# **Level D descriptor**

Description of needs: SLD with a diagnosis of ASD or similarly presenting needs without a diagnosis and associated additional needs, including behaviours that frequently challenge.

### Cognition and Learning

- Children and young people will present with life-long severe learning difficulties with additional sensory processing needs which have a major impact on their engagement in the process of learning and access to the curriculum.
- · Some may have medical/physical difficulties,
- will have severe learning difficulties and be learning at early developmental levels throughout their lives (cognitive chronological equivalent 12 months 2 years).
- will be able to maintain attention on suitably differentiated and structured activities for short periods and maintain attention for longer (up to 5 minutes) on areas of specific interest.
- may have an additional diagnosis of Autism and other disabilities / needs.
- will experience difficulties in understanding abstract concepts, maintaining concentration and attention, retrieving both short term and long-term
  memory, utilising sequential memory, exercising working memory, processing information, retrieving general knowledge, thinking, problem solving,
  and generalising previously learned skills.
- will play at stage of relational (simple pretend towards self), functional (imaginative play from model), gross motor (roll, crawl, explore physically), social (notice peers, parallel play) Symbolic play (inanimate objects perform actions (e.g. doll eats food)
- in the primary years will need support to learn to become independent in managing their personal care needs, including learning to be continent and needing support to learn to dress/undress.
- In the secondary years may need support with personal care including
- physical prompts and verbal prompts.
- as they get older, their vulnerability may increase and may limit their access to broader life opportunities
- may be incontinent and require staff support with all aspects of intimate care while others will be continent but will need ongoing support with managing this.

#### Communication and Interaction

- · will have severe communication difficulties, which will affect both expressive and receptive communication skills.
- · are likely to express themselves through vocalisations which may be like words, gestures, pointing and single words.
- may use several words but these may be repeated learned phrases / echolalic.
- · Spoken language may be difficult to understand by unfamiliar people.
- · Will rely on environmental cues to follow instructions.
- · will take time to process verbal instructions, and will usually need this supported by visual support, e.g. pictures and symbols and / or signing.

# Social, emotional, and mental health

- will have difficulties with initiating and maintaining social interactions.
- may have significant difficulties with separation from close family as they start school.
- may experience intermittent episodes of high anxiety and challenging behaviour which become a secondary barrier to wellbeing and learning. This may be linked to difficulties with communicating clearly, sensory overload, difficulties with transitions etc.
- may have very high levels of anxiety which may result in regular episodes of more challenging behaviour, including self-harm, sometimes targeting other children and young people and staff and destruction of property.
- · As they get older, stronger, and more aware of their physical strength, the impact of their developmental stage on their behaviour increases
- may develop further difficulties from the onset of puberty and find it difficult to cope with emerging sexuality issues including the concept of public
  and private places.
- As they get older, the impact of any associated medical conditions may increase and cause further barriers to access opportunities, including mental
  health conditions that can impact on their communication and frustration and lead to isolation.

### Sensory / physical / medical needs

- are likely to with have visual and hearing difficulties and need adaptations to take account of these.
- may have mild moderate physical disabilities affecting their mobility, their gross and fine motor skills and limiting their ability to become more independent
- may have additional medical conditions.

# Support needed for level D

# Curriculum, teaching, and learning

- Support in developing relationships with key adults outside of their immediate family as the basis for other areas of development.
- Younger children and young people will need to engage in the early stages of a play-based curriculum through which core skills are taught with lots
  of opportunities to practice and generalise learning and skills.
- Older children and young people will need to engage in a non-subject specific curriculum with a strong emphasis on the development of functional, self-help, personal, social and communication skills in a range of contexts in preparation for their adult lives.
- The curriculum will promote and develop a range of knowledge and skills through appropriately differentiated learning activities that support their needs, ability and aspirations and prepare them for their adulthood.
- Access to a range of highly motivating learning activities with a strong emphasis on extending experiences and the development of functional
  communication, learning, self-regulation, interpersonal and self-help skills.
- Bespoke communication programmes that support receptive and expressive communication skills such as objects of reference, sign, symbols, augmentative / alternative communication aids.
- Time to process instructions before the instruction is repeated.
- Structured support and teaching for personal care activities, including toileting, eating, and drinking, and dressing and undressing. Some childrenand young people will require individual support with personal care.
- Learning tasks will need to be provided in short bursts that respond to the pupil's ability to maintain their attention.

# Movement breaks and aspects of occupational therapy advice such as sensory diets may need to be incorporated to meet sensory processing needs.

- Learning tasks will require a high level of personalised differentiation, including differentiated resources. Some children and young people may also have individualised portions of their timetable for example a personalised sexual health programme to support them in managing the changes in their body and emotions, e.g. coping with the menstrual cycle, masturbation. Access to specialist RSE input to support the young person and their family to address any emerging issues.
- Opportunities to practice the skills required to meaningfully contribute to their community.
- Dependent on context, class sizes are likely to be between 6 and 10.
- High ratio of staff to pupil to facilitate engagement in learning and positive social interactions (on average 1 teacher and 3 support staff for a group of 10).
- Some children and young people will require higher levels of staffing (1:1 or 2:1 support) at times for example to support personal care or regulating their behaviour and to maintain health and safety requirements.

### **Environment**

- · A safe functional outdoor physical environment that is spacious enough to engage, challenge and support learning and physical activity.
- Regular, safe access to a local community that facilitates the development of a range of functional skills in a real life setting in preparation for the
  next stage in their life.
- Older children and young people will need opportunities to experience a range of employment options.
- Older children and young people will need access to FE College Link courses.

## **Behaviour Support**

Some may require a behaviour support plan that includes support to learn to regulate their behaviours.

### 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. This may include delivery of and support for specialist programmes such as Early Bird at the start, and additional support for transition to the next stage in education and in transition to college / adulthood at secondary.
- There will need to be close liaison between parents/carers and all members of the multi-disciplinary team involved with the family, including
  consultant paediatricians, neurologists, CAMHS, social care and respite providers.
- 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 will require advice and support from OT and physio to develop a high level of expertise in delivering personalised therapy and sensory integration programmes
- Regular communication with other professionals involved with the pupil to ensure a consistency between settings with joint target setting and
  monitoring through a team around the young person/family.
- Children and young people and their families may need ongoing support in understanding and managing their medical conditions.

## Staff training and expertise

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

- Language and communication needs
- Delivery of integrated therapy programmes
- Sensory needs
- Working with families and other agencies positive behaviour management methodology including de-escalation techniques.

# Was this page useful?

- Yes
- Neutral
- No

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