Northern Ireland
Curriculum

Young Learners and Social, Emotional and Behavioural Difficulties (SEBD)

Contents

Introduction

Children across Northern Ireland face varied social challenges. For many of these children, their natural resilience combined with the support of a loving family is enough for them to cope and develop into well-rounded adults. For others, difficulties prove harder to cope with and they need help.

Public agencies give us an idea of the numbers of children involved:

> 'Households who can't afford three or more of the 22 adult necessities covering food, clothing, housing and social activities are seen as multiply deprived. 36 percent of households in Northern Ireland lack three or more necessities. Moreover, significant numbers of these multiply deprived families are suffering very deep levels of poverty: 19 percent lack six or more items and 7 percent lack 10 or more.' (Poverty and Social Exclusion Team, 2013)

> 'Domestic violence and abuse is a serious problem. It has a devastating impact on victims and their families. Each year in Northern Ireland around five people are killed and over 700 families have to be re-housed as a result of violence in the home. On average, every week, the police attend over 400 domestic incidents and deal with over 100 domestic assaults on women and men, yet we know that most domestic-related incidents are not reported.' (Department of Health, Social Services and Public Safety, 2005)

> 'Children are very much the silent victims of domestic violence. They may witness it or be subject to it but often their voices are not heard. Local research indicates that at least 11,000 children [in Northern Ireland] are living in violent homes. Their experiences can affect their emotional, psychological, physical and sexual development and the abuse can have long lasting consequences for them in childhood and in later life.' (Department of Health, Social Services and Public Safety, 2005)

> 'Postnatal depression is a common form of maternal morbidity that affects about one in eight women. It is also a leading cause of maternal mortality. The UK Confidential Enquiry into maternal deaths found that psychiatric disorders contributed to 12 percent of all maternal deaths, with suicide being identified as the leading cause of maternal mortality in the United Kingdom. Postnatal depression can also have serious consequences for the health and wellbeing of the family. Infants and children are particularly vulnerable – impaired maternal-infant interactions can affect their cognitive, emotional, social, and behavioural development.' (Northern Ireland Association for Mental Health, 2009)

A study of the prevalence of child maltreatment in the UK by Radford et al. in 2011 suggests the following reported rates for children under the age of eleven:

- 5.9 percent (6.1 percent of females and 5.8 percent of males) suffered severe maltreatment;
- 1.2 percent experienced sexual abuse;
- 12 percent were exposed to domestic violence; and
- those who experienced severe maltreatment by a parent or guardian were 2.7 times more likely to also be living with family violence than those who were not severely maltreated.

They also report that:

> 'The 11–17s severely maltreated by a parent or guardian were over six times (6.4) more likely to have current suicide ideation, and almost 5 times (4.6) more likely to have self-harm thoughts than were the non-maltreated young people in this age group.' And that: 'Out of 15 European countries, Home Office figures show that … Northern Ireland has the fourth highest [child homicide rate].' (Radford, L. et al., 2011)

Children starting playgroup, nursery or primary school for the first time may suffer anxiety about the separation from their regular caregiver and the change to their routine

> 'Children may worry that no one will take care of them, that they will not know how to get home, that they will not be able to find their parents, or their parents will not be able to find them. The younger the child, the more intense these feelings of fear.' (Balaban, 2006)

Very young children may find moving from a home situation to larger setting difficult. At home, there may be one or two adults who are the main source of care and reassurance, but in school, playgroup and nursery there are a number of adults. This can be confusing for a young child, who may not know who to approach for help. The number of other children can also be overwhelming. These changes can cause anxiety and confusion.

A smaller group in our society are those who identify as transgender. There are currently approximately 500–2,000 gender variant children in Northern Ireland. Their issues are significant and are often not recognised or acknowledged by others until late in childhood or adolescence. For these young children, life can be confusing and fraught with the difficulty of coping with feelings that don't match the information they are given about themselves.

> 'Society is often intolerant of people who are perceived as different, so it is important to emphasise that human development is, naturally, very varied. Typically, we are divided by our physical sex appearance into 'male' and 'female'. Our reproductive organs and our brains have distinctly different male and female characteristics. These physical differences describe our sex, whereas 'gender identity', describes the inner sense of knowing that we are men or women; and gender role describes how we behave in society … **As soon as the sex of a baby is apparent at birth,**

> **it is assumed that the gender identity matches … However, a few individuals experience a mismatch. The way they look on the outside does not fit how they feel inside**. The way they are expected to behave may be quite different from the way they naturally want to behave. This causes a feeling of intense discomfort that is sometimes described as 'gender dysphoria' (dysphoria means unhappiness). This condition is increasingly understood to have its origins before birth … Gender discomfort may be detected, albeit rarely, in children aged as young as two. **Usually, adult transsexual people describe feelings of gender discomfort that date back to their early childhood** … In conclusion, gender variant behaviour in pre-pubertal children is usually not the precursor to a permanent change of gender role. There are varied outcomes. However, all find the experience stressful. For some the need to express gender variance in behaviour and appearance is very powerful and requires a flexible and supportive response, tailored to the individual's needs.' (Gires, 2008) (**author's emphasis**)

Growing up with ill health in their home can also have a significant impact on the development and emotional well-being of young children.

> 'On Census Day 2011, two-fifths (40 percent) of households contained at least one person with a long-term health problem or disability; [including] households with dependent children (9.2 percent).' (Northern Ireland Statistics and Research Agency, 2012)

Difficult home circumstances are stressful for all who live there. All of this can lead to neglect and/or abuse of the babies and children in these homes. There is also a great impact on the physical development of babies in the womb of a chronically stressed mother.

> 'So while a little stress may be fine, or even beneficial in some ways, more intense or chronic forms of stress can have consequences for the baby. In particular, any situation which makes the mother feel out of control, such as domestic violence, financial anxieties or being compelled to work long hours, can over time lead to a decreased activity of the special enzyme in the placenta which normally is able to block the stress hormone cortisol from reaching the foetus (Di Pietro et al., 2006) … Babies exposed to their mother's stress hormones are born more irritable and prone to crying (van der Wal et al., 2007) and are more likely to be born with more fussy 'behavioural stress responses' (Davis and Sandman, 2007) … The amygdala is at the epicentre of the brain's emotional reactions and is involved in triggering the stress response itself … When the developing amygdala is exposed to high levels of the stress hormone cortisol, particularly in early pregnancy, it can respond by becoming more active and growing extra connections. In fact, in some babies exposed to prenatal stress, it can increase by as much as 6% in volume (Vilhart and Vanbesien-Maillot, 2007; Sandman and Davis, 2012; Buss et al., 2012)' (Gerhardt, 2015).

Percentage of children in poverty 2013 (after housing costs) by local authority [in 2014]

By Local Authority	
Antrim	18%
Ards	20%
Armagh	21%
Ballymena	20%
Ballymoney	21%
Banbridge	19%
Belfast	28%
Carrickfergus	18%
Castlereagh	15%
Coleraine	25%
Cookstown	26%
Craigavon	22%
Derry	31%
Down	21%
Dungannon	22%
Fermanagh	25%
Larne	21%
Limavady	29%
Lisburn	20%
Magherafelt	22%
Moyle	25%
Newry and Mourne	27%
Newtownabbey	18%
North Down	18%
Omagh	25%
Strabane	29%

By Parliamentary Constituency	
Belfast East	21%
Belfast North	29%
Belfast South	19%
Belfast West	32%
East Antrim	18%
East Londonderry	26%
Fermanagh and South Tyrone	23%
Foyle	32%
Lagan Valley	16%
Mid Ulster	24%
Newry and Armagh	25%
North Antrim	21%
North Down	18%
South Antrim	17%
South Down	22%
Strangford	20%
Upper Bann	21%
West Tyrone	27%

(Donald Hirsch and Laura Valadez, 2014)

Poverty, physical and/or mental illness of a family member, divorce, bereavement and domestic violence are common issues for families. Here in Northern Ireland there is the added impact of the aftermath of The Troubles and the on-going negotiations as our society seeks to find a way to a shared future. The widespread impact of this can be seen in the research the Poverty and Social Exclusion Team carried out in 2012:

> ‘… close to half the adult population have experienced death or injury of people close to them or of people they knew personally. More than half of all adults have witnessed a conflict-related violent event of some kind, such as a murder, bomb explosion, rioting or assault …
>
> All of the conflict experiences are associated with a higher risk of poor mental and physical health except one: those who said they had been in prison were slightly

> less at risk (a risk ratio of 0.9) of mental illness. They are, however, 2.7 times as likely to be in bad or very bad health ...
>
> Conflict-related experience is also associated with low 'life satisfaction'... 63% of those who lost a close friend in the Troubles [have high life satisfaction scores], the same low average score as reported by disabled people across Great Britain. Exceptionally low life satisfaction scores were found for those witnessing murder – using an 11-point scale, almost a quarter (23%) have a score between 0 and 4 (5.8% is the GB average).'

This indicates a significant proportion of babies and children are living in homes where the legacy of conflict still has a very real negative impact.

Impact

More than a third of households in Northern Ireland are in poverty. Over half of adults are affected by the violence of the past and present as well as the difficulties of physical and mental illness, domestic violence and bereavement that occur in all societies. Many parents are under great stress and this directly affects children, starting from their development in the womb. As well as these outside pressures, growing up is stressful, learning to be separate from the main caregiver and other loved ones is difficult and needs careful support from staff in the new setting.

Our job as educationalists is to support young learners in developing resilience by helping them to understand and develop appropriate coping skills and know when and how to seek help.

In 2014, CCEA published *Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties.* Teachers and school leaders may find this useful to read. The guidance aims to:

- help teachers, school leaders and school governors to develop a culture of support and empathy in their schools, reducing the risk of social, emotional and behavioural difficulties (SEBD) and the leading to early identification of and intervention for learners with SEBD using a multiagency approach;
- provide an overview of SEBD and the range of causes;
- develop an understanding of the social, emotional and behavioural issues learners face;
- promote empathy for learners and develop good relationships in the school;
- provide strategies for teachers to promote and develop resilience in both staff and learners;
- provide information on the roles and responsibilities of teachers, school leaders and school governors working with learners with SEBD;
- provide a range of methods to identify learners who may have or be at risk of SEBD;
- suggest whole-school structures for systems of identification and early intervention;
- signpost a range of resources that are available for the education and support of these learners; and
- signpost strategies and guidance for teachers and schools on how to manage times of crisis for learners with SEBD.

Why does SEBD look different in young children?

Older children, teenagers and adults are usually able to communicate emotional difficulties either verbally or by behaving in a way that we recognise as showing distress. However, babies and young children develop responses to long-term difficult situations that will best ensure their survival. Adults may not recognise these responses as signalling distress. In this section, we aim to show you how difficult life circumstances can affect babies and young children and how you can see this in their behaviour.

Stages of development

It is useful to understand the impact early life has on the children in our charge. Children do not all start on a level playing field and some may need extra support to develop coping mechanisms in life.

Stage: Early Pregnancy

Development	Issues	What this means
	Stress also has surprisingly wide-reaching effects on the developing nutritional systems of the foetus. High levels of stress hormones tend to increase the secretion of leptin, the hormone that manages appetite and food intake.	This also affects the inclination of the foetus to store fat around the tummy, which may lead to obesity and other health problems later in life.
Foetuses tailor their development based on the signals they receive from their mother. For example, the food the mother eats directly affects the foetus. The foetus absorbs nutrients provided by the mother and also learns about the type of nutrition that may be available in the future.	If the mother is undernourished during early pregnancy, the foetus may conclude that there won't be much nutrition available and so they may develop what is known as a 'thrifty phenotype', designed to make the best of the resources available.	Foetuses with a thrifty phenotype make best use of the nutrition available and therefore need fewer calories to satisfy their daily requirements. This results in eating what is considered a 'normal' amount causing weight gain.

Stage: During Pregnancy

Development	Issues	What this means
The egg and sperm connect. The fertilised cell beds down in the wall of the woman's womb. It rapidly grows into clusters of cells. The placenta forms.	Heavy alcohol consumption at any time during pregnancy can cause damage. Alcohol has a negative impact on the foetal brain. It is particularly associated with smaller brains and less ability to connect right and left brain.	Alcohol has a particularly strong impact in these early weeks. Drinking binges, especially on a regular basis, can have the strongest impact. This may lead to foetal alcohol syndrome. The mothers' use of alcohol may also lead to fewer connections being made between left and right brain, which in turn leads to **significant difficulties in learning and paying attention**, as well as **empathising and communicating well with other people**.

Development	Issues	What this means
	When pregnant women live under chronic long term stress this can lead over time to a decreased activity of the special enzyme in the placenta that normally blocks the stress hormone cortisol from reaching the foetus.	Babies exposed to their mother's stress hormone are born more irritable and prone to crying and are more likely to be born with more **fussy 'behavioural stress responses'**. In physical terms, this exposure to stress can lead to the **amygdala (the brain's centre for emotional reactions) becoming more active and growing extra connections**. The hippocampus (a brain structure involved in memory) may be reduced in volume and the size of the corpus callosum (an area in the centre of the brain connecting the right and left hemispheres) may also be reduced.

Stage: Late Pregnancy

Development	Issues	What this means
During this final stage of preparation for birth, foetuses sleep and dream a lot, allowing neurons to connect and start to establish pathways.	A mother who has high levels of depression or anxiety during this last stage of her pregnancy is in turn more likely to have the kind of baby who finds it hard to cope with stress or new stimuli and who takes longer to get over stress. Even as a newborn, the baby may be more fearful and more likely to have higher than average cortisol levels at the age of four months. Babies whose mothers are in the top 15% of most anxious mothers are more likely to grow up with behavioural and emotional problems or attention deficit hyperactivity disorder (ADHD) symptoms.	

Adapted from *Why Love Matters* by Sue Gerhardt (2015)

The effects of a difficult early life continue after birth, through infancy and into early childhood.

> 'Learning to cope with mild to moderate stress is an important part of healthy child development. When faced with novel or threatening situations, our bodies respond by increasing our heart rate, blood pressure and stress hormones, such as cortisol. When a young child's stress response systems are activated in the context of supportive relationships with adults, these physiological effects are buffered and return to baseline levels. The result is the development of healthy stress response systems. **However, if the stress response is extreme, long-lasting and buffering relationships are unavailable to the child, the result can be toxic stress, leading to damaged, weakened bodily systems and brain architecture, with lifelong repercussions**.' (National Scientific Council on the Developing Child, 2014) (**author's emphasis**)

Traumatic events have a profound effect on all children. Young children lack the ability to express their emotions. They cannot fully understand cause and effect. This can lead them to believe that they are, or another family member is, responsible for the difficult event, with no relation to the actual cause.

Babies and children develop a form of attachment to their main caregiver(s). The type of attachment depends on how the caregiver behaves towards the child. Ideally, the child develops a secure and lasting attachment to the caregiver. Educators need to vary their responses to help those children who have not developed a secure attachment. The following section looks at different types of attachment and children's corresponding needs.

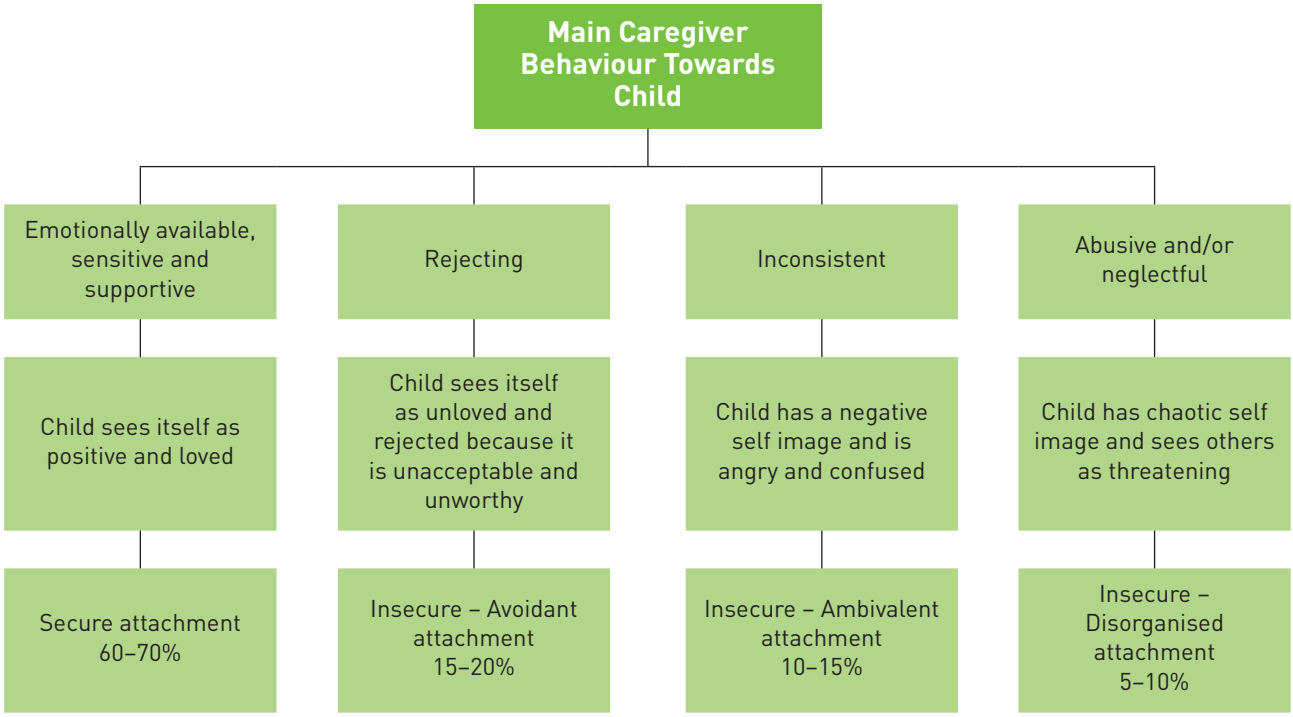
Attachment theory

What is attachment theory?

> 'Attachment theory is the joint work of John Bowlby and Mary Ainsworth (Ainsworth & Bowlby, 1991). Drawing on concepts from ethology, cybernetics, information processing, developmental psychology, and psychoanalysts, John Bowlby formulated the basic tenets of the theory. He thereby revolutionized our thinking about a child's tie to the mother and its disruption through separation, deprivation, and bereavement. Mary Ainsworth's innovative methodology not only made it possible to test some of Bowlby's ideas empirically but also helped expand the theory itself and is responsible for some of the new directions it is now taking. Ainsworth contributed the concept of the attachment figure as a secure base from which an infant can explore the world. In addition, she formulated the concept of maternal sensitivity to infant signals and its role in the development of infant-mother attachment patterns.' (Inge Bretherton, 1992)

In essence then, attachment theory considers the relationship between a child and its main caregiver and the impact this has on the child's development and future life.

Attachment styles



From the work of Mary Ainsworth, Mary Blehar, Everett Waters and Sally Wall (1978) and also from Mary Main, Judith Solomon (1990) and from Mary Main, Nancy Kaplan and Jude Cassidy (1985)

It is important to remember that caregivers can be rejecting or inconsistent for a host of reasons such as post-natal depression, chronic stress due to family illness or bereavement and of course, the many difficult life circumstances outlined at the start of this guidance. Therefore, as educators, we should be aware that children with an insecure attachment to their main caregiver come from a wide range of backgrounds. All of these children and their families need additional support from both educational and health professionals.

Statistics for mental health issues among children in the UK

(Any figures on the number of children with these disorders are estimates based on the prevalence rates found in this study and demographic data from the 2001 census.)

‘**Mental Disorders**

7.7% or nearly 340,000 children aged 5–10 years have a mental disorder

Anxiety

2.2% or about 96,000 children have an anxiety disorder

Depression

0.2% or about 8,700 aged 5–10 year-olds are seriously depressed

Conduct Disorders

4.9% or nearly 215,000 children have a conduct disorder

Hyperkinetic Disorder (Severe ADHD)

1.6% or about 70,000 children have severe ADHD’

(Report by the Office of National Statistics, 2004)

Identifying infants and children with or at risk of SEBD

Excessive stress can be the result of a single incident or on-going difficult home circumstances or neglect or abuse. The specific problems that you may see will vary depending on the nature, intensity, duration, and timing of the issues the child has faced. Some children will have profound and obvious problems, while others will have very subtle problems that you may not realise are related to early life stress. Sometimes these children do not appear to have been affected by their experiences.

> ‘Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviours and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behaviour.’ (The National Center for Child Traumatic Stress Network, 2010)

> ‘Persistently rejecting, hostile, disconnected or frightening attachment figures usually lead to the development of an internal working model based on an expectation that others are similarly unavailable or unpredictable (Bretherton and Mulholland 1999) or, worse still, that the self, deep at its core, is unlovable. This expectation, in turn, may lead the child to avoid others, attack others or deceive others, when distressed. These iterations often establish a vicious cycle.’ (Shemmings, D. and Shemmings, Y., 2011)

This table considers reactions that children may show when suffering excessive stress. Not all children will develop all of the reactions

Possible Reactions of Young Children Exposed to Excessive Stress
Cognitive
Demonstrate poor verbal skills
Exhibit memory problems
Have difficulties focusing or learning in school
Develop learning disabilities
Show poor skill development
Behavioural
Display excessive temper
Demand attention through both positive and negative behaviours
Exhibit regressive behaviours
Exhibit aggressive behaviours and often have no empathy for the victim
Act out in social situations
Modelling inappropriate adult behaviour
Imitate the abusive/traumatic event(s)
Are verbally abusive
Scream or cry excessively
Startle easily
Are unable to trust others or make friends
Believe they are to blame for the abusive/traumatic experience(s)
Fear adults who remind them of the abusive/traumatic event(s)
Fear being separated from parent/caregiver
Are anxious and fearful and avoidant
Show irritability, sadness and anxiety
Act withdrawn
Lack self-confidence
Show 'soothing' behaviours, such as rocking or head banging.
Use safety seeking behaviours, such as hugging barely known adults.
Physiological
Have a poor or excessive appetite, low weight, hoard food and/or suffer digestive problems
Experience stomach aches and headaches
Have poor sleep habits
Experience nightmares or sleep difficulties
Wet the bed or self after being toilet trained or exhibit other regressive behaviours

Supporting young learners

During the very early stages of life, babies and children learn how the world works. Their survival depends on learning skills that will give them the best chance of being loved and nurtured by the adults closest to them. They learn when and who to trust. They learn how to ask for food, water, sleep and other basic care. They learn from their own experience the best course of action when there is danger. The exact survival methods will vary, depending on the circumstances of a child's life. Attachment theory discusses the type of life environments that babies and children may encounter and the type of responses they are likely to develop in each. This section gives schools a starting point when planning the type of support they need to give the children in their care.

Secure Attachment

Caregiver

Attitudes	Likely Behaviours
• Warm, loving, supportive, sensitive to child's needs	• Provides basic physical needs promptly on the vast majority of occasions • Is demonstrably loving with hugs, kisses etc. • Provides consistent, kindly guidance on behaviour • Talks to the child • Listens to the child

Child

Feelings and Attitudes	Likely Behaviours	Cognition (thoughts)
• Loved and lovable • Valued • Secure to learn and explore • Believes the caregiver will protect him/her from harm	• Friendly • Imitates positive adult behaviour • Eager to learn • Curious • Easily reassured by caregiver	• I am loved • People like me • I am capable • Adults will keep me safe • New experiences are interesting

Possible Needs	Adults and Peers Perceptions	Possible Issues
• Encouraged to learn • Taught to share • Continue to be taught empathy	• Pleasant child • Easy to manage • Keen to learn • Good role model for others	

School Support
• Sharing of information between home and school • Encouraging parental involvement • Encouraging the child to share • Encouraging the child to be kind to others

Avoidant Attachment

Caregiver

Attitudes	Likely Behaviours
• Distressed, irritated, angry and anxious when their child shows emotional need, for example, child crying when hungry or hurt – this leads to rejection of the child at these times • Disdain towards 'clingy' children • Have difficulty enjoying their child • Find overt emotional displays (by anyone) awkward and uncomfortable • Offers love and acceptance but on his/her terms • The caregiver often has avoidant attachment also	• Withdrawal from child in distress • 'Punish' emotional displays • Mainly engage with child when the child is calm • 'Correct' the child's memories if they make the caregiver uncomfortable – 'We didn't get cross with you. Everyone had a lovely day.' • Child expected to play alone or to go to friends' homes • Praise intellectual or physical achievements

Child

Feelings and Attitudes	Likely Behaviours	Cognition (thoughts)
• Emotions are not trusted • Learn that showing emotion leads to rejection • Has additional stress from trying to achieve basic needs, including closeness to caregiver, while hiding feelings • Lose confidence in their emotions and memories if these are repeatedly 'corrected' by the caregiver	• 'Falsify' behaviour in order to hide emotions • Watch the caregiver closely for 'clues' as to the 'correct' behaviour • Learn to adapt their behaviour to the caregiving environment they are in by showing little emotion or by striving to make desirable achievements • Have difficulty coping with strong emotions of their own or of others • Achievement driven behaviour regardless of cost to self or other children • Occasional angry outbursts to keep others at bay and so avoid closeness (because closeness may lead to rejection)	• 'I always make a fuss.' • 'I'm a complainer.' • 'If I'm quiet then I might get a cuddle.' • (when another child is visibly upset) 'Please let them stop quickly or teacher will get angry.' • (when another child is visibly upset) 'They shouldn't do that. They are a cry baby and they should grow up.'

Possible Needs	Adults' & Peers' Perceptions	Possible Issues
• Learning how to manage emotions • To feel valued • Learning how to mix with other children and deal with arguments etc.	• Composed child • Unemotional to issues that upset other children • Often achieving well • Inexplicable angry behaviour on occasion	• Feels wanted only if they meet certain conditions • Has definite ideas of how other children should behave and struggles to cope when these beliefs are challenged

School Support
• Encouragement to talk about their feelings in a safe environment – usually with just the teacher or other well-known member of school staff • Be part of class lessons on recognising different emotions • To have an adult model appropriate behaviour for strong emotions • Role play situations involving emotions (from both sides)

Ambivalent Attachment

Caregiver

Attitudes	Likely Behaviours
• Lacking confidence in their parental abilities • Focussed on their own need for reassurance and love • Confused and feels threatened when the child acts independently	• Inconsistent response to child's needs: sometimes sensitive and responsive; sometimes inappropriate response; sometimes no response • Often intrusive when child acts independently • Seeks reassurance from the child

Child

Feelings and Attitudes	Likely Behaviours	Cognition (thoughts)
• Unable to work out how the caregiver will respond to their 'distress calls' • Desires attention from caregiver but also angry at its unreliability • Feels ignored • Anxious • Feels anxious when acting independently • Feels unsure that he/she is loved or lovable	• Exaggerates distress when he/she has a need • Difficult to soothe as unsure if he/she will get attention next time there is a need • Fearful to try new activities or experience • Afraid to be alone • Craves attention so acts in an exaggerated and prolonged way to achieve this.	• 'I must [scream/cry/create a disturbance] or people will ignore me.' • 'Teacher says that she likes me but she probably doesn't. That other child is much better than me.' • 'If I do the jigsaw by myself then I will probably do it wrong or break it.' • (When working independently, directly after spending a long time working one to one with the classroom assistant) 'That other child got told he did well. Why does the teacher not want to spend time with me?'

Possible Needs	Adults' & Peers' Perceptions	Possible Issues
• Needs to understand the unwritten rules through security and consistency in approach from all adults involved in his or her care • Learning how to manage emotions • To feel valued • Learning how to mix with other children and deal with arguments etc.	• Attention seeker • 'needy' and 'clingy' • Irritating	• Has no role model for consistent adult behaviour and so is confused • Unclear of appropriate ways to respond to others

School Support
• Regular and consistent reassurance that he/she is a worthwhile person • A clear method for getting attention (and gentle reassurance when the child cannot always stick to this) • Regular praise that is meaningful and truthful

Disorganised Attachment

The previous attachment styles are based on the child finding the best way to 'organise' their attachment system behaviours in order to get a response from and gain proximity to the caregiver. Disorganised attachment is different in that the child can find no set of behaviours that consistently achieves the desired outcomes. This leaves the child in a position where the attachment system is triggered but never satisfied and so the child is in a constant state of arousal and with unregulated emotions.

Caregiver

Attitudes	Likely Behaviours
• Feels overwhelmed by the demands of parenthood • Is distressed by their inability to cope • May adopt the belief that their child does not need the same amount of care as other children, either because the child is so precocious that they are able to care for themselves OR because their child is difficult and makes unnecessary demands in order to make the parent's life difficult.	• 'Disconnects' from the demands of the child. • Avoids/ignores the child's needs.

Child

Feelings and Attitudes	Likely Behaviours	Cognition (thoughts)
• The child experiences fear from the lack of parental protection. However as this is too distressing, the child compartmentalises the fear and keeps it hidden from the conscious mind and every day thoughts. • Often the caregiver displays the most anxiety when the child displays the most need. This frightens the child which leaves the child with an impossible dilemma. They need to escape the source of the fear – the caregiver; so they need to go to their place of safety – the caregiver. This leaves the child with unresolved fear, anxiety and in a highly aroused state.	• Children with disorganised attachment usually behave in one of three ways: • Type A individuals are defensive and *"organize around expected outcomes. They minimize awareness of feelings and do that which will be reinforced and avoid doing that which will be punished."* (Crittenden, 2005) Due to the necessity to constantly rely on analysis these children may often act compulsively or be inhibited from normal behaviours. • Type C individuals are anxious and so try to fill their needs through coercion. They *"are motivated by somatic feelings [instinctive bodily needs and desires] … Lacking confidence in what will happen next, they focus on feelings as guides to behaviour."* (Crittenden, 2005) These children have times when they are filled with extreme negative emotions which cause very disruptive behaviour. • Type B individuals use a mix of Type A and Type C behaviours.	• 'Who will look after me?' • 'I'm hungry but if I am a nuisance then the adult will be angry.' (Type A) • 'If I make a big fuss then they will have to pay attention to me.' (Type C) • 'If I am very quiet then the adult will be happy and love me more.' (Type A)

Possible Needs	Adults' & Peers' Perceptions	Possible Issues
• Stability • Clear set of rules/guidance with consistent outcomes • Carefully management and support during times of change	• Type A children may seem to fit in well and be cooperative • Type C children may appear difficult and spoilt	• Lacks models of good relationships and so may have difficulty making and maintaining friendships • May find change extremely stressful and a cause of fear • Has a great need to feel in control of a situation (In the absence of a reliable source of safety from a caregiver then the child must keep him/herself safe by managing situations)

School Support
• A key adult for pastoral care • Good use of social stories to explain a range of situations both familiar and unfamiliar • Support in managing friendships

For all children it is important that their parents or carers are included in their support. Schools do this well.

Schools can typically help by:

- sharing information between home and school through parental meetings and information leaflets (remember that not all parents or carers will have good literacy skills and some may not speak English well);
- encouraging parents or carers to help their child to:
  - learn how school works;
  - learn basic life skills such as using the toilet and putting on a coat;
  - learn how to share; and
  - practise being kind to others;
- inviting all parents or carers to a parental support group that provides practical information on parenting and a place to share concerns; and
- working with educational psychologists and other professionals to support parents.

Schools also need to ensure that they provide a safe, reassuring environment for children who are new to the school. To help with the transient, schools could ensure that a key adult is assigned to a child or small group of children. This will give children a special person to approach when they are afraid or uncertain. Teachers could also use social stories to provide information and reassurance on basic matters such as:

- how parents or carers will be able to find the child at the end of the school day;
- where the toilets are and how to ask to go to them;
- what happens at break or lunchtime.

Further information for early years teachers is available from the Department of Education's Early Years Strategy and from CCEA's information for Foundation Stage teachers.

Supporting young children with or at risk of SEBD

Understanding why a child behaves in harmful ways is useful. However, the most important step is evaluating how we respond to these behaviours and developing a positive approach that allows young children to feel secure and ready to develop emotionally and academically.

> 'Interventions that provide consistent, predictable and nurturing care help to stimulate positive adaptation and prevent poor outcomes ... in young children who have been exposed to significant early stresses.' (National Scientific Council on the Developing Child, 2005/2014)

This section provides simple practical suggestions for developing a learning environment that gives young children emotional support and boosts resilience.

Be aware that children with SEBD need to learn to trust and depend on others. This is a long term process. Develop opportunities for trust to build. Be prepared to continue this for the child's entire school career. The parent, carer or social worker will do this, but the school also has a role to play. However, opportunities for the child to develop secondary trusting relationships in school are a valuable support in their emotional development.

Atmosphere of empathy

Read the messages the children are giving you through their behaviour. Most learners' inappropriate behaviour is centred in anxiety and trying to protect themselves.

To create an atmosphere

- model respectful behaviour.
- have high expectations combined with activities that allow success.
- praise frequently – aim to give each child at least one positive reinforcement each day.
- be open to hearing a child's 'news' every day – trust builds slowly.

Communication

When giving information, directions or instructions, it is important to use simple, clear language. It's also important to consider any underlying assumptions that you might be making. So regardless of the age of the child, it is important to give examples of the behaviour you would like and to provide support for them to achieve it.

If the instruction you give is 'Concentrate on your work', then you need to consider the learner who is receiving it. Maybe in their home, it's important to be constantly alert and aware of others' behaviour. This might be a vital survival technique to avoid an episode of domestic violence. Consider an alternative instruction or providing a place where concentration is possible.

Similar issues may arise from communications such as 'Tidy up like you do at home'; 'Would you be allowed to do that at home?'; 'Share the equipment'; 'Be kind'.

Remember also that not all children live at home or even in the same home from day to day. So be aware of requests for family pictures as homework tasks; asking for Mum to sign the absence note and so on. Aim to be as inclusive as possible.

Demonstrating the activity or modelling the behaviour should be a regular part of classroom life.

Social stories

Social stories were originally developed by Gray and Garand (1993). They help learners with autism to develop better social skills. They are also useful for other learners who have not seen acceptable behaviour modelled and who need help to develop appropriate behaviour. To learn more about social stories go to **www.autism.org.uk** and search for 'how to write a social story'.

You can use social stories to:

- reduce anxiety over new or stressful events
- explain expected behaviour
- teach social skills

Be inclusive

- Impart a feeling of belonging, for example 'our school', 'our class', 'our classmate'.
- Make sure children know which adult to go to when they have a need.
- Include every child in the reward system, but make it meaningful, for example certificates for asking good questions, making an effort to improve, being kind to a classmate, sharing in the free play area, or being helpful. (Don't have certificates for the best at ... because then it is harder to be inclusive.)
- Ensure school outings are not dependent on good behaviour. View it as a community-building day that allows every learner to feel that they are a valued part of the school. If permission from parents or carers is a problem, then a school celebration day would be a good alternative.

Nurture groups/attachment figures

Children need an anchor. Those who don't have a solid attachment figure at home will benefit greatly from having an additional attachment figure in school. See Understanding SEBD, page 11 in the *Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties* for further details on the types of issues that may lead a young child to not being securely attached.

> 'Nurture groups are temporary separated transitional settings that prepare students to cope better with the demands of mainstream schooling. Nurture group candidates often present social, emotional and behavioural difficulties that prevent them ... from engaging with the schooling experience constructively. Nurture groups are specifically designed to remove or reduce these barriers and therefore, prevent these children from disengaging with the education system, ideally in the early stages of their educational history.' (Cefal and Cooper, 2009)

Nurture groups vary from setting to setting but they all have a common core.

> **The six principles of nurture**
>
> 1. Children's learning is understood developmentally
> 2. The classroom offers a safe base
> 3. The importance of nurture for the development of self-esteem
> 4. Language is a vital means of communication
> 5. All behaviour is communication
> 6. The importance of transition in children's lives.
>
> (Lucas, Insley and Buckland, 2006)

Nurture rooms make a big difference in a child's behaviour, social skills, self-confidence and academic attainment. They also benefit other children in the school by providing a happier atmosphere for all. Further information on nurture groups is available from: **www.nurturegroups.org** and **www.thenurtureroom.com**

Key adults serve a similar purpose in supporting children who are struggling with school due to trauma. (Trauma may be from a single event or difficult long term living conditions.) Children need to learn that they can depend on people before they can become functioning independent adults.

> It is therefore necessary to ensure that these children have access to one key person who will take a specific interest in them, so that we can challenge some of the distortions they have learned about themselves, others and the world around them. As a rule of thumb in education, fewer adults should be involved with children with attachment difficulties, and at least one adult should invest time and effort into establishing a quality relationship with the child. (Bombèr, 2007)

Possible additional activities

Children with SEBD benefit from a range of strategies to develop their emotional capacity. Here are some useful ideas:

- Role plays do not always have to be a formal drama. You can use role play when playing alongside a child and acting out small scenarios with dolls. It can look at situations where a child needs to stop and think before acting.
- Find different ways to develop turn taking and sharing for example musical turn taking or board games with small numbers of children.
- Develop an understanding of cause and effect by simple science games like testing how many marbles a boat can take before it sinks in the water. Follow this with discussion about how the way people act can make other people feel happy, sad, frightened etc.
- Listen to stories and discus how the characters might feel.
- Have 'quiet time' activities that are engaging for the individual child. Use this opportunity to calm anxiety and so develop concentration.
- Watch snippets from films, TV shows and cartoons. Discuss how the characters might feel at different points in the story. The animated film 'Inside Out' is particularly good for discussing how emotions impact on our behaviour.
- Circle time to talk about handling different situations.

- Guided meditation is a useful tool in helping children learn how to relax. It can be used whenever the child is stressed or to aid them in calming down. It can also be a whole class activity of benefit to all learners (and school staff). There are many excellent scripts available through books and websites to aid the teacher in leading this.
- Talk about who the 'safe person' is for each child. Talk about how that person might help the child: listening to worries; finding healthy ways to deal with feelings.

Educating parents/carers

Many schools have developed good links with the families of their learners. A report by the Institute of Child Care Research at Queens University Belfast highlights the value of this.

> 'Building partnerships with parents is indispensable when promoting children's emotional and behavioural wellbeing. These partnerships are particularly vital when working with vulnerable children and families living in disadvantaged communities. These are the families in most need of such programmes, although they are also the least likely to avail of them. That is why community-based initiatives should be encouraged, as they are more likely to reach high-risk families (Barry et al. 2009). Intensive home visiting and centre-based support should be provided, as there is evidence to suggest that this type of interventions are successful in improving resilience and competence in children and parents, helping prevent mental health problems (ibid). Particular well-established parenting programmes have been found to be effective, and one is already being delivered in Northern Ireland by Barnardo's: the Incredible Years programme.' (Improving the Mental Health of Northern Ireland's Children and Young People: Priorities for Research, 2009 – Institute of Child Care Research, QUB Nov 2011 – Geraldine Macdonald et al.)

Approaches to improve resilience

Building resilience is about developing a warm and caring learning environment. This gives learners the space to develop emotional skills and to feel ready to learn.

- Give attention and warmth – lots of smiles and encouragement. This makes your learners feel secure, loved and accepted.
- Play with your learners. Playing together is a great way for you to connect, get to know them better and have fun.
- Comfort your learners. When learners are hurt or frightened, sad or angry, being comforted helps them feel as if they're not alone with their big feelings. They will feel closer to you and learn healthy ways to comfort themselves and others, as they get older.
- Listen with interest to your learners' feelings, thoughts and ideas. This lets them know you think what they have to say is important.
- Show empathy. When learners feel understood, it's easier for them to try to understand others. Empathy is the foundation for developing caring relationships with other people.
- Help your learners to identify and express their feelings (happy, sad, angry, scared, etc.). Point out that other people have these feelings, too.

As the report by the Institute of Child Care Research says 'Preventing interventions should begin early, be kept in the long-term and target risk and protective factors'
(Barry et al. 2009).

Findings of the reviews reported here suggest that school-based programmes should:

'
- adopt a whole school approach, which includes changes not only to the curriculum but also to the school environment, and involves parents and the local community;
- employ an integrated approach, by using universal and targeted interventions, so the needs of all children in a school are addressed;
- be comprehensive, by targeting multiple protective and risk factors rather than target single, topic-specific issues, and by using a social competence approach, focusing on the promotion of competence skills and coping outcomes rather than the prevention of specific problems;
- use interactive methodologies that involve a more participatory approach for pupils;
- include opportunities to encourage the application of learned skills throughout a range of contexts outside the school, for example in the home;
- be grounded on a strong theoretical base;
- use sustained interventions over multiple years, as these are more likely to cause long term positive outcomes than once-off interventions would;
- involve high quality implementation, by ensuring a high level of engagement and co-operation from students, teachers and parents, and a high level of support from the school organisations; and
- management, appropriate teacher training and provision of support resources, good quality of materials, and optimum general readiness of the school to implement the programme, and incorporate systematic evaluation methods, so that programmes are continuously improved, and the quality and quantity of implementation is periodically assessed (Barry et al. 2009).'

  (Improving the Mental Health of Northern Ireland's Children and Young People: Priorities for Research, 2009 – Institute of Child Care Research, QUB Nov 2011 – Geraldine Macdonald et al.)

School staff

School staff need support to deal best with these young learners. Invest in your staff. Promote resilient ways of working. Encourage a good work–life balance. Provide relevant journal articles to staff. Encourage discussion on innovative ways of working and supporting young learners, perhaps incorporate this into one staff meeting every half term. Provide training from appropriate bodies. Provide support mechanisms both in school and outside. Arrange mentor systems for all staff. Provide opportunities for sharing teaching strategies to deal with different types of learners. When appropriate access expertise from Behaviour Support Teams at the Education Authority; Curriculum and Assessment team at CCEA; and from NGOs such as Barnardos, Cruse NI and Women's Aid.

Further Information and References

Further information

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