Special Schools Banding Framework

HILLINGDON

Hillingdon Parent Carers Forum

North West London Integrated Care System

Hillingdon SEND and AP Partnership

Contents

1. Introduction and background

Aims of Banding Review

The aim of the banding review, undertaken between 2024-25, was to implement a fairer, more transparent, efficient and effective high needs funding system across Hillingdon that supports delivery of the Ambitions within Hillingdon's SEND & AP Strategy with:

- The right provision / support being in place at the right time as locally as possible linked to evidenced needs.
- Identification and sharing of best practice and enabling it to become common practice.
- Improved parent / carer confidence in Hillingdon's local provision.
- Efficient and effective use of funding / resources.

The special school descriptors have been co-developed with Hillingdon special schools drawing from examples in other Local Authorities. They form part of the Banding Review work in Hillingdon.

The process will inform annual budget setting. It will provide schools with a budget that reflects the mix of needs of children and young people at their schools. Schools are able to be flexible in the way in which they organise groupings and the curriculum to meet needs.

Schools and the EHC Teams have come together on a number of occasions to jointly moderate a sample of children / young people from each school against the descriptors and have used the learning from this to amend them, and to support familiarisation, consistent understanding and consistent application of each descriptor across schools.

Learning from this process continues to help inform the improvement work being carried out on the quality of EHCPs and Annual Reviews.

This document sets out the process for implementing the Special School banding descriptors.

2. Identifying and agreeing a descriptor for current children and young people on roll - baseline

Schools provided a list of all their pupils on roll and identified a descriptor for each of them. The cross-school moderation has tested these to ensure consistent application. Moderation has led to confirmation of descriptors or informed changes to individual pupil's descriptors based on the learning from moderation and to support consistency across schools. Where there have been significant changes, these have been further moderated by the SEND Specialist Consultant with further discussions with schools to review evidence and confirm descriptors.

Hillingdon has provided each school with a pre-populated template for recording pupils and descriptors. This includes out of borough placements. This final agreed list has been used to inform the top up element of budget allocation.

Each out of Borough child / young person currently attending a Hillingdon special school will be allocated a descriptor. This will support modelling of the budget allocation and help confirm current numbers on roll. The school will charge the top up for Out of Borough pupils to the Local Authority in which the pupil lives.

Hillingdon will inform other placing LAs of the new Descriptors framework.

3. Keeping the information management system updated and accurate

Set up

- The agreed descriptor for each Hillingdon child / young person **currently** attending a special school will be input onto EHM system (Liquid Logic).

Implementation

- The pupil descriptor allocation template will be kept updated for schools.
- SEND EHC Team will inform school finance of any changes, including pupils living in other Boroughs. The template for each school will be kept updated by school finance and shared once a month with SEND EHC Teams and schools for checking that it is up to date.
- All new children and young people will be allocated a descriptor before being placed at the school, and EHM will be updated at the point this is agreed, and the child / young person's start date is confirmed. **See section 5 for Decision making process.**
- The school must inform the LA of any leavers and movers in by contacting on senassistants@hillingdon.gov.uk and providing their leaving date and their onward destination.
- The school must inform the LA if a pupil moves house to a different LA address but remains on roll by contacting on senassistants@hillingdon.gov.uk. The pupil will then become an out of borough pupil and the template updated accordingly.
- Proposed changes of descriptor will go to the Annual Review inbox: senannualreviews@hillingdon.gov.uk.

4. Decision-making points for allocating and reviewing a descriptor

The local-authority decision making forum responsible for assigning a descriptor to a child or young person for a special school placement is the **Special School Resources Panel.**

The panel provides a multi-agency decision-making forum with representatives from a number of services across education, health and care. **Special school representative will be on the panel to help inform descriptor decisions.** Mainstream representatives may also attend.

Children and young people who are identified as suitable for special school provision in Hillingdon (i.e. meet Admissions guidance) will be allocated a descriptor at the following decision-making points.

4.1 Transitioning between Hillingdon primary and secondary special schools

The pupil will retain the current descriptor unless there is evidence of a significant change in needs which may also include a change in type of special school (see admissions / transitions guidance).

4.2 Where a decision is made by the local authority to issue a draft EHC plan following statutory assessment and a special school is deemed a suitable placement.

The Panel will determine whether a special school is a suitable placement for the child / young person based on the guidance for admission into a special school / specialist provision.

The parent / carer may request a special school placement, and in these instances, the LA must consult with the parent / carer's requested school.

A descriptor will be identified that the panel believes **best fits** the child / young person based on their EHCP. This includes children / young people who may currently attend a mainstream school.

Wherever possible, the child / young person will be allocated a descriptor through the panel, or transition panels (i.e. secondary school transfers), in sufficient time to support timely placement.

4.3 Where following Annual Review of a pupil at a mainstream school the LA deems a Hillingdon special school to be a suitable placement

The Panel will determine whether a special school is suitable placement for the child / young person based on the guidance for admission into a special school.

The parent / carer may request a special school placement, and in these instances the LA must consult with the parent / carer's requested school.

A descriptor will be identified that the panel believes **best fits** the child / young person based on their EHCP and latest Annual Review and supporting evidence (e.g. reports from other professionals).

4.4 Where following Annual Review of an Independent or Non-Maintained Special school the LA deems a Hillingdon special school to be a suitable placement

The Panel will determine whether a special school is a suitable placement for the child / young person based on the guidance for admission into a Hillingdon special school. This will be reviewed by the SEND EHC Team at natural transition points and for placement at the start of an academic year.

The parent / carer may request a special school placement, and in these instances the LA must consult with the parent / carer's requested school.

A descriptor will be identified that the panel believes **best fits** the child / young person based on their EHCP and latest Annual Review and supporting evidence (e.g. reports from other professionals).

4.5 Where a request for a descriptor change has been raised by the special school following an annual review meeting.

See Section 5.

5. Process

5.1 Prior to Admission

- When a decision has been taken by the Panel **(which must include a special school representative)** that the child / young person meets the guidance for admission to a special school / specialist provision, a descriptor will be identified that the panel believes **best fits** the child / young person based on their EHCP and latest Annual Review, where applicable. If this is not sufficient, school visits to see the pupil will enable an opportunity to gather further evidence that can be considered. This includes children / young people moving from a mainstream school or Non-Maintained / Independent School in-year or at phase transfer.

- Wherever possible, the child / young person will be allocated a descriptor through the panel, or transition panels (i.e. secondary school transfers), in sufficient time to support timely placement.

- When the school is consulted regarding a future placement, they will be informed of the descriptor that the child / young person has been identified as meeting. The school will respond to the consultation in line with the SEND Code of Practice.

- If the school believes the descriptor does not reflect the child / young person's needs and have evidence to support this prior to admission, schools should first raise this with the allocated LA EHC Coordinator (EHCCo) in response to the initial consultation, before escalating through the service management structure, if required.

- In most cases, the pupil will be admitted on the Descriptor allocated at Panel. The special school will have the first half term to assess the child / young person in their special school environment. If at half term their assessment information evidences a different descriptor, this will be considered by Panel after October half term.

- The school will alert the LA if they believe the assessment information may support a different descriptor so that the November Panel can be planned accordingly.

- **Further evidence that the school may wish to submit to support a different descriptor are set out in Section 6.**

- It is expected that conversations regarding finance and resourcing will take place between the school and the Local Authority.

- An in-year adjustment process will also support agreed changes to enable the school to have some time to assess the child / young person in their context (*see section 7.2*).

5.2 At the Annual Review

- Schools will consider the child / young person's needs against the descriptors at each Annual Review.

- If the child / young person has made such progress that their needs are now better described by a lower needs level descriptor, the school will inform the SEND EHC Team as part of the Annual Review process, who will change the information on EHM. This is likely to be common practice with young children where, once they are accessing the right provision, they make

good progress, or when they have moved from a provision that has not been meeting their needs or have not been accessing provision.

- If there is evidence that the child / young person has a greater level of need than the descriptor allocated, the school will provide evidence to support their view that the child / young person now 'best fits' a different descriptor.

- The allocated LA EHC Coordinator (EHCCo) will raise this with their line manager in the first instance to advise whether there is sufficient evidence in the AR and proposed amendments to the EHCP (all appropriate sections) and supporting documents. If there is, any request for an increase will go to the next available Special School Resources Panel for consideration.

- In most cases, a decision will be communicated within one week of the request going to the Special School Resources panel and the allocated EHC Coordinator will inform the school and update EHM if a change has been agreed.

- If the school are not in agreement with the decision made by the local authority, they should first raise this with the allocated LA EHC Coordinator, before escalating through the service management structure.

- These changes will be reflected in the following year's budget following review of the profile of descriptors at the school (see section 6).

5.3 Monitoring and Review

- The SEND Service Manager will monitor numbers and percentages by level descriptor, year groups and schools and provide a report to AD SEND and Inclusion bi-yearly. A copy of this will also be shared with the Special School Headteachers Group termly.

- In order to support consistency across schools, support cross school and Local Authority professional development, it is recommended that schools come together annually with LA SEND leads to review the profile of children and young people in different schools that have met the same descriptor.

6. Suggested evidence to support a descriptor

Please reference detailed descriptors.

Descriptor	Evidence may include
A	• Current My Support Plan • Latest Annual Review (must include school assessment information including level of learning and ability to attend to tasks) • Risk assessment and any reviews of it • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Actions taken as a consequence of behaviour assessment and reviews of this. • CAMHs reports. • Therapy reports. • Behaviour Support Plan and any recent reviews of it

	• Safety Plans • Evidence of referral to Hillingdon Risk Register (if appropriate, likely to be for the exceptional needs) • Any other relevant information you hold.
B	• Current My Support Plan • Latest Annual Review (must include school assessment information including level of learning) • Moving and Handling Plan • Health Care Plan • Physio / OT / SALT assessments and programmes • List of specialist equipment accessed • Social Care reports • Any other relevant information you hold (for example medical reports).
C	• Current My Support Plan • Latest Annual Review (must include school assessment information including level of learning and ability to attend to tasks) • Risk assessment where appropriate and any reviews of it. • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Actions taken as a consequence of behaviour assessment and reviews of this. • Behaviour Support Plan and any recent reviews of it • Safety Plans where appropriate • Therapy reports • Medical / health information where appropriate. • Any other relevant information you hold.
D	• Current My Support Plan • Latest Annual Review (must include school assessment information including level of learning and ability to attend to tasks) • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Actions taken as a consequence of behaviour assessment and reviews of this. • Behaviour Support Plan and any recent reviews of it. • Medical / health information where appropriate. • Any other relevant information you hold.
E	• Current My Support Plan • Latest Annual Review (must include school assessment information including level of learning and ability to attend to tasks) *For those with physical needs:* • Moving and Handling Plan • Health Care Plan • Physio / OT / SALT assessments and programmes • List of specialist equipment accessed *For those with severe health / medical needs* • Health Care Plan • Reports from health professionals

	For those who have severe emotional health needs • Evidence of history of prolonged absence from school / learning. • Documented evidence of observations and assessments of impact of emotional health needs, e.g. documented episodes. • Any other relevant information you hold.
F	• Current My Support Plan • Latest Annual Review (must include school assessment information) • May have Behaviour Support Plans, Therapy plans and health plans. • Any other relevant information you hold to evidence how the child / young person meets the descriptor.
G	• Current My Support Plan • Latest Annual Review (must include school assessment information) • May have Behaviour Support Plans, therapy plans and health plans. • Any other relevant information you hold to evidence how the child / young person meets the descriptor.
SEMH 1	• Current My Support Plan • Latest Annual Review (must include school assessment information) • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Behaviour Support Plan and any recent reviews of it. • Evidence of interventions and impact over time.
SEMH 2	• Current My Support Plan • Latest Annual Review (must include school assessment information) • Risk assessment and any reviews of it • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Evidence of interventions and impact over time. • Behaviour Support Plan and any recent reviews of it • CAMHs reports (if available) • Safety Plans • Any other relevant information you hold.
SEMH 3	• Current My Support Plan • Latest Annual Review (must include school assessment information) • Risk assessment and any reviews of it. This must include evidence of why the pupil is not currently able to integrate into the main school provision full time and your plans to get to the point where they can. • Behaviour assessments / behaviour logs (provide detailed assessment / incidents over a snapshot of two – three weeks plus any other information you hold). • Behaviour Support Plan and any recent reviews of it • Safety Plans • Any other relevant information you hold.

7. Finance

This section explains the process that Hillingdon will carryout to confirm and pay high needs place and top up funding for their special schools.

7.1 Pupil Reconciliation and signing off changes

- For confirming pupil changes, the schools **must use the standard template provided by the local authority.** The template **must include all Hillingdon and the out of borough pupils** attended or expected to attend the school at the time of communication. The template will be used in any conversation with the LA to ensure that it is kept up-to-date.
- Each Autumn (**October**) after census day, the SEND EHCP Team will send to each special school the latest template with Hillingdon and out of borough pupils and their most recently assigned descriptor for checking.
- Special Schools **must** include a Hillingdon band descriptor to any out of borough pupils placed at the school as agreed by the placing LA and record them in the reconciliation template. This is essential in calculating the average top up rate and the minimum funding guarantee when setting the indicative budget for the new financial year.
- Special schools will be asked to check the listed pupils to ensure that it matches with the pupils at the school.
- Any discrepancies should be raised with the SEND EHC Team at the earliest possible opportunity.
- The SEND EHC Team will liaise with schools to confirm any proposed changes for pupils who were admitted in September and following assessment the school can evidence that the pupil meets a different descriptor.
- Special schools will be asked to confirm to the SEND EHC Team by mid-November.
- To confirm agreement, completed lists should be returned to the SEND EHC Team. The school must ensure that all relevant columns in the template are completed appropriately. Any changes should be accompanied by a comment to help SEND EHC team keep track of the changes.
- Final changes and impact on in-year adjustment will be agreed and communicated by **December**.
- Any additional leavers and starters by January census day will be confirmed with schools by the SEND EHCP Team.
- Confirmed SEND pupil templates will be sent by the SEND EHC Team to the LA's school finance lead to inform in-year adjustment and budget setting in **December.**

7.2 Indicative Budget Setting

- Each school will receive their indicative budget by the end of February for their following year's budget. Budgets will be finalised by the end of March in line with School Funding regulations.
- Schools indicative budget will be calculated in line with the latest High Needs operational guidance and schools funding operation guidance.
- The average top-up calculation will exclude grants that are not part of the Minimum Funding Guarantee (MFG) calculation.
- The Historic teachers' pay and pension funding (previous TPG and TPECG), additional 3.4% funding equivalent to mainstream schools' additional grant (MSAG) and the Central School Services Block Grant (CSBG) will be paid separately to the top up.
- In order to calculate the Minimum Funding Guarantee (MFG), the Local Authority is required to take into account the profile of all pupils, including out of borough pupils when calculating the average top-up.
- As part of the management of resources, the Local Authority may implement a disapplication of MFG as well as introduction of Gains cap. The details will be communicated to schools, where applicable.

7.3 In Year Top-up adjustments

- In **January** (Spring Term), an average top up will be calculated using the confirmed whole school pupil numbers (in-borough and out of borough) and their respective special school bands based on the confirmed pupils based on the reconciliation detailed in section 7.1.
- The average will recognise the changes to the schools SEND profile due to the cohort changes (leavers and new starters) and therefore this rate will be used to fund all new placements until end of academic year.
- This average will be used to backdate funding for all pupils at the school for the period from beginning of the academic year in which the reconciliation occurred.
- Schools subject to Gains Cap will have their top up rates fixed for the financial year and will not be subject to an in-year adjustment.

7.4. Place Planning Process

- Refer to the Place factor commissioning for special schools, and mainstream schools with Specialist Resource Provision (SRP), Designated Units (DU) and Assessment Centres - Standard Operating Procedure.

7.5. Place funding and top up payments

- Maintained special schools will receive monthly payments for their commissioned places, equivalent to one-twelfth of the annual place funding amount per place.
- Academy schools will receive their place funding directly from the Department for Education (DfE).

- Special schools will be paid top-up funding based on the average top-up rates specified in their indicative budget. These rates will apply until a new top-up rate is confirmed (for instance, following the Autumn reconciliation detailed in section 7.1).
- The total monthly top-up funding paid to schools will be based on the actual number of pupils confirmed with the Finance Team (accounting for starters and leavers) and will be calculated using the average top-up rate.
- Payments to schools for top up funding are made over 39 weeks. Payments will be received monthly by schools and will be based on the number of school days that month. This ensures funding is paid accurately so that, if a child moves placements, payments will be up to date when packages are stopped/ transferred.
- For details on how backdated payments arising from the Autumn reconciliation is calculated, please refer to section 7.2.

7.6 Placements above the commissioned place numbers

- This may include placements that have been directed by Tribunal.
- If the Local Authority (LA) places pupils over and above the commissioned number of places, the school will not automatically receive the additional £10,000 place funding. The requirement for additional place funding in such cases will be considered on a case-by-case basis by the Assistant Director SEND and Inclusion. Please refer to Place factor commissioning for more information.

7.7 Timeline

Table 1: Hillingdon High Needs Top Up & Place Funding Payment Process Time Line

		September	October	November	December	January	February	March
Place Numbers	ed place numbers for the next academic year							
	eeds Place Change Notification for academies							
Autumn Top-up Reconciliation	After October Census Day, the SEND Service Manager or the designated representative will communicate the list of pupils and their assigned Hillingdon band descriptors.							
	Special Schools will be asked to check if the list is up-to-date. (Schools must include the OOB pupils and assign an appropriate Hillingdon Band Descriptor).							
	The school and the SEND EHCP Team will liaise with each other to confirm any proposed changes.							
	agreed and communicated by December.							
Indicative Budget	An average single top up will be calculated using the confirmed whole school pupil numbers(in-borough and out of borough) and their respective special school bands based on the confirmed pupils based on the reconciliation.							
	ive their indicative budget by the end of February.							
	Budgets will be finalised by the end of February in line with School Funding regulations.							
Monthly Payments	From April to January the average top up used to inform the indicative budget will be used for the monthly payments. The average will be recalculated in Janaury following the inyear adjustment process set out in section 7.2 and the new rate will be back dated from the begining of the academic year and will appear in the February payment.						Funding will be backdated based on the new average top-up	

8. Exceptional Needs Funding

- The descriptors have been devised to incorporate children and young people who previously may have been funded through exceptional needs funding. The funding is therefore allocated according to the range of needs within each of the schools.
- In **very exceptional cases**, the LA will consider an allocation of exceptional top-up funding outside of the level descriptors. Exceptional allocation of top-up funding will address extraordinary circumstances which cannot be accommodated through the descriptor framework.
- Exceptional needs funding will only be allocated after consideration of the school's financial position. Where schools have sufficient surplus budget, they will be expected to meet the child / young person's needs within their existing resources.
- Exceptional needs funding (if agreed) should only fund the additionality above the allocated descriptor which is required to meet the exceptional circumstances.
- In very rare cases, exceptional needs funding may be agreed and, in most cases, would be short-term. Examples may include:
  - A child with a child protection plan where a recent and changed risk assessment identifies specific short-term support to mitigate the risks while appropriate action is taking place, as set out in the child protection plan.
  - Where the school has been ordered by the First Tier Tribunal to make provision over and above what can be provided by the school, to be reviewed at the next annual review. For example, additional therapy.
  - Rapid and unexpected deterioration in physical or mental health that requires additional support while appropriate action is taken to reassess the child / young person's changed needs, and a new descriptor allocated.
  - Transition support when a child / young person has been out of school for extended periods of time (at least a term).
  - Where the child / young person has been assessed by specialist services as requiring an intervenor with higher level specialist qualifications.

- Recommendations about exceptional needs funding will be made in principle, through the SEND panel and signed off by the Assistant Director of SEND and Inclusion in consultation with the Director of Education and SEND.

- As the decision-making for exceptional needs funding is on an individual basis, there is no fixed criteria for allocation. To support decision-making for exceptional needs funding, the panel should have due regard for:

    - The child / young person's EHC plan
    - Annual review documentation
    - Professional advice
    - Health & safety information or risk assessments
    - Evidence that articulates that the child / young person's needs will be unmet without the additionality requested.
    - Whether the exceptional funding requested is for provision that would otherwise meet another descriptor if re-allocated.
    - Specific provision that is not described or covered in the descriptor allocation that has been identified as necessary.

- Payments will be made from the date agreed at panel.
- Any decision to agree exceptional funding should be reviewed on a termly basis. It is expected that in most cases children and young people will be allocated a descriptor after a term and funded accordingly in line with the process set out above.
- Where a request has been made for exceptional needs funding, this should be clearly identified as part of the child or young person's annual EHCP review. If a request is made by the school, the request will be taken to the next available SEND panel by the child / young person's allocated EHC Co-ordinator (EHCCo) for a recommendation and then decision to be made. A decision will be communicated to the school within 15 days of the SEND panel convening, and no later than four weeks from the date of the review meeting.
- Where a request for exceptional needs funding has been agreed by the Local Authority, a time frame for review will also be agreed as part of the decision-making process.
- In cases where exceptional needs funding is agreed, it will usually be on a short-term basis. As part of this agreement, the school are expected to review the funding and impact of this on at least a termly basis. The review should not be arduous, however, the school should provide evidence of the steps they have taken to mitigate, monitor and address the factors that contribute towards the case being exceptional.
- If the school are not in agreement with the decision made by the Local Authority, they should first raise this with the allocated LA EHC Coordinator, before escalating through the SEND EHC Team management structure.
- The Local Authority will provide pro-forma for the school to submit to articulate what additional resource is required in addition to the descriptor already allocated to a child or young person.

9. Staff training and development

- Training will be provided for panel members, advice givers, team managers across education, health and social care and EHC Service by service leaders on the descriptors and the implementation process.
- Training will be provided across agencies on advice writing, plan writing and preparing panel papers to support the descriptor process (CDC multi-agency advice writing training).
- To support improvement in the quality of EHCPs, all advice writers and SEND and Inclusion service will complete the CDC SEND training and advice writing training for their sector.

10. Appendices:

10.1 - Special School Banding Descriptor Summary

10.2 - Special School Descriptors of Needs

10.3 - Special School Descriptors of Provision

10.1 Special School Banding Descriptor Summary

Summary A - G						
Level Descriptor A	**Level Descriptor B**	**Level Descriptor C**	**Level Descriptor D**	**Level Descriptor E**	**Level Descriptor F**	**Level Descriptor G**
Extremely complex and very challenging lifelong behavioural needs that significantly impact on all aspects of learning and living. Severe learning disabilities (SLD) and likely to have a diagnosis of Autistic Spectrum Disorder (ASD) or on a pathway to diagnosis.	Very early developmental stage. Profound and Multiple Learning Disabilities. Some pupils will be learning at very early developmental stage but show potential for greater progress once their very complex physical, sensory and health needs are met.	Very early developmental stage. Co-existing profound learning disabilities, and ASD / Social Communication Difficulties plus additional needs. Physical and sensory needs around coordination and sensory processing.	Early developmental stage and sensory processing needs. May have a diagnosis of ASD or similarly presenting needs without a diagnosis and associated additional needs, including behaviours that can frequently be dysregulated.	Severe or moderate learning disabilities with severe physical and / or medical / health (including emotional health) needs. Some will have severe or moderate learning disabilities and severe emotional health related needs and associated difficulties that need short term additional support to learn to be part of larger class learning in a specialist context. Some will need longer term support due to their health and physical needs.	Substantial and lifelong learning disability needing support into adult life – potential for supported living and work arrangements.	Learning disabilities and additional complex needs that impact significantly on learning and development – possible pathways to accreditation and work

Summary SEMH 1,2,3		
Level Descriptor SEMH 1	**Level Descriptor SEMH 2**	**Level Descriptor SEMH 3**
Social, emotional and mental health needs that have impacted on social and emotional development and access to learning and progress. With the right early support will make good progress and are likely to be able to transition back to mainstream education. These pupils are most likely to be in primary provision.	High levels of social, emotional and mental health needs, including anxiety that may manifest in internalised behaviours (withdrawal) or externalised behaviours (including masking) that impacts access to learning and progress.	Profound / extreme levels of behaviour that place them and those around them at serious risk

10.2 DESCRIPTORS OF NEED

Descriptors of Levels of Need A – E

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Social, Emotional and Mental Health	**Communication and Interaction**			
Will have an established documented history over several years of presenting with extreme behaviours that have resulted in physical harm to themselves and/or those around them necessitating a very specialist and bespoke approach to the curriculum teaching and learning. • Will engage in dangerous behaviours or behaviours that affect their quality of life and those around them, such as biting, scratching, throwing objects, head banging, absconding, or anti-social behaviours such as urinating or smearing faeces or sexualised behaviours at a regular frequency with intensity and duration significantly exceeding other peers with behaviours that are challenging in the school. • No sense of danger, and regularly engages in dangerous behaviours such as climbing / absconding. • These behaviours may be sensory seeking. • Potential for these behaviours to be exhibited on a daily basis, and often several times a day. • Likely to be top end of primary age and secondary age. The presentation, impact and support required to meet extremely complex behavioural needs will significantly increase as the young person becomes older, stronger and more aware of their physical abilities and / or with onset of puberty. • Likely to have met Level Descriptor C when younger. **Obsessive, compulsive behaviours (OCD)** • Pupils' impulsive and compulsive behaviours will have a profound impact on engagement and learning. Attempts to interrupt these behaviours once started are likely to lead to prolonged behaviours and / or more extreme behaviours. • Repeatedly engages in ritualistic behaviours (at least 10 times a day), with attempts to interrupt these behaviours resulting in significant distress and / or	**Most will be at the pre-intentional stage of communication and will need to be with familiar adults that can interpret needs.** • Likely to communicate through physical responses to experiences, and sometimes eye movement, facial expressions and vocalisations. • Are likely to have very close relationships with their family and closest adults who will understand their needs. They may need to learn to move beyond very simple forms of intentional communication which are only effective with people close to them. • Likes to be with another person • Can sometimes give brief attention to another person by looking, body movements, facial expressions and vocalisations. • Interactions can range from shared personal space to early turn taking using vocalisations, whole body communication. • Turns towards a familiar /soothing tone of voice • Familiar carers /adults will assign meaning to behaviours such as crying, stilling, increasing in movements • Likely to express pain and discomfort using facial expression, body movements and vocalisation/crying. • Very early developmental intentional communication i.e. understands the intention in an interaction e.g. 'finished' /'goodbye' • May learn to understand cause and effect and can make simple choices between two objects. **Some** • **Some 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 (switches) intentionally to make things happen/make choices and to demonstrate their learning and understanding • May be able to say what sounds like words, although communication may be	**Preverbal communication with echolalia (repeating phrases / words without meaning)** • Minimal use of functional spoken language, relying on other means of communication, vocalisations, learned phrases or echolalia that are often used out of context 100% of time. • Echolalia is present in more than 50% of verbal utterances. **Functions of communication** • Uses communication primarily to meet basis needs or for basic functions, such as greeting, protesting, requesting something, rejecting something, indicating possession, sharing attention. • Communication serves functional purposes rather than social engagement in more than 75% of instances. **Expressive communication** • Uses multiple communication methods such as gesture, pointing, facial expression, leading adult to something, handing an object to someone to request an item / activity, vocalisations or some sings or spoken words to express wants, needs and interests. • May echo words spoken by the adult without understanding or using for communicative purposes in over 50% of spoken language. • May use some made up words or particular vocalisations consistently to express themselves. • May use repeated words such as 'more' or gone' in multiple situations. • May use 1 – 2 words but with a single meaning, e.g. 'want juice', 'go outside' in spontaneous communication, with repetition of phrases observed in more than 75% of instances. **Communication limited by social communication and cognitive difficulties.** • Communication profoundly impacted by challenges with social communication (understanding social cues), and cognition (understanding instructions or abstract concepts) resulting in limited skills in initiating or sustaining interactions.	**Severe communication difficulties which will affect both expressive and receptive communication skills.** • Demonstrates severe difficulties in both expressive and receptive communication skills, impacting significantly on their ability to effectively convey their messages and understand others. This will be evident in all communication, although people who are very familiar to them may understand their communication intent. **Expressive communication** • Expresses needs and wants primarily through vocalisations that may resemble words, gestures, pointing or single words. • Language and communication will be difficult for unfamiliar people to understand in over 75% of instances. • Meaningful expressive language likely to be at 1 to 2 word level. This will be evidenced through assessed through sampling spontaneous speech samples across a range of contexts and activities. • May use multiple words but these consist of repeated learned phrases / expressions (echolalic). These would be evident in over 50% of verbal communication. **Communication limited by social communication and cognitive difficulties.** • Communication severely impacted by challenges with social communication (understanding social cues) and cognition (understanding instructions or abstract concepts) resulting in severe difficulties in initiating and sustaining interactions. **Receptive communication / understanding of language** • Will rely on environmental cues to assist in following instructions in over 63% of instances where instructions are given in a familiar context. • Will take time to process verbal instructions, often needing support from	**Expressive communication** • The child / young person may fit the descriptor for D, F or G but their communication may be impacted by their severe physical or medical / health needs (this may include severe emotional health needs) **Receptive communication / understanding of language** • The child / young person may fit the descriptor for D, F or G but their communication may be impacted by their severe physical or medical / health needs (this may include severe emotional health needs) **Impact of physical / medical / health needs on communication** • May need augmentative / alternative communication resources to access learning and to communicate expressively. • Child / young person displays signs of frustration or distress when their attempts to communicate are not understood by others. • This would be evidenced by behaviour logs / records that show instances of frustration and distress in over 50% of instances triggered by communication attempts that are not successful. **Withdrawal from learning due to emotional health needs** • Some children / young people may disengage from learning activities when emotional health needs are not addressed, resulting in either internalised behaviour (e.g. withdrawal) or externalised behaviours (e.g. outbursts).

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Social, Emotional and Mental Health	**Communication and Interaction**			
extreme challenging behaviours that are extremely difficult to regulate or co-regulate. **High levels of anxiety expressed through behaviour throughout the day.** • Response to anxiety likely to be through behaviours such as screaming, aggression, self-harm, running / elopement. • This will be across all settings and consistently over at least 6 months which is expressed through multiple episodes of these behaviours (at least 5 or more episodes daily). **Limited emotional regulation skills and skills to cope with change.** • Demonstrates difficulties in managing their emotion in response to even minor changes, e.g. schedule changes, new environments, different people) by displaying behaviours such as those listed above multiple times daily and in over 80% of such situations. **Difficulty working alongside peers** • Consistently avoids or reacts negatively to structured group activities or interactions with peers (at least 75% of day). **Sexualised behaviours without understanding the boundaries** • May demonstrate sexualised behaviour such as inappropriate touching, engaging in public masturbation, exposing private parts, and not understanding boundaries of private and public space. **No sense of danger** • Engages in high-risk behaviours, e.g. climbing, running, touching dangerous things, e.g. hot, sharp, electrics, requiring very high levels of supervision. **Risk of hospitalisation and / or residential provision** • The extreme challenging behaviours are causing or at high risk of causing injury to themselves, their families and other carers / people who work with them.	difficult for people who are not familiar to them to understand. • May find it physically effortful, challenging or very difficult to express what they want to and to communicate their basic needs and interact with others, but may understand at a higher 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.	**Receptive communication / understanding of language** • Requires and understands key words / phrases in familiar situations, (e.g. 'snack time', 'toilet', 'home time'. Will respond to familiar cues in over 75% of instances but will find it difficult to follow new or complex instructions (more than 2 words) without contextual cues. • Will use some objects of reference or basic signs / gestures to request something. **Beginning to understand of objects of reference and key signs** • Recognises and understands a small number of objects of reference, (e.g. cup signifying drink time, or school bag signifying home time) key signs and words. **Limited motivation for peer interaction.** • Shows low interest in engaging with peers, with less than 50% of positive interactions initiated by them without prompting or support from an adult. **Simple very early developmental pretend play** • Engages in basic one element pretend play (e.g. pretending to eat with a toy spoon) in 50% of opportunities presented to them when prompted and modelled by an adult. **Physical exploration and understanding surroundings** • Actively explores the environment through touching, manipulating or physically interacting with objects or equipment to gain understanding, often through trial and error or sensory exploration. • Relies heavily on physical exploration in more than 75% of opportunities.	visual aids such as pictures, symbols and / or signing in all situations requiring verbal instruction. • Receptive communication will at a 1 to 2 word level impacting on their ability to understand basic commands or requests. This will be evidenced by assessment and through observation of comprehension tasks and daily activities. **Understanding is supported by visual aids** • Recognises and understands visual aids such as pictures, symbols and / or signing.	

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Communication and Interaction	**Cognition and Learning**			
Severe to profound communication difficulties • Will have difficulties with both expressive and receptive communication, evidenced by inability to use more than 2 words together meaningfully in expressive communication. **Expressive communication** • Uses mostly vocalisations or single words such as 'more' or 'no' to express needs or describe actions in more than 50% of interactions. • May use 1-3 key words in short phrases but may be repetitive e.g. 'want more bubbles'. • Spoken language may be echolalic. • May consistently use invented or non-standard words to communicate wants and interests or represent specific objects or actions. These may not be understood by others who are not very familiar with the child / young person. • May be able to use verbal communication to make requests, give information or direct others, but will prefer to use non-verbal methods of communication for the majority of the day. • Some may be able to use a range of communication methods to express themselves, such as pointing, gesture, facial expressions, vocalisations and/or some spoken language to communicate. **Receptive communication/ understanding of language** • Can only follow simple up to two step instructions, but often chooses not to. • Requires simple familiar phrases to be used, such as 'come here' or 'sit down' supported by visual cues such as objects of reference, symbols, signs or gestures. **Limited motivation for peer interaction** • Shows little or no interest in engaging with peers, with less than 20% of interaction initiated by them, unless prompted and supported by an adult. **Relates only to the present** (very little concept of the past /future) • Communication is limited to immediate context and events in the present. • Less than 10% of communication will relate to past or future events.	**Profound lifelong learning, communication, physical and sensory needs as well as primary care and medical needs which place exceptional barriers to their learning.** • Most will be learning at the very earliest developmental levels throughout their lives (equivalent 0-3 months) attention is likely to be fleeting. • Will be totally dependent for all aspects of learning and personal care, including toileting, eating and drinking. • Engagement is mainly through sensory experiences. • Some will be learning at very early developmental levels and within the lower Severe and profound learning needs range (around equivalent 3 - 12 months) but may demonstrate some evidence of higher levels of understanding / ability with the right support. • These pupils will be able to maintain attention on suitable differentiated activities for short bursts on a suitably structured activity.	**Very severe to profound lifelong learning needs** • Has very high levels of difficulties with communication, social interaction and cognitive tasks as identified through formal assessment. • Likely to have a diagnosis of ASD or severe social communication difficulties co-occurring with additional medical, coordination and sensory processing needs which impact on learning and engagement throughout the day. **Very early developmental / engagement levels throughout their lives (equivalent to up to 12 months).** • Communication, engagement and social interaction will be at the very early stages of development. • Will be highly mobile (gross motor development) but fine motor development and coordination are likely to be in the very early stages of development. **Fleeting attention with adult directed activities** • Attends to adult-directed tasks for less than 30 seconds at a time, even when the task is highly structured and differentiated to meet the learner's needs. • Will only be able to maintain attention for longer periods on something of specific intertest to them but will find it very difficult to move away from this activity. **Unable to sustain attention on adult-directed activities without specialist support.** • Does not engage with tasks for longer than 1 minute unless participating in a specialist, personalised attention building programme (personalised trials or attention games). • Shows difficulty in sustaining attention in over 90% of instructional periods. **Solitary play with niche interests.** • Engages in play activities alone for over 90% of play times, focussing on personal interests (e.g. certain toys or equipment, sensory objects or stimming). • Will not seek out peers or adults to join them, showing resistance to attempted social or cooperative play opportunities. **Challenges transitioning from personal interests** • Demonstrates frustration (e.g. vocal	**Severe sensory processing needs** • Sensory processing needs will have a major impact on their engagement and participation in learning and access to the curriculum. • These needs are likely to be present in over 75% of the day. **Some may have medical/physical needs.** • Meeting these needs will require additional support at key times of the day (physical transitions between equipment, managing fatigue, meeting medical need. This will be in line with their care plan. **Learning Difficulties** • Learning at early developmental levels throughout their lives (cognitive chronological equivalent 12 months up to 2 - 3 years). • This will be evidenced through standardised assessment and observation of learning behaviours. • Learning activities will need to be tailored to their developmental level taking account of their actual age and interests. **Maintaining attention on suitably differentiated and structured activities** • Can maintain attention for short periods (up to 5 minutes) and for longer on areas of specific interest. This be observed in over 63% of targeted learning activities. **Other needs which may include a diagnosis of Autism.** • Has needs that impact on social interaction, communication and learning. These are observed through social interactions and communication across a range of settings. **Difficulties with cognitive processes** • Experiences difficulties in understanding abstract concepts, maintaining concentration, processing information and utilising short-term, long-term and working memory. This affects problem solving, and generalisation of learning and skills in over 75% of activities requiring these skills. **Play skills** • Engages in play reflecting	**Physical disability and / or severe health / medical needs** • The child / young person's needs may have been identified at birth or later or may be as a consequence of illness or injury. • Progressive condition requiring additional support as condition progresses. • There will be medical reports and assessments confirming needs. **Impact of physical/medical/health needs on learning** • Learning and progress are substantially delayed due to physical and / or medical / health needs (including emotional health needs) that affect all areas of learning and living. • Progress will be in small incremental steps that are severely impacted by their physical and / or health needs. • Physical and / or medical / health needs will impact on the time needed to complete tasks. • Progress will accelerate when physical access and health needs are met. • May have an uneven profile of abilities with strengths and difficulties that vary modifications to access arrangements and learning activities in over 63% of the day due to these needs. • Some may have progressive health conditions that impact on loss of skills, so requiring increased levels of support and adaptations to the environment. **Will have some / all of the following needs that impact learning** • Expressive and receptive communication needs • visual and hearing needs, that may include sensitivity to sound and light, visual and / or auditory processing • sensory processing needs • social communication difficulties that impact on social interactions and communication (may include a diagnosis of autism) • behaviours that can challenge that are mainly as a consequence of the above. **Emotional health needs** • Those with severe emotional health needs display high levels of emotional distress (including through withdrawal)

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Communication and Interaction	**Cognition and Learning**			
		protest or physical refusal) in over 75% of attempts to transition them from preferred activities to new activities, requiring 2 or more prompts to comply. **Exploratory and sensory motor interaction** • Interacts with objects through basis sensory or motor play, such as mouthing, banging or hitting objects • Demonstrates emerging cause and effect play, e.g. pushing buttons to activate toys in 60% of such opportunities. **Difficulties accessing learning activities without adult support.** • Does not independently engage in learning activities for more than 1 minute without the task being very highly structured and adult prompting without disengaging (for example stimming, walking off) **Sensory processing difficulties impacting on engagement in activities.** • Finds it difficult to engage in sensory play / sensory activities (e.g. touching sand, water, paint etc). • May show signs of distress (e.g. covering ears or avoiding contact). **Incontinent and dependent on adults for personal care activities.** • Requires support for toileting and hygiene routines. • Will need direct teaching and prompting to support learning dressing and undressing skills. • Some will require higher levels of support for dressing and undressing. **Difficulties swallowing requiring personalised programmes.** • Some may exhibit observable difficulties with chewing and swallowing (e.g. coughing, gagging, or choking) requiring a personalised eating and drinking programme devised and monitored by health professionals to ensure safe feeding. **Engages in Pica (eating non-food items)** • Attempts to eat non-edible objects (e'g' paper, dirt, playdough, paint), requiring close monitoring. **Highly active and impulsive** • Moves quickly and impulsively to achieve what they want (e.g. running to grab an object / toy or climbing to reach	developmental stages: relational play (simple pretend), functional play (imaginative play), gross motor play (rolling, crawling, exploring physically), social play (parallel play or play with one or more others), symbolic play (with inanimate objects to perform actions (e.g. doll eats food). These types of play are observed in over 75% of play interactions. **Support for independent personal care** • In the primary years, requires assistance to develop independence in personal care tasks, including continence and dressing/undressing skills. Over 63% of these tasks require adult support. • In secondary years, still requires assistance with personal care activities, including needing physical and / or verbal prompts. • Some may have continence needs and continue to require assistance with all aspects of intimate care. • Others may achieve continence but need ongoing support / prompting to manage personal care effectively. This will be evident in over 75% of personal care activities and require a tailored support plan. **Increased vulnerability with age** • As the child / young person gets older, their vulnerability may increase, impacting on their access to broader life opportunities. This will be evidenced by risk assessments in various environments that demonstrate a need for higher levels of support and supervision at these times.	which has led to an evidenced history of prolonged absences from education and inhibit access to whole class learning. • Children and young people will not be able to tolerate the whole school / general school environment in the short term. • They will need direct support in a safe and supportive environment while they learn to be able to access whole class learning. It is expected that pupils with these needs will only meet this descriptor for a short period but will need the additional support in this across different areas of learning and skill application. • Documented observations and assessments indicate that the child / young person requires short term intensive support to enable them to move to another descriptor. • Some may be working towards entry levels and functional skills qualifications at secondary. **Maintaining attention** • The child / young person may fit the descriptor for D, F or G but their ability to maintain attention may be impacted by their severe physical or medical / health needs (this may include severe emotional health needs) **Supported living and work arrangements** • Some may demonstrate the potential to transition to supported living and employment with the appropriate access arrangements to meet their physical and medical / health needs.

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Communication and Interaction	**Cognition and Learning**			
		something) without awareness of their surroundings (e.g. other children in the way) for over 75% of the day. **Limited awareness of danger** • Shows a lack of recognition of potentially harmful situations (e.g. touching hot surfaces, crossing roads), requiring close supervision at al times in potential risk activities. **Limited interactions due to lack of motivation to engage / motor difficulties.** • If left, interacts minimally with the environment in areas outside their personal interests. **Dependence on highly trained staff to access learning.** • Requires access to support from highly trained staff in over 80% of learning activities to maintain engagement, prompt and encourage completion of tasks.		

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Cognition and Learning	**Social, Emotional and Mental Health**			
Continually present with high levels of anxiety and complex behavioural needs affecting access to learning. • Will demonstrate observable signs of high anxiety, e.g. avoidance behaviours, trembling, repetitive behaviours such as hand ringing or distressed vocalisations for over 80% of the day which makes it very difficult for them to engage in learning activities. • Will exhibit highly risky behaviours such as self-harm, aggression, running / absconding in over 80% of adult directed learning opportunities. • Will find it extremely difficult to achieve at the level they may be cognitively able to (below 30% of cognitive ability) **Using cognitive ability to control their environment and the people in it.** • Uses vocalisation, words or physical actions such as blocking, throwing or absconding, to change, delay or avoid tasks initiated by an adult or peer or achieve what they want over 80% of time. **Uneven learning profile with focus on**	• May show signs of distress such as crying, and others may opt out of taking part in the learning opportunities. • Some may get frustrated and exhibit their feelings through behaviours that are of concern, including self-harm (head banging, hand biting), or withdrawing. • This can relate to sensory overload.	**Significant and enduring anxiety.** • Demonstrates persistent anxiety that interferes with learning, emotional health and wellbeing. • This will be evidenced by signs of distress (e.g. crying, vocalising, avoidance or physical agitation) in 75% or more of situations that require engagement in new tasks or changes to routine. **Difficulty tolerating change or transitions.** • Struggles to cope with changes in routine or transitions between activities, often displaying signs of distress or refusal to participate in more than 75% of instances when change or transition is introduced. This may include vocal / verbal protest, withdrawal or physical resistance. • Will require a very structured system to support change and transitions implemented consistently by all. **Limited in spontaneity and sustaining interest** • Lack of motivation to engage without adult prompting.	**Difficulties with social interactions.** • Demonstrates difficulties in initiating and sustaining social interactions evidenced by less than 33% participation in social activities or group activities without adult support. **Separation anxiety** • May have significant difficulties with separation from close family or key trusted adults, e.g. through crying, refusal to enter classroom or 'flight' behaviours. • This will be evidenced when starting school in more than 75% of instances when arriving at school and when separating from key trusted adults in school. **Episodes of high anxiety** • Some may experience intermittent episodes of high anxiety which manifests as challenging behaviours and impact on wellbeing and learning. • Anxiety likely to increase when experiencing sensory overload, when transitioning between activities, and when experiencing change.	**Difficulties initiating and maintaining social relationships / friendships** • Child / young person may struggle to initiate and maintain friendships, and some may struggle to maintain friendships, especially as they grow older, which can lead to social isolation. • Child / young person may find it easier to form friendships and connections with younger children but may not recognise the differences in socially acceptable behaviours as they get older. • Displays vulnerability and lack of understanding regarding social relationships and assessing risks. This increases risk related to stranger danger, online activities, exploitation and general safety. • This will be evidenced by risk assessments that show the child / young person is unable to identify potential dangers in social situations or online interactions, scoring below 50% understanding in safety scenarios. **Specific interests and rigidity in thinking**

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Cognition and Learning	**Social, Emotional and Mental Health**			
specific interests • Other needs will profoundly impact on their ability to access learning and the curriculum. • Displays high levels of proficiency (over 80%) in specific personal interest-based tasks. Little evidence of interest or effort in learning new or varied material, so access to and progress in other areas of learning will be below 25%. • There will be significant gaps in higher levels of learning. **Difficulties with adult directed activities** • Will be extremely self-directed, selecting their own materials and activities for over 80% of the time, and will show avoidance of adult-directed activities. **Fleeting attention to adult directed activities** • Sustains only fleeting attention with adult-directed tasks, even when provided with highly structured personalised and adapted materials for the majority of the day (over 80%). • Will be able to maintain attention on something of specific personal intertest for longer periods. **Difficulties transitioning from activities of specific personal interest.** • Demonstrates extreme levels of resistance (e.g. vocal, verbally, or through physical resistance) when asked to move away from activities related to their specific interests. Will take longer than 5 minutes to comply over 80% of time. **Difficulties generalising skills and knowledge to different contexts.** • Requiring extensive support and 5 or more prompts (verbal, physical or visual) to transfer skills learned in one environment (e.g. classroom) to a different environment (e.g. another room, the playground or home). • Generalisation will occur in less than 20% of instances without assistance. **Limited motivation to engage due to sensory and physical difficulties.** • High levels of sensory sensitivities (e.g. to sound or light) or physical discomfort (e.g. difficulty sitting upright or gross / fine motor coordination) that lead to disengagement (e.g. blocking ears,		• Demonstrates limited ability to initiate activities spontaneously or maintain engagement due to low motivation. • Will initiate structured activity below 25% of the time. **Becomes distressed when asked to share, wait or when a preferred activity has ended** • May refuse to comply, shout, throw, run or become physically aggressive when prompted to share, turn take or wait or when a preferred activity has ended in over 75% of such situations, necessitating intervention and support from highly trained staff to anticipate and de-escalate the situation. **Displaying unsafe play / engagement** • Engages in 'unsafe' play behaviours (e.g. climbing on furniture, running in crowded areas) that pose a risk to self or others. • Requires consistent intervention and support to learn safe play practices in over 75% of instances. **Lack of awareness of surroundings** • Exhibits a general lack of awareness regarding the environment and potential hazards such as not noticing objects or other individuals in their way over 75% of the time which can result in potential risk to self or others. **Sleep disturbance and erratic sleep patterns** that impact on their readiness to access learning. • Experiences significant sleep disturbances characterised by irregular sleep pattens (e.g. difficulty getting to sleep and / or staying asleep) resulting in daytime fatigue or irritability and impacting on readiness to learn and engage. **Increasing impact of behaviour with age and puberty** • As the child grows, they demonstrate increased strength and awareness of their physical strength and actions, with the impact of their behaviour needs increasing. This will be evidenced through behaviour records. **Some may have high levels of anxiety that lead to more extreme behaviours.** • Displays **regular** episodes of extreme challenging behaviours occurring with **increasing frequency**, (e.g. destruction	• Displays **regular** episodes of more challenging behaviour, related to anxiety including self-harm, aggression towards peers and staff or destruction of property. • Incidents likely to occur at least once a week but reduces when right provision is in place to minimise anxiety, e.g. managing situations that may increase anxiety. **Impact of developmental stage** • As the child / young person gets older, their increased physical strength and awareness of their capability to control their environment contribute to more challenging behaviours. This will be evidenced by episodes of physical aggression or non-compliance in structured activity in around 50% of activities, and they will require visual prompting / systems to engage. • Little or no understanding of danger (running, climbing etc) • As they get older, stronger and more aware of their physical strength, the impact of their developmental stage on their behaviour increases **Increasing difficulties at puberty** • May experience additional challenges as they enter puberty. • May find it difficult to cope with emerging sexuality and understanding the concept of public and private spaces. This will be evidenced in over 50% of interactions involving physical or social boundaries or privacy. **Impact of medical conditions** • For those with medical conditions, as they get older, the impact of any associated medical conditions may exacerbate difficulties in accessing learning and social opportunities. • This will be evidenced through increased withdrawal from activities and decreased engagement. **At risk of isolation and / or mental health conditions** • May develop mental health conditions that hinder communication and lead to frustration and isolation. This will be evidenced by reduced participation in social activities and a documented decrease of around 50% in peer	• Some may show a strong attachment to specific interests, resisting attempts to engage them in alternative activities. • Interests may be developmentally younger than typical for their age. • Engagement logs show that they spend over 75% of their time on specific interests, with less than 25% on new or varied activities, even with encouragement. • Some may exhibit inflexible thinking and behaviour patterns, finding it challenging to adapt to changes or new situations. **Episodes of high anxiety** • May experience high levels of anxiety but struggles to communicate their feelings, which can lead to frustration and challenging behaviours, including self-harm. • Assessment of behaviours related to anxiety impact over 75% of their day (evidenced by behaviour assessments). • Behaviour logs show anxiety is the trigger in over 50% of incidents. • Anxiety likely to increase when there is high demand. Child / young person will need to be taught strategies for co-regulation and self-regulation to support increase in demands. **Self esteem** • The child / young person's self-esteem is negatively impacted by their awareness of the differences between themselves and their non-disabled peers, and their desire for social acceptance. **At risk of mental health needs** • As they grow older, young people may become more vulnerable to mental health issues but lack the cognitive ability / communication skills to communicate their feelings effectively.

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Cognition and Learning	**Social, Emotional and Mental Health**			
closing eyes or turning away) and refusal to participate in less than 25% of learning activities.		of property, self-harm, aggression towards others) as a consequence of overwhelming anxiety. • At significant risk of needs escalating to the 'A' descriptors.	interactions compared to previous records.	

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Sensory, physical and medical needs				
Likely to have a diagnosis of Autism with complex sensory processing needs that impact significantly on their learning and behaviour. • A confirmed diagnosis of Autism, or on a pathway to diagnosis. • Displays sensory-related behaviours such as covering ears, flapping hands, or withdrawing from noisy or brightly lit environments for over 80% of the time in sensory rich environments, which negatively impacts on their ability to attend to learning tasks. **Highly complex sensory profile including sensory overload with significant self-regulation difficulties** • Will experience significant sensory overload which impacts on their ability to learn and engage with their surroundings. • Demonstrates signs of distress (e.g. covering ears, screaming, shutting down or trying to remove self) in response to sensory overload such as noise, light or textures. Unable to engage in other tasks for up to 30 minutes following an overload experience. • Exhibits behaviours such as pacing, rocking or seeking deep pressure input multiple times daily, requiring the availability of sensory tools or breaks to support regulation and prevent escalation of more challenging behaviour. **Diagnosed mental health difficulties.** • May have a diagnosed mental health condition (e.g. anxiety) which leads to behaviours such as withdrawal, inability to engage or frequent crying several times a day, significantly impacting on daily functioning and learning. • Likely to be open to CAMHS **May have additional diagnoses**	**Complex physical / medical needs** • Sensory, physical and health needs have profound impact on their lives, e.g. epilepsy, scoliosis • As they get older and grow, the impact of associated medical and physical conditions is likely to increase. **<u>Physical Needs</u>** **Risk of increased disabilities** • Will be at high risk of developing further physical disabilities and joint abnormalities if appropriate exercises advised by a physio are not carried out across the day. **Customised equipment and physical management** • Will be fully dependent on customised wheelchairs and specialist seating and positioning arrangements. • Many will need changes of position throughout the day. • Some may only be able tolerate their highly specialist wheelchair / positioning equipment for very short periods and will require access to an Acheeva bed for large parts of the day. • Will have very limited control over different parts of their body. • Some may have some mobility and be able to weight bear. **<u>Medical / Health needs</u>** **Sensory Disabilities** • Are likely to have sensory impairments such as visual impairments, hearing impairments or multi-sensory impairments, including cortical impairments **Digestive difficulties** • May have digestive difficulties that may also impact on bowel movement, comfort, sleep and overall health and wellbeing.	**Experiencing overwhelming sensory overload.** • Exhibits signs of sensory overload (e.g. covering ears, crying, 'meltdowns') in response to overstimulating environments or activities. • This occurs in the majority (over 75%) of situations where sensory input is high (e.g. loud noise, crowded space), leading to increased anxiety and dysregulation. **Highly physically active, with lack of awareness of surroundings and risk factors.** • Demonstrates high levels of physical activity, (e.g. running, jumping, climbing, pacing) with limited awareness of obstacles, surroundings or risk, so posing safety risks. • This might be observed in over 80% of the day, requiring close supervision to minimise risk. **Sensory processing difficulties may impact on managing transitions.** • Sensory stimuli will need to be minimised at transition times. **May have additional hearing and sight difficulties** • Presents with challenges with auditory and visual processing that impact on communication and engagement in activities. • Will require specific support strategies and approaches to support (e.g. visual schedules, auditory cues) to facilitate engagement and understanding. **May need support from physiotherapists and orthotics** • Some may need assistance with physical therapy exercises and / or use of orthotic supports.	**Visual and hearing difficulties** • Some will have visual and hearing difficulties requiring adaptations to their learning environment. These may include ear defenders to manage sensitivity to sound, or larger print, audio aids or visual cues to support understanding. **Mild to moderate physical difficulties** • May have physical disabilities that affect mobility, gross motor activity such as running and jumping, and fine motor skills and coordination, for example dressing, impacting on independence in daily activities. **Additional medical conditions** • Some may have additional medical conditions that further impact on their physical functioning, learning or participation in activities. These may include epilepsy, asthma or diabetes which may require adjustments in their support plan.	**Lifelong physical and / or health needs** • Most will have significant and enduring physical and / or health / medical related disabilities that will impact on their daily functioning throughout their lives. **<u>Physical needs</u>** **Risk of increased disabilities** • Those with physical needs will be at high risk of developing further physical disabilities and joint abnormalities if appropriate exercises advised by a therapist are not implemented regularly. **Customised equipment** • May have very limited control over different parts of their body that require correct positioning in customised equipment to maximise control. • Will need customised wheelchairs and specialist seating and positioning arrangements to ensure comfort and maximise access to learning. **<u>Medical / Health needs</u>** **Sensory Disabilities** • Some may have diagnosed sensory needs such as visual impairments, hearing impairments or multi-sensory impairments, including cortical impairments. **Digestive difficulties** • Some may have digestive difficulties that may also impact on bowel movement, comfort and sleep and overall health and wellbeing. **Medical / Health needs** • May have health needs that require support from a health practitioner / school nursing. • May have difficulty communicating their medical / health needs which may lead to delay in treatment. • May require frequent breaks

Level Descriptor A	Level Descriptor B	Level Descriptor C	Level Descriptor D	Level Descriptor E
Sensory, physical and medical needs				
• May have diagnosis of ADHD, PDA, ODD or attachment-related behaviours (difficulties forming relationships, extreme distress when separated from caregivers).	• May require alternative means of feeding such as PEG feeds (percutaneous endoscopic gastrostomy) either from infancy or during their secondary education. **Medical / Health needs** • Some will have complex medical conditions and medication regimes often throughout the school day. • Some may have increased incidence of respiratory difficulties. • Some may require access to oxygen on a regular basis. • Some may require frequent or extended periods of hospitalisation due to their medical needs, including for essential surgery **Degenerative or life limiting conditions** • May have degenerative or life-limiting conditions.			throughout the day away from the classroom. • May have frequent absence due to health needs, including emotional health needs. **Progressive or life-limiting conditions** • Some may have progressive or life-limiting conditions that affect their emotional health and wellbeing as well as other areas of need. Some may progress to meet descriptor B. • Some will need end of life health care.

Descriptors of Levels of Need F – G plus SEMH 1,2,3

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Communication and Interaction				
Expressive Communication • Will have expressive communication at single word to simple phrase / sentence level. • For some verbal communication may be echolalic in nature. • Young children may be communicating with sounds and vocalisations but will be developing speech sounds. • May rely on gesture and signing to communicate proactively and / or to support verbal communication. • May have verbal communication that is difficult for unfamiliar people to	**Expressive Communication** • Are likely to be able to engage in simple verbal interactions. • may be able to engage in more complex conversations. • 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.	• May have difficulties in forming and maintaining relationships which is likely to impact on their learning and may increase their vulnerability. • May have difficulties in reciprocal social interaction and communication (such as their ability to make appropriate peer relationships, understanding non-verbal communication / cues, difficulties expressing/reading/regulating emotions and / or following another person's lead). • Communication needs may go missed and are often underestimated.	• May have a speech and language need diagnosed, e.g. developmental language disorder. • Difficulties with understanding age-related social conventions of interaction, such as turn-taking during conversations. **Expressive communication** • Some will have difficulties with articulation which will lead to frustration. • Many will use inappropriate language to communicate and find it difficult to modify language in different contexts.	• May have a speech and language need diagnosed, e.g. developmental language disorder. • Extreme difficulties with understanding age-related social conventions of interaction, such as turn-taking during conversations. **Expressive communication** • Some will have difficulties with articulation which will lead to frustration. • Will use inappropriate language to communicate and find it difficult to modify language in different contexts.

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Communication and Interaction				
understand. **Receptive communication / understanding of language** • May understand at a higher level than their ability to communicate expressively. • Are able to accurately follow multi-step instructions with suitable support (visual / signing), in over 75% of instances as evidenced by observational assessment, while expressive communication may be at a 2 – 3 word level.	• Will be able to express their basic needs independently. **Receptive communication / understanding of language** • 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 in order to fit in with peers.	• Receptive language, underpinned by sometimes literal interpretations of what has been said, with difficulties understanding context, can lead to social misunderstanding, and cause anxiety that leads to crisis from dysregulation. • An ASD diagnosis or social communication need, leading to rigid or very specific ways of thinking, can contribute to the above. • Will need trusted adults to understand them. • Severe difficulties in accepting requests or consequences and in engaging in restorative work.	• Many will find it difficult to use appropriate tone and volume when communicating with others. • Difficulties with expressive language which may result in behaviour as a form of communication, including risky behaviours. • Unable to expressively communicate appropriately around emotion and what they find challenging. • Some will find it difficult to practice appropriate social distance when communicating. **Receptive Communication** • Difficulties reading / interpreting non-verbal communication / signals. • Difficulties with receptive language skills resulting in misinterpretation. • Literal understanding of language which may cause difficulty with relationships. • Difficulties with interpreting non-verbal forms of communication – personal space / visual cues. • Majority of communication is though risky behaviours. • Difficulty following multistep instructions. • Difficulty understanding other points of view, feelings, intentions.	• Will find it difficult to use appropriate tone and volume when communicating with others. • Difficulties with expressive language which result in behaviour as a form of communication, including high risk behaviours. • Unable to expressively communicate appropriately around emotion and what they find challenging. • Some will find it difficult to practice appropriate social distance when communicating. **Receptive Communication** • Difficulties reading / interpreting non-verbal communication / signals. • Difficulties with receptive language skills resulting in misinterpretation. • Literal understanding of language which may cause difficulty with student relationships. • Difficulties with interpreting non-verbal forms of communication – personal space / visual cues. • Majority of communication is though risky behaviours. • Difficulty following multistep instructions. • Extreme difficulty understanding other points of view, feelings, intentions.

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Cognition and Learning				
Life-long learning disability • Will have a combination of substantial and complex needs which will have a significant impact on all areas of learning. • Will be learning at early developmental levels throughout their lives **Will have some / all of the following needs that impact learning** • Expressive and receptive communication needs • Difficulties acquiring new learning and generalisation of knowledge and skills. • Working memory • Organisational skills • Visual and hearing needs, that may include sensitivity to sound and light, visual and / or auditory processing • Sensory processing needs.	**High level learning and additional needs** • Will have a range of needs which will include a learning disability, plus additional needs that impacts significantly on their learning and development and ability to access the curriculum. • May have a specific diagnosis or syndrome which impacts their level of cognition and increases the complexity of their learning requirements. **Impact of needs on learning and progress** • Will have attainment well below expected levels in most areas of the curriculum, despite appropriate support. • At end of KS2 will be learning at early KS1 levels	**Social, emotional and mental health needs as a primary need** • May have needs that have not been met leading to frustration and 'fright' flight' fight' behaviours (including withdrawal from learning / lack of engagement) • May have a diagnosis such as Autism, ADHD, ODD or a mental health need. • Social, emotional and mental health needs inhibit access to learning and progress, often leading to underachievement. • SEMH needs will be primary and prevailing in nature. **Impact on learning and progress** • Will be learning / achieving at up to 3 years below peers at end of primary but demonstrating continued potential to accelerate progress with the right	**High levels of social, emotional and mental health needs as a primary need that impacts significantly on learning and progress** • Likely to have experienced previous or recent trauma that has significantly impacted on mental health and wellbeing, for example CLA, bereavement, loss, significant change in circumstances, social and economic factors complex family circumstances. • Low self-esteem and needs specialist support for mental well-being. • Mental health needs which may be linked to disability / diagnosis, for example ADHD, PDA, ODD,	**Extremely high levels of social, emotional and mental health needs as a primary need that impacts significantly on learning and progress** • Likely to have experienced previous or recent trauma that has significantly impacted on mental health and wellbeing, for example children looked after (CLA), bereavement, loss, significant change in circumstances, social and economic factors complex family circumstances. • Very low self-esteem, needing high levels of specialist support for mental wellbeing and safety • Mental health needs may be linked to disability / diagnosis, for example ADHD, PDA, ODD, Tourette's, Autism.

• Physical needs (including coordination) • Social communication difficulties that impact on social interactions and communication (may include a diagnosis of autism) • Social independence, self-help and independence skills • behaviours that can challenge that are mainly as a consequence of the above. • Medical/ health needs. **Impact of needs on learning and progress.** • At Key Stage 1 will be learning at early developmental levels. • Chronological equivalent at entry in year 7 will be at early developmental levels (pre–Key Stage 1). Where there is a standardised assessment of cognitive ability, they will be assessed as below the 1st percentile. • Acquisition of learning will be in small steps. • May have an uneven profile of abilities with strengths and difficulties that vary across different areas of learning and skill application. • Documented observations and assessments indicate that the child / young person requires significant modifications to access arrangements and learning activities in over 63% of the day due to these needs. **Maintaining attention on suitably differentiated and structured activities** • Will be able to maintain attention and complete and follow simple and familiar tasks and routines independently for up to 10 minutes. **Travel** • May be able to learn to travel to familiar places / on familiar routes. **Supported living and work arrangements** • Young person demonstrates the potential to transition to supported living and employment.	• Where there has been recent standardised testing of cognitive ability children and young people will be assessed as significantly below average / at or just above 1st percentile. • At secondary, they will be working towards entry levels / functional skills. • Some may be able to achieve at Entry 3 or Level 1 in a very supportive / smaller environment. • Some may be able to achieve at higher levels in specific areas of particular interest. • Will have significantly greater difficulty than their mainstream peers in acquiring basic literacy, numeracy and social skills. • Will make progress in small steps. • Will have difficulty in understanding complex concepts, and processing information. This may lead to anxiety and impact on their confidence to engage in learning and class discussions. • May be able to demonstrate competency in basic, recently practised tasks in a familiar environment. This is only maintained for short periods of time if 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 have significantly more difficulty than mainstream peers when using and applying basic numeracy and literacy skills in order to scaffold, extend, broaden and deepen their understanding in these areas of learning. • Will have severe difficulty in making links between learning, impacting all areas of the curriculum including social and emotional areas of understanding. **Maintaining attention on suitable differentiated and structured activities** • Will be able to maintain attention and complete and follow familiar tasks and routines for at least 10 minutes. **Personal Care** • Likely to be able to independently manage their personal care routines (dressing / undressing, toilet, eating and drinking) **Supported living and work arrangements**	provision. • Are likely to have significant difficulties with literacy. • Will have differences in their attainment and progress across different areas of learning. • Will present with an uneven cognitive learning profile which could mask/disguise their needs. • Will have difficulties with retention of learning. • Are likely to make small steps of progress. • Avoidance, self-occupying and other actions due to stress, change or uncertainty make it difficult to engage in learning. **Attention and concentration** • will be able to maintain attention on suitable differentiated activities for sustained periods in a suitably structured supportive environment, particularly on areas of specific interest. **Pathways to next phase of education** • Likely to be able to reintegrate back into mainstream education or a specialist resourced provision in a mainstream school.	Tourette's, Autism • Presenting behaviours likely to include risky behaviours, including self-harm and risk of harm / exploitation. • Social, emotional and mental health needs that affect how they understand their environment, communicate, process information (including sensory information), their social understanding and their ability to form relationships. • Difficulty forming and maintaining healthy relationships. • May have medical, physical and/or sensory needs that impact on their emotional health and wellbeing. Behaviours that can challenge and place the child and those around them at risk. **Impact on learning and progress** • Frequent, intense and prolonged dysregulation which impacts on ability to access learning. • Likely to have significant delay in learning, particularly in literacy / numeracy and key skills. • High levels of difficulty with / resistance to recording ideas and thoughts and may require alternative forms of recording. • Will find it very difficult to organise themselves and their work / thoughts which will impact on their access to learning and progress. • May have a spiky profile, with higher achievement in some areas of the curriculum. **High levels of anxiety impacting on learning** • High levels of anxiety affects their social and emotional development and access to their community (in and out of school) and learning. **Attention and concentration** • Sustained difficulties in maintaining concentration / attention across the day, preventing access to learning and participation without high levels of adaptation and ongoing personalised support. **Difficulties with adult directed activities and responding to feedback** • Demand avoidant, distressed behaviours with high levels of anxiety become the main focus for the child /	• Presenting behaviours will include high levels of risky behaviours, including self-harm, risk of harm to others and exploitation. • Needs that impact on understanding of and engaging safely with their environment, their communication and their ability tom proves information and form and maintain healthy relationships. • May have medical, physical and sensory needs that impact on their emotional health and wellbeing. • Their behaviours will be at high levels of intensity and duration and put those around them at risk if the right provision is not made. • Social, emotional and mental health needs and behaviours related to this impact profoundly on their ability to access learning and the curriculum and may place them and the people around them at serious risk. • Level of needs will require a very bespoke and personalised curriculum to support and teach them the skills needed to access the curriculum and learning with their peers at the school. • Extremely high levels of anxiety which impact on their wellbeing and ability to engage in all contexts.

	• Young person demonstrates the potential to transition to supported living and employment with the appropriate access arrangements to meet their physical and medical / health needs.		young person which inhibits their ability to process anything else. • Difficulties receiving feedback, including positive feedback.	

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Social, Emotional and Mental Health				
Difficulties initiating and maintaining social relationships / friendships • Child / young person may struggle to initiate and maintain friendships, and some may struggle to maintain friendships, especially as they grow older, which can lead to social isolation. • Child / young person may find it easier to form friendships and connections with younger children but may not recognise the differences in socially acceptable behaviours as they get older. • Displays vulnerability and lack of understanding regarding social relationships and assessing risks. This increases risk related to stranger danger, online activities, exploitation and general safety. • This will be evidenced by risk assessments that show the child / young person is unable to identify potential dangers in social situations or online interactions, scoring below 50% understanding in safety scenarios. **Specific interests and rigidity in thinking** • Some may show a strong attachment to specific interests, resisting attempts to engage them in alternative activities. • Interests may be developmentally younger than typical for their age. • Engagement logs show that they spend over 75% of their leisure time on specific interests, with less than 25% on new or varied activities, even with encouragement. • Some may exhibit inflexible thinking and behaviour patterns, finding it challenging to adapt to changes or new situations. **Episodes of high anxiety** • May experience high levels of anxiety but struggle to communicate their feelings, which can lead to frustration and challenging behaviours, including self-harm.	**Difficulties initiating and maintaining social relationships / friendships** • Will have significant difficulties in interacting appropriately with their mainstream peers. • Will have difficulties in communication with non-disabled peers in universal settings and, therefore, difficulties forming and retaining peer relationships. Some may have a tendency 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). • Displays vulnerability and lack of understanding regarding social relationships and assessing risks. This increases risk related to stranger danger, online activities, exploitation and general safety. • This will be evidenced by risk assessments that show the child / young person is unable to identify potential dangers in social situations or online interactions, scoring below 33% understanding in safety scenarios. **Self esteem and self awareness** • 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. • Are likely to lack self-awareness. **Behaviour** • May have some behaviours that are challenging, including 'opting out' and selective mutism, that create severe barriers to learning.	**Difficulties initiating and maintaining social relationships / friendships** • 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). • Displays vulnerability and lack of understanding regarding social relationships and assessing risks. This increases risk related to stranger danger, online activities, exploitation and general safety. • This will be evidenced by risk assessments that show the child / young person is unable to identify potential dangers in social situations or online interactions, scoring below 50% understanding in safety scenarios. **Behaviour** • Will have difficulties with regulating their emotions, behaviours and responses to social situations. This may also be greatly impacted by puberty and their understanding of these changes and expectations. • Would need high levels of support when dysregulated and will need to be taught how to do this. • May communicate their needs through distressed behaviours (such as shut down or melt down) • May have specific anxieties / phobias. **Risk of mental health needs** • Mental health needs may significantly impact on daily learning and relationships with others.	**Difficulties initiating and maintaining social relationships / friendships** • Difficulties with social interaction and social understanding. • Difficulties in understanding others point of view and repairing relationships. • Displays vulnerability and lack of understanding regarding social relationships and assessing risks. This increases risk related to stranger danger, online activities, exploitation and general safety. • This will be evidenced by risk assessments that show the child / young person is unable to identify potential dangers in social situations or online interactions, scoring below 50% understanding in safety scenarios. **Dysregulation** • Dysregulated multiple times during a day which involved behaviours that are a challenge to others. • Find it difficult to self-regulate which result in long and regular periods which result in multiple periods across the day when they are unable to engage in learning. • 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. **Behaviour** • Will have strong perceptions of 'fairness' and respond negatively to situations they believe are unfair. • Some will have difficulties moving forward without bearing a grudge. • Stereotyped patterns of behaviour, interests, that can cause barriers in their ability to access learning opportunities. • Severe and persistent difficulties in accepting requests or consequences / engaging in restoration. **Self esteem**	**Profound and extreme SEMH needs** • The nature, frequency and intensity of their needs and the cumulative effect on their behaviour and wellbeing will have a profound effect on their ability to access learning. • Very frequent and persistent dysregulation which is extremely difficult to manage and require frequent highly individualised intervention and co-regulation. • Adaptive responses to stress or long-term trauma means focus for young person is on 'survival'. • Will have additional social and communication difficulties, frequently displaying behaviours that become profound barriers to learning and place themselves and others at risk of physical, emotional 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 **Mental health needs** • Complex, chronic and /or multiple mental health needs which impact on daily life

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Social, Emotional and Mental Health				
• Assessment of anxiety show high scores that impact over 50% of their day. • Behaviour logs show anxiety is the trigger in over 33% of incidents. **Self esteem** • The child / young person's self-esteem is negatively impacted by their awareness of the differences between themselves and their non-disabled peers, and their desire for social acceptance. **At risk of mental health needs** • As they grow older, young people may become more vulnerable to mental health issues but lack the cognitive ability / communication skills to communicate their feelings effectively.	• May develop behaviours as a result of their learning needs not being met, and in a new setting it may take time for them to access learning to the level of their ability. • Will 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. • May have restricted, repetitive and stereotyped patterns of behaviour, interests, movements that can cause barriers in their ability to access learning opportunities. **Risk of mental health needs** • May develop mental health difficulties as a consequence of their view on how others perceive them. • May develop mental health difficulties, due in full or in part to anxieties leading to faulty perceptions of the world, threats, relationships and interactions, and social expectations.		• May have self-esteem significantly affected by their awareness of the differences between themselves and their peers, and their wish to be a part of their peer group both in and outside of school. **Risk of mental health needs** • At risk of harm to self and / or others around them. • May develop anxiety and mental health difficulties that impact significantly on daily learning and relationships with others. This may be as a consequence of their view on how others perceive them. • May have needs as a result of experiencing trauma in childhood. • May be vulnerable to mental health conditions such as eating disorders and self-harm. • Complex mental health needs that impact on daily life.	

Level Descriptor F	Level Descriptor G	SEMH 1	SEMH 2	SEMH 3
Sensory, physical and medical needs				
• May have a number of 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.	• May have fine and / or gross motor difficulties. • May have difficulties with coordination. • May have a visual and / or hearing difficulty. • May have additional medical needs that require some medical intervention / support. • May require input from a range of agencies, including specific therapists. This will have been identified in their EHCP	• may have sensory needs such as visual impairments, hearing impairments. • may have difficulties with coordination. • unmet sensory integration needs contribute to emotional dysregulation. OT provisions that address vestibular, proprioceptive and interoception needs are important in supporting SEMH pupils in regulating effectively.	• May have sensory needs such as visual impairments, hearing impairments. • May have difficulties with coordination. • May have difficulties with sensory overload which will impact on their ability to access learning and the curriculum. • Unmet sensory integration needs contribute to emotional dysregulation. OT provisions that address vestibular, proprioceptive and interoception needs are important in supporting SEMH pupils in regulating effectively. • May have anxiety around toileting and personal care needs.	• May have sensory needs such as visual impairments, hearing impairments. • May have difficulties with coordination. • May have difficulties with sensory overload which will impact on their ability to access learning and the curriculum. • Unmet sensory integration needs contribute to emotional dysregulation. OT provisions that address vestibular, proprioceptive and interoception needs are important in supporting SEMH pupils in regulating effectively.

10.3 DESCRIPTORS OF PROVISION

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
Curriculum, teaching and learning • A high staffing ratio with capacity to respond quickly to escalating anxiety. Generally, this will be on a 1:1 or 2:1 basis but at times of crisis this may need to increase to 3:1 or 4:1 staffing to keep themselves and others safe. • Pupil may be in a perpetual state of internal dysregulation meaning staff ratio is very high at all times. • An entirely individualised, bespoke, pupil-led curriculum with a strong emphasis on sensory integration and coregulation, with ultimate aims including the development of functional communication skills, strategies supportive of self-regulation skills and life skills supportive of personal safety in a range of contexts, in preparation for their adult lives. • Regular structured movement breaks. • An individualised multi-sensory approach to the curriculum with targets jointly set by the multidisciplinary team including SALT, OT etc, for example. • Observation and assessment of individual sensory needs, providing individualised sensory support through differentiated sensory provisions. • Sensory input delivered through directed classroom support or target work such as swing-based vestibular input or sensory circuits. • Access to equipment such as weighted items for proprioceptive feedback, calming aids and oral sensory tools (e.g. chewys) to promote safety and regulation. • Daily emotional regulation through class routines, using, for example, the Zones of Regulation Framework. • Interoception-based approaches to support identification and understanding of their emotions. • Teaching recognition of emotions in self and others, focusing on facial cues. • Requires functional assessment of challenging behaviours/training of staff to provide personalised strategies to modify behaviours to develop safety awareness	**Curriculum, teaching and learning** • High levels of adult support. • Higher staffing ratios for some aspects of curriculum delivery, e.g hydrotherapy, moving / handling and personal care (often 2:1). • A mix of individual, paired and very small group support to acquire basic learning and social competencies. • An early developmental, multi-sensory approach to the curriculum with targets jointly set and monitored by the multidisciplinary team including relevant therapists and delivered throughout the day by trained classroom staff. • Some children and young people may require 2 or 3:1 for parts of physio programme and for repositioning in different equipment. • A personalised learning programme which includes access to a range of intervention activities to support their learning and engagement with the environment. • Consistent use of sensory cues and extended periods of time to respond to people, experiences and learning opportunities. • Teaching that supports use of voice / movements, switch control to communicate They will need to be taught to use these intentionally to make simple choices and to have as much control as possible over their environment. proactively and have some control over their environment. • Some will need access to higher tech alternative / augmentative communication aids to support their communication needs that will enable them to have greater control over their environment and be able to communicate expressively and demonstrate their level of understanding. • Specialist movement programmes will require high levels of adult support (at least 1:1) • Hydrotherapy to deliver physio programmes and maintain mobility as well as to support communication	**Curriculum, Teaching and Learning** • High ratio of staff to pupil to facilitate engagement in learning as well as personal care support. • Individual support will need to be available regularly to facilitate frequent opportunities for personalised learning and to ensure everyone's safety. • 2:1 support for some pupils for personal care activities. • 2:1 support for some pupils when at highest levels of anxiety to meet complex behavioural needs. • Individualised programmes based on sensory assessment that address for example sensory causes, vestibular processing or spatial awareness. • High levels of visual support throughout the day implemented by all staff. • 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, physical development activities and self-help skills through a sensory approach and play-based learning environment / curriculum. • Individualised learning experiences with extensive opportunities for repetition over several weeks and months will be required for skill acquisition and retention of skills. • Scaffolded support through a targeted highly personalised skill-building curriculum. • requires functional assessment of challenging behaviours/training of staff to provide personalised strategies to modify behaviours to develop safety awareness and his/her responses to potential danger. • 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	**Curriculum, teaching and learning** • High ratio of staff to pupil to facilitate engagement in learning and positive social interactions. • Some children and young people may 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. • 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, social and communication skills. • The curriculum will promote and develop a range of 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 short instructions before the instruction is repeated. • Structured support and teaching for personal care activities, including toileting, eating and drinking, and dressing and undressing. Some children and 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.	**Curriculum, teaching and learning** **Those with long term physical / medica/ health needs alongside their learning disabilities** • Predictable and structured routine. • Regular small group and some individual teaching / support. • For children and young people with physical needs, higher staffing ratios for repositioning between pieces of equipment (2:1) and some aspects of curriculum delivery. • The approaches to teaching and learning will require significant adaptations / differentiation to meet the physical, health 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. • 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. • Likely to need lifelong support to be as independent as possible as they grow older. • Continuous and sustained support in all areas of the curriculum. • Access to life skills delivered through the curriculum in order to achieve an appropriate level of independence. • Continuous and sustained support in all areas of the curriculum. • Most children and young people with physical needs will need to be taught to use alternative / augmentative communication aids to support their communication needs (high and low tech AAC with appropriate software). • for those with frequent medical / health absence home-learning packs will be created and delivered to the home with regular contact from the school. **Those pupils with physical / health needs and moderate or some severe learning needs** • Significant support to access Further Education and employment, which is

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
and his/her responses to potential danger. • Supporting staff to facilitate functional independence. • A curriculum that supports reducing anxiety levels and increases tolerance of new experiences and confidence. • A personalised communication plan that may include strategies such as objects of reference, signing and use of symbols. • Requires specific skills to be taught within correct context due to difficulties generalise across people, areas and activities. • Support for co-occurring conditions through individualised programmes that are integrated into daily routines. • Occupational Therapy program integrated into the day to help build independence in daily living skills and reduce self-stimulatory behaviours.	development and enable curriculum access (at least 1:1 support) • Adapted transport to access wider community resources (tail lift, wheelchair fixers) • Children and young people with degenerative or life limiting conditions will need a curriculum which focuses upon maintaining skills for as long as possible and builds in alternative communication and control over time.	individualised communication systems to support this. • Needs to have new vocabulary frequently reinforced to become an embedded, functional term. • Will require a functional communication assessment to determine most effective method of communication and/or alternative methods of communication. • Non-verbal pupils will require specialist equipment and/or training i.e. signing, AAC tablets, Communication belts. • To support emotional regulation learning will need to be in short bursts with frequent opportunities to have a movement break in purposeful learning areas before being redirected to another activity. • Intensive support with self-regulation throughout the school day with frequent reminders and prompts to engage in calming activities that enables them to remain calm and access learning. • Supervision during unstructured play to intercept behaviours of concern and mediate interactions between children. • A personalised sensory processing / integration programmes to support them to self-regulate and to access learning and tom develop self-care and fine and gross motor skills. This may, for example, include sensory circuits. • 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 in order 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.	• Movement breaks and aspects of occupational therapy advice such as sensory diets may need to be incorporated to meet sensory processing needs. • Tailored support for visual processing needs based on assessment information and addressing difficulties such as tracking, visual discrimination and spatial awareness. • 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 support for the young person and their family to address any emerging issues. • Opportunities to practice the skills required to meaningfully contribute to their community.	likely to look like 'bite sized tasks' which are functional, practical and repetitive in nature. May including voluntary work, alongside learning to manage an assisted living placement. May move into supported living arrangements, with significant packages of support. • 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. **For children and young people meeting this descriptor with emotional health needs that need short term support** • Higher levels of access to small group environment while they learn to be part of a class. • Core skills curriculum comprising: communication, language and literacy; problem solving, numeracy; physical development; learning-to-learn; creative exploration; and personal, social and emotional development. • Access to life skills delivered through the curriculum in order to achieve an appropriate level of independence. • For those with frequent medical / health absence home-learning packs will be created and delivered to the home with regular contact from the school.
Environment	**Environment**	**Environment** • Requires a structured environment with	**Environment**	**Environment** • Access to specialist teaching

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
• A very secure, highly staffed area of the school, including direct access to adequate external space to support sensory integration and regulation, and the ability to 'lock down' areas of the school to secure the safety of the child / young person, supporting staff, and the wider school community, either to pre-empt or to support responses in crisis moments. • A spacious, carefully planned learning environment, which includes external spaces, with fluidity between areas to meet the complex needs of individual students. Compromising factors to this would include an increase in pupil numbers, compromising the space a child / young person requires. • Access to uncluttered classroom spaces tailored to individual needs with careful attention to lighting, acoustics, and social arrangements. • Flexible space that can be adapted easily to meet the needs of the children and young people and the curriculum. • Immediate access to toilets and personal care facilities. • Immediate access to a safe, stimulating outdoor space. • More than one external door so there is easy access and evacuation when necessary, This is particularly important for pupils requiring PEEPs. • Personalised learning resources maintained in a specific location which helps pupils prepare for learning and build routines. • Use of visuals to support understanding of tasks and expectations. • Frequent movement breaks to practice skills in a natural teaching environment such as transitions and responding to stop. • Accessing event-based teaching which provides opportunities to learn functional skills in-situ, i.e. gardening, sensory spaces, mindfulness garden, therapy space. • Following rigorous risk assessments children and young people need appropriate support to access community facilities in preparation for adult life. • Very high levels of continuous support into and throughout their adult lives.	• 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. • Access to 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, therapy staff and manual handling assessments, e.g. specialist wheelchairs and seating, standing frames, acheeva beds, wedges, rolls and balls to support postural care etc. • An adapted environment that supports access for children and young people with limited mobility and sensory impairments, including for example sensory spaces / environments, sensory swings, trampoline, weighted jackets, bags etc. • Rigorous infection control measures in place.	a mix of class, small group and individual activities on their timetable to reduce anxiety and help prepare for and manage the day. • Adjustments to the classroom environment and staffing will take account of room layout, protective equipment (e.g. helmets or knee pads) and assessment of behaviours. • Requires a bespoke learning environment that includes known niche interests to capture their attention, motivate and prolong engagement. • Highly motivating and creative activities on a high rotation to keep motivation and engagement high. • Communication rich environment to provide a voice/choice and reduce incidences of dysregulated behaviour and/or frustration. • Play-based / functional learning environment to meet their developmental needs and provide stimulation/motivation for engagement. • Easy access to personal care facilities, preferably en-suite or adjacent to the base classroom. • 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. • Break out spaces within the classroom to minimise distractions. • 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 and support co-regulation / dysregulation when the child / young person is feeling overwhelmed. • When dysregulated, rooms may need to be vacated to ensure safety of all and a highly skilled staff/PBS to implement calming strategies. • 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	• A safe functional outdoor physical environment that is spacious enough to engage, challenge and support learning and physical activity. • Some will require access to low arousal environments. • Some will need ear defenders to minimise sensory overload. • 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. • Some older children and young people will need access to FE College Link courses.	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. • Access to 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. • Specialist trained staff to manage feeding plans for those that need them. • An adapted environment that supports access for children and young people with mobility, health and sensory needs, 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 schools 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

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
		mobility (orthotics / physical support (toe walkers may need splints) • Access to specialist / adapted resources to help develop fine motor and finger dexterity. • The environment will need to be regularly risk assessed to allow a balance of encouraging independence with reducing risk of choking, poisoning and harm.		of work taster opportunities. • Older children and young people will need access to the appropriate post 16 and post 19 provisions. Adapted FE placements ought not to be excluded from a list of possible opportunities, explored on a case-by-case basis.
Behaviour support • Regular behaviour assessment to support achievement and progress. • Will have a traffic light Positive Behaviour Support plan. • Ongoing dynamic risk assessments to maintain health and safety requirements. • Are likely to meet the thresholds for accessing support from CAMHS (clinical psychology and/or psychiatry input) or the adult PBS team or are on the waiting list to be assessed. • Many children and young people will need to take prescribed antipsychotic drugs and require frequent psychiatric review appointments and blood tests. • following risk assessment, some children and young people will require highly personalised transport arrangements to and from school, including individual transport with one or two specialist trained passenger assistants.	**Behaviour Support** • Some children and young people will require a Behaviour Support Plan that is consistently applied across different settings.	**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.	**Behaviour support** • Will require a behaviour support plan that includes support / teaching to learn to regulate their behaviours.	**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 of other specific therapy as assessed by a therapist, counselling or referral to CAMHS / clinical psychology to support them.
Multi-agency and family support • There will be a high level of coordination with a range of agencies including an assigned, named, social worker, or most appropriate non-education professional. • 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. • May need specialist input from a Multi-professional team over time e.g. CAMHS • Children and young people' families require high levels of multi-agency support including respite and training on positive behaviour strategies to enable them to maintain their young person at home and to keep everyone safe	**Multi agency and family support** • High levels of multi-agency support into and throughout their adult lives. • High levels of support for all aspects of personal care, such as washing, dressing and eating, as well as ensuring that each individual has access to high quality and meaningful activity throughout their lives. Good support is person-centred, flexible and creative to enable them to learn and to achieve their full potential. • A high level of communication with other professionals involved to ensure consistency between settings with joint target setting and monitoring, through a team around the pupil /family. • Staff will need to work closely with parents to understand the child / young	**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 and collaboration with therapists and 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	**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	**Multi-agency and family support** • Frequent contact and joint working 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 and keeping medical protocols up to date. • Varying levels of inter-agency co-operation and planning, which may include health teams, sensory needs team etc. • Will have physical and / or health / medical needs or sensory needs that require therapy advice and support through a plan devised and monitored by therapy staff and implemented throughout the day by trained classroom staff in order to ensure an integrated education/therapy

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
	person's responses to the environment. This is likely to include providing and coordinating support for families. • Children and young people with complex hearing or sight needs will require a programme of advice and support from a qualified specialist sensory teacher (HI/VI/MSI) delivered regularly by school staff • Some children and young people will need support from the nursing team to train staff and to manage epilepsy, respiratory distress, medication, peg feeding etc, medication. This may include access to regular chest physio and suctioning to manage respiratory difficulties and / or regular access to oxygen and other specialist medical intervention. Some may require health care assistants. • There may need to be regular liaison with hospital staff and support for delivery of individualised learning programmes while in hospital and in preparation for discharge. • Those children and young people on an end of life pathway may require bespoke education packages delivered at home or in hospital and flexible transport arrangements to school to facilitate flexible attendance arrangements • Some children and young people may need access to resources through 'continuing care'.	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	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. • Jointly designed individualised and group / class OT / physical development activities to address motor difficulties • These will focus on improving bilateral integration, midline crossing, coordination, postural control, object manipulation and gait patterns through tailored support. • Childre and young people with additional medical conditions such as poor muscle tone or curvature of the spine will need tailored support according to their additional health needs that will support their wellbeing and accessibility to the school environment. • 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.	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 TRAINING AND EXPERTISE**	**STAFF TRAINING AND EXPERTISE**	**STAFF TRAINING AND EXPERTISE**	**STAFF TRAINING AND EXPERTISE**
• Staff working with these children and young people will: • Be trained, skilled and experienced in building positive relationships and working with young people with high levels of anxiety and extreme and persistent challenging behaviour. • Have personalised training around Positive Behaviour Support and the de-escalation of challenging behaviour, including specific training around the prevention and use of restrictive interventions.	Staff working with these children and young people require specialist and ongoing training in order to understand and meet significantly complex learning, physical, sensory and health needs. This will include training on: • moving and handling (Manual Handling) training: postural care and extensive training to meet the needs of children and young people with PMLD • Delivery of integrated therapy programmes, including ongoing guidance and assessment of	Staff working with these children and young people require specialist and ongoing training in order to understand and meet significantly complex learning and sensory needs. This will include training on: • ASC and complex communication needs and the use of effective evidence-based methods of communication. • Building positive relationships and working with children and young people with high levels of anxiety and challenging behaviour.	Staff working with these children and young people require specialist and ongoing training in order 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	Staff working with these children and young people require specialist and ongoing training in order to understand and meet severe learning, physical, sensory and associated needs. This will include training on: • Accessing literacy, numeracy and ICT for pupils with these needs • Specific ICT support programmes / software • Language and communication needs, including assistive technology • Dysphagia and eating and drinking

SUPPORT NEEDED A	SUPPORT NEEDED B	SUPPORT NEEDED B	SUPPORT NEEDED D	SUPPORT NEEDED E
• Staff trained in carrying out functional assessments, setting proactive and reactive strategies and planning replacement skills to teach. • Be provided with regular opportunities for intensive whole staff group training around the changing positive behaviour support needs (including de-escalation of extreme challenging behaviour) of each individual student. • Training of staff to provide personalised strategies to modify behaviours to develop safety awareness and his/her responses to potential danger. • Be trained in delivering emerging sexuality programmes on a 1:1 basis, also working with the young person's family and care providers • Require ongoing high quality CPD and support so that they are continuously improving their skills and knowledge and have a good understanding of current research and practice in this area. • Staff trained to teach any targeted toleration skills that require systematic desensitisation procedures.	competency assessed by all health professionals (physiotherapists, occupational therapists etc.) t • 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. • Sensory impairment: hearing impairment and or visual impairment or a combination of both; and sensory engagement. • Working with families and other agencies, including effective co-production and support approaches. • Risk management and safeguarding for children and young people with PMLD.	• Understanding the challenges and significant difficulties in communication, language and social skills associated with ASC, • Providing individualised learning experiences and support with extensive opportunities to over learn and rehearse new skills being acquired. • Providing specialist teaching and scaffolded support through a targeted highly personalised skill building curriculum. • Making adaptations to the learning environment and personalised resources to ensure independence, communication and functional literacy and numeracy skills are developed within a natural learning environment through play interactions. • Understanding and meeting complex behavioural needs. • Delivery of integrated therapy programmes. • Sensory needs. • Working with families and other agencies to assist parents / carers to understand and meet their child's needs.	• Positive behaviour management methodology including de-escalation techniques.	• Implementing feeding plans. • 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