

A Tool Kit

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

Consistent disruptive or withdrawn behaviours can be an indication of unmet SEN, and where there are concerns about behaviour; there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, a Multi-agency approach, supported by the use of the Early Help Assessment will be appropriate.

In all cases, early identification and intervention can significantly reduce the need for more expensive interventions or sanctions at a later stage. Use of the phrase 'Social, Emotional and Mental Health' is therefore meant to have a specific connotation to help determine the extent and nature of the student's special educational needs in this area. It should not be applied as a blanket term to include in the SEN framework all those:

- Whose behaviour may more loosely be described as anti-social or disaffected
- Who are in the care of the LA

Students presenting social, emotional and mental health difficulties may act unpredictably, unusually or in an extreme fashion in a variety of social, personal or physical settings. Severely withdrawn or passive behaviour may be as significant an indicator as aggressive or very strange or age inappropriate behaviour. Schools' pastoral care arrangements should ensure that students are able to discuss any health related and other problems with a relevant health professional, educational psychologist, educational inclusion officer, counsellor or other professional. A *Pastoral Support Plan* is a school-based intervention to help an individual student manage and modify their behaviour and should be drawn up for:

- Any student who needs extra support in managing their behaviour.
- Any student who has had a number of fixed term exclusions.
- Any student whose behaviour is deteriorating rapidly



TIER ONE: (Universal Support)

Needs can be met within universal services available to all children.

MAIN AUDIENCE: Class/Subject teachers, Support staff, Pastoral Staff, Pastoral Leaders, Senior Leaders

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| <p>Occasionally withdrawn and isolated and on the fringes of activities. e.g.</p> | <ul style="list-style-type: none"> • Playground incidents • Isolated or on the periphery • Inability to make friends • Withdrawn or disinterested • Not included or last one chosen • Little trust |
| <p>Involved in low level distractions which hinder own concentration and that of others. e.g.</p> | <ul style="list-style-type: none"> • Silly behaviour; smiling, smirking or laughing particularly when challenged • 'Provocative victim' (tell-tale attention seeking) • Behaviour that distracts from doing work • Destroying own or other's work or equipment • Playing the class clown, "providing" entertainment • "Make me" behaviour – refusal to co-operate or work • Changing the subject • Lying • Defensive • Constant need for reassurance |

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| | <ul style="list-style-type: none"> • No sense of routines or rules • Inability to accept routine direction or redirection • Unreliable |
| <p>Students may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p> | <ul style="list-style-type: none"> • Inability to cope with challenge, new work • Always getting it wrong • Little or no enthusiasm • Inattentiveness • Blaming others – “always someone else’s fault” • Bullying • Language and/or behaviour inappropriate to the age group • Poor quality or unfinished work • Avoiding work |
| <p>May occasionally be unpredictable or destructive</p> | <ul style="list-style-type: none"> • Occasional aggressive behavior • Occasional temper outbursts inappropriate to age • Short periods of emotional distress but appropriate to the age group |

Behaviour and Social, Emotional and Mental Health in Schools

| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible classroom or school management related causes</p> <ul style="list-style-type: none"> • Poor routines, lack of structure • Poorly supervised unstructured times or transitions • Failure to provide appropriate cues • Inconsistency re rewards & sanctions • Inconsistency between adults • Rules and/or routines unclear and inconsistently • Lack of opportunities / recognition for 'getting it right' • Lack of opportunity to take responsibility • Praise /intervention too overt • Poor physical environment (heating, lighting, ventilation, layout) <p>"Child may feel angry, ignored, frustrated, confused, anxious, unjustly blamed, a failure, upset, letdown"</p> | <p>In all cases:</p> <p>Talk to the child, other staff members and parents/carers to establish a working hypothesis about the likely cause of the behaviour.</p> <ul style="list-style-type: none"> • Share issues at staff meetings • Refer to the school behaviour policy • Explicit and consistent rules, routines and Consistent use of rewards and consequences • Predictable responses to positive and negative behaviour, not the child • Follow-up to show you are consistent and trustworthy • Fair treatment as appropriate to the individual • Give roles/ tasks on behalf of the class • Solution focused strategies • Acknowledge the pupil's feelings • Encourage expression & awareness of feelings • Restorative approaches | <p>Universal school entitlement</p> <p>Individual School Behaviour Policy</p> <p>DFE guidance</p> <p>Ofsted Inspection Framework</p> <p>School Improvement</p> <p>PSHE curriculum</p> |

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| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible social or emotional causes in or out of school</p> <ul style="list-style-type: none"> • Lacks age-appropriate social skills • Doesn't conform to group/ class norms • Lacks emotional vocabulary to express feelings • Abuse, harm or neglect • Impact of social media/ technology | <p>In all cases:</p> <p>Talk to the child, parents/carers & other staff members to establish a working hypothesis about the likely cause of the behaviour. Consider the child's wider experiences rather than focusing just on behaviour in school.</p> <ul style="list-style-type: none"> • Share issues at staff meetings • Refer to the school behaviour policy • Avoid overwhelming attention • Opportunities to practice dealing with attention e.g. Circle time • Verbal acknowledgement of unhappiness • Temper control groups • Help them understand they aren't alone • Engineer opportunities for working with others • Cooperative activities • Sharing experiences – role playing • Rehearsal of making friends • Signpost to positive activities outside of school • Circle of friends | <p>DFE guidance- Mental Health and Behaviour in Schools</p> <p>Anti-Bullying Resources from Northamptonshire 's Local Offer</p> <p>Northamptonshire 's Local Offer</p> <p>Children and Families Service Finder (a search for positive activities for young people)</p> <p>Northamptonshire Safeguarding Children's Board</p> <p>Ask Normen</p> |

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| | <ul style="list-style-type: none">• Being taught playground games• Setting up lunchtime clubs/activities• Opportunities to talk• Discuss any concerns with the designated teacher• Discuss shared approached with parents/carers | |
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Behaviour and Social, Emotional and Mental Health in Schools

| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible health -related causes (diagnosed or not yet diagnosed)</p> <p>Sensory impairment e.g. can't see text or hear instructions</p> <ul style="list-style-type: none"> • Neuro-developmental problems such as attention deficit hyperactivity disorder, autistic spectrum disorder or dyspraxia • Incontinence/ nits/ personal hygiene alienating them socially • Dietary problems • Slow speech and language development <p>“May feel miserable, depressed, sad, confused, out of place, a failure, ‘stupid’, embarrassed”</p> | <p>In all cases:</p> <p>Talk to the child, parents/carers & other staff members to establish a working hypothesis about the likely cause of the behaviour.</p> <p>Consideration should be given to the possibility of an undiagnosed neuro-developmental difficulty.</p> <ul style="list-style-type: none"> • Share issues at staff meetings • Refer to the school behaviour policy • Plan your responses to a given situation • Look for emerging patterns of behavior <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none"> • Share concerns or questions with parents • Signpost referral routes as age-appropriate • Adjust classroom routines to facilitate toilet visits • Adjust seating layout or other aspects of | <p>Northamptonshire Local Offer</p> <p>Northamptonshire SEN descriptors</p> <p>NHS Children's Services</p> <p>Hospital Outreach team</p> <p>Sensory Impairment Service</p> <p>CAMHS</p> |

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| | <p>the physical environment</p> <ul style="list-style-type: none">• Consider different teaching approaches• Look at relevant resources• Share concerns with the SENCo | |
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| <p>Tier Two</p> <p>Needs can be met largely within universal services but with additional targeted support. MAIN AUDIENCE: Class/Subject teachers, Pastoral Staff, Pastoral Leaders, Senior Leaders</p> | |
| <p>What kind of behaviour might be seen at Tier Two?</p> <p>Behaviours likely to be similar to Tier One (universal) but increasing in frequency and / or intensity. Behaviours will persist despite appropriate strategies being in place. In addition the following may be seen:</p> | |
| <p>Persistent emotional or behavioural difficulties differentiated learning opportunities or by the behaviour management techniques usually employed by the school.</p> | <ul style="list-style-type: none"> • Poor attitude to learning and work • Non compliance • Aggressive in class • Continually violates the rights of others • Frequent (daily) incidents of inappropriate use of language: swearing, shouting, racist, homophobic, derogatory to people with disabilities and personal comments • Anti-social behavior • Impulsive behaviours (may involve low level risk) • Occasionally behaviours serious enough to be given fixed-term exclusion |

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| <p>Poor concentration despite structured and time limited tasks poor personal organisation skills</p> | <ul style="list-style-type: none"> • Difficulty with functioning appropriately without close adult direction and support • Low mood • Sleep disturbance related to anxiety • Pre-empting failure in tasks • Poor progress despite appropriate teaching |
| <p>May be withdrawn and isolated, including non-attendance; seeking too little adult attention with limited or selective communication, may not communicate</p> | <ul style="list-style-type: none"> • Deterioration in self-care • Regularly withdrawn or isolates from social situations • Unresponsive • Being reluctant to attend school • Poor punctuality • Unexplained absences/truanting or periods of poor attendance |
| <p>Difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other students, careless with learning materials</p> | <ul style="list-style-type: none"> • Unable to build or sustain stable relationships with others • Being bullied • Bullying behaviours, including those which are racist, homophobic and derogatory to people with disabilities, also including less obvious bullying behaviours e.g. spreading malicious rumours, socially isolating, cyber-bullying etc. |

| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible work/ task-related causes (may have been addressed at Tier one)</p> <ul style="list-style-type: none"> • Finds the work too hard or too easy- not matched to their ability • Insufficient differentiation of tasks • Insufficient deployment of classroom support • Targets not broken down into small steps • Lack of opportunity to work in chosen learning style • Low expectations/lack of challenge • Tasks that limit success • Setting unrealistic targets or uninteresting work • Failure to recognise own achievement • Failure to value own achievement | <p>In all cases</p> <ul style="list-style-type: none"> • Talk to the student about their experiences, feelings and behaviours • Talk to other staff members and parents/carers to establish a working hypothesis about the likely cause of the behaviour. • Share issues with other staff as appropriate • Refer to the school behaviour policy • Plan your responses to a given situation • Look for patterns of behaviour and monitor/evaluate impact of intervention <p>In addition to Tier One responses:</p> | <p>School behavior policy</p> <p>Schools provision map</p> <p>Person centered approaches</p> <p>A guide to Person Centered Practice in Schools</p> <p>Northamptonshire SEN descriptors</p> <p>Restorative Justice in Schools</p> <p>Targeted mental health in schools (TaMHS)</p> <p>TaMHS training courses</p> <p>Early Help Assessment (support for parents)</p> <p>ASK NORMEN</p> <p>Involvement of Educational Psychologists</p> <p>Involvement of Psychology Assistants – accessed via ‘At risk’ referral to EIPT</p> |

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| <p>"student may feel bored, frustrated, angry, 'stupid', overwhelmed"</p> | <ul style="list-style-type: none">• Head of Year/ Key Stage aware of behaviours and the actions taken• Consult with Inclusion Manager/ SENCO and parents• Ensure all additional needs are being met through differentiated programme delivery• Keep good records of what is happening and why, as well as the impact of interventions• Involve student in developing own plan• Involve parents in action planning and keep them well informed• Ensure consistent implementation of the Behaviour Policy, including appropriate rewards and consequences, in the classroom(s) in which the higher level negative behaviors occur <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none">• Individual behavior plan• CPD for all staff on principles and | |
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| | <p>practices of good behavior management</p> <ul style="list-style-type: none">• Head of Year/Form/Class Teacher talk with young person using Solution Focused/ Restorative approaches• Consider any cluster-based resources of support which may be available | |
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| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible classroom or school management related causes</p> <ul style="list-style-type: none"> • Failure to provide appropriate cues • Inconsistency re: rewards and sanctions • Inconsistency between adults • Ethos and actions that fail to value the pupil as an individual or worth • Poor relationship between pupil and adults • Rules and/or routines unclear and inconsistently applied • Lack of recognition of need to teach skills to meet expectations around rules and routines • Lack of opportunities/ recognition for 'getting it right' • Lack of opportunity to take responsibility <p>"Student may feel angry , ignored, frustrated, confused, anxious, unjustly blamed, a failure, upset, let-down"</p> | <p>In addition to Tier One responses:</p> <ul style="list-style-type: none"> • Keep good records of what is happening and why as well as the impact on interventions • Ensure all additional needs are being met through differentiated programme delivery • Increasing use of classroom support • Keep parents informed of situation and actions being taken • Individual behavior plan drawn up in conjunction with the child • CPD for staff on principles and practices of good behavior management • Head of Year/Form/Class Teacher talk with young person using a Solution Focused/ Restorative approach • Ensure consistent implementation of the behavior policy, including appropriate rewards and consequences, in the classroom(s) where the higher level negative behavior occurs | <p>School behavior policy</p> <p>Schools provision map</p> <p>Person centered approaches</p> <p>Northamptonshire SEN descriptors</p> <p>Targeted mental health in schools (TaMHS)</p> <p>TaMHS training courses</p> <p>SEAL (N.B. the coalition government withdrew funding from the SEAL programme but many schools continue to use and see a value in the material. SEAL is not PSHE)</p> <p>SEMH information</p> <p>Growing Talent for Learning (Educational Psychologists)</p> <p>Teaching Schools Support</p> <p>Restorative Justice in Schools</p> <p>Involvement of Psychology Assistants – accessed via 'At risk' referral to EIPT</p> |

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| <p>Possible social or emotional causes in or out of school</p> <ul style="list-style-type: none"> • Lacks age appropriate social skills • Doesn't conform to group/class norms • Lacks emotional vocabulary to express feelings • Target or perpetrator of bullying • Peer issues outside of school • Family issues outside school e.g. divorce, separation, bereavement, poverty (eligible for FSM) • Over-protected child unable to develop own identify • Child has caring responsibilities/ Young Carer • Dysfunctional family relationships impacting on child • Inconsistent relationships with family and friends • Abuse. Harm or neglect, domestic violence <p>"Child may feel they need attention,</p> | <p>In addition to Tier One responses</p> <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none"> • Access to trusted adult/ mentor in school • Staff consulted to find out more about the young person's behavior in different subjects and around the school • The child's wider experiences out of school which may be impacting on behaviour • Consider initiating an Early Help Assessment • Talk to PCSO about community issues e.g. anti-social behaviour, gangs, • Consider using Parent Support Advisor for links with home • Consider referral to CAMHS services • Individual behavior plan or IEP in place • Home-school behaviour plan • Signpost parent to parenting classes • Positive activities • Consider whether a Pastoral Support Plan may be appropriate • Discuss concerns with the designated teacher | <p>Parent Support Advisor/Worker in school, Early Help Support for parents</p> <p>SEAL Programme</p> <p>Anti-Bullying Resources from Northamptonshire 's Local Offer</p> <p>CAMHS</p> <p>Northamptonshire Young Carers</p> <p>Bereavement Services</p> <p>Early Help Assessment (support for parents)</p> <p>Support for victims of Domestic Abuse</p> <p>Local Offer behaviour resources</p> <p>Northamptonshire Safeguarding Children's Board</p> <p>Thresholds and Pathways document</p> <p>ASK NORMEN</p> <p>SEMH information</p> |
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| <p>Jealous, lonely, scared, confused, out of place, mistrusted, insecure, unwanted, betrayed”</p> <p>Possible health related causes (diagnosed or not yet diagnosed)</p> <ul style="list-style-type: none"> • Sensory impairment e.g. can't see text or hear instructions • Neuro-developmental problems such as attention deficit hyperactivity disorder, autistic spectrum disorder or dyspraxia • Incontinence/ nits/ personal hygiene alienating them socially • Dietary problems • Slow speech and language development <p>“Child may feel miserable, depressed, sad, confused, out of place, a failure, stupid, embarrassed”</p> | <p>In addition to Tier Two responses</p> <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none"> • Seek parental permission to refer to sensory support, Speech and Language Therapy, School Nurse • Write supporting letter for parents to take to GP or express concerns directly to GP • Access to a trusted adult in school • Teaching Assistant support to implement IEP targets • Signpost to parenting classes | <p>Northamptonshire SEN descriptors</p> <p>CAMHS</p> <p>Local Offer</p> <p>Access the Local Offer to find up to date details for the following:</p> <ul style="list-style-type: none"> • Sensory Impairment team (hearing /vision/MSI) • School nurses • Speech and language in school • Education Psychology Service • Autism Outreach Team <p>Early Help Assessment (support for parents)</p> |
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| <p>Tier Three: Needs cannot be met within universal services without additional specialist support. MAIN AUDIENCE: Class/ subject teachers, Pastoral staff, Pastoral Leaders, Senior Leaders</p> | |
| <p>What kind of behaviour might be seen at Tier Three? Behaviours could be similar to Tier 2 but more persistent, frequent and/ or intense in nature. Behaviours will persist despite appropriate Tier 2 strategies being in place. Specialist advice/ help likely to be needed. Other behaviours could include:</p> | |
| SEMh difficulties present barriers to learning and inhibits participation, understanding and contribution to activities in the classroom | <ul style="list-style-type: none"> • Acute or prolonged emotional distress • Poor impulse control placing self or others at risk • Multiple fixed term exclusions • Risk of permanent exclusion |
| Significant difficulty in social interaction | <ul style="list-style-type: none"> • Unable to care for self or comply with health care plan |
| Shows lack of trust in adults | <ul style="list-style-type: none"> • Criminal activities in or out of school resulting in police involvement |
| Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement. Takes physical risks and situations that have the potential to harm | <ul style="list-style-type: none"> • Evidence of self-harm |

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| <p>Reasonable force is often necessary to safeguard the child and others</p> | <ul style="list-style-type: none"> • Significant damage to their environment • Physical harm caused to self or others resulting in the need for recorded intervention |
| <p>Extreme responses leading to an inability to engage with any formal learning situations</p> | <ul style="list-style-type: none"> • Withdrawal from any social activities or attempts to engage them in daily activities |
| <p>Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement</p> | <ul style="list-style-type: none"> • Behaviour out of school which brings the school into disrepute • Gang membership • Sexualized behaviours inappropriate to the age group which puts self or others at risk • Persistent absence • Persistent lateness |
| <p>Complete disruption to social and emotional state, leading to extreme disengagement and isolation. A highly individualized programme is required</p> | <ul style="list-style-type: none"> • Threatening behaviour, violence/ aggression towards adults/ peers • Persistent disruption leading to significant loss of education for self and/ or others • Symptoms of possible mental ill-health • Rapidly fluctuating moods of anxiety, depression or periods of distress |

| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible work/ task related causes if not addressed at Tier 1 or 2</p> <ul style="list-style-type: none"> • Finds the work too easy or too hard – not matched to their ability • Targets not broken down into smaller steps • Lack of opportunity to work in chosen learning style e.g. hands-on • Restricted or inappropriate curriculum choices at KS4 • Low expectations/ lack of challenge • Tasks that limit success • Setting unrealistic targets or uninteresting work • Failure to recognise own achievement • Failure to value own achievement <p>“May feel bored, frustrated, angry, ‘stupid’, overwhelmed”</p> | <p>In addition to Tier 2 responses, the following must be implemented and written records of the impact kept, so that there is a coherent case history. This will be needed in order to access Tier 3 external support</p> <p>In all cases:</p> <ul style="list-style-type: none"> • Talk to the child about their experiences, feelings and behaviours • Talk to other staff members and parents/ carers to establish a working hypothesis about the likely cause of the behaviour • Share concerns with other appropriate professionals including external/ independent professionals • Long-term use of Tier 1 and 2 strategies • Parents/ carers contacted regularly at times of incident • Pastoral Support Plan in place and monitored with parents/ carers and young person • Referral for statutory assessment has been considered (both SEN and Early | <p>SEMH information</p> <p>Educational Inclusion and Partnership Team</p> <p>CE Academy / Progress Schools / On Track Education / Spires Academy</p> <p>EHC Request for Statutory Assessment</p> <p>Educational Psychologists</p> <p>Teaching Schools Support</p> <p>Maplefields Teaching Alliance</p> <p>Fairfield’s Teaching Alliance</p> <p>Please note that private consultancies also exist and can be commissioned by schools</p> <p>Parent Support Worker in school</p> <p>Individual Pupil Behaviour Risk Assessment from NUT</p> <p>Early Help Assessment (support for parents)</p> <p>Cluster resources</p> |

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| | <p>Help)</p> <ul style="list-style-type: none">• IEP's on place and reviewed, involving the young person in target setting and monitoring• Individual Risk Management Plan• Internal exclusions used increasingly• "managed Move" has been discussed with area's schools• Involvement of Educational Psychologist and review of reasonable adjustments/ proposed arrangements• Referral to Alternative Provision for those at risk of exclusion• Full use of curriculum flexibilities and differentiation | |
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| <p>Possible classroom or school management related causes</p> <ul style="list-style-type: none"> • Failure to provide appropriate cues/ clarity of instruction insufficient • Inconsistency re: rewards and sanctions • Inconsistency between adults • Ethos and actions that fail to value the pupils as an individual or worth • Poor relationships between pupil and adults • Rules and/ or routines unclear and inconsistently applied • Lack of recognition of need to teach skills to meet expectations around rules and routines • Lack of opportunities/ recognition for 'getting it right' • Lack of opportunity to take responsibility • Praise/ intervention too overt <p>"May feel angry, ignored, frustrated, confused, anxious, unjustly blamed, a failure, upset, letdown"</p> | <p>In addition to Tier 2 responses:</p> <ul style="list-style-type: none"> • Ensure all additional needs are being met through differentiated programme delivery • Keep parents informed of situation and actions being taken • Individual Behaviour Plan • CPD for staff on principles and practices of good behaviour management • Had of Year/ Class/ Form Teacher talk with young person using a Solution Focused/ Restorative approach • Quality assure the implementation of the Behaviour Policy in the classroom(s) in which the higher level negative behaviour manifests including appropriate rewards and sanctions • Keep good records of what is happening and why as well as the impact of interventions • Small group and 1:1 support to implement IEP/ PSP targets | |
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| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible social or emotional causes in/ out of school</p> <ul style="list-style-type: none"> • Lacks age-appropriate social skills • Doesn't conform to group/ class norms • Lacks emotional vocabulary to express feelings • Target of bullying • Peer issues outside school • Over-protected child unable to develop own identity • Dysfunctional family relationships impacting on child • Child is subject to Child Protection Plan • Child is experiencing multiple carers • Family relationships impact on child • Child has significant caring responsibilities that impact on development • Child has been subject to significant loss (bereavement/ divorce/ absent parent) • Disruption within the family home | <p>In addition to Tier 2 responses:</p> <ul style="list-style-type: none"> • Evidence of EHA • Evidence of Records of Concern referrals to Children's Services • Evidence of participation within community police team <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none"> • Access to a trusted adult/ mentor in school • Staff consulted to find out more about the young person's behaviour in different subjects around the school • Consider initiating an Early Help Assessment • Talk to PCSO about community issues e.g. anti-social behaviour, gangs • Consider using Parent Support Advisor for links with home • Consider referral to Tier 3 CAMHS | <p>SEAL</p> <p>Educational Psychologists</p> <p>Teaching Schools Support</p> <p>Maplefields Teaching Alliance</p> <p>Fairfield's Teaching Alliance</p> <p>CAMHS</p> <p>Anti-Bullying Resources from Northamptonshire 's Local Offer</p> <p>Bereavement Services</p> <p>Family Information Service Finder</p> |

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| <p>requiring professional intervention</p> <ul style="list-style-type: none"> • Antisocial behaviour resulting in police involvement • Abuse, harm or neglect <p>“May feel they need attention, jealous, lonely, scared, confused, out of place, mistrusted, insecure, unwanted or betrayed”</p> | <p>services</p> <ul style="list-style-type: none"> • Consider referral to SRB for short-term assessment/ interventions • Consider advice from SSSFN • Consider advise from EP Service • Individual Behaviour Plan or IEP in place • Home-school behaviour plan • Signpost to parenting classes • Consider support to access extracurricular activities (disadvantage subsidy) • Positive activities • Police/ Children’s Services/ YOT/ YISP involvement • Evidence of Records of Concern and Children’s Services referrals • Evidence of being at risk of permanent exclusion despite use of Pastoral Support Plans and Individual Risk Management Plan • Evidence of persistent truanting/ Persistent Absence thresholds triggered • Evidence of reviews of Statement of | |
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| | <p>Special Educational Needs (where existing)</p> <ul style="list-style-type: none">• Evidence of Incident reports• Evidence of Pastoral Support Plans and Individual Risk Management Plans• Evidence of Accident Book entries relating to harm created | |
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| Potential reasons for behaviour and underlying emotions | Best practice in schools/settings | Key Resources |
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| <p>Possible health or emotional wellbeing-related causes:</p> <ul style="list-style-type: none"> • Physical disability, diagnosed sensory or medical problems • Diagnosed speech and language difficulty/ disorder • Emotional/ mental health issues known to Tier 2 CAMHS • Self-harm requiring input from a medical professional • Social communication difficulties <p>“May feel miserable, depressed, sad, confused, out of place, a failure, ‘stupid’ and embarrassed”</p> | <p>In addition to Tier 2 responses:</p> <ul style="list-style-type: none"> • Evidence of use of EHA • Evidence of use of SEAL, Restorative Approaches, Positive Reinforcement, Mentoring, Peer Support • Evidence of involvement from CAMHS <p>Consider as appropriate to the situation:</p> <ul style="list-style-type: none"> • Write a supporting letter for parents to take to GP or express concerns directly to GP • Referral to Health Services Referral Management Centre • EHA if not already initiated • Request for cluster support • Request outreach from Special School • Access to a trusted adult in school • Signpost to parenting classes | <p>Northamptonshire SEN descriptors</p> <p>Family Information Service Finder</p> <p>EHC Request for Statutory Assessment</p> <p>CAMHS</p> <p>ASK NORMEN</p> <p>Referral Management Centre</p> <p>Maplefields Teaching Alliance</p> <p>Fairfield’s Teaching Alliance</p> |

TIER FOUR:

Specialist/ acute services/ statutory services: child with severe and complex special and additional needs which have not been resolved through early intervention, targeted support or single agency specialist service.

MAIN AUDIENCE: Head Teacher, Senior leadership, SENCO

What kind of behaviour might be seen at Tier Four?

Behaviours will present extreme challenge to the child's infrastructures (school, family, community, support services). Some behaviours are likely to be complex and from multiple origins, requiring specialist input from more than one agency.

School is unlikely to be the lead professional at this level since needs are likely to meet the threshold for at least one statutory/acute service.

In addition to behaviours evident at Tier Three there may be:-

| Potential reasons for behaviour and underlying emotions (All of the below factors can be interlinked) | Best practice in schools/settings | Key Resources |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Contributory within-child factors:</p> <ul style="list-style-type: none"> • Diagnosis of emotional/ psychological health problems which meets CAMHS threshold • Diagnosis of physical sensory or medical disorder (includes Attention Deficit Hyperactivity Disorder and ADD) | <p>Similar to Tier 3 responses, the following must be implemented and the impact evidenced in writing so that there is a coherent case history. This will be needed in order to access Tier 4 services.</p> <ul style="list-style-type: none"> • Evaluated use of Tier 3 strategies • Participation in multi-agency meetings e.g. case conference, Section 17 meeting, LAC review, | <p>EHC Request for Statutory Assessment</p> <p>IASS (Independent advice and support service relating to SEND)</p> <p>LGBT support from Family Information Services</p> |

Behaviour and Social, Emotional and Mental Health in Schools

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| <ul style="list-style-type: none"> • Moderate to severe learning difficulties • Diagnosis of Autistic Spectrum Disorder • Diagnoses conduct disorder • Loss e.g. bereavement/ divorce • Confusion over sexual orientation or LGBT (lesbian, gay, bisexual, transgender) issues <p>Contributory within-school factors:</p> <ul style="list-style-type: none"> • Target of severe and sustained bullying • No appropriate peer group • Inappropriate curriculum offer • Learning environment cannot be sufficiently modified to meet need • Staff lack specialist knowledge or expertise <p>Contributory within-family factors:</p> <ul style="list-style-type: none"> • Persistent non-attendance caused by parents • Victim of abuse or neglect which meets | <p>child-specific planning meeting, professionals meeting</p> <ul style="list-style-type: none"> • Pastoral Support Plan in place and monitored with parents/ carers and young person • Statutory Assessment has been initiated • Interim or Annual Review of EHCP • IEP involving the young person in target setting and monitoring • Individual Risk Management Plan in place • Internal exclusions used increasingly • Evidence of Accident Book entries relating to harm created • Regular Educational Psychologist involvement • Referral to Short Stay School for support • CAMHS involvement • Modifications to curriculum (including Alternative Provision at KS4) • Additional therapeutic support (e.g. counselling) | <p>MASH (Multi Agency Safeguarding Hub)</p> |
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| <p>the child at risk threshold</p> <ul style="list-style-type: none"> • Looked After Child or experiencing multiple carers • Over-protected child unable to develop own identity • Significant caring responsibilities that impact on development • Disordered attachments • Extreme domestic abuse • Disruption within the family home requiring professional intervention • Bereavement • Health/ mental health issues <p>Contributory within-community factors:</p> <ul style="list-style-type: none"> • Unable to protect self from significant harm including contact with unsafe adults or young people • Antisocial behaviour resulting in police involvement • Gang related activity | | |
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Site Contents and references.

Please refer to the above toolkit for further guidance.

Resources at Tier 1 - Universal

[DFE guidance](#)

[Ofsted Inspection Framework](#)

[School Improvement](#)

[PSHE curriculum](#)

[DFE guidance- Mental Health and Behaviour in Schools](#)

[Anti-Bullying Resources from Northamptonshire 's Local Offer](#)

[Northamptonshire 's Local Offer](#)

[Children and Families Service Finder \(a search for positive activities for young people\)](#)

[Northamptonshire Safeguarding Children's Board](#)

Ask Normen

[Northamptonshire Local Offer](#)

[Northamptonshire SEN descriptors](#)

[NHS Children's Services](#)

[Hospital Outreach team](#)

[Sensory Impairment Service](#)

[CAMHS](#)

Resources at Tier 2 – Needs can be met largely within universal services but with additional targeted support

[Person centered approaches](#)

[A guide to Person Centered Practice in Schools](#)

[Northamptonshire SEN descriptors](#)

[Restorative Justice in Schools](#)

[Targeted mental health in schools \(TaMHS\)](#)

[TaMHS training courses](#)

[Early Help Assessment \(support for parents \)](#)

[ASK NORMEN](#)

Involvement of [Educational Psychologists](#)

[Person centered approaches](#)

[Northamptonshire SEN descriptors](#)

[Targeted mental health in schools \(TaMHS\)](#)

[TaMHS training courses](#)

[SEAL](#) (N.B. the coalition government withdrew funding from the SEAL programme but many schools continue to use and see a value in the material. SEAL is not PSHE)

[SEMH information](#)

Growing Talent for Learning
([Educational Psychologists](#))

Involvement of [Psychology Assistants](#) – accessed via ‘At risk’ referral to EIPT

[Teaching Schools Support](#)

[Restorative Justice in Schools](#)

[Anti-Bullying Resources from Northamptonshire ‘s Local Offer](#)

[CAMHS](#)

[Northamptonshire Young Carers](#)

[Bereavement Services](#)

[Early Help Assessment \(support for parents \)](#)

[Support for victims of Domestic Abuse](#)

[Local Offer behaviour resources](#)

[Northamptonshire Safeguarding Children’s Board](#)

[Thresholds and Pathways document](#)

[ASK NORMEN](#)

[SEMH information](#)

[Northamptonshire SEN descriptors](#)

[CAMHS](#)

[Local Offer](#)

[Early Help Assessment \(support for parents \)](#)

Resources at Tier 3 – Needs cannot be met within universal services without additional specialist support

[SEMH information](#)

[Educational Inclusion and Partnership Team](#)

[CE Academy / Progress Schools / On Track Education / Spires Academy](#)

[EHC Request for Statutory Assessment](#)

[Educational Psychologists](#)

[Teaching Schools Support](#)

[Maplefields Teaching Alliance](#)

[Fairfield's Teaching Alliance](#)

[Individual Pupil Behaviour Risk Assessment from NUT](#)

[Early Help Assessment \(support for parents \)](#)

[Educational Psychologists](#)

[Teaching Schools Support](#)

[Maplefields Teaching Alliance](#)

[Fairfield's Teaching Alliance](#)

[CAMHS](#)

[Anti-Bullying Resources from Northamptonshire 's Local Offer](#)

[Bereavement Services](#)

[Family Information Service Finder](#)

[Northamptonshire SEN descriptors](#)

[EHC Request for Statutory Assessment](#)

[CAMHS](#)

[ASK NORMEN](#)

[Referral Management Centre](#)

[Maplefields Teaching Alliance](#)

[Fairfield's Teaching Alliance](#)

Resources at Tier 4 – There will be a small number of children and young people presenting with needs so enduring, complex, intense or unpredictable that require a coordinated response from key agencies. It is highly likely that these children will already have an EHA and will be known to the specialist services

[EHC Request for Statutory Assessment](#)

[IASS](#) (Independent advice and support service relating to SEND)

[LGBT support from Family Information Services](#)

[MASH](#) (Multi Agency Safeguarding Hub)