

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service name</b>	Children and Young People’s Speech and Language Therapy Service (CYP SLT Service)
<b>Service specification number</b>	QVV/0280
<b>1. Population and/or geography to be served</b>	
<b>1.1 National/local context and evidence base</b>	
<p>The national policy and legislative context relating to the support of children and young people with Speech, Language and Communication Needs (SLCN) cuts across government departments, including Department of Health, Department for Education, and the Ministry of Justice. The Children and Families Act (2014) places an ongoing requirement for a joint commissioning approach in respect of children and young people with Education, Health and Care needs.</p> <p>This specification is based on The Balanced System® (Gascoigne, 2008 - 2015)<sup>1</sup>, an outcomes-based approach to delivering integrated services for children and young people. It has been developed in line with national policy and legislation as well as professional guidance for speech and language therapists in response to the challenges identified in the Bercow Review (DCSF, 2008) and Bercow Ten Years On.</p> <p>Bercow, J. (2008) <i>The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs</i>  <a href="#">[ARCHIVED CONTENT] (nationalarchives.gov.uk)</a></p> <p><i>Bercow, J. (2018) Bercow: Ten Years On: An independent review of provision for children and young people with speech, language and communication needs in England.</i>  <a href="#">337644-ICAN-Bercow-Report-WEB.pdf (bercow10yearson.com)</a></p> <p>The 2014 Code of Practice for Special Educational Needs and Disability 0-25 requires the development of a Local Offer which is jointly commissioned by health and education partners to meet the needs of all children and young people with special educational needs whether or not they have an Education, Health and Care Plan (EHCP). Dorset Local Authorities and Integrated Care Board jointly commission both a Local Offer for all children and young people with a special educational needs and disability (SEND) (including SEN support for children and young people in mainstream education) and to ensure that appropriate joint commissioning arrangements are in place to meet the needs of children and young people with Education, Health and Care Plans.</p> <p>Our Dorset, the Dorset Integrated Care System (ICS), has taken a whole system approach to speech, language and communication. Bournemouth, Christchurch and Poole Council,</p>	

Dorset Council and NHS Dorset Integrated Care Board (ICB), share the vision that all children and young people have access to high quality speech and language support when and where they need it.

This specification needs to be considered in context of the wider delivery of the Balanced System®. The purpose of this service in that context is to promote a cohesive and seamless approach to meeting the needs of children and young people in the Our Dorset ICS. Early years settings, school settings, colleges and universities will be key partners in the success of delivering effective multi-agency support across the range of universal, targeted and specialist levels of need. Support to these settings will be a component of this service specification.

Significant system wide change is needed to deliver our shared vision for speech and language across the whole Dorset area, it will take all partners, including Dorset Council, Bournemouth Christchurch and Poole Council, NHS Dorset Integrated Care Board (ICB) and the Provider working together. This outcomes based specification sets out the crucial role of the Provider in bringing about that change, however all parties are jointly responsible for achieving our vision. This level of change will take time, we are on a journey and therefore in the first year the Provider is working towards this Balanced System specification, as part of the joint working arrangements between Dorset Council, Bournemouth Christchurch and Poole Council, and NHS Dorset Integrated Care Board (ICB) which are to be implemented as part of the work underway to scope out the outline programme plan.

Equitable and needs based provision will be delivered across the range of universal, targeted and specialist levels and across the age range from birth to a young person's 19<sup>th</sup> birthday, and young adults aged 19-25 with an Education, Health and Care Plan still in place.

## **1.2 Needs**

A comprehensive needs assessment was undertaken as part of the Dorset Speech, Language and Communication Project and can be accessed on the project website

The speech and language therapy service will be a needs led service.

## **1.3 Population covered**

The service is available to all children and young people from birth to their 19<sup>th</sup> birthday and young adults aged 19-25 in accordance with the Code of Practice for SEND 0-25.

## **1.4 Any acceptance and exclusion criteria and thresholds**

### **Acceptance criteria:**

- The service is available to all children and young people from birth to their 19<sup>th</sup> birthday and young adults aged 19-25 in accordance with the Code of Practice for SEND 0-25 who are resident in Bournemouth, Christchurch or Poole Council and

Dorset Council areas or registered with an NHS Dorset Integrated Care Board General Practice. Children in the Care of either Council may also be accepted where the Provider is deemed best placed to deliver provision and who are resident in Bournemouth, Christchurch and Poole Council or Dorset Council areas or registered with an NHS Dorset Integrated Care Board General Practice.

- Children and young people attending independent schools or colleges in Bournemouth, Christchurch and Poole Council or Dorset Council areas with an NHS Dorset Integrated Care Board GP can access an assessment and any specialist level support identified. The location for intervention will be determined by the practitioners based on clinical need. Where the Provider foresees significant capacity issues in supporting individual children and young people due to a requirement to deliver intervention in an independent school or college, the Provider will alert the Commissioner at the earliest opportunity.
- Specialist settings can access specialist provision (as defined in Appendix 1) which is not already provided for under devolved funding arrangements by the local authorities to specialist settings. Specialist settings who are in receipt of devolved funding from the local authorities have responsibility for commissioning their own specialist services. For specialist settings in receipt of devolved funding from Dorset Council, the provision of dysphagia support is not within the scope of this agreement. Specialist settings and all other settings can access universal and targeted level resources as set out Appendix 1. E.g., videos, training packs or generalised programmes available in the professional’s area of via the Dorset link on the Balanced System pathway website.
- Children and young people with no fixed abode such as refugees or families in hostels will be accepted by the service.
- Any cross-border issues do not form part of this specification. This area forms part of a wider piece of system work which will be progressed as part of the Service Development Improvement plan (SDIP).

## **2. Service aims and desired outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

## 2.2 Local defined outcomes

### THE BALANCED SYSTEM® HIGH LEVEL OUTCOMES FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS



FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - Parents and carers of children with specialist SLCN receive specific specialist support to ensure confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. Young people with SLCN are enabled to be active participants decisions about their support.	EE3. Specialist - Places where children and young people with specialist and complex SLCN spend their time for learning and leisure are communication friendly. The necessary adaptations are in place to maximise access in addition to the enhancements expected of a universal and targeted levels.	WW3. Specialist - Knowledge skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist interventions including individual and small group work, support parents, adapt the environment and identify children who need specialist support.	ID3. Specialist - Children with specialist SLCN have their needs identified effectively and quickly. This includes multidisciplinary assessment where appropriate.	IN3. Specialist - Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include active participation and well-being goals in addition to goals relating to their core SLIC impairment.
FS2. Targeted - Parents and carers of children with identified speech, language and communication needs (SLCN) access additional specific support to ensure confidence in their role as a key communication partner and educational support for their child. Families and young people with SLCN are supported to make choices and access services.	EE2. Targeted - Places where children and young people with identified SLCN spend their time for learning and leisure are communication friendly. Appropriate additional enhancements are made that enable children and young people with identified SLCN to more easily understand and to express themselves.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified SLCN. Setting and school staff are confident and competent to deliver targeted interventions, support parents, adapt the environment and identify children who need additional support.	ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.	IN2. Targeted - Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.
FS1. Universal - All parents and carers are supported with information and resources to encourage their role as effective primary communicative partners for their children. Families and young people are able to make proactive choices with respect to their child's or own needs.	EE1. Universal - Places where children and young people spend their time for learning and leisure are communication friendly. Environments have appropriate enhancements that make it easier for all children and young people to understand and express themselves.	WW1. Universal - The wider workforce is supported to have a good basic understanding of speech, language and communication including supportive strategies. Setting and school staff are confident in their role as facilitators of communication. The wider workforce has access to appropriate training around speech, language and communication.	ID1. Universal - Early identification of children and young people whose speech, language and communication needs may require targeted or specialist support is as efficient and accessible as possible. Pre-identification information and advice is available in a given area, school or setting.	IN1. Universal - Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.

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## 2.3 Aims and objectives of service

The aims of the service align with the core strands/outcomes of the Balanced System® delivery model:

**Children and young people** - Children and young people accessing individual or group-based interventions achieve their speech, language and communication needs related individual goals and functional outcomes.

**Parents and carers** - are supported with appropriate information and skills to enable them to be effective primary communicative partners for their children and young people with needs at universal, targeted and specialist levels and achieve high parental satisfaction rate.

**Workforce** - Use specialist knowledge and expertise to build skills in the wider workforce to ensure that they are confident in their role as facilitators of communication and are competent to deliver universal, targeted interventions and some elements of specialist interventions, including individual and small group work.

**Early Identification** - There are efficient and accessible systems to enable early identification of need, both at an early developmental stage and a rapid response to children and young people where concerns are raised at any age. Activity will include the training of others to identify need and providing pre-referral advice within community settings.

**Intervention & Environments** — Intervention is appropriate and timely, which may include direct and indirect therapy with individuals and groups of individuals, delivered in the most functionally appropriate context relative to specific need and in communication friendly environments.

**3. Service description and location(s) from which it will be delivered**

**3.1 Service Description/Care Pathway**

The Speech and Language Therapy Services play an integral role in delivering The Balanced System®, an outcomes-based approach to delivering integrated speech, language and communication services. The Balanced System® has been developed in line with both national policy and legislation as well as professional guidance for speech and language therapists.

**The Balanced System® Model**



The core principles which underpin the service delivery model are:

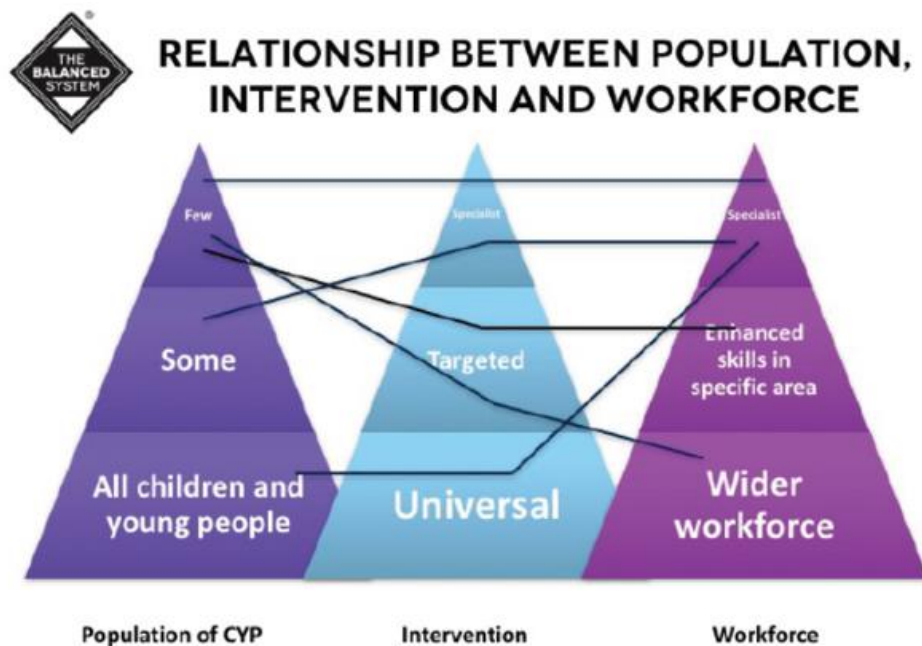
- 1 Speech and language therapy provision will take account of the whole system across the universal, targeted and specialist levels (see Appendix 1 for definitions).
- 2 Objectives at each level will be linked to the five strands: Supporting Families, Environment, Workforce, Identification and Intervention
- 3 Collaborative working will be integral to achieving outcomes. Support for children's language and communication should be a shared responsibility between parents, school, early years settings, speech and language therapy (SLT) providers, and the wider workforce, for example Health Visitors and School Nurses. The service will work in partnership with all providers of children and young people's services, including in health, education, social care and the voluntary sector.
- 4 This is a needs-based and led service and children and young people will be defined by their profile of need. Children and young people will not be defined by the setting they attend, diagnosis or if they have an Education, Health and Care Plan. Where there are exceptional cases not covered by this specification the Provider will raise such cases with the Commissioner, together the Commissioner and Provider will agree how such cases are to be handled.
- 5 Pathways should be flexible to allow children and young people to access support from all levels (universal, targeted and specialist). Access to interventions at each level should not be seen as mutually exclusive and children and young people may benefit from support from one or more level simultaneously.
- 6 Where possible speech and language therapist provision should be delivered in most functional settings for the child or young person.
- 7 Functional goals should always be at the centre of all interventions.
- 8 The Balanced System<sup>®</sup> speech and language therapy service provision takes account of the whole system across universal, targeted and specialist levels of provision. Whilst delivery will be adapted to the specific needs of a given population, the core principles form the basis of the whole system integrated service model.
- 9 As an integrated service model, the Balanced System<sup>®</sup> requires input from registered speech and language therapists at all levels of provision, but the role and interface with the wider team of professionals and parents will vary from one level to another.

When considering the direct role of speech and language therapists, several important distinctions need to be made:

- 1 Where a child requires assessment or has an identifiable speech, language and communication need, they should access the assessment and support they need at the right time and in the right place. This may be because other professionals such as teachers feel support is needed.
- 2 Not all children and young people with identifiable speech, language and communication needs will require direct intervention from a speech and language therapist. However, input will be required from a speech and language therapist

for training and infrastructure service development which will allow other professionals to support children, and their parents/carers, at both universal and targeted levels. This will be a fundamental part of the integrated service model.

- 3 There is no automatic 'read across' between children and young people who might be described as having complex or specialist needs in terms of an Education, Health and Care Plan and the requirement for specialist level speech and language therapy support. It is often the case that targeted support is appropriate for children and young people where speech, language and communication need is part of a wider profile of need, this would form part of the assessment process and understanding of meeting a child's needs as set out in Section F of an EHCP (This is illustrated in Fig 1 below).
- 4 Similarly, there will be children and young people with specific speech, language and communication needs who may not otherwise be identified at a complex or specialist level of need who will require specialist speech and language therapist interventions in order to maximise their potential and achieve their outcomes.
- 5 Finally, all registered speech and language therapists can provide specialist level support as defined in this specification. Highly specialist speech and language therapists will be required to provide specific specialist support for some children and young people and the resource is calculated to allow for a range of skills to deliver the full range of provision based on our analysis of demand



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Figure 1: Illustrating the flexible relationship between complexity, intervention and workforce.

#### Identification, assessment and entry to the speech and language service:

- 1 If an Education and Health Care Needs Assessment has been agreed for a child or young person already known to the Speech and Language Therapy Service (SALT), a request for advice must be made to the service, following agreed local pathways. Requests for advice must be responded to within 6 weeks from receipt of notification to allow local area partners to deliver their statutory duties. If requests for an assessment for a child or young person not known to the service are received, these should be raised with the Commissioner so that Local Authorities can monitor inappropriate requests and advise their respective SEND Statutory Services, ensuring the Providers ability to deliver the specification can be considered.
- 2 To provide a functional and needs led assessment service for the identification of children and young people's speech, language and communication needs.
- 3 To provide clear information to parents and carers, the referrer and the school or setting following an assessment, detailing the anticipated outcome of the child's functional goals (i.e., what outcomes are to be achieved), the recommended intervention (where appropriate) and wider information about the Local Offer, advice, guidance, and training available.
- 4 Access to the service should be simple and equitable and allow for a range of routes into the service, but there will be a single point (electronic) for registering and managing data for the whole service area regardless of referral routes and ongoing caseloads. The data management system for all children and young people known to the service (likely to be at a targeted and specialist level) will allow the monitoring of demand patterns and access times across Dorset. This in turn will allow provision to be more responsive to changing patterns of need.
- 5 To provide clear information for the Local Offer to facilitate parents and carers in accessing speech, language and communication needs services.
- 6 To deliver interventions and assessments in the most appropriate and accessible functional context for the child, young person, and their family. Delivery is likely to be in an early years, educational, community settings wherever possible rather than a clinic setting and on occasions there may be a need to deliver in the home.
- 7 To ensure waiting times for assessment and delivery of speech and language therapy for all children and young people are adhered to and where possible exceeds the national guidance and best practice.
- 8 The Speech and Language Therapy Service will demonstrate an equitable spread of resources based on needs and can vary the deployment of resource according to identified patterns of demand and/or commissioning priorities over time.

#### Interventions:

- 1 To deliver interventions that have a functional impact and are outcome focused with outcome measures for each child recorded on an electronic data management system in accordance with the planning for the young person.
- 2 Interventions should be evidence based where possible and the Speech and Language Therapy Service should be delivered in a way that actively contributes to the evidence base.
- 3 Interventions will be flexible and accessible, and recognise and build on the strengths of the child, young person, and their family
- 4 To provide a child, young person and family centred speech and language therapy service that is focused on improving outcomes for all children and young people



regardless of ethnicity, cultural identity, gender identity, demographic background, and location with the area of contract operation.

Service model:

1. To ensure there is continuity of service and minimum service levels are met over time. This specification assumes that there will be foreseeable variations in staff capacity caused by/ but not limited to staff sickness, training, and maternity leave. These variations will be met by the Provider, and they will continue to provide the level of service as detailed within the specification. The Provider will alert the Commissioner at the earliest opportunity to any significant variations in predicted performance due to staff capacity issues arising from absence or recruitment vacancies.
2. To ensure a named link representative for the Speech and Language Therapy Service is provided to every school/education setting and early years setting.
3. The Provider will be responsible for managing the ongoing maintenance of the local balanced system online resource, this is to include the contractual arrangement with Better Communications for the online resource. Bournemouth, Christchurch and Poole Council, Dorset Council and NHS Dorset Integrated Care Board (ICB), will equally fund the ongoing annual maintenance for the online resource and this is incorporated within the new investment. The Provider will be the central point and link for Better Communications, with the support of relevant contacts in each organisation across the system.
4. To ensure the implementation of an effective trans-disciplinary/integrated working model which maximises the contribution of speech and language therapy input within the universal, targeted and specialist service level areas and ensures the most efficient use of resources and supports a child, young person, and family centered approach.
5. The total resource should be used flexibly and transparently. The Speech and Language Therapy Service will be required to work with the Commissioner to agree how resources will be prioritised and deployed across schools and settings equitably.
6. To ensure robust clinical supervision is in place, which adheres to the Health and Care Professions Council and local standards.
7. There will be an explicit approach to continuous improvement, with evidence of how on-going monitoring and evaluation is driving service improvement.
8. To ensure statutory safeguarding requirements are met.
9. To provide timely and high-quality support for tribunals. This may include the updating of reports which may or may not include assessments for the CYP. Attendance at relevant pre-tribunal meetings, attendance at tribunal hearings with additional witness preparation time may also be required. The Commissioner and the Provider to closely monitor level of demand for tribunal support at the Contract Review Meetings.
10. Reports shall be written to serve a specific purpose rather than as a matter of course. For example, specific advice for EHC assessments, and annual reviews where specialist input is involved
11. Children shall cease contact when intervention is not appropriate, and reviews shall not be needed if the system is working efficiently.
12. To ensure that the Provider can respond positively to requests from schools to purchase an enhanced service level offer utilising their own school resources, subject to sufficient workforce resource.

### **3.2 Interdependence with other services and providers**

- To work proactively and in partnership with other children and young people's services as a key component of the Our Dorset Children and Young People's Partnership through the strategic alliance in Dorset
- To build positive and pro-active relationships with the interdependent services and Providers to support the delivery of an integrated speech, language and communication system.
- To ensure robust communication and care management systems are in place for the transfer of care between professional groups and along the care pathways, including discharges from the Speech and Language Therapy Service.
- To ensure the needs of children and young people with complex and severe speech, language and communication needs are met through a multi-agency approach. The Provider is responsible for championing, modelling, and supporting a multi-agency approach, but not responsible for other agencies multi-agency approach.
- To capture and act upon, where appropriate, the views of children and young people and their parents and carers will be central to the Speech and Language Therapy Service. The Speech and Language Therapy Service should demonstrate an open and transparent approach to working in partnership towards further service improvements.

### **3.3 Location of Service Delivery**

- The service is locality and community focused and there may be a requirement for home visiting. The service will be delivered in appropriate locations and settings to ensure easy access for children and families and delivery of functional goals.
- Where appropriate, and it meets the needs of the child or young person, the offer of virtual service delivery should be made.
- Speech and language therapy provision for children of school age should be based at school where possible or in appropriate accessible bases where the balance of the child or young person's need precludes intervention in their own school.
- Speech and language therapy provision for children under five should be based around appropriate community bases, likely but not exclusively, to use children's center's as a 'hub' within a neighbourhood.

- The service will operate within normal working hours (09.00am to 5.00pm), however if local need identifies more flexible access, evening and weekend clinics may be made available.
- It is the responsibility of the Provider to identify opportunities, negotiate costs and fund through the contract, functional settings for delivery. It is recognised that Commissioner in their system leadership role, can help to facilitate this process.

# THE BALANCED SYSTEM™

## Universal

Universal interventions are by definition available to all.

- Interventions which support the population as a whole and the wider workforce in its fullest sense (website and other online resources would be good examples)
- Includes materials and resources available to the population as a whole through mainstream outlets such as GP surgeries, libraries, children's centres and schools
- Includes generic advice sessions for community groups such as ante-natal classes etc
- Includes training for the wider workforce (outside of schools and early years settings) as a whole to increase awareness and understanding of SLCN and appropriate actions if concerned
- Includes specific training and advice giving around early identification

## Targeted

Targeted interventions sit on a continuum and include those that require the direct involvement of a speech and language therapist and those that have been established with the help of a speech and language therapist initially but are not self-sustaining within settings or schools.

Targeted interventions in the early years might include,

- Early language groups, phonological awareness, attention and listing etc
- Programmes overseen by a SLT carried out by members of the wider workforce and/or parents and carers

Targeted interventions at school age might include,

- Language groups, word finding, social skills, etc – always in conjunction with a member of school staff
- Programmes overseen by a SLT carried out by members of the wider workforce and/or parents and carers

Targeted interventions may be SLT led and/or maintained by a designated school staff with the appropriate training. The decision as to the degree of direct SLT involvement will vary from context to context dependent on the skills and competences of the wider workforce in that instance, as well as the needs of the child and predicted rate of change.

Many schools and settings established interventions at this level with the initial support of a SLT and then maintain these independently using them as a school based initial

intervention prior to referral on. Consequently, not all interventions at the targeted level assume a referral and acceptance onto a SLT caseload and can be at the pre-referral stage.

A useful way of considering the distinction may be to use the sub-divisions lower-targeted (LT or T1) and upper-targeted (UT or T2) as follows:

- Lower-targeted – interventions established with the support of a SLT but thereafter delivered independently by members of the wider workforce – can include children both pre-referral as well as post-referral and assessment.

Children accessing lower-targeted level interventions would either move towards referral and upper-targeted and specialist level interventions or would return to universal level support.

- Upper-targeted – requiring on-going oversight from a SLT through level of direct involvement will vary. Children accessing upper-targeted interventions may move towards specialist level or back to lower-targeted and thence universal level.

### **Specialist**

Specialist interventions might be with individual children or groups of children – again always with the involvement of a member of setting or school staff and parents/carers who can ensure that the intervention is embedded into the child's wider experience.

Many specialist interventions may follow a similar format to targeted interventions but be differentiated by the specificity of the techniques deployed or the rate of change anticipated from the child necessitating a more highly skilled practitioner to be closely involved in order to monitor and adapt appropriately.

The specialist tier (S level) will be defined by the interventions needed and not primarily by the overall profile of need. Some children at S level will move back to upper-targeted etc. after a period of intervention whilst others will remain at S level.

The underlying premise is that all children begin in the universal level and that targeted and specialist level interventions are brought into the child's overall package of care based on need at a given moment in time. Crucially, the level of intervention does not categorise the child and a given child or young person could be receiving several packages from different levels simultaneously.

For example, a child needing a specialist package for disordered speech sounds might also be part of a lower-targeted level group for attention and listening run entirely by school or nursery staff.

## Definitions of Schools and Settings

### State Schools

All children in England between the ages of 5 and 16 are entitled to a free place at a state school. State schools receive funding through their local authority or directly from the government. The most common ones are:

- **Local authority-maintained schools/community schools** – owned and funded entirely by the local education authority.
- **Foundation schools** – funded by the local authority, but run by the governing body, which also owns the land and buildings, employs the staff, controls admissions and sources and buys in support services.
- **Voluntary controlled (VC) schools** - funded by the local authority but are partly controlled by a charity, often a church or other religious institution. The local authority employs the staff and provides support services and usually controls the admission process. The charity owns the land and building and appoints some of the governors.
- **Voluntary aided (VA) schools** – funded partly from the local authority and partly from a charity. Have more independence from the local authority than VC schools.
- **Academies** - run by not-for-profit academy trusts, are independent from the local authority - they have more freedom to change how they run things and can follow a different curriculum.
- **Grammar schools** - run by the local authority, a foundation body or an academy trust - they select their pupils based on academic ability and there is a test to get in.
- **Free schools** – funded by the government but are not run by the local authority. They are ‘all-ability’ schools, so cannot use academic selection processes like a grammar school. Different types of free schools include: University technical colleges and Studio Schools.

### Specialist Resource Base

Within mainstream school setting. The aim of a specialist resource base is to provide targeted support which enables children to make progress, achieve their identified outcomes and continue to access the mainstream curriculum while being provided with a specialist intervention programme.

### Special schools

Special schools with pupils aged 11 and older can specialise in 1 of the 4 areas of special educational needs:

- communication and interaction
- cognition and learning
- social, emotional and mental health

- sensory and physical needs

Special schools can either be maintained (owned and funded by the local authority) or independent/non-maintained (private).

### **State Boarding Schools**

Provide free education but charge fees for boarding. State boarding schools give priority to children who have a particular need to board and will assess children's suitability for boarding.

### **Private schools/Independent Schools**

Private schools (also known as 'independent schools') charge fees to attend instead of being funded by the government. Pupils do not have to follow the national curriculum. All private schools must be registered with the government and are inspected regularly. There are also private schools which specialise in teaching children with special educational needs.

### **Pupil Referral Unit**

Funded by the local authority. Cater for children who are not able to attend a mainstream or special maintained school. Pupils are often referred to a PRU if they need a higher level of support than a mainstream school can provide.

### **Youth Justice Service**

Dorset Combined Youth Justice Service (DCYJS) is a statutory partnership between BCP Council, Dorset Council, Dorset Police, National Probation Service Dorset and NHS Dorset Integrated Care Board. The service works directly with young people who have committed criminal offences to help them make positive changes and to reduce the risks to them and to other people.