

## Level C descriptor

Description of needs: Very early developmental co-existing profound learning difficulties, and ASD / Social communication difficulties plus additional needs. Physical and sensory needs around coordination and sensory processing

### Cognition and Learning

- Children and young people will have severe and lifelong learning and other difficulties which may include ASD or severe social communication difficulties which co- exist with significant additional needs (for example medical needs and/or physical coordination and/or sensory processing difficulties).
- will be learning at very early developmental / engagement levels throughout their lives (equivalent age of up to 12 months).
- attention will be fleeting with adult directed activities, even when suitably structured and differentiated, but will be able to maintain attention on something of specific interest to them for longer periods.
- will interact with their environment through mouthing, banging, sensory motor and emerging exploratory play such as cause and effect
- are generally very physically active, they have a very short attention span, they find it difficult to self-occupy, and need constant adult input to access learning.
- will generally be incontinent and dependent on adults for all personal care activities.
- may have difficulties with swallowing etc when eating and will need personalised programmes of support for eating and drinking.
- may be highly active, impulsive, and self- directed, and may move quickly to achieve what they want without noticing what is in way
- will have little or no concept of danger both within a familiar environment and in the wider community and so will be extremely vulnerable.
- may be limited in their interactions with the environment because of lack of motivation to engage and/or the physical difficulties they present with.

### Communication and interaction

- will not be naturally motivated to interact positively with their peers.
- will have communication needs that are limited by difficulties in social communication, interaction, and cognition.
- will generally use communication to: greet, protest, reject, shared attention, possession, location,
- expressive communication consists of gesture, reaching, leading, vocalising, using objects, signing and or words.
- may be beginning to use one or two words, although these may be repeated words and may be echolalic.
- understands key words in familiar situations.
- understands signifiers such as objects of reference, key signs, and words
- simple on element pretend play
- is an active learner
- may physically explore to make sense of their surroundings,
- uses some made up words consistently uses single words in many situations e.g. more or gone.

### Social, emotional, and mental health

- will present with significant and enduring anxiety that may impact on their learning and emotional health and wellbeing.
- will have a high level of difficulty in tolerating change or transitions.
- may be limited in spontaneity and sustaining interest because of lack of motivation to engage and/or the physical difficulties they present with
- may experience sleep disturbance and have entrenched and erratic sleep patterns that impact on their readiness to access learning
- as they get older, stronger, and more aware of their physical strength the impact of their behavioural needs' increases.
- may have such high levels of anxiety that this results in regular episodes of extreme challenging behaviour, including destruction of property, self-harm / risk to self and targeting others. They are at significant risk of needs escalating to the 'A' descriptors.

### Sensory / physical / medical needs

- may find people and environments overwhelming resulting in sensory overload. This can lead to high levels of anxiety and very challenging behaviour.
- may have additional hearing and sight difficulties which will require specific approaches to support.
- As they get older, the impact of any associated medical conditions may increase.
- May need some support with simple physio / orthotics / physical support (toe walkers may need splints)

### Support needed

### Curriculum, Teaching and Learning

- A low demand, play based curriculum that extends their experiences and helps to reduce anxiety, supports the development of self-regulation skills, and builds learner confidence in exploring their environment further.
- The curriculum will have a strong emphasis on developing communication, cognition, self-regulation and self-help skills through a sensory approach and play-based learning environment / curriculum.
- Staff will need to learn to interpret children and young people' individual communication and support them in developing communication that can be understood by broader groups of people.
- Staff will need to provide sufficient time to process information and requests, and individualised communication systems to support this.
- Learning will need to be in short bursts with frequent opportunities to have a movement break before being redirected to another activity.
- Intensive support throughout the school day that enables them to remain calm and access learning.
- A personalised sensory integration programs to support them to self- regulate and to access learning.
- High levels of support for all personal care, eating and drinking activities.
- Some children and young people will require daily Intensive therapy support planned and monitored by the appropriate therapist to ensure an integrated approach to meeting their physical and independent living needs and delivered throughout the school day by trained staff.
- Opportunities to regularly practice functional skills and generalise these skills across school, home, and community settings, in preparation for life outside school and post 19. This may include teaching managing behaviour in the community and working with parents/ carers to support this.
- High ratio of staff to pupil to facilitate

### Environment

- Easy access to personal care facilities, preferably ensuite or adjacent to the base classroom.
- Additional clutter free space with defined learning areas that support smooth transition between areas and support the delivery of the curriculum, promoting autonomy and the development of early independence skills.
- Regular and easy access to a safe outdoor and / or indoor space to provide indoor/outdoor classroom and facilitate movement breaks and to meet complex sensory integration needs.
- Some may have a need for increased levels of specialist resourcing e.g. specialist seating to meet postural management needs and specialist equipment to meet independent living needs.
- Some may need some support for mobility (orthotics / physical support (toe walkers may need splints)

### **Behaviour support**

- Regular behaviour assessment that informs the way in which staff work and engage with them.
- Additional support when they experience occasional episodes of high anxiety and challenging behaviour
- A behaviour support plan which includes support to learn to regulate their anxiety / behaviours.
- Support from the onset of puberty onwards to cope with changes.
- Some children and young people will have a traffic light Positive Behaviour Support Plan.

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

- Multi-professional support so that all staff develop a high level of expertise in delivering highly personalised therapy programmes e.g. S&LT, OT, and PT
- A high level of communication with other professionals involved to ensure a consistency between settings with joint target setting and monitoring through a team around the young person/family.
- 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.
- Some families will require more intensive support in collaboration with Social Care/ Children with Disabilities Service support (e.g. short breaks. Work to support consistency between school across these services is key.
- Some children and young people may require support from medical professionals such as nursing, physiotherapy, and occupational therapy to meet health, postural management, and mobility needs.
- Some children and young people will require input from CAMHS/CTPLD to meet mental health needs, including input from clinical psychology, psychiatry, and the prescribing of medication.
- 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 working with these children and young people require specialist and ongoing training to understand and meet significantly complex learning and sensory needs. This will include training on:
  - ASC and complex communication needs
  - Building positive relationships and working with children and young people with high levels of anxiety and challenging behaviour.
  - Understanding and meeting complex behavioural needs.
  - Delivery of integrated therapy programmes.

### **Sensory needs**

- Working with families and other agencies.
- Complex medical needs and procedures (e.g. epilepsy, dystonia, respiratory problems, dysphagia and eating and drinking problems), including ongoing guidance and assessment of competency assessed by health professionals (school nursing team)
- Personalised and functional learning, including total communication, support for choice and decision making, intensive interaction, observation, appropriate communication aids, assistive technology, body signing, pace of learning, concrete routine, and 'coping behaviours' (to their communication or other difficulties for example) which may present as challenging.
- Sensory impairment: hearing impairment and or visual impairment or a combination of both; and sensory engagement as sense of taste or smell may be affected by medication, and the child / young person may experience hypersensitivity to touch
- Working with families and other agencies, including effective co- production and support approaches.
- Risk management and safeguarding for
- children and young people with PMLD.

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

- Yes
- Neutral
- No

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