Provision. These cases will be considered by the panel and on consultation with parents and both Special Schools in order to ensure the most appropriate Post 16 placement within Bedford Borough for these pupils.

Last updated: August 2014

- Any pupils agreed for admission to Post 16 provision at St John's or Ridgeway from Grange Academy will need to remain in full-time education until the end of term in year 11 during which time transition visits will take place to the new setting.