

# **Tees Valley Education - Framework for pastoral care**

**Welfare lead** 

**Social Care** 

**Behaviour plan** 

**External agency TAF, Early Help** 

**Pastoral lead** 

**Welfare lead** 

**CAMHS** 

**Pastoral support** 

**LA SEN Team EHCP** 

**Special school** 

#### TIER 1 Needs addressed within universal services

Playground incidents / isolated on the periphery / needs help making or sustaining friendships / withdrawn / not included or last one chosen / parents report outbursts or meltdowns at home but no obvious signs at school / low level distractions hindering own learning and others / silly or immature behaviours / telling tales / attention seeking / blaming others / not able or unwilling to accept consequence of own actions / playing class clown / work avoidance strategies but can be brought back to task / poor quality or unfinished work / not able apply resilience to low-level problems age appropriately / overwhelmed by work and expectations / needs help formulating coping strategies / worried about family issues Teacher, TA, LT staff

## **TIER 4 Highly specialised re**sponse / diagnosis required

**Behaviours within this Tier present an extreme** outreach or place challenge to the child's infrastructures. Some behaviours are likely to be complex and require specialist input from more than one agency; cannot be resolved at Tier 1, 2 or 3 Bereavement / separation or attachment disorders (e.g loss or divorce) / obsessive or hyperactive behaviours that require assessment, diagnosis and therapeutic treatment or meds / complete inability to control urges, vocalisations or behaviours / extreme sleeping or eating disorders / selfharming / bi-polar disorder / extreme harmful thoughts / confusion over sexual orientation / diagnosis of ASD / diagnosis of learning disability / extreme anxiety / sexual, physical or emotional trauma

### TIER 2 Response escalated due to ongoing concerns targeted and sustained support required

Truancy / punctuality / constant need for reassurance / lethargic and unenthusiastic / loss / change in appearance or personal hygiene / inability to accept routine and boundaries / frequently on behaviour chart / cannot be incentivised by rewards / intimidating others / bullying or alleges is being bullied / young carer worried about wellbeing of family members / sabotaging own work / lying / inability to cope with change / frequent inappropriate language / persistent work avoidance / aggressive behaviour / hurting others / appears angry or vengeful / low mood and self-esteem / **EVIDENCE** pre-empting failure at tasks / anti-social behaviours outside of school / inappropriately using social-media ulnerable Pastoral / DSL

#### **DSL, SENCo, SLT TIER 3** Tier 2 and Tier 3 interventions **Counselling, EP** often run concurrently

Acute or prolonged distress affecting cognitive and **Housing, Police** physical functioning / loss or bereavement / lack of trust in adults / attachment and abandonment issues / evidence of self-harm / child goes into crisis often and positive handling required / frequent and prolonged withdrawal from class with additional adult support / risk taking behaviours especially in the community / lack of positive role models and peer interactions / lack of emotional or parental guidance / engaging in criminality / sexualised behaviours / inappropriate obsessive behaviours / early signs of possible mental health issues / rapidly fluctuating moods / over catastrophising events and responses / intentionally targeting and hurting others / child presents as H&S risk to self and others

Schools must have clear processes to support children with social, emotional and mental health needs. All behaviour happens for a reason, it is a form of communication. All children function within infrastructures (home, school and community) which often interact and overlap with each other. Therefore, information about all the factors in the young person's life needs to be gathered, often using a multi-disciplinary approach. Within TVED Trust, a graduated response to supporting our most vulnerable learners has been adopted, beginning with a Tier 1 approach through to Tier 4, as illustrated above. It is important to note that some interventions can run concurrently, providing it is agreed this is within the child's best interest. Sufficient time, in an appropriate quiet space, should be allocated to allow practitioners to work with the child, parent and stakeholders. Where referrals need making to outside agencies, the SAFER threshold guidance should be followed.

**EVIDENCE**