

# Specialist Provision in Hertfordshire – Right Support, Right Place, Right Time

## Vision

Hertfordshire has a range of specialist provision and the following guidance sets out how our provision will enable us to best meet the needs of every child and young person (CYP) who is agreed for specialist provision.

## Principles

All children regardless of ability should be able to have their needs met in a mainstream school. In Hertfordshire we have a Graduated Response to ensure the needs of CYP with SEND are met and they achieve. For some children with specialist or specialist+ needs we recognise that they may require a more specialist environment. This will be explored should a parent express a preference for specialist provision.

‘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 2022)

Hertfordshire are committed to ensuring all children’s needs can and should be met in a mainstream setting and recognise that 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 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.

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 is undergoing a statutory assessment.

## Review of special school placements

The annual review is the usual way in which parents, schools and the local authority can together review an 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 school may wish to discuss the appropriateness of the placement. If the school believes it is unable 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 the needs to be met or seeking an alternative placement either in another special school or in a mainstream school or specialist provision in a mainstream school. Admissions Guidance to any special schools or specialist provisions would be applied by the panel when considering the appropriateness of the type of provision requested to meet the CYP’s needs. An Annual Review can be called forward if a CYP’s needs / circumstances have changed.

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 Education Health and Care Plan 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.

### **Admissions Guidance by sector**

#### **SLD**

Our SLD schools aim to meet the needs of CYP whose cognitive ability is approximately 33% or less below their chronological age and is unlikely to ever exceed the cognitive abilities of a 5 year old. These CYP may also have co-existing needs (SLCN, ASD, HI, VI, PNI). These schools will also make provision for those CYP who are deemed PMLD and are functioning cognitively at or below the level of a 6 - 18 month old child.

#### **LD**

Our LD schools aim to meet the needs of CYP whose cognitive ability is between 34 – 50% of their chronological age. These CYP may also have co-existing needs (SLCN, ASD, HI, VI, PNI) at a similar or lower level. There may be some CYP who are on the borderline for an SLD setting.

#### **SEMH**

Our SEMH schools aim to meet the needs of CYP with both internalising and externalising behaviours. These CYP will have a cognitive ability above 50% of their chronological age. These CYP are likely to fall within the specialist and specialist+ levels in the Hertfordshire Descriptors of Need. These CYP may also have co-existing needs (SLCN, ASD, HI, VI, PNI). Provision may also be made for those CYP who are deemed 'exceptional' on the Hertfordshire Descriptors of Need. CYP with the above SEMH needs at Targeted+ are likely to have their needs met through a Primary Behaviour Support Service or an Education Support Centre. Any CYP with an SEMH need at Specialist or higher will have had a short term period of intervention through a PBS or ESC before a place at an SEMH special school is considered.

#### **HI**

Our HI special schools and bases in mainstream schools aim to meet the needs of CYP who have a significant hearing impairment as their main presenting special educational need at a Specialist level which will affect their development of language and communication and their access to learning.

## Communication and Autism

Our Communication and Autism Special schools aim to meet the needs of CYP who have needs at a Specialist or Specialist+ level and are able to access a mainstream curriculum.

Our Communication and Autism Specialist Resourced Provisions in mainstream schools aim to meet the needs of CYP whose ASD and /or SLCN are at a Targeted + level and are able to access a mainstream curriculum

## PNI

Our PNI special schools aim to meet the needs of CYP whose PNI needs are assessed at Specialist or Specialist+. These CYP are likely to need access to a mainstream curriculum in the long term.

## VI

Hertfordshire does not have special schools for CYP with a visual impairment as it believes that the needs of these of most of these CYP can be met in a mainstream school. If the CYP can access a mainstream curriculum then Hertfordshire provides additional resources in terms of advice, support and funding to enable these CYP to access a mainstream curriculum.

## Learning Difficulties Sector

### Severe Learning Difficulties Schools

HCC Entry and Exit Guidance for Children and Young People with Severe Learning Difficulties (SLD)	
Needs catered for	CYP with SLD/PMLD as defined below
Age Range	2 – 19 years
Admissions	<p>SLD Schools are for children and young people with Education, Health, and Care Plans, who meet the guidance described below.</p> <p>Admission is coordinated by:</p> <p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"><li>• <b>Educational Psychology Service</b></li><li>• <b>SEND Specialist Advice &amp; Support</b></li><li>• <b>School or setting representative</b></li></ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"><li>• <b>Additional School representation (mainstream/Special)</b></li><li>• <b>DSPL Leads</b></li></ul> <p>Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.</p> <p>Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.</p>

## **Admissions guidance:**

The Admissions guidance reflects the presenting need of the child or young person and the impact it has on their learning and functional skills.

Some children and young people may present with needs in a number of areas of which Cognition and Learning is the prevalent need. The principal area for consideration in such cases will be based on a holistic appraisal of these needs and how they impact on the child or young person's ability to engage with learning and their emotional well-being.

The following three sets of Hertfordshire's Descriptors of Need should be read in full when considering placement in an SLD setting:

### **Descriptors of Need – Specialist Plus**

#### **The baby, toddler, child or young person:**

- is **attaining at or below 33%** of their chronological age (Artemis, 2022).
- has profoundly compromised functioning across all developmental areas which are likely to remain unchanged. This will include several co-occurring difficulties for example, , sensory, physical, communication and cognition (such as thinking and reasoning skills).
- operates at very early stages of development that affects all aspects of learning.
- has significant cognitive impairment severely which restricts access to the curriculum and ability to work independently.
- has developmental difficulties which may be associated with biomedical conditions such as:
  - sensory impairment
  - social (pragmatic) communication disorder
  - motor impairment
  - complex medical needs
  - dependencies on technology (including augmentative and alternative communication such as Makaton).
- has very limited or no understanding of formal language.
- has limited expressive communication but may be able to communicate basic needs using signs and gestures and/or some key words (for example, 'more', 'drink').
- may need intensive staff support to keep them and other young people safe, for example, to manage challenging behaviour or self-stimulation.
- has difficulties with concept development and logical thought which limits access to the curriculum.
- may have extensive additional health needs requiring medical intervention.
- makes progress in very small steps in-line with developmental age despite high levels of adult support.

### **Descriptors of Need – Severe Learning Difficulties Sector**

pupils have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols, but most will be able to hold simple conversations and gain some literacy skills. (DfE,2010).

### **Descriptors of Need - Profound and Multiple Learning Difficulties Sector**

Pupils with PMLD have severe and complex learning needs, in addition they have other significant difficulties, such as physical disabilities or a sensory impairment. Pupils require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory

stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. (Department of Education and Skills, 2003).

Typical developmental age will remain within 0-6 months throughout their entire life regardless of chronological age.

**For a full set of descriptors in the above three areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://thegrid.org.uk)**

### Exit Guidance

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Attaining within a range of **33% with a maximum of 50%** of their chronological age (Artemis, 2022).
- Described in the Hertfordshire Specialist Descriptors of Need for Cognition and Learning

## Learning Difficulties (LD) Schools

### HCC Entry and Exit Guidance for Children and Young People with Learning Difficulties (LD)

<b>Needs catered for</b>	CYP with LD as defined below
<b>Age Range</b>	3 -16 years
<b>Admissions</b>	<p>Primary and Secondary LD schools are for children and young people with Education, Health and Care Plans, who meet the guidance described below.</p> <p>Admission is coordinated by:</p> <p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Educational Psychology Service</b></li> <li>• <b>SEND Specialist Advice &amp; Support</b></li> <li>• <b>School or setting representative</b></li> </ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Additional School representation (mainstream/Special)</b></li> <li>• <b>DSPL Leads</b></li> </ul> <p>Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.</p> <p>Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.</p>

## Admissions guidance:

The Admissions guidance reflects the presenting need of the child or young person and the impact it has on their learning and functional skills.

Some children and young people may present with needs in a number of areas of which cognition and learning is the prevalent need. The principal area for consideration in such cases will be based on a holistic appraisal of these needs and how they impact on the child or young person's ability to engage with learning and their emotional well-being.

The following three sets of Hertfordshire's Descriptors of Need should be read in full when considering placement in an LD setting:

### Descriptors of Need – Specialist

- Attaining within a range of **33% with a maximum of 50%** of their chronological age (Artemis, 2022).
- The baby, toddler or child will be experiencing substantial, complex, persistent, and enduring learning difficulties across all domains.

### Descriptors of Need – LD Primary

Attaining at or below 50% of their chronological age (Artemis 2022).

- The child may have more than one diagnosis and a life-long condition.
- The learning disability may be diagnosed at birth or be identified during infancy/early childhood.
- The child will have significantly reduced ability to understand new or complex information in learning new skills (impaired intelligence) with a reduced ability to cope independently, (impaired social functioning), with a lasting effect on development.
- The long-term developmental ceiling will not correspond to Chronological Age in some or many areas of learning and depending on severity of the learning disability, will likely plateau between 6-9 years of age.
- The child will have significant limitations in their ability to learn and function. This will include various mental abilities:
  - Reasoning
  - Problem solving
  - Planning
  - Abstract thinking
  - Judgment
  - Academic learning (ability to learn in school via traditional teaching methods/pedagogy)
  - Experiential learning (the ability to learn through experience, trial and error, and observation)
- The child will experience significant problems with a range of issues, such as communication, being aware of risks or managing everyday tasks. Functional skills will be explicitly taught within an adapted curriculum.
- Attention, memorisation, and impulse control are within early developmental levels; the child will have a limited ability to reason, problem solve, acquire, store, and recall information.
- Communication systems may be required to enable the child to express themselves and process information.
- The child may demonstrate pretend play, but thoughts are limited to focus on one object, situation, or aspect.
- The sense of time is not developed (difficulty understanding past and future).
- The child relies on concrete information and experiences rather than abstract concepts.
- Knowledge is acquired through investment, engagement, exploration, and discovery.
- The child is beginning to think about objects, people, and events without seeing them but has a limited perspective of the world around them. The child thinks that they are the centre of the world and has limited perspective.
- The child is beginning to share thoughts and feelings and share experiences. The child is starting to ask questions relative to developmental age.



- The child is starting to see the relationship of cause and effect.
- The child learns by imitation and starts to understand the sequence of events.
- The child has substantial and enduring literacy and/or numeracy difficulties despite sustained, appropriate individual support from trained staff, delivering research or evidence-based interventions.
- Independence
- The child may need some support with caring for themselves but may be able to carry out day to day tasks with support.
- The young person may have more than one diagnosis and a life-long condition.

### **Descriptors of Need – LD Secondary**

- The young person responds to others in group situations, for example, taking turns appropriately in a game such as 'Pass the parcel'. They follow requests and instructions with three key words, signs, or symbols.
- The young person may have problems with a range of issues, such as communication, being aware of risks or managing everyday tasks.
- The young person will find it harder to understand, learn, remember new things and generalise their learning in multiple situations.
- The young person has processing difficulties including sequencing, inference, coherence and elaboration
- The young person will be working towards entry level, ASDAN and other level 1 qualifications.
- The young person is learning early literacy and numeracy skills. Poor working memory may limit reasoning and problem solving.
- The young person is beginning to understand time and direction.
- The young person is beginning to reason and argue.
- The young person has increased but still limited attention needing some refocusing, and their impulse control is more developed.
- The young person is able to ask why and how questions
- The young person is increasingly interested in the world around them and beginning to question.
- The young person at this age can more reliably distinguish between what is imaginary and what is real.
- The young person can make small steps of progress within smaller or specialised groups with evidence-based interventions but needs constant to regular help in larger classes or activities.
- The young person is to interact socially, ask questions of others, and participate in leisure activities.
- The young person begins to understand that not everyone sees the world in the same way that they do and demonstrates the ability to take turns and share.
- The young person learns better ways to describe experiences and talk about thoughts and feelings.
- The young person may start to understand how their behaviour effects other people.
- The young person is beginning to develop their own internalised sense of right and wrong – a sense of 'conscience'.

### **Independence**

The young person may need some support with caring for themselves but may be able to carry out day to day tasks with support.

***For a full set of descriptors in the above areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://www.thegrid.org.uk)***

### **Exit Guidance**

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Attaining at more than **50%** of their chronological age (Artemis, 2022).
- Described in the Hertfordshire Targeted+ Descriptors of Need for Cognition and Learning

## Social Emotional and Mental Health (SEMH)

### HCC Entry and Exit Guidance for Children and Young People with Social Emotional and Mental Health (SEMH) needs

<b>Needs catered for</b>	Children and Young People with SEMH needs as defined below
<b>Age Range</b>	5- 11 years (Primary) 11 – 16 years (Secondary)
<b>Admissions</b>	<p>Primary and Secondary SEMH schools are for children and young people with Education, Health and Care Plans, who meet the guidance described below.</p> <p>Admission is coordinated by:</p> <p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Educational Psychology Service</b></li> <li>• <b>SEND Specialist Advice &amp; Support</b></li> <li>• <b>School or setting representative</b></li> </ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Additional School representation (mainstream/Special)</b></li> <li>• <b>DSPL Leads</b></li> </ul> <p>Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.</p> <p>Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.</p>

#### Admissions guidance:

The Admissions guidance reflects the presenting need of the child or young person and the impact it has on their learning and functional skills.

Some children and young people may present with needs in a number of areas of which SEMH is the prevalent need. The principal area for consideration in such cases will be based on a holistic appraisal of these needs and how they impact on the child or young person's ability to engage with learning and their emotional well-being.



The following two sets of Descriptors of Need should be read in full when considering placement in an SEMH setting:

### **Descriptors of Need – Specialist**

#### ***Internalising behaviours***

The child or young person:

- routinely experiences distress which is presented through external behaviours or internalisation.
- experiences high levels of stress that affect their daily functioning.
- finds it difficult to ask for or accept help.
- places unreasonable expectations on themselves that cause high levels of stress and/or self-injurious behaviours or harm to others.
- is susceptible to negative influence.

#### ***Externalising behaviours***

The child or young person:

- has persistent absence from school, or lessons, due to the young person's social and/or emotional and/or mental health needs.
- intentionally harms others to avoid things they find too hard.
- is not able to recover after setbacks and will express this through harmful behaviours to self and others.
- uses language to deliberately harm or shock others (for example, racist/obscene words).
- exhibits behaviours that will give rise to safeguarding concerns. (These behaviours are not because of brain injury).
- behavioural presentation impacts good order to a significant extent, this may be a need for excessive control, impulsivity or deficits in attention derived from emotional distress.
- has behaviour that presents significant risk to self or others.
- has behaviour that is perceived as threatening and frightening by other children and adults.
- requires bespoke and creative strategies to engage with any formal learning in the whole class or group situation.

### **Descriptors of Need – Specialist Plus**

#### ***Internalising behaviours***

The child or young person:

- is prone to exercising negative influence over peers.
- is unable to make or sustain social relationships due to social and/or emotional, and/or mental health issues.
- has negative / suicidal thoughts, or comments.
- has a very negative view of the future.
- is depressed and/or highly anxious.
- has low mood and/or lack of energy.
- is closed off or isolated, not wanting to accept help or support.
- is medicated for health condition by CAMHS.
- will have PALMS or other health professionals/agencies involved.

#### ***Externalising behaviours***

The child or young person:

- is unpredictable, dangerous, and/or challenging for others.
- is at risk of criminal exploitation because of their vulnerability.
- may have identified Safeguarding concerns.
- sabotages positive situations due to lack of coping strategies and poor emotional regulation.
- is at significant risk of harm through suicidal thoughts, eating disorders and other self-harming behaviours (including drug and alcohol abuse).
- has mental health needs that impact their ability to think flexibly and their need for excessive control is significant.
- presents with a level of need that requires expert medical or psychiatric support.
- has social and emotional needs that supersede the ability of the child to access academic learning, as a result the child's performance/attainment is significantly impaired.

***For a full set of descriptors in the above areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://thegrid.org.uk)***

### **Exit Guidance**

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Functioning within the Hertfordshire Targeted+ Descriptors of Need for Social Emotional and Mental Health

## **Hearing Impairment Schools and Bases**

### **HCC Entry and Exit Guidance for Children and Young People with Hearing Impairment (HI)**

<b>Needs catered for</b>	Children and Young People with HI needs as defined below
<b>Age Range</b>	<p>HI Bases – Primary 5 – 11 years</p> <p>Deaf Auditory (Knightsfield) 9 - 18 years</p> <p>Deaf Signing (Heathlands) 3 - 16 years</p>
<b>Admissions</b>	<p>Primary and Secondary HI schools and bases are for children and young people with Education, Health and Care Plans, who meet the guidance described below.</p> <p>Admission is coordinated by:</p> <p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Educational Psychology Service</b></li> <li>• <b>SEND Specialist Advice &amp; Support</b></li> <li>• <b>School or setting representative</b></li> </ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Additional School representation (mainstream/Special)</b></li> <li>• <b>DSPL Leads</b></li> </ul>

Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.

Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.

### **Descriptors of Need Primary – Specialist**

- A child who has an audiological diagnosis of permanent:
  - moderate to profound bilateral Sensorineural hearing loss.
  - bilateral auditory neuropathy
  - late diagnosis
- They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants).
- The child's deafness causes significant language delay which impacts upon their ability to access the curriculum.
- The child may be profoundly deaf and will not easily access spoken language through the use of their hearing aids/auditory implants They will need access to visual
- communication, for example, signs to communicate and learn about the world around them.
- The child's deafness causes significant language delay and impacts on his/her ability to access their environment.
- They are not making expected progress in most areas of the mainstream curriculum as a result of their deafness.
- The child may present as immature and may struggle in a large class as a result of their language delay and deafness, especially in subjects like drama and PE, which can be noisier, despite possibly being age appropriate or slightly below in some other subjects.
- Without access to most or all of their learning within a small group in a quiet room the child will not develop.
- The child will need to have opportunities to develop their deaf identity by accessing deaf role models and other deaf peers.
- This may require extensive deaf awareness intervention and potentially some intervention around behaviour.
- The child may suffer with anxiety about being different and will require to be taught with similar pupils due to the impact wearing a hearing aid/implant has on their behaviour, social and emotional wellbeing.
- Other needs which cannot be fully attributed to the hearing loss/deafness, may be having a significant effect on the child's learning for example, autism, learning difficulties, dyspraxia, please consider other descriptors, for example C&A, C&L, SLCN. Child may need to be considered at Specialist Support Plus.

### **Descriptors of Need Secondary - Specialist**

- A young person who has an audiological diagnosis of permanent:
  - moderate to profound bilateral Sensorineural hearing loss.
  - bilateral auditory neuropathy
  - late diagnosis
- They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants).
- The young person's deafness causes significant language delay which impacts upon their ability to access the curriculum.
- The young person's deafness causes significant language delay and impacts on his/her ability to access their environment.
- They are not making expected progress as a result of their deafness and require some or all of the curriculum to be modified.

- Without the young person receiving more than the national curriculum requirement of English lessons they will not develop this as a strong second language.
- The young person may present as immature and may struggle in a large class as a result of their language delay and deafness, especially in subjects like drama and PE, which can be noisier, despite possibly being age appropriate or slightly below in some other subjects.
- The young person may be a BSL first language user or have a home language other than English.
- The young person requires a tailored reading curriculum adapted for the needs of deaf children who use BSL as their first language.
- Without access to most or all of their learning within a small group in a quiet room the young person may not develop
- The young person may need to have opportunities to develop their deaf identity
- The young person may suffer with anxiety about being different and will require to be taught with similar pupils due to the impact wearing a hearing aid/implant has on their behaviour, social and emotional wellbeing.
- Other needs which cannot be fully attributed to the hearing loss/deafness, for example, autism, learning difficulties, dyspraxia, may be having a significant effect on the young person's learning. Please consider other descriptors, for example C&A, C&L, SLCN. Young person may need to be considered at Specialist Support Plus.

### **Descriptors of Need Primary – Specialist Plus**

- The child's hearing needs are met but they have additional needs to deafness and require extra adult support to access the curriculum.
- Child may have a severe spoken language delay on account of their deafness.
- The child is not making expected progress in the mainstream curriculum as a result of their deafness.
- Language deprivation may result in behaviour difficulties due to frustrations.
- The child needs access to a deaf peer group to develop age-appropriate social skills and their deaf identity.
- Child will require an intensive 1:1 literacy development programme once they begin to develop their first language.
- The child may be at risk of harm due to SEMH and lack of body awareness.
- The child may be severely or profoundly deaf and will not easily access spoken language through the use of their assistive listening devices. They will need access visually to support their learning.
- Child is not making expected progress in the National Curriculum as a result of their deafness.
- Other needs may become apparent as the child develops which cannot be fully attributed to the hearing loss/deafness, for example, autism, learning difficulties, dyspraxia. Please consider other descriptors, for example C&A, C&L, SLCN.

### **Descriptors of Need Secondary – Specialist Plus**

- The young person's hearing needs are met but they have additional needs to deafness and require extra adult support to access the curriculum.
- The young person may have a severe spoken language delay on account of their deafness.
- The young person is not making expected progress in the mainstream curriculum as a result of their deafness.
- The young person needs access to a deaf peer group to develop age-appropriate social skills and their deaf identity.
- The young person will require an intensive 1:1 literacy development programme once they begin to develop their first language either signed or spoken.
- The young person may be at risk of harm due to SEMH and lack of body awareness.
- The young person may be severely or profoundly deaf and will not easily access spoken language through the use of their assistive listening devices. They will need access visually to support their learning.
- The young person is not making expected progress in the National Curriculum as a result of their deafness.

- Other needs may become apparent which cannot be fully attributed to the hearing loss/deafness, for example, autism, learning difficulties, dyspraxia. Please consider other descriptors, for example C&A, C&L, SLCN.

### Descriptors of Need – Exceptional

The child/young person:

- The child has an audiological diagnosis of permanent:
  - profound lateral hearing loss
  - bilateral auditory neuropathy
  - late diagnosis of deafness
- The child may be prescribed with hearing aids or wear auditory implants (called BAHA or cochlear implants) but still cannot access many or all of the speech sounds.
- may not yet have a first language. first language is sign language or the child
- begin school without any access to language either signed, spoken, or written.
- May have a mode of deafness and language that impacts on their ability to access the curriculum.
- May have very limited language impacts on their ability to communicate with non-signing peers.
- will be unable to access information presented orally.
- will have severely delayed text based comprehension and inferential skills if they have not received BSL access from a young age.
- may result in behaviour difficulties due to frustrations from language derivations
- requires curriculum access in BSL to develop a second language in written English.
- May have other needs may become apparent which cannot be fully attributed to the hearing loss/deafness, for example, autism, learning difficulties, dyspraxia. Please consider other descriptors, for example C&A, C&L, SLCN.

***For a full set of descriptors in the above areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://thegrid.org.uk)***

### Exit Guidance

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Functioning within the Hertfordshire Targeted+ Descriptors of Need for Hearing Impairment

## Physical and/or Neurological Impairment (PNI) Schools

### HCC Entry and Exit Guidance for Children and Young People with Physical and/or Neurological Impairment (PNI)

<b>Needs catered for</b>	Children and Young People with PNI needs as defined below
<b>Age Range</b>	2 - 11 years (Primary) 2 – 19 years (Primary/Secondary)
<b>Admissions</b>	Primary and Secondary PNI schools are for children and young people with Education, Health and Care Plans, who meet the guidance described below.  Admission is coordinated by:

	<p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Educational Psychology Service</b></li> <li>• <b>SEND Specialist Advice &amp; Support</b></li> <li>• <b>School or setting representative</b></li> </ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Additional School representation (mainstream/Special)</b></li> <li>• <b>DSPL Leads</b></li> </ul> <p>Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.</p> <p>Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.</p>
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### **Descriptors of Need Primary – Specialist**

- The child has profound long-term progressive/regressive condition(s).
- The child has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking/eating.
- The child has a moderate to severe physical disability that creates substantial communication difficulties requiring specialist communication aids and assistive curriculum devices.
- The child requires specialist teaching strategies, for example, Intensive Interaction and sensory-based curriculum, in order to make progress at school and staff need to be trained in these approaches.
- The child requires constant monitoring and some complex medical interventions, without which their condition may seriously deteriorate.
- The older child will have an awareness of the deteriorating nature of the condition and longer-term outlook which impacts upon mental and emotional health and well-being.
- The child will have awareness of physical differences between themselves and peers and limitations in what they can access.
- The child's diagnosis may include two or more needs, for example, epilepsy and Cerebral Palsy, which combine to produce additional learning barriers for the child. (For example, physical and neurological including difficulties with memory and retention of learning).
- The child has a severe physical disability resulting in full-time wheelchair user, access to a hoist and changing plinth, standing frame and other highly specialist equipment within the mainstream environment to access learning.
- The child has severe fine motor difficulties which impacts upon independent recording and access to a range of practical resources.
- The child will need a personalised and developmentally appropriate curriculum.
- High levels of regular adult support (for example, from the teacher/teaching assistant) will be required for equal access.
- The child may experience increased levels of mental health difficulties (such as anxiety) due to an inability to inhibit behavioural responses resulting from neurological impairment. This could be due to an acquired brain injury (for example, removal of tumour(s), road traffic accident, childhood stroke).
- A reduced timetable with rest breaks may be needed but not reduced hours in school (unless specifically recommended as a short-term interim strategy following surgery/rehabilitation).



## **Descriptors of Need Secondary - Specialist**

- The young person has profound long-term progressive/regressive condition(s).
- The young person has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking/eating.
- The young person has a severe physical disability that creates substantial communication difficulties requiring specialist communication aids and assistive curriculum devices.
- The young person requires constant monitoring and some complex medical interventions, without which their condition may seriously deteriorate.
- The young person will have an awareness of the deteriorating nature of the condition and longer-term outlook which impacts upon mental and emotional health and well-being health and motivation.
- The young person will have an awareness of physical differences between themselves and peers and limitations in what they can access.
- The young person has a severe physical disability resulting in full-time wheelchair user, access to a hoist and changing plinth standing frame and other highly specialist equipment within the mainstream environment to access learning.
- The young person has severe fine motor difficulties which impacts upon independent recording and access to a range of practical resources.
- The young person will need significantly altered exam access arrangements and/or alternative key stage 4 curriculum, for example ASDAN, Princes Trust or functional skills accredited courses.
- The young person may experience increased levels of mental health difficulties and be unable to inhibit behavioural responses due to neurological impairment (for example, acquired brain injury from removal of tumour(s), road traffic accident, childhood stroke).
- The young person will need a personalised and developmentally appropriate curriculum.
- A reduced timetable with rest breaks may be needed but not reduced hours in school (unless specifically recommended as a short-term interim strategy following surgery/rehabilitation).
- The child's diagnosis may include two or more needs, for example, epilepsy and Cerebral Palsy, which combine to produce additional learning barriers for the child. For example, physical and neurological including difficulties with memory and retention of learning.

## **Descriptors of Need Primary/Secondary – Specialist Plus**

The child/young person:

- will have a severe physical and or neurological impairment as the main presenting need.
- may be working at their appropriate expected age levels.
- may be working below expected levels. The child's progress may be assessed by using the Engagement Model.
- may also have a range of other associated needs including sensory impairments (for example visual or hearing loss), an additional neurological impairment, difficulties with speech, language and communication, feeding/eating and drinking, and complex health needs which require regular or continuous medical intervention.
- may require specialist equipment to access learning and be dependent on others for some or all of their personal care and transport needs.
- has complex gross motor movement and limited fine motor skills.
- is unable to independently manage transfers and personal care including toileting, eating and drinking, for example, cutting up food, wiping own nose.
- is fully reliant on adults for support in moving, positioning, personal care.
- will have some control for example, assistance with transfers by pressing the hoist controls, drive a powered wheelchair using feet or hands.
- will have a physical disability that creates communication difficulties.
- will have communication aids which are mostly self-managing or can be appreciated and understood by other children and staff familiar with the aids, for example eye gaze technology, eye pointing, signing and total communication.



- may be able to complete simple fine motor tasks with additional time compared to peers, for example moving an object, swiping a touch screen for communication.
- will be unable to do tasks that require hand dexterity and strength, for example, twist/turn objects.
- will have a skill level that fluctuates significantly or deteriorates during the day, for example verbal speech becomes less coherent when tired.
- has a physical disability/medical need that could co-exist with other secondary needs which may require a developmentally and highly personalised curriculum.
- will have a sudden loss of cognition due to acquired brain injury and/or stroke.
- may experience social isolation and find communication with peers difficult due to PNI and may find it difficult with persons not familiar with their particular idiosyncrasies.

***For a full set of descriptors in the above areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://thegrid.org.uk)***

### **Exit Guidance**

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Functioning within the Targeted+ Descriptors of Need for Physical and Neurological Impairment

## **Communication and Autism Schools and Bases (Specialist Resourced Provisions – SRPs)**

### **HCC Entry and Exit Guidance for Children and Young People with Communication and Autism needs**

<b>Needs catered for</b>	Children and Young People with Communication and Autism needs as defined below
<b>Age Range</b>	SRP – Targeted + (Primary/Sec) C&A schools (Specialist) (Primary/Secondary) Roman Fields (Specialist +) KS4
<b>Admissions</b>	<p>Primary and Secondary Communication schools and bases are for children and young people with Education, Health and Care Plans, who meet the guidance described below.</p> <p>Admission is coordinated by:</p> <p>Chair: <b>Casework Manager</b></p> <p>Core Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Educational Psychology Service</b></li> <li>• <b>SEND Specialist Advice &amp; Support</b></li> <li>• <b>School or setting representative</b></li> </ul> <p>Additional Panel members:</p> <ul style="list-style-type: none"> <li>• <b>Additional School representation (mainstream/Special)</b></li> <li>• <b>DSPL Leads</b></li> </ul>

	<p>Requests for placement should be made during the Education Health and Care Needs Assessment (EHCNA) or before or during the EHCP Annual Review meeting: parents and carers can ask for this meeting to be held early.</p> <p>Parents and carers requesting placement are advised to contact their named EHC Co-ordinator in the first instance. The EHC Co-ordinator will manage their request and arrange for the request to go to the Placement Panel.</p>
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The following three sets of Descriptors of Need

- Targeted+
- Specialist
- Specialist+

should be read in full when considering placement in a C&A setting:

### **Specialist Resourced Provisions**

Children and young people are likely to be placed in an SRP if their needs are at Targeted + using the primary or secondary descriptors of need and that they are also able to access a mainstream curriculum.

### **Communication and Autism Schools**

Children and young people are likely to be placed in a Communication and Autism School if their needs are at Specialist using the descriptors of need.

### **Descriptors of Need – Specialist**

The child or young person

- is limited in their use of verbal and non-verbal communication skills relating to both receptive and expressive language, which substantially impacts on their ability to communicate for social purposes and/or engage in learning.
- requires a systemic programme to develop their use of verbal and non-verbal communication skills and receptive and expressive language.
- is unable to functionally communicate their needs when dysregulated when overwhelmed or over-stimulated.
- requires a systemic programme to develop joint attention and experience repeated positive interactions.
- has inflexibility and/or intrusive obsessional thoughts.
- experiences frequent emotional dysregulation and is unable to understand or communicate their emotional needs.
- relies on others for mutual regulation of their emotions and responses to the external environment.
- has emotional regulation needs that substantially impact on their attendance, engagement in learning and/or wellbeing.
- is unable to understand how their actions impact on themselves and others.
- has difficulties with emotional regulation that frequently lead to unsafe behaviours, whether internalised or externalised.
- has needs, including their social development, inflexibility of behaviour and thought and communications that are enduring, consistently impeding their learning, and leading to severe difficulties in functioning.
- has substantial and persisting difficulties when faced with change, uncertainty, or transitions because of their considerable inflexibility of thought, intrusive thoughts, repetitive behaviours and/or rituals.

- has been unable to respond to strategies and provision and has therefore not made the expected progress in achieving their social, emotional and/or academic targets.
- regularly and quickly becomes overwhelmed by sensory stimuli in the environment (such as noise, smell, touch, and light).
- is unable to independently carry out any aspects of health and personal care.
- is unaware of any personal, social, environmental, and physical risks and their own vulnerabilities.
- has a lack of body awareness and frequently causes a risk to self and/or others in attempts to seek sensory input or regulation.
- requires external specialist services.

## **Roman Fields**

### **Descriptors of Need – Specialist Plus**

#### **Social Communication**

The child/young person:

- has severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning.
- demonstrates very limited initiation of social interactions, and minimal response to social overtures from others.
- rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs.
- may respond to only very direct social approaches.

#### **Restricted, repetitive behaviours**

The child/young person:

- has inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive behaviours markedly interfere with functioning in all spheres.
- has great distress/difficulty changing focus or action.
- has profoundly limited functional social communication skills lead to daily, persistently high levels of distress and anxiety. This impacts on all areas of learning and social activity.
- may have unpredictable or frequent sudden outbursts of challenging behaviour several times a day that jeopardizes the health and safety of self and others.
- is unable to functionally communicate their needs.
- may be observed to rarely respond to, or initiate bids for interaction, requiring a highly bespoke programme of specialist support.
- relies on others for mutual regulation of their emotions and responses to the external environment.
- has emotional regulation needs that profoundly and consistently impact on their attendance, engagement in learning and/or wellbeing.
- is unable to recognise personal, social, environmental, and physical risks. This leads to frequent experiences of profoundly escalated emotional dysregulation and high levels of anxiety, which lead to responses that substantially jeopardise the health and safety of self and others.
- has frequent ritualistic and inflexible behaviours substantially impede on their functioning.
- has been unable to respond to strategies and provision and has therefore not made the expected progress in achieving their social, emotional and/or academic targets.
- has substantial and persisting difficulties when faced with change, uncertainty, or transitions because of their considerable inflexibility of thought, intrusive thoughts, repetitive behaviours and/or rituals.
- regularly and quickly becomes overwhelmed and highly anxious and/or distracted by sensory stimuli in the environment.

- is unaware of their health and personal care needs.
- is unable to recognise personal, social, environmental, and physical risks and their own vulnerabilities.
- persistently causes a risk to self and/or others through a lack of body awareness and seeking or avoiding sensory input.
- requires external specialist services.

***For a full set of descriptors in the above areas, please see [Top-up High Needs Funding \(HNF\) in mainstream schools - Hertfordshire Grid for Learning \(thegrid.org.uk\)](https://thegrid.org.uk)***

## **Exit Guidance**

Each child who attends an SRP should have the opportunity to fully reintegrate into a mainstream school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Functioning within the Targeted level of the Hertfordshire Communication and Autism Descriptors of Need

Each child who attends a special school should have the opportunity to return to their local community and nearest school. The following exit guidance should be discussed at every annual review to ensure that children reintegrate at the earliest opportunity:

- Functioning within the Targeted+ level of the Hertfordshire Communication and Autism Descriptors of Need