

## Level E descriptor

Description of needs: SLD with complex Physical and Neurological needs requiring very specialist equipment and approaches (seating, mobility, and communication aids) to access the curriculum

### Cognition and learning

- Children and young people will have a life-long learning disability which is compounded by their significant physical disabilities and have a significant impact on their:
  - communication.
  - cognitive development / understanding.
  - expression of knowledge and understanding.
  - acquisition of new learning, and
  - generalisation of knowledge and skills
  - appropriate social interaction
  - emotional wellbeing.
  - sensory development
  - acquisition of social independence / self-help skills / personal care skills
- are likely to be learning at early developmental levels and within the lower SLD range (chronological equivalent around 12 months) and below the 1st percentile, but children and young people may demonstrate higher levels of understanding / ability with the right support
- will be able to maintain attention on suitable differentiated activities for short bursts and up to 5 minutes on a suitably structured activity

### Communication and interaction

- may be able to communicate intentionally but in unconventional ways (e.g. using body movement, facial expression, vocalisation/intonation/sounds).
- will be able to learn to use eye gazing and technology intentionally to make things happen/make choices and to demonstrate their learning and understanding
- may be able to speak in short sentences, although some communication may be difficult for people who are not familiar to them to understand.
- may find it physically effortful, challenging or very difficult to express their thoughts and to communicate their basic needs and interact with others but may be at a higher cognitive level than they have been assessed at.
- will be able to make use of some form of communication system, including assistive technology for some, to improve their communication, control, and independence up to the level of their broader 'cognitive' potential.
- will generally show readiness for, or some existing knowledge of, symbolic communication methods when these are presented in an accessible form.
- may be able to learn to use more complex augmentative and alternative communication systems.

### Social, emotional, and mental health

May get frustrated and exhibit their feelings through challenging behaviours, including self-harm (head banging, hand biting)

### Sensory / physical / medical needs

- will have complex and profound physical needs and many will also have sensory needs that require therapy advice and support.
- as they get older and grow, the impact of and physical conditions increases.
- will be at high risk of developing increased physical disabilities and joint abnormalities and associated pain.
- will be fully dependent on customised wheelchairs and specialist seating and positioning arrangements.
- may have some mobility and be able to weight bear.
- will have limited control over different parts of their body.
- may have several agencies involved with them and their family
- may also have medical and health needs.

### Support needed for level E

#### Curriculum, teaching, and learning

- A cross curricular approach that supports core / functional skills of communication; problem solving, numeracy; physical development; learning-to-learn; creative exploration; and personal, social, and emotional development.
- A curriculum that provides opportunities for exploration and play
- A personalised learning programme which includes access to a range of intervention activities to support their learning and engagement.
- Alternative / augmentative
- communication aids to support their communication needs (high and low tech AAC) that will enable them to have greater control over their environment and be able to communicate expressively and demonstrate their level of understanding.
- Some children and young people may require assessment for use of high-tech mobility aids that will support their greater independence.
- daily Intensive therapy support planned and monitored by the appropriate therapist to ensure an integrated approach (this will include SALT, OT, physiotherapy) and delivered throughout the school day by trained staff.
- Some children and young people may require 3:1 for parts of physio programme to retain mobility and reduce the risk of escalating physical disabilities.
- The approaches to teaching and learning will require significant adaptations / differentiation to meet the range of needs.
- Regular small group and 1:1 support for delivery of specific learning programmes.
- Significant support into and throughout adulthood.
- A predictable and structured routine
- Class groups of around 8 -10 dependent on physical space available, with high levels of adult support
- Hydrotherapy to reduce/ limit spasticity, deformities and abnormal joint biomechanics and maintain mobility as well as to support communication development and enable curriculum access (at least 1:1 support)
- Higher staffing ratios for some aspects of curriculum delivery, e.g. hydrotherapy, moving / handling and personal care (often 2:1).

#### Environment

- An environment that supports appropriate moving and handling techniques including ceiling mounted tracking and electronic hoisting equipment as well as access to hydrotherapy. Staff will need to carry out risk assessments and review regularly.
- Children and young people will
- require specialised furniture/equipment to enable them to access the curriculum.
- Adequate space for the delivery of physiotherapy programmes and alternate positioning, and the use and storage of specialist furniture and equipment.
- Access to specialist equipment as recommended by medical, OT and manual handling assessments, e.g. specialist seating, standing frames etc.
- An adapted environment that supports access for children and young people with physical disabilities and sensory impairments.
- Access to specialist teaching facilities which will include small group and one- to-one teaching areas, and secure, stimulating and adapted outdoor areas.

### **Behaviour support**

Some children and young people will require a behaviour support plan that is consistently applied across different settings.

### **Multi-agency and family support**

- Frequent contact and collaboration with parents/carers to build relationships and work together to ensure consistency of approach and transference of skills across settings, sharing and modelling strategies wherever possible.
- The effective delivery for these children and young people and their families will require multi-agency co-operation and planning.
- Some children and young people will have additional medical needs that require support from school nursing.
- Some children and young people may have a health care plan.
- Children and young people with complex hearing or sight needs will require a programme of intervention devised and monitored by a qualified specialist sensory teacher (HI/VI/MSI) delivered regularly by school staff.

### **Staff training and expertise**

Staff working with these children and young people require specialist and ongoing training to understand and meet physical, sensory, and learning needs. This will include training on:

- Language and communication needs
- Physical needs, including moving and handling
- Delivery of integrated therapy programmes
- Sensory needs
- Medical needs and procedures
- Working with families and other agencies

Mental health and emotional well-being and how to support children and young people who may suffer with depression, anxiety, or stress. Training will include highly tuned observational skills and advocacy.

### **Was this page useful?**

- [Yes](#)
- [Neutral](#)
- [No](#)

Last updated: 03 Jan 2025

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