

## Level I descriptor

Description of needs: Physical and associated difficulties and Substantial and Severe Lifelong difficulties (F plus physical needs). Possible pathways to supported living and work arrangements.

### Cognition and learning

- Children and young people will have a life-long physical and learning disability which will have a significant impact on all areas of learning and living throughout their lives, which may include:
  - communication.
  - learning and understanding.
  - acquisition of new learning and generalisation of knowledge and skills.
  - memory and organisation of self/possessions.
  - appropriate social interaction.
  - challenging behaviour.
  - emotional wellbeing.
  - coordination.
  - sensory processing.
  - visual and hearing difficulties.
  - social communication difficulties, which may include a diagnosis of autism; acquisition of social independence / self-help skills / personal care skills.
  - behaviours that can challenge that are mainly because of the above; and
  - medical / health needs.
- Will have a physical disability either identified at birth or because of illness or injury.
- will be learning at early developmental levels. Chronological equivalent 3 - 4 years, (at secondary and they will require support throughout their lives.) Where there is a standardised assessment of cognitive ability, they will be assessed as below the 1st percentile.
- will be able to maintain attention on suitable differentiated and familiar activities for up to 10 minutes in a supportive environment.
- Will make progress in small steps which will be impacted by the combination of their physical disability needs and learning needs.
- may have an inconsistent developmental profile and may demonstrate an uneven profile of ability, particularly in areas which are impacted by their physical needs or those that require judgement, comprehension, application of abstract concepts and social interaction.
- may be able to learn to travel independently to familiar places / on familiar routes.
- Are likely to be able to move on to supported living and work arrangements in their adult lives, with the appropriate access arrangements to meet their physical needs.

### Communication and Interaction

- will be able to express themselves at single word to simple phrase / sentence level,
- may rely on gesture and signing to communicate proactively and / or to support verbal communication.
- may be difficult for unfamiliar people to understand their spoken language.
- may have levels of understanding / comprehension at a higher level than their ability to communicate expressively
- are likely to struggle to appropriately initiate and manage friendships, and some may struggle to maintain friendships as they grow older. Some may be over-familiar with people they do not know.

### Social, emotional, and mental health

- may find it easier to make connections with younger children and young people, but not understand the differences in socially acceptable behaviours as they get older.
- are likely to display vulnerability and naivety in social relationship, sexual health, mental health, independence, stranger danger and online activity and will have difficulties in assessing risks and keeping themselves safe.
- may display specific interests and eschew attempts to move them to other interests. Interests may be chronologically lower than those typical for a child of their age.
- may be rigid in their thought and behaviour patterns.
- may have higher levels of anxiety but find it difficult to communicate how they feel, which can lead to frustration, and in some cases challenging behaviour, including self-harm.
- may have difficulties regulating their behaviour without adult support / frequent reminders.
- may be susceptible to Mental Health needs as they grow older but lack the cognitive ability to understand and communicate their feelings.
- may be vulnerable to external risk factor as they grow older, including exploitation

### Sensory, physical, and medical needs

- will have significant lifelong physical disabilities and needs.
- will be at high risk of developing increased physical disabilities and joint abnormalities if left.
- may be fully dependent on customised wheelchairs and specialist seating and positioning arrangements.
- may have very limited control over different parts of their body.
- may have digestive difficulties that may also impact on bowel movement.
- may have sensory impairments such as visual impairments, hearing impairments or multi-sensory impairments, including cortical impairments.
- may have degenerative or life-limiting conditions that will impact at school age, both at early years and at puberty.
- may have several agencies involved with them and their family
- may have physical or sensory needs that require therapy advice and support.
- may have additional medical needs that require support from school nursing.
- are likely to have difficulty recognising, understanding, and communicating their medical / health needs which may lead to delay in treatment

### Behaviour Support

- Support in using strategies to manage their emotions
- Regular support and guidance on keeping themselves safe
- Guidance and support on staying safe on line and not engaging in risky behaviours. For instance, sharing content of a sexual nature, bullying on

- social media.
- Opportunities for overlearning.

## Multi agency and Family Support

- A high level of contact with parents/carers to ensure consistency of approach and modelling strategies wherever possible, and to provide whole family support where needed.
- Varying levels of inter-agency co- operation and planning, which may include health teams, sensory needs team etc.
- Some children and young people will require regular delivery of therapy support through a plan devised and monitored by therapy staff and implemented throughout the day by trained classroom staff to ensure an integrated education/therapy provision.
- Close liaison between the school and the family to support a joined-up approach, including using family workers / support to help recognise and support needs in the home and community as well as school and help prepare for meaningful adulthood.
- Some children and young people will have a health care plan that will be delivered across the school day.
- Some children and young people may require mentoring, counselling or long- term inter-agency co-operation and planning.
- Some children and young people may require support from qualified teachers of VI, HI, MSI where required, and training for all staff

## Level descriptor I support needed

### Curriculum, teaching, and learning

- Core skills curriculum comprising communication, language, and literacy; problem solving, numeracy; physical development; learning-to-learn; creative exploration; and personal, social, and emotional development.
- The approaches to teaching and learning will require significant adaptations / differentiation to meet the physical and other needs.
- A personalised learning programme with very finely graded tasks for developing and maintaining physical skills, language and communication skills, independence, cognitive development, behaviour for learning, and personal and social development.
- The curriculum will promote emotional wellbeing.
- Children and young people will be unable to access the mainstream curriculum even with reasonable adjustments and considerable support.
- Concepts and skills must be taught systematically in multiple contexts. There will need to be a strong emphasis on overlearning and transference of skills across real life settings.
- Continuous and sustained support in all areas of the curriculum.
- Continuous and sustained access to life skills delivered through the curriculum to achieve an appropriate level of independence.
- Likely to need lifelong support to be as independent as possible as they grow older and to problem solve and navigate new and risk situations.
- Significant support to access Further Education and employment, including voluntary work.
- May move into supported living arrangements, with significant packages of support.
- Regular small group and some 1:1 teaching.
- Predictable and structured routine, usually in class groups of around 10 – 12 with on average 1 teacher and 2 support staff for most of the timetable.
- Higher staffing ratios for repositioning between pieces of equipment (2:1) and some aspects of curriculum delivery.
- Significant pastoral care as part of their everyday curriculum
- Personal and social development, including sexual health and sex education will need to be taught in small steps with lots of opportunities for over-learning.
- Most children and young people will require alternative / augmentative communication aids to support their communication needs (high and low tech AAC with appropriate software).

### Environment

- Access to specialist teaching facilities which will include small group and one-to-one teaching areas, and secure, stimulating and adapted outdoor play areas.
- An environment that supports appropriate moving and handling techniques including ceiling mounted tracking and electronic hoisting equipment. Staff will need to carry out risk assessments and review regularly.
- Hygiene rooms fitted with the necessary equipment to support moving and handling and carrying out of personal care activity.
- Easy access to hydrotherapy pool.
- Adequate space for the delivery of physiotherapy programmes and alternate positioning, and the use and storage of specialist furniture and equipment.
- Access to appropriate and well- maintained specialist equipment as recommended by medical, OT and manual handling assessments, e.g. specialist wheelchairs and seating, standing frames, acheeva beds, wedges, rolls and balls to support postural care, adapted equipment for eating and drinking, such as Neeter Eater etc.
- An adapted environment that supports access for children and young people with mobility and sensory impairments, e.g. adapted play and leisure equipment and adapted life skills equipment.
- Easy and regular access to an environment / a local community that facilitates the development of a range of functional skills in a real-life settings in preparation for getting older and adult life. Many activities outside of school will need to be risk assessed and support put in place to mitigate these risks.
- Adapted transport to access wider community resources and the broader curriculum outside of the school's site (tail lift, wheelchair fixers)
- Older children and young people will need specific advice and support to access work related learning / work experience placement, including world of work taster opportunities.
- Older children and young people will need access to FE College Link courses.

### Environment

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- Easy access to hydrotherapy pool.
- Adequate space for the delivery of physiotherapy programmes and alternate positioning, and the use and storage of specialist furniture and equipment.
- Access to appropriate and well- maintained specialist equipment as recommended by medical, OT and manual handling assessments, e.g. specialist wheelchairs and seating, standing frames, Acheeva beds, wedges, rolls and balls to support postural care, adapted equipment for eating and drinking, such as Neeter Eater etc.
- An adapted environment that supports access for children and young people with mobility and sensory impairments, e.g. adapted play and leisure equipment
- Access to general and subject specific learning environments that consider the size of room, acoustics, and lighting.
- Easy and regular access to an environment / a local community that facilitates the development of a range of functional skills in a real-life settings in preparation for getting older and adult life.
- Adapted transport to access wider community resources and the broader curriculum outside of the school's site (tail lift, wheelchair fixers)

### **Behaviour support**

- Some children and young people will require a Behaviour Support Plan that is consistently applied across different settings.
- Some children and young people may require music or other specific therapy as assessed by a therapist, counselling, or referral to CAMHS / clinical psychology to support them.

### **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.
- Varying levels of inter-agency co- operation and planning, which may include health teams, sensory needs team etc.
- Some children and young people will require regular delivery of therapy support through a plan devised and monitored by therapy staff and implemented throughout the day by trained classroom staff to ensure an integrated education/therapy provision.
- 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 by school staff
- Some children and young people may require mentoring, counselling or long-term inter-agency co- operation and planning.

### **Staff training and expertise**

- Staff working with these children and young people require specialist and ongoing training to understand and meet severe learning and associated needs. This will include training on:
  - Specific subjects, including literacy, numeracy, and ICT
  - Specific ICT support programmes / software
  - Language and communication needs, including assistive technology
  - Dysphagia and eating and drinking
  - Moving and handling
  - Delivery of integrated therapy programmes, focus on functional independence and life skills
  - Sensory needs, including VI and HI.
  - Working with families and other agencies
  - Positive behaviour management methodology including de-escalation techniques.
  - Trauma informed practices

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

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

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