

### Highly Specialist Behaviour Team Behaviour Support Structure

Stage	What we expect to see from child or young persons presentation at this time	Keyworker Actions	HSBT Manager Actions (Deputy Managers/ TLR Managers)	AHT Actions
LLC Stage 1	<ul style="list-style-type: none"> <li>-Able to access curriculum and learning opportunities</li> <li>-Able to transition around the wider school environment</li> <li>- Able to take part in main school events and celebrations</li> <li>- Able to access LLC transport without cause for concern</li> <li>-Able to make communication requests using personalised system appropriately</li> </ul>	<ul style="list-style-type: none"> <li>-Quality first teaching with personalised learning room following structured teaching and positive behaviour support pedagogies</li> <li>-Follow behaviour plan and all times and complete tracking for each session over the course of the week</li> <li>-Daily correspondence with parents and carers</li> <li>-Share any matters of concern with HSBT Managers</li> <li>-Ensure that requests that have been made via communication systems are honoured</li> </ul>	<ul style="list-style-type: none"> <li>-Support Keyworkers in planning educational programmes of children and young people</li> <li>-Offer support and advice as necessary to individual child or young person's presenting needs</li> <li>-Inclusion opportunities for LLC children and young people are explored as necessary</li> <li>-Trips in the local community are considered and risk assessed</li> </ul>	<ul style="list-style-type: none"> <li>- Visitors are able to visit HSBT locations without cause for concern</li> <li>-Learning walks and development dips can take place safely</li> <li>-Inclusion opportunities for children and young people are considered at a strategic level through SLT meetings</li> </ul>
LLC Stage 2	<ul style="list-style-type: none"> <li>-Tracking begins to show some escalations in terms of yellow and possibly orange behaviours as described on Behaviour Plan and Risk Assessment</li> <li>-Struggles around transitioning to external lessons</li> <li>-Unable to follow usual structures consistently</li> <li>-Distress and anxiety expressed through emotions and behaviour</li> <li>-Inconsistent communication requests leading to becoming ineffective in making needs known</li> </ul>	<ul style="list-style-type: none"> <li>-Focus on any signs of escalating behaviour and consider ways to deescalate and bring back down to baseline (green) on behaviour plan</li> <li>-Implement known calming activities which have been agreed and explored with Sensory Integration Therapist</li> <li>- Daily correspondence with parents and carers, sharing it with a manager</li> <li>-Reduce demands and level of challenge at the times when behaviours are beginning to escalate</li> </ul>	<ul style="list-style-type: none"> <li>-Support Keyworker and wider LLC team in terms of de escalation and problem solving of issues that are arising</li> <li>- Talk to parents/ carers about child/ young persons presentation at home follow up these concerns and share with AHT as necessary</li> <li>-Advise Parents and Carers to consult GP and/ or Dentist as necessary for checks to be carried out in relation to any physiological symptoms or pain</li> <li>-Administer analgesia if necessary in the circumstances</li> <li>-Organise for Sensory Integration and Speech and Language Therapist to observe and offer further advice and review strategies for support as necessary</li> </ul>	<ul style="list-style-type: none"> <li>-Any visitors are able to visit HSBT locations but should be prepared to leave if risks increase and/or directed to do so</li> <li>-Explore information shared by Parents/Carers and consider the next steps that need to be taken including: Early Intervention Referral for Social Care support eg: care package needs to be reviewed (Tier 2)</li> <li>-Or, if allocated Social Worker needs to be informed of mounting concerns around a child or young person who is currently known to Tier 3 services</li> <li>- Liaise with medical team as necessary regarding any medical reviews that are due with Specialist Services</li> <li>-Ask medical team to check child or young person's history in relation to any specific concerns</li> <li>-Consideration given to a CAHMS Hot Clinic Referral</li> <li>-Consult Schools Educational Psychologist for support</li> </ul>
LLC Stage 3	<ul style="list-style-type: none"> <li>-Child or young person is presenting with distress and anxiety which impacts their ability to access</li> </ul>	<ul style="list-style-type: none"> <li>-Demands are reduced in terms of curriculum content and timetable</li> </ul>	<ul style="list-style-type: none"> <li>-Daily calls/ communication with Parents/ Cares – matters of concern from this</li> </ul>	<ul style="list-style-type: none"> <li>-AHT in daily communication with the Headteacher and Deputy Headteacher</li> </ul>

	<p>learning for large proportions of the school day and week</p> <ul style="list-style-type: none"> <li>-Behaviour tracking indicates that there is a significant increase in yellow behaviour with large proportions of orange and red (pre crisis and crisis behaviour)</li> <li>-PRN medication may be available for children and young people to have access to</li> <li>-Increased self-harm</li> <li>-Increased intensity in terms of physical behaviour that is being directed at others</li> </ul>	<ul style="list-style-type: none"> <li>-Focus for child or young person is their wellbeing and recovery from any prolonged distress and anxiety</li> <li>-No transitions to external lessons take place</li> <li>-Use withdrawal to support a student to calm as necessary (ESS). Staff to closely support and supervise offering therapeutic support as necessary</li> <li>-Behaviour tracking to detail all known information and staff and students that may have been targeted</li> <li>-Physical interventions can be used that have been taught through Team Teach training when they are: <b>reasonable, proportionate and necessary</b></li> </ul>	<p>communication to be shared with AHT/ Designated Safeguarding Lead</p> <ul style="list-style-type: none"> <li>-Swap staff in and out to support a child or young person who is displaying behaviours that challenge as necessary to the situation in order to safeguard and support child/ young person and staff</li> <li>-Consider a change of LLC environment and/or alternative personalised learning room to meet an/or support emerging needs</li> </ul>	<p>regarding concerns for a specific child or young person</p> <ul style="list-style-type: none"> <li>-AHT to call and liaise with Parents and Carers as necessary to offer any further support/ listen to further concerns</li> <li>-At this stage a MARF is usually required as the distress and anxiety being experienced by a child or young person is being exhibited either at home/ school/ or both and causes concern regarding there being significant risk of harm to the child/ young person/ family</li> <li>-Alert the Medical Team at school, if safe and appropriate to do so invite them to attend to carry out any observations to share with fellow health professionals</li> <li>- Alert Senior Social Care colleagues at the Life Planning Team to the arising concerns for a child, young person and their family whom is waiting for an assessment/ MARF to stepped up or stepped down</li> <li>-Alert Medical Team regarding the serious concerns regarding the presentation of a child or young person. Is there scope for them to be seen by a relevant profession urgently (as necessary for each individual)</li> <li>-It will be carefully considered if a child or young person is well enough to be on the school premises, with next steps being taken as necessary</li> <li>-Alert EHC team to inform them of escalating concerns around safety and provision for an individual</li> <li>-Multi Disciplinary Team meetings to be coordinated as necessary</li> </ul>
<p>LLC Stage 4</p>	<ul style="list-style-type: none"> <li>-Behaviour is unable to be managed or proactively supported by the Highly Specialist Behaviour Team</li> <li>-Physical behaviours have reached a level whereby members of staff are being directly targeted as a result of</li> </ul>	<ul style="list-style-type: none"> <li>-If the child or young person is at school, call for support via an Emergency Response Protocol</li> <li>- If the child or young person is at home (if they are not well enough to be in school) and the Parent/ Carer would like remote learning</li> </ul>	<ul style="list-style-type: none"> <li>-Managers to organise an Emergency Response as necessary to any event that is occurring</li> <li>-If this situation is not calming or remains unsafe or at heightened high risk the decision will be passed to the AHT, DHT or</li> </ul>	<ul style="list-style-type: none"> <li>-Call the emergency services as necessary</li> <li>-Risk assessment to be considered regarding attending the school site – safer at school or safer at home?</li> <li>-Consultation with all EHC partners necessary to review EHC Plan</li> </ul>

	<p>a child or young person's crisis level behaviour</p> <ul style="list-style-type: none"> <li>-There have been serious injuries sustained by other children, young people or staff as a result of crisis level behaviour, distress and anxiety</li> </ul>	<p>organise a range of enjoyed learning tasks to be prepared to be sent home</p>	<p>HT to call for support from the emergency services</p> <ul style="list-style-type: none"> <li>- Any child or young person that is safer at home will be in regular contact with a HSBT manager in the form of welfare calls with the offer of remote learning /resources</li> </ul>	<ul style="list-style-type: none"> <li>-Considerations to be given by the Multi-Disciplinary team in terms of reassessment of a child or young persons SEND via an interim review</li> <li>-To work in partnership with the Local Authority to find a suitable long-term alternative provision for a child or young person</li> </ul>
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