# Level H descriptor

Description of needs: Significant physical or medical / health needs and learning difficulties and additional and associated needs that impact significantly on learning and development (G plus significant physical needs) – possible pathways to accreditation and work.

#### Cognition and learning

- · Children and young people will be significantly impacted by their physical or medical / health needs and associated disabilities, which may include:
  - o speech, language, and communication needs.
  - o visual and hearing difficulties.
  - o sensory processing needs.
  - o social communication difficulties, which may include a diagnosis of autism
  - o behaviours that can challenge that are mainly because of the above; and
- will have a physical disability either identified at birth or because of illness or injury or a medical / health need (including mental health) that requires significant additional support.
- will have attainment significantly below expected levels in most areas of the curriculum, despite appropriate support.
- Will be learning at levels like expected learning levels of 4 6 years at secondary age and may have a reading age of up to 6 years. Where there has been recent standardised testing of cognitive ability the majority children and young people will be assessed as significantly below average / at or just above 1st percentile.
- Some children and young people will be able to access learning at higher levels when in a smaller environment when their physical, health and learning needs are met, for example Entry 3 level 1.
- · Some may be able to achieve at higher levels in areas of particular interest.
- · At secondary, will be working towards entry levels / functional skills.
- · Learning and progress may be significantly impacted by physical / health needs.
- will be able to maintain attention on suitable differentiated activities for at least 10 minutes in a supportive environment.
- will be active participants in their learning, with the ability to seek to gain an understanding of their environment
- may be dependent on support for all aspects of personal care, including toileting, eating, and drinking (including, for example, gastrostomy feeding).
- will make progress in small steps
- will have significantly greater difficulty than their mainstream peers in acquiring basic literacy, numeracy, and social skills.
- · will have difficulty in understanding complex concepts, and processing information.
- may be able to demonstrate competency in basic, recently practised tasks in a familiar environment, but this may only be maintained for short periods of time if not revisited frequently after learning.
- will have difficulties with generalising learning and applying it in different settings.
- · may have a spiky profile, with higher achievement in some areas of the curriculum.
- · will be able to engage in vocational activities in secondary years with possible pathways to accreditation and employment.

#### **Communication and Interaction**

- will have speech, language and communication skills that are significantly below those of mainstream peers, affecting their ability to both express themselves clearly or understand complex language. This may lead to frustration and / or lack of engagement in learning and / or social interactions.
- will be able to engage in simple interactions, but may need augmentative
- and alternative methods of engagement in learning and / or social interactions.
- will struggle to follow complex instructions (more than 3 instructions). This may lead to lack of engagement in learning if instructions are not accessible or heavy masking to fit in with peers.
- · will be able to express their basic needs independently.
- will have difficulties in communication with non-disabled peers in universal settings and, therefore, difficulties forming and retaining peer relationships. Some may tend to talk about a 'safe' topic of personal interest.
- may have difficulties in reciprocal social interaction and communication (such as their ability to make appropriate peer relationships, appropriate use
  of non-verbal communication, difficulties expressing/reading/regulating emotions and / or following another person's
- lead)

## Social, Emotional and Mental Health

- will have significant difficulties in interacting socially with their peers and meeting the behaviour expectations within a mainstream setting.
- · are likely to lack self-awareness.
- may have restricted, repetitive, and stereotyped patterns of behaviour, interests, movements that can cause barriers in their ability to access learning opportunities.
- may have self-esteem significantly affected by their awareness of the differences between themselves and their non disabled peers, and their wish to be a part of their peer group both in and outside of school.
- may develop mental health difficulties because of their view on how others perceive them.
- may develop behaviours because of their learning needs not being met, and in a new setting it may take time for them communication to do this in a way that can be understood by others.
- will struggle to follow complex instructions (more than 3 instructions).
- will be able to express their basic needs independently.
- will have difficulties in communication with non-disabled peers in universal settings and, therefore, difficulties forming and retaining peer relationships. Some may tend to talk / communicate about a 'safe' topic of personal interest.
- may have difficulties in reciprocal social interaction and communication (such as their ability to make appropriate peer relationships, appropriate use of non- verbal communication, difficulties expressing/reading/regulating emotions and / or following another person's lead).

### Social, emotional, and mental health

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  opportunities.
- may have self-esteem significantly affected by their awareness of the differences between themselves and their non-disabled peers, and their wish to be a part of their peer group both in and outside of school.
- may develop mental health difficulties because of their view on how others perceive them.
- may develop behaviours that impact significantly on their engagement in the curriculum because of their learning needs not being met, and in a new

setting it may take time for them to learn to regulate their behaviours and access learning to the level of their ability.

- may have needs because of experiencing trauma in childhood.
- may be vulnerable to mental health conditions such as eating disorders and self-harm.
- will be vulnerable to external influences and may find it difficult to manage risks safely. Will have significant difficulties in identifying and applying strategies to avoid dangers, manage risks and keep safe, making them more likely to seek to engage in risky activities.
- may have difficulties with regulating their emotions, behaviours, and responses to social situations. This may also be further impacted by puberty
  and their understanding the impact of this.

#### Sensory, physical, and medical needs

- will have significant physical needs which cannot be met within a mainstream setting with reasonable adjustments.
- 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.

#### Level descriptor H support needed

## Curriculum, teaching, and learning

- Younger children will access an early year's curriculum with specific and specialist structured support to address their physical, sensory, and learning needs that enable them to explore through play-based activities.
- Older children and young people will access a structured topic / subject based curriculum which emphasises key skills in literacy, numeracy and learning and social skills with individualised targets leading towards formally accredited learning.
- · Access a broad curriculum offer that includes structured academic and vocational pathways.
- Some children and young people may need to be taught to use alternative and augmentative communication methods to support them to clearly communicate expressively and to support their understanding.
- Tasks will need to be broken down into concrete steps, potentially with visual prompts, and regularly revisited
- · Time to respond to verbal instruction and learning activities.
- Concepts and abstract ideas will need to be taught repeatedly and rehearsed in other contexts. This will help children and young people to
  generalise skills across several different social contexts
- There will be a strong emphasis on pastoral support and the development of independence and life skills throughout their schooling, including
  functional skills and travel training where appropriate, with increasing emphasis as they prepare for their adult lives.
- · Practice explaining to others what strategies and support they need, e.g. asking for help reading a menu / bus timetable
- · Children and young people will continue to need support to navigate the challenging social interactions that they will continue to meet.
- Support in understanding their learning and physical / medical needs and difficulties, and in developing strategies to mitigate where possible
- May need support to navigate social situations when not in a structured supervised environment, i.e. with peers outside of school
- · Access to small group learning in some areas of the curriculum to acquire basic learning and social skills.
- · Additional support/differentiation to access the broader curriculum, including community resources.
- Support in understanding how to advocate for their own choices, even when that might differ from other adults in their lives.
- Some children and young people with an Autistic Spectrum Condition (ASC) will need more structure in line with recognised ASC approaches.
- Some will need hydrotherapy to reduce/ limit spasticity, deformities and abnormal joint biomechanics and maintain mobility as well as to support
  communication development (likely to be 1:1 support)
- Some will require a bespoke therapy programme planned and monitored by the appropriate therapist to ensure an integrated approach (this will include SALT, OT, physiotherapy) and delivered by trained school staff.
- Children and young people are likely to be in class groups of 10 12 for core learning, with additional adults to support lessons requiring physical and health care (including emotional health) support/ management and delivery of specific therapy programmes (this will be dependent on the size of classrooms available).
- Enhanced staffing levels may need to be provided for out of school activities and high-risk practical lessons.
- Children and young people with physical needs will need at least 2:1 support for re-positioning between different pieces of specialist equipment.
- Moving and handling assessments.
- · Adapted transport to access wider community resources (tail lift, wheelchair fixers).

# Staff training and expertise

Teaching and support will be provided by a team with appropriate specialist skills, experience, and SEN training.

This will include training on:

- Specific subjects, including literacy, numeracy, and ICT
- Specific ICT support programmes / software
- Language and communication needs, including assistive technology
- 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

Last updated: 03 Jan 2025