

# Education Inclusion Toolkit:

Guidance and Support for Professionals that work with  
children displaying Persistent Disruptive Behaviour

## Contents

1. Introduction.....	3
2. Exclusions: What do we know? .....	4
3. Behaviour as a form of communication .....	5
4. Understanding the Education Inclusion Toolkit .....	9
5. Toolkit.....	11
6. Summary.....	28

## 1. Introduction

The national data reports that the most common reason for children being suspended (42%) and permanently excluded (39%) [from schools in England in 2020/21](#) was for persistent disruptive behaviour. Key research regarding suspensions and permanent exclusions highlights the importance of early help services for children and their families experiencing difficulties regulating behaviour before patterns of behaviour become embedded.

Central North West London, NHS Foundation Trust (CNWL) completed a health led audit in 2021, on the needs of all children that were attending Hillingdon's alternative provision. This is an education provision for children that have been permanently excluded, have a short or long-term illness or have a commissioned placement to support with improving behaviour. The health led audit considered children that had been permanently excluded. The results identified that prior to permanent exclusion from mainstream education, the majority of the children had unassessed and unmet health needs. If their health needs were assessed earlier, appropriate support could have been provided to meet the child's needs holistically, reducing the likelihood of permanent exclusion.

Hillingdon Safeguarding Partnership has developed this toolkit to reduce suspensions and permanent exclusions by promoting the early identification of underpinning health, social or educational needs which may be detrimentally impacting a child's behaviour, learning experience, vulnerability to abuse and neglect, and development.

Contributions were made by a range of agencies and specialist support services across Hillingdon Safeguarding Partnership, including professionals with expertise from Education, Health and Children and Young People's Services.

Aims of the toolkit:

- To provide an overview of existing support services available to children and families across education, health, and children and young people's services
- To promote good practice that encourages positive behaviour, reinforcement of such behaviour consequently raises educational attainment

- To identify and respond appropriately to children with mental health concerns, that are at higher risk of extra-familial harm, suspensions and permanent exclusion
- To ensure that children’s behaviour is holistically understood, identified and assessed, including potential underlying health, social care or educational needs
- To support the transition of children through the education process via improved communication between schools, family and the wider professional network.

[Department for Education](#), (2022) statutory exclusions guidance mandates that schools should exhaust all options before suspending or permanently excluding children. Research suggests that identifying casual factors, intervening early and considering a multiagency assessment should be implemented to meet the child’s needs.

## 2. Exclusions: What do we know?

[The Timpson Review](#), (2019) identified that there are several characteristics associated with increased risk of suspensions and permanent exclusion:

- Gender: boys are more likely to be excluded than girls
- Ethnicity: children who are Black British or Black Caribbean, mixed White and Black Caribbean and of Gypsy, Roma or Traveller heritage face a disproportionately higher risk of permanent exclusion
- Age: secondary aged children are more likely to be permanently excluded
- Special Educational Needs (SEN): children with SEN are more likely to be suspended and permanently excluded
- Family difficulties: Children who have previously had contact with children’s social care are more likely to be suspended and permanently excluded
- Poverty: Children who are eligible for free school meals are more likely to be suspended and permanently excluded

According to the Timpson review (2019), children and young people who were permanently excluded from school were more likely to have behavioural and attention difficulties and

difficulties with forming and maintaining relationships with their peers. Those children who were permanently excluded also had lower scores for positive wellbeing, emotional strengths and skills and inconsistent support networks. There was also a direct correlation between declining mental health and poor school attendance and attainment. This is further supported by the [Department for Education](#) (2022), who reported children who complete Key Stage 4 in an alternative provision are more likely to not remain in education, employment or training (NEET), Post 16.

The [NSPCC](#) (2020) recognised that suspension and permanent exclusion from mainstream education is seen as a trigger for increased risk of serious harm to children. It also increases the likelihood of children becoming a victim or perpetrator of crime and entering the criminal justice system. Research undertaken to explore the [education journey of children in custody](#) found that 13 – 23% had been permanently excluded from school prior to their sentence date. Children not in education, suspended, permanently excluded or missing from education are at greater risk of extra-familial harm.

In Hillingdon schools, White British children make up 38% of the total number of children that were permanently excluded, and 64% of the number of children excluded for persistent disruptive behaviour in 2020/21. This data contrasts the national statistics which reflects that Black Caribbean children are three times more likely to be permanently excluded from school. Within the London Borough of Hillingdon this is lower with Black Caribbean children making up 5% of the overall number of permanent exclusions. In 2020/21 persistent disruptive behaviour was the highest reason (31%) for children being permanently excluded from schools locally.

### 3. Behaviour as a form of communication

Persistent disruptive behaviour is defined as any behaviour which disrupts the learning of others and has been a persistent issue. There are many factors across the four developmental areas (Communication and Interaction; Cognition and Learning; Social, Emotional and Mental Health; and Sensory and Physical) that can result in children displaying persistent disruptive behaviour.

Withdrawn behaviours or persistent disruptive behaviours do not necessarily mean that a child has a health-related issue or special educational needs. However, it is good practice to actively consider the reasons for children’s behaviour. Assessments should consider the presence of any underlying causal factors including undiagnosed learning difficulties, Adverse Childhood Experiences (ACEs), difficulties with communication or mental health concerns. The professional network should work with and listen to the child and their caregiver throughout the assessment and intervention process.

Below are some signs and indicators that a child may display if they have an unmet or unassessed need. Multiagency assessments should consider changes in a child’s usual behaviour, their patterns of behaviour and trigger observations should be explored, because behaviour is a form of communication - section 5 provides examples assessments and/or interventions that may be considered to meet a child’s needs.

Cognition & Learning	
May have difficulties with:	May present as:
<b>Literacy</b>	<ul style="list-style-type: none"> <li>▪ Avoiding opportunities to read aloud</li> <li>▪ Avoiding written tasks and “being better with practical activities”</li> <li>▪ Difficulties remaining seated</li> <li>▪ Difficulties following a multi-step task</li> <li>▪ Needing instructions repeated</li> <li>▪ Difficulties with following instructions</li> <li>▪ Better focus in quieter environments with minimal distraction</li> <li>▪ Needing additional support to initiate work</li> </ul>
<b>Executive dysfunction</b>	
<b>Cognitive ability</b>	

Communication and Interaction	
May have difficulties with:	May present as:
<b>Limited receptive language</b>	<ul style="list-style-type: none"> <li>▪ Difficulties with attention and listening – as they are struggling to understand and participate in the lesson</li> <li>▪ Not following instructions or ignoring instructions, waiting for peers to respond before copying them</li> <li>▪ Difficulties with/not completing work but not asking for help</li> </ul>
<b>Limited expressive language</b>	

<p><b>Poor social communication and interaction skills</b></p>	<ul style="list-style-type: none"> <li>▪ Using physical signals to communicate with others (e.g., hitting peers to stop them from doing something)</li> </ul>
<p><b>Sensory impairment</b></p>	<ul style="list-style-type: none"> <li>▪ Not confident to respond to questions in the lesson – and often avoid putting their hand up or saying “I don’t know” or “I’ve forgotten”</li> </ul>
<p><b>Sensory overload</b></p>	<ul style="list-style-type: none"> <li>▪ Acting the “class clown” /requesting frequent trips to the toilet as a distraction technique, to avoid doing the work which they have not understood</li> <li>▪ Misunderstanding or misreading social situations which can lead to friendship issues and disputes</li> <li>▪ Using language that is too direct – and could come across as rude to peers and school staff</li> <li>▪ Taking things literally – and not able to understand social norms, including difficulties understanding indirect requests, hints, sarcasm and understanding tone of voice, and “reading between the lines”</li> <li>▪ Conversation difficulties – difficulties taking turns, often interrupting, difficulties understanding what an appropriate topic of conversation with peers or adults, steering the conversation to their favourite, difficulties understanding personal space</li> <li>▪ Difficulties “reading” facial expressions and understanding emotions</li> <li>▪ Difficulties coping with transitions and changes to routines</li> <li>▪ Repeatedly conducting a behaviour that hurts their social standing with no understanding of why this happens</li> <li>▪ Difficulty maintaining eye contact (take into consideration contextual reasons why some children may not be able to maintain eye contact e.g., trauma, culture, neurodiversity needs)</li> <li>▪ Task avoidance</li> </ul>

<b>Social, Emotional &amp; Mental Health</b>	
<b>May have difficulties with:</b>	<b>May present as:</b>
<p><b>Anxiety</b></p>	<ul style="list-style-type: none"> <li>▪ Restlessness/over-active</li> <li>▪ Non-compliant</li> <li>▪ Mood swings</li> </ul>

<b>Low mood</b>	<ul style="list-style-type: none"> <li>▪ Impulsivity</li> <li>▪ Physical aggression</li> <li>▪ Verbal aggression</li> <li>▪ Perceived injustices</li> <li>▪ Disproportionate reactions to situations</li> <li>▪ Difficulties with change/transitions</li> </ul>
<b>Avoiding risks</b>	
<b>Low self-worth</b>	
<b>Unable to make and maintain friendships</b>	
<b>Social anxiety</b>	
	<ul style="list-style-type: none"> <li>▪ Absconding</li> <li>▪ Eating issues</li> <li>▪ Lack of empathy</li> <li>▪ Lack of personal boundaries</li> <li>▪ Poor awareness of personal space</li> <li>▪ Low self-esteem</li> <li>▪ Low confidence</li> <li>▪ Lack of meaningful friendships</li> <li>▪ Preference to be around adults</li> <li>▪ Difficulties regulating emotions</li> <li>▪ Speech anxiety/ reluctance to speak</li> <li>▪ <a href="#">Disassociation</a> (Unable to communicate, unresponsive and appears to struggle with holding conversations)</li> <li>▪ Task avoidance</li> <li>▪ Low school attendance</li> <li>▪ Truancy</li> </ul>

Sensory and Physical	
May have difficulties with:	May present as:
<b>Visual impairment</b>	<ul style="list-style-type: none"> <li>▪ Difficulty viewing the board and relying on asking peers or looking at others' books</li> <li>▪ Difficulty, frustration, refusal, or avoidance of reading</li> <li>▪ Limited attention span</li> <li>▪ Asking for things to be repeated</li> <li>▪ Greater difficulty following instructions in a noisy environment</li> <li>▪ Being sensitive to noise or light or things touching their skin</li> <li>▪ Lethargy and disinterest in the world (hyposensitivity)</li> <li>▪ Fidgety and constant playing with certain objects (e.g., blue tac; sensory seeking)</li> </ul>
<b>Visual stress</b>	
<b>Hearing impairment</b>	
<b>Auditory processing difficulties</b>	

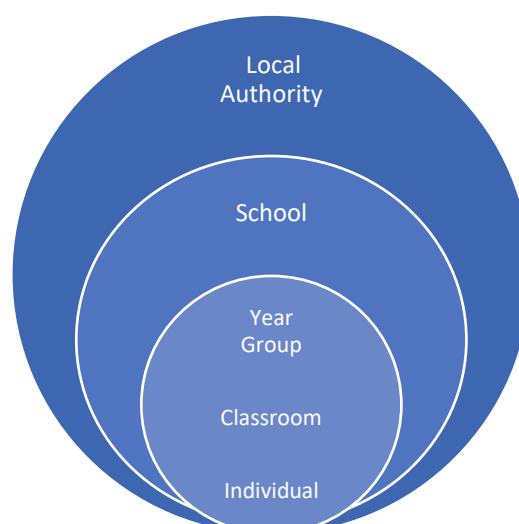


<b>Sensory processing difficulties</b>	<ul style="list-style-type: none"> <li>▪ Agitated by sensory stimuli and quick to dysregulate, under or over responsive to stimulus in the environment e.g., noise, light, movement, running out of class (hypersensitivity)</li> <li>▪ Continuous yawning and fatigue</li> <li>▪ Frequent toilet breaks</li> <li>▪ Wandering corridors during lesson time</li> </ul>
<b>Malnourishment</b>	
<b>Sleeping difficulties</b>	
<b>Physical disability</b>	
<b>Toileting issues</b>	

The presence of persistent disruptive behaviour could indicate a child has unmet health, education, or social needs and interventions and support is required to improve their outcomes and integrate them into their learning environment.

#### 4. Understanding the Education Inclusion Toolkit

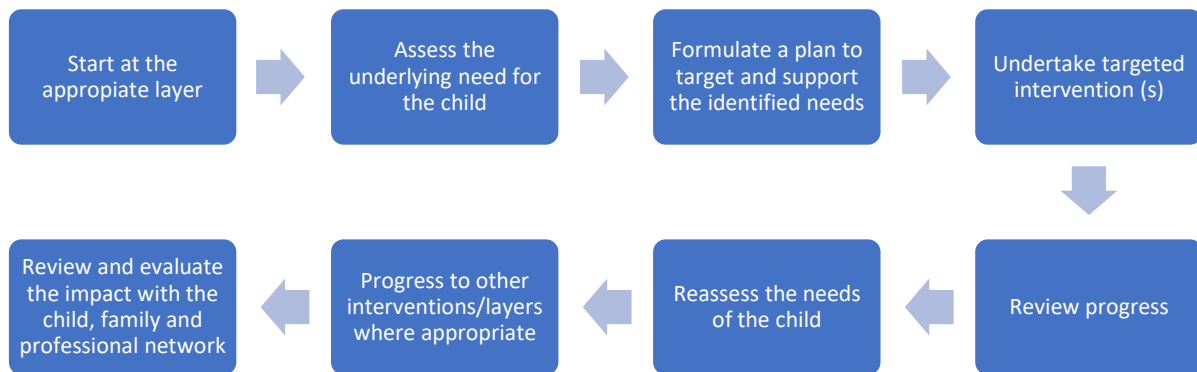
The Safeguarding Partnership have developed a layered intervention toolkit which supports professionals with managing and responding to persistent disruptive behaviour, within schools, and promotes early identification of health, education or social needs. This does not seek to duplicate or replace the duties placed on schools under the [SEND Code of Practice](#) for children who have an identified special educational need and/or disability, nor the London Borough of [Hillingdon](#)



[Ordinarily Available Provision](#) outlining the provisions educational settings should make available for all children. The toolkit consists of three layers; each layer provides various interventions, guidance, and support. It is recognised that a classroom does not operate in a vacuum, and that the wider structure of the year group, school and Local Authority all have an important role in responding to children’s holistic needs. This toolkit recognises that all schools are different. It is applicable to any education setting, including small schools, nurseries, infant and junior schools as well as primary and secondaries.

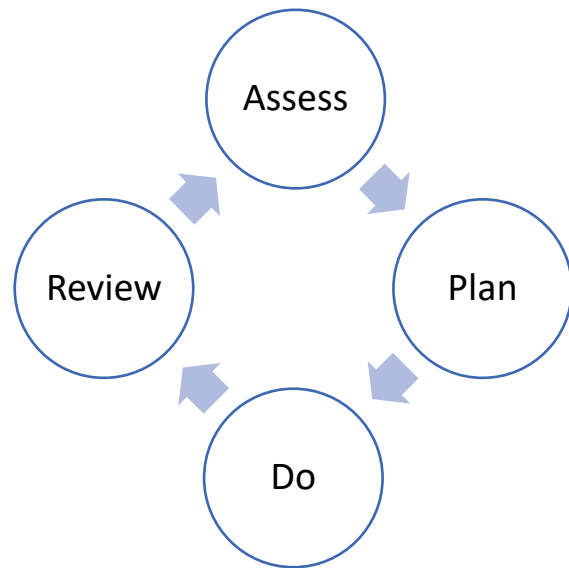
The three layers of intervention are:

- Individual/Classroom/ Year Group – led by the teacher, head of year, SENDCO
- School – led by the senior leadership team
- Local Authority – to provide specialist advice, guidance and support where needed.



The toolkit provides guidance at both class, year group and the wider school level. This should be used to identify suitable intervention(s) to understand the child’s needs at the most appropriate layer. It may also be appropriate to be working from more than one layer to support the child. The voice of the child and the parent or carer should be incorporated throughout all layers of the toolkit to meet the child’s needs holistically. The toolkit allows information to be gathered by schools which can evidence the support that has been implemented to support children and families. It can also be used at transitional stages. Good practice should involve a staff member that knows the child well and considers any communication needs of the child or their parent or carer.

In line with existing practice for children with SEND we recommend that the cycle of assess, plan, do, review is used to inform understanding of the impact of any actions taken or interventions used within the toolkit. This approach is familiar to all those that work in education and promotes a rich understanding of a child's needs and the analysis of the impact of interventions. Information gathered through this process can inform decisions around seeking specialist advice or support, or when to move to the next layer of intervention.



## 5. Toolkit

### 5.1 Individual, Classroom and Year Group Layer

There are a range of interventions that can be utilised by the teacher, support worker or the head of year. This layer provides an opportunity for the school to engage with services in the wider community and specialist support services for children and families. This layer provides an opportunity to gather information and assess patterns of behaviour of the child. As recommended above the cycle of assess, plan, do, review should be used to understand the impact of any interventions undertaken. All interventions should be communicated with the child, parent or carer and the multiagency support network that are involved.

Intervention	Description	Comments
<b>Observations: ABC charts, patterns of behaviour</b>	An opportunity to use ABC (Antecedent Behaviour Consequence) Model charts to monitor and record patterns of behaviour. An example of this can be found on <a href="#">ABC Chart</a>	Click or tap here to enter text.
<b>Solution Focused Approach</b>	A <a href="#">solution focused</a> approach highlights the strengths of the child and family. The main principles are to support families and professionals to shift from being problem focused to being solution focused.	Click or tap here to enter text.
<b>Understand the Home Environment</b>	<p>Contact should be made with the parent or carer to understand their views regarding anything which may be impacting the family's wellbeing and their child's behaviour. This is an opportunity to agree a shared plan.</p> <p>This should be reviewed after approximately four weeks from the initial discussions regarding the home. Consider, what has worked well and what continues to be difficult.</p>	Click or tap here to enter text.
<b>Early Years Keyworker/Class Teacher/Form Tutor Meeting</b>	A 1:1 discussion with the child and/or parents/carers (depending on the age and the appropriateness) should be held to identify any difficulties the child may be experiencing. This should build on existing strengths,	Click or tap here to enter text.

	<p>identify what is working well and developing positive relationships. The child's perspective regarding the situation should be included such as, what they think will help them and ways their behaviour can improve with support. Consideration should be given to consulting with all teachers as the child's behaviour may be different within different settings and environments.</p>	
<b>Mentoring (KS3 and above)</b>	<p>Mentors build trusting relationships with children by meeting them for a 1:1, an hour a week over a sustained period to understand and improve the child's interpersonal skills may be beneficial. Mentoring can also be sought from the <a href="#">Adolescent Development Services</a></p>	Click or tap here to enter text.
<b>Pastoral Support Plan (PSP)</b>	<p>In agreement with parents/carers, a <a href="#">Pastoral Support Plan (PSP)</a> can be introduced to use as a structured preventative intervention which supports children to collaboratively work with teachers to develop and manage their behaviour.</p>	Click or tap here to enter text.
<b>My Support Plan</b>	<p>The purpose of a '<a href="#">My Support Plan</a>' is to help families and professionals identify the Special Educational Needs of a</p>	Click or tap here to enter text.

	child and how these may be met, and to use this knowledge to coordinate a plan of support.	
<b>KOOTH Counselling</b>	<p>Children and the family can self-refer to <a href="#">KOOTH</a> counselling for support.</p> <p>KOOTH is an anonymous, free online counselling and emotional well-being service providing children aged 11 – 25 years with support from a professional team of qualified counsellors.</p>	Click or tap here to enter text.
<b>Link Counselling</b>	Link counselling can be accessed through the <a href="#">Adolescent Development Services</a>	Click or tap here to enter text.
<b>Assessment of needs</b>	This includes all the different levels of current SEND and health support. This is accessed through academic summative and formative assessments, then screeners, then assessments by other professionals (please see <a href="#">Hillingdon Ordinarily Available Provision</a> for more information).	

<p><b>Advice from the Children’s Integrated Therapy Service (CITS) - Physiotherapy/ Occupational therapy/ Speech and Language therapy</b></p>	<p>School staff can contact the <a href="#">CITS</a> Advice Line on 01895 488 200 to receive 10 minutes advice from a therapist regarding a child without making a referral.</p> <p>School staff can book into a drop-in session to get advice from their school’s link therapist without needing to make a referral (speak to the SENDCO for further information).</p>	<p>Click or tap here to enter text.</p>
<p><b>Classroom based strategies to support learning</b></p>	<p><a href="#">Hillingdon Ordinarily Available Provision</a> and <a href="#">School Talk Infants, Juniors and Secondary School Pack</a> have recommended strategies to support learning, whilst addressing behaviour within classrooms.</p>	<p>Click or tap here to enter text.</p>
<p><b>Hillingdon SENDIASS (SEND Information, Advice and Support Service)</b></p>	<p><a href="#">SENDIASS</a> is a free and confidential support service for parents or carers that have children that have or may have special educational needs.</p> <p>Contact SENDIASS on: 01895 277001 or <a href="mailto:sendiass@hillingdon.gov.uk">sendiass@hillingdon.gov.uk</a></p>	<p>Click or tap here to enter text.</p>

<p><b>Mental Health Support Teams (MHST) – available to selected Hillingdon schools</b></p>	<p><a href="#">Mental Health Support Teams (MHST) in schools</a> are an early intervention service who work in partnership with local schools to help meet the mental health needs of children in education settings. The objectives are:</p> <ul style="list-style-type: none"> <li>• To deliver brief evidence-based interventions to support children with mild to moderate mental health problems</li> <li>• To support schools in developing their whole school approach to mental health</li> <li>• To provide timely advice to staff in schools and liaise with external services, to support children and young people to get the right help and remain in education.</li> </ul>	<p>Click or tap here to enter text.</p>
<p><b>Stronger Families Hub</b></p>	<p>A referral could be made to the <a href="#">Stronger Families Hub</a> for early help and preventative support to safeguard children and families based on their needs.</p>	<p>Click or tap here to enter text.</p>
<p><b>Signpost to the SENDCO</b></p>	<p>If there are concerns regarding additional needs schools should signpost to the SENDCO, to identify any additional support that may need to be provided for the child.</p>	<p>Click or tap here to enter text.</p>



<p><b>Pupil Passport/ Pupil Profile</b></p>	<p>A <a href="#">one page profile</a> could be created to further understand the behaviours the child may be presenting and include the appropriate approaches that will have positive responses. This is useful to further understand the behaviours the child may be presenting and include the appropriate approaches that will have positive responses.</p>	<p>Click or tap here to enter text.</p>
<p><b>Educational Psychologist</b></p>	<p>Liaison with the school's link Educational Psychologist to discuss what level of support could be provided to the child.</p>	<p>Click or tap here to enter text.</p>
<p><b>The Arts for Life Project</b></p>	<p>The <a href="#">Arts for Life Project</a> provides outreach therapy for children that reside in the London Borough of Hillingdon. These are opportunities for children to grow and develop their emotional and social wellbeing through therapeutic creative arts.</p>	<p>Click or tap here to enter text.</p>
<p><b>Signpost to the School Nurse</b></p>	<p>The <a href="#">School Nursing Service</a> offers a range of interventions to support the child and family.</p> <p>Hillingdon School Nursing Service has developed a support service for children presenting with persistent disruptive behaviour. Referrals for this service can be accessed on the <a href="#">LEAP Portal</a></p>	<p>Click or tap here to enter text.</p>

<b>Referral to charities for additional support</b>	<p>Explore referrals to charities that support children i.e. <a href="#">The Children’s Society</a> and <a href="#">P3</a>. The <a href="#">Communities Empowerment Network</a> provides free advice, training, support and representation for everyone impacted by school suspensions.</p>	<p>Click or tap here to enter text.</p>
<b>Referral to the Send Advisory Service (SAS)</b>	<p>Refer to <a href="#">SAS</a> for support if behaviours may be linked to SEND to effectively embed the Ordinarily Available Provision (OAP). SAS provide support and advice to professionals and parents or carers.</p>	<p>Click or tap here to enter text.</p>
<b>Change of subjects/ Curriculum/ Class</b>	<p>A change of subjects/curriculum/class may be an option for a child struggling with specific areas of their behaviour. The response and impact of the new environment can be monitored and measured through ABC charts. There should be consideration of individual circumstances when making this decision i.e. the year group the child is in, the time period within the academic year, examinations and the reasons for the decision.</p>	<p>Click or tap here to enter text.</p>
<b>Identifying a positive adult</b>	<p>A key adult can support a child to manage their behaviour by listening to them and identifying triggers and patterns</p>	<p>Click or tap here to enter text.</p>

	that may influence their behaviour. This adult can advocate for the child and providing a safe environment for them to share their worries and achievements.	
<b>Exit Pass/Time out card</b>	An exit pass/time out card is something given to a child who has difficulties with self-regulation. The child should be supported to recognise indicators for when they are becoming dysregulated. The child shows a member of staff their exit pass/time out card to avoid further escalation and removes themselves from the situation. The child should then make their way to a pre-agreed 'safe environment' where they engage in co-regulation techniques with an adult. Clear rules and boundaries should be in place regarding this intervention.	Click or tap here to enter text.
<b>Achievement card</b>	Children can be assigned an achievement card which is updated after each lesson. The achievement card should be strength based and include opportunities for praise and areas of strength and development. It would also support the monitoring and identification of patterns and triggers of behaviours. Parents or carers should also review the	Click or tap here to enter text.

	child's achievement card regularly to support the child to improve their behaviour.	
<b>Referral to Brilliant Parents Service.</b>	A referral can be made to <a href="#">Brilliant Parents</a> who provide support to families by introducing parenting techniques to manage a wide range of difficult behaviours displayed by children. Brilliant Parents also provide children with counselling support for a range of areas including persistent disruptive behaviour at school, inappropriate use of social media or online technology and support for parents or carers of children experiencing social, emotional, and mental health difficulties.	Click or tap here to enter text.
<b>Guidance available from specialist services for children with autism</b>	Guidance, support and information is available for parents from <a href="#">Hillingdon Autistic Care and Support</a> (HACS). The HACS service can provide support to parents and/or carers, when they suspect that a child's behaviour may be linked to autism.	Click or tap here to enter text.
<b>Transition Support Plan</b>	The child should be supported when transitioning into a new year group, new school or when moving from primary to secondary school. The changes and expectations should	Click or tap here to enter text.

	<p>be communicated to the child and their parent or carers prior to the transition period. The support should continue for a period after they have transitioned until they are settled.</p>	
<p><b>Referral to CAMHS</b></p>	<p>CAMHS Single Point of Access (SPA) can provide help and support related to children experiencing a mental health crisis through clinical assessment and onward referral.</p> <p>CAMHS SPA (0800 0234 650) can refer children to secondary mental health services where appropriate.</p> <p><a href="#">Hillingdon CAMHS</a> provides community mental health services to children with complex mental health difficulties.</p> <p>All CAMHS referrals (including self-referrals) are made via the CAMHS Gateway:</p> <p>Tel: 020 3028 8475 or</p> <p><a href="mailto:cnw-tr.camhsgateway@nhs.net">cnw-tr.camhsgateway@nhs.net</a></p>	<p>Click or tap here to enter text.</p>

Once you have considered the recommendations from the classroom and year group layer, and have undertaken an assess, plan, do, review for all decisions made, the SENDCO and head of year alongside the child, family and specialist support services should consider progressing to the

next layer which is a whole school approach. There may also be consideration for making an application for an Education, Health and Care Plan, based on the evidence and interventions collated above. Further to this, if a child has a diagnosed medical condition, an [Individual Healthcare Plan](#) should be implemented.

## 5.2 Whole School layer

The whole school layered approach occurs when the headteacher or senior leadership team review all the school’s ethos and processes. This may include collaborative working with partnership agencies, identifying training needs, liaising with the school governors whilst engaging with the families and community network.

Intervention	Description	Comments
<b>Trauma informed practice training</b>	<p>Trauma informed practice training supports senior leaders to embed a trauma informed approach whilst implementing any required changes to have a mentally healthy school for all.</p> <p>The course will ensure that Senior Leads have the knowledge, skills and understanding to optimise the wellbeing of both adults and children in their school and drive this crucial cultural change. Schools can seek further guidance around trauma informed practice from the Virtual School Team by emailing: <a href="mailto:virtualschooladmin@hillingdon.gov.uk">virtualschooladmin@hillingdon.gov.uk</a></p>	Click or tap here to enter text.
<b>Raising awareness across the school</b>	The senior leadership team can use assemblies, school councils, websites, newsletters and consider liaising with	Click or tap here to enter text.

	<p>the family and external services to raise awareness and share information about their values, ethos and national themes that impact children and families. This could include anti-bullying awareness, contextual safeguarding, World Kindness Day, equality and diversity, and exclusions and behavioural policy awareness.</p>	
<b>Team Around the Child</b>	<p>A Team Around the Child/Family is a network of practitioners who work together to agree a plan and deliver support to meet a child’s assessed needs. The network also considers the needs of the family where they impact on the child.</p>	Click or tap here to enter text.
<b>Liaisons with the school governors</b>	<p>Escalating themes, learning or areas of concerns are shared with the school governors to ensure clarity of vision, ethos, and strategic direction for the whole school approach is imperative to achieve positive change and safeguard children.</p>	Click or tap here to enter text.
<b>First Line Behaviour Management</b>	<p>Schools should consider and review their behavioural policy. Has it had input/consultation with their children and families? Does it consider up to date information,</p>	Click or tap here to enter text.



	including children that are more vulnerable due to trauma, SEND, SEMH?	
<b>Managed move (KS3) above</b>	A managed move protocol can be considered by the school, for the child to attend another mainstream provision over a set period, known as a trial period due to behaviour or compassionate grounds.	Click or tap here to enter text.
<b>Commissioned placement</b>	A commissioned placement occurs when a pupil is referred to an alternative provision but remains on role at their initial mainstream school. This would often be a cost to the school but provides a fresh start for the child in an education establishment that meets their needs.	Click or tap here to enter text.


### 5.3 Local Authority: Specialist Advice and Support

The Local Authority layer occurs when schools seek support from the Local Authority regarding children who are suspended or are at risk of permanent exclusion. The Local Authority is invested in working with schools, the parent or carer and the child to improve the child’s outcomes whilst ensuring that they achieve their full potential.

The Local Authority will seek to implement a multi-disciplinary meeting with services involved with the child and their family. [Statutory Guidance 2022](#) states that education provisions for children at risk of suspension and permanent exclusion should explore alternative options for support to prevent suspensions or permanent exclusions.

Some of the Local Authority support services have been identified below. This includes some alternative options that are suitable for children who may be displaying behaviour which may be linked to their unmet health, education, social and family needs.

Intervention	Description	Comments
<b>Specialist Training Opportunities</b>	<p>There are a range of specialist training opportunities delivered by SEND Advisory Service, CAMHS and <a href="#">The Hillingdon Educational Psychology Service</a> including:</p> <ul style="list-style-type: none"> <li>• Zones of Regulation training</li> <li>• Building Emotional Regulation</li> <li>• SCERTS for Learning</li> <li>• OAP and Inclusive Environments</li> <li>• Overview of ASD</li> </ul>	Click or tap here to enter text.

	<ul style="list-style-type: none"> <li>• <a href="#">Inclusion Commitment 2022-2023</a></li> </ul>  <p>Please scan the QR code to register your interest in training.</p>	
<b>Local Authority Liaison</b>	<p>The Local Authority can schedule an emergency discussion or meeting regarding a child that is at risk of permanent exclusion. For further information regarding <a href="#">exclusions and support</a> please contact The Exclusions and Reintegration Team on: <a href="mailto:exclusionsupport@hillingdon.gov.uk">exclusionsupport@hillingdon.gov.uk</a></p>	Click or tap here to enter text.
<b>Externally led targeted programmes</b>	<p>The Adolescent Development Service offers bespoke <a href="#">targeted programmes</a> to support children that may benefit from additional targeted support. This includes supporting children at transitional periods, raising self-esteem, improving life skills and sexual health and wellbeing advice.</p>	Click or tap here to enter text.

## 6. Summary

The Safeguarding Partnership is committed to reducing suspensions and permanent exclusions locally for children displaying persistent disruptive behaviour due to unmet health, education and social needs.

Recognising and exploring the child's individual, social and behavioural needs that impact their educational context through this layered approach can support schools to identify, prevent and respond earlier to reduce the use of suspensions or permanent exclusion.

This toolkit promotes the importance of multi-agency working for all children to have access to education provisions that meet their diverse health and education needs. Research has identified that all behaviours displayed by children are a form of communication, including disruptive behaviour. Working together and being receptive to understanding the reasons for a child's behaviour, whilst responding appropriately to their needs, helps to improve communication with children and families. This is integral to supporting all children with accessing education to achieve their full potential and improve their outcomes. This child centred approach is fundamental to ensuring that we speak the language of the child to ensure inclusivity and recognising their identity and individual needs.