

THE SEND BEHAVIOUR HANDBOOK

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Learn how to improve the early identification of SEMH needs in your school (and get effective classroom support strategies in place)

THE SEND BEHAVIOUR HANDBOOK

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CONTENTS

5

Trauma and ACES

7

“Key Life Events” printable

8

The SEND Behaviour Analysis grid

11

SEND Fact Sheets

19

Next Steps

Simple, digestible, practical information about SEMH and SEND
needs in schools

HOW TO USE THIS HANDBOOK

The key to helping children who present challenging behaviour in school is to quickly identify any underlying SEMH (Social, Emotional and Mental Health) needs they may have.

Only then can you put in place support strategies to address those needs - finally unlocking your student's potential.

This information will also tell you which external agencies to refer to for additional advice (whether those agencies are from educational, medical, therapeutic or social care backgrounds).

That all sounds simple... but the early identification process relies on teaching staff having specialist knowledge about common SEND conditions and their presenting behaviours in the classroom.

That's why this handbook is designed to give teachers a simple system for connecting classroom behaviour with *possible* underlying needs in their students - aiding early identification so effective support programmes can be quickly put in place.

With the result that our SEMH pupils get the help they need to succeed and thrive in school... both emotionally and academically.

S. Curriган *E Shackleton*

Simon Curriган

Emma Shackleton

Important: It is not intended that educators use these materials to diagnose children with medical or psychological conditions. This is strictly reserved for medical and mental health practitioners.



ADVERSE CHILDHOOD EXPERIENCES

Research has shown that Adverse Childhood Experiences (or ACES) can have a significant impact on a student's life outcomes. ACES are traumatic experiences in a child's past that can affect their developing brains and nervous systems.

The results can also affect a pupil's behaviour in school - impacting on their ability to manage their emotions, interact socially, delay gratification, engage with school routines or expectations, or form trusting relationships. They can feel under constant threat, living in a permanent state of "fight-or-flight".

Pupils who have experienced early trauma can present classroom behaviours that look similar to those more often associated with autism, ADHD or other medical conditions, but require different support strategies to be succeed.

Important: Not all pupils who have experienced one of the ACEs will automatically go on to experience these difficulties. It simply increases the *likelihood* they will.

Talking about ACES

According to research the Centres for Disease Prevention and Control (CDC) in America, there are 10 specific ACEs that have been linked to poor long-term outcomes. You'll find them on the next page of this booklet.

If a student has experienced one (or more) of those events, it's important we consider developmental trauma as a possible cause for their behaviour.

However, parents can be reluctant to talk about ACES because they're deeply personal. They may also fear the school will involve social services if their family has experienced traumatic life events.

So we need an emotionally intelligent way of finding out if trauma is a factor in a child's behaviour, without parents feeling threatened, embarrassed or blamed.

The following page is a simple way of doing just that.

It's a simple screening tool that can tell us - almost immediately - whether ACEs are a factor in a child's behaviour in school.

Print out the next page in the booklet, containing a list of the 10 ACEs, and laminate it. When you are next having a private conversation with the parent, about their child's behaviour and progress, show them the page.

Say to them, "I don't need to know any details. But if your family (or child) has experienced any of the following events, could you just say 'yes'?"

That way we can get the information we need to support their child in a way that isn't obtrusive, threatening or judgemental. And if we know trauma is a factor in their child's development, we can put in place appropriate interventions to support them.



KEY LIFE EVENTS

Has experienced parental separation or divorce, or the death of a parent

A family member has had a problem drinking alcohol or using drugs (including prescription drugs)

Domestic violence has been present in the family (doesn't have to be directed at the child)

A family member has been affected by mental illness, depression or has attempted suicide

A close relative has been sent to prison

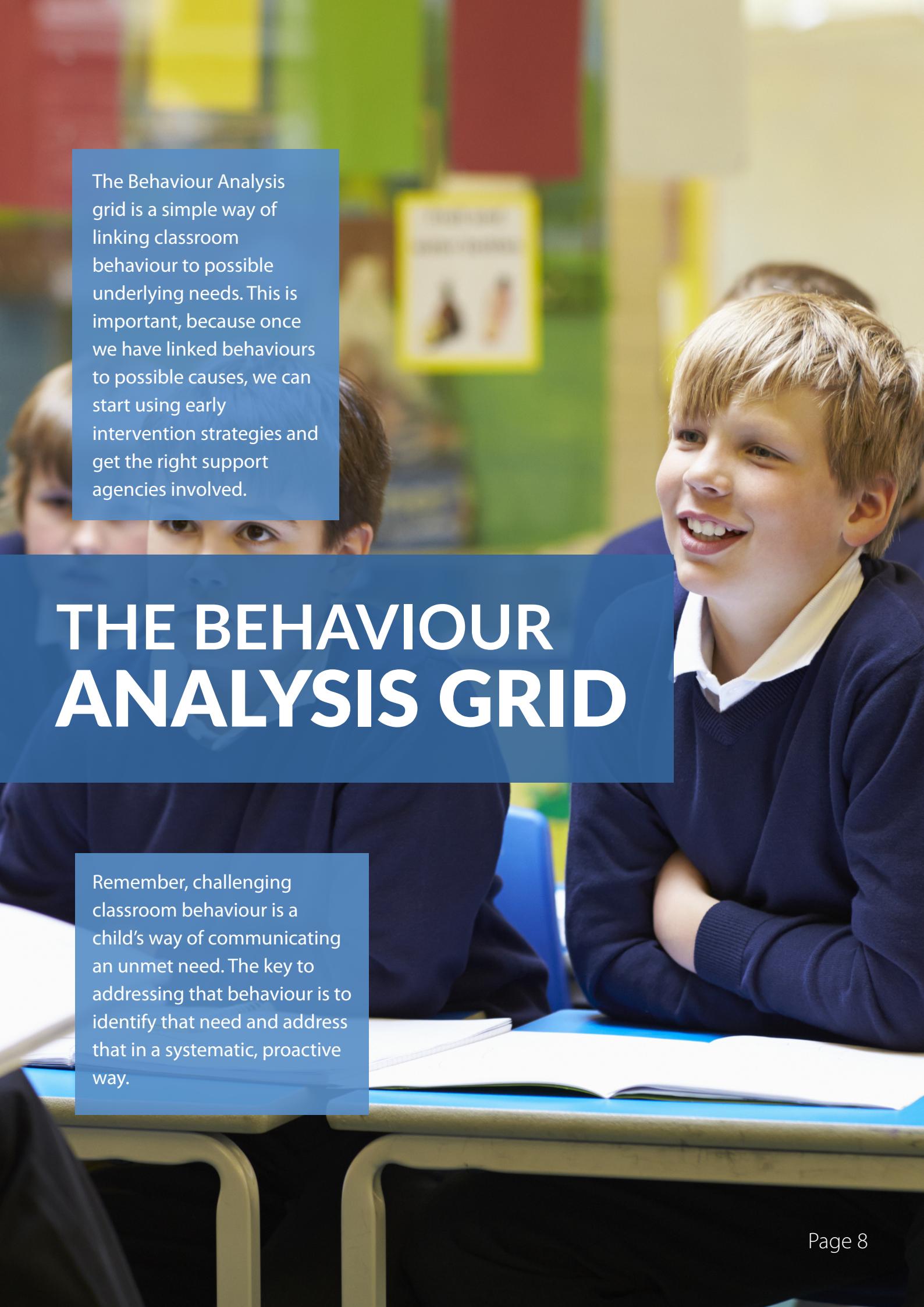
In some way, the child's physical needs (clothing, food, shelter, cleanliness) were not met for a time.

A family member has hit, punched, kicked or threatened to physically hurt the child

A family member has regularly sworn at, insulted or verbally abused the child

The child has been sexually abused in some way (can involve acts other than intercourse)

In some way, the child's emotional needs were not met for a time.



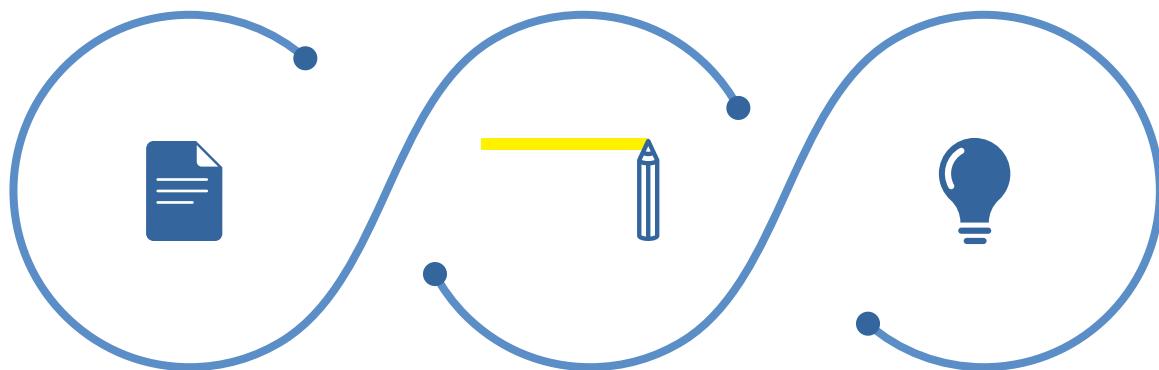
The Behaviour Analysis grid is a simple way of linking classroom behaviour to possible underlying needs. This is important, because once we have linked behaviours to possible causes, we can start using early intervention strategies and get the right support agencies involved.

THE BEHAVIOUR ANALYSIS GRID

Remember, challenging classroom behaviour is a child's way of communicating an unmet need. The key to addressing that behaviour is to identify that need and address that in a systematic, proactive way.



USING THE GRID



Step 1

Print out a copy of both pages of the behaviour analysis grid (see pages 10 and 11). Get together with the teaching staff in your school who know your focus child best.

Step 2

Work through each behaviour statement in the grid. Discuss and highlight the entire row for any statement that resonates with your focus pupil. Compare the student with peers of the same age. Think about whether the statement applies to your pupil on an average day.

Step 3

Now see where there is overlap between your highlighted rows and the ticks for ASC, ADHD and trauma*. This **may** indicate the child has an underlying need that needs consideration - and prompt you to seek further support and assessment from external agencies.

* We picked these because they correlate with most common SEMH needs seen in school

THE BEHAVIOUR ANALYSIS GRID

The purpose of this grid is to present a simple approach to connect classroom behaviours with **possible** special needs. It is **not** intended for educators to use this grid to make diagnoses.

That process is strictly reserved for medical professionals. When using the grid, compare your student to children of the same age.

Behaviour observed	ASC	ADHD	Trauma
Easily distracted. Has a short attention span.		✓	✓
Rushes and makes careless mistakes with their work.		✓	✓
Appears forgetful. Frequently loses possessions and resources		✓	
Finds it difficult to stick with tasks that are time-consuming or involve attention to detail		✓	✓
Doesn't appear to listen during conversations, even when spoken to 1:1		✓	
Difficulties starting and completing tasks. Gets lost mid-task or side-tracked.		✓	✓
Flits between activities, even when they are self-chosen. (Disregard video games.)		✓	✓
Difficulties organising tasks and activities.		✓	✓
Finds it hard to sit still. Is constantly moving or fidgeting, as if they have a motor running.		✓	✓
Talks excessively		✓	✓
Talks in a loud voice		✓	
Frequently interrupts and intrudes others' conversations, or shouts out during whole class time.	✓	✓	✓
Monopolises whole-class time, as if the child and the teacher are the only people in the room	✓		✓
Unable to wait their turn. Has to be the first in line.	✓	✓	✓
Is impulsive and acts without considering the consequences.	✓	✓	✓
Lives in the moment and finds it hard to delay gratification.	✓	✓	✓
Has little or no sense of danger.		✓	✓
Finds change and transitions difficult, especially when they're unexpected.	✓		✓
Makes poor eye contact.	✓		✓
Incessant chatter or abnormal speech patterns.	✓		✓
Emotionally volatile and unpredictable. Has wide mood swings.	✓	✓	✓
Difficulties with social interaction. Misreads social situations.	✓		✓
Speech and language difficulties or delays.			
May require additional processing time to understand information and instructions, especially when presented verbally.	✓		✓

PAGE 1 OF 2

THE BEHAVIOUR ANALYSIS GRID

Behaviour observed	ASC	ADHD	Trauma
Decodes written words fluently, but has difficulties accessing implied information in a text, or the overall meaning.	✓		
Difficulties with empathy and seeing other people's points of view.	✓		✓
Difficulties understanding humour, double-meanings or sarcasm.	✓		✓
Lack awareness of the needs or feelings of others.	✓		✓
Appears to be guessing at what "normal" is, socially.	✓		✓
Difficulties forming and maintaining relationships.	✓		✓
Over- or under-sensitivity to certain senses, or have sensory processing issues.	✓		✓
Increased startle response.	✓		✓
Manages their time poorly.		✓	✓
Rigid thinking. Is inflexible about how a task should be completed.	✓		
Poor problem-solving skills. Finds it hard to break tasks down into sub-tasks.	✓	✓	✓
Over-reacts to mistakes in their work.	✓		✓
Difficulties seeing cause and effect.	✓	✓	✓
Escalates their behaviour when placed under stress.	✓	✓	✓
Difficulties with emotional self-regulation. Follows the emotional intensity of those around them.		✓	✓
Exceptional abilities or knowledge in one area. This area may change over time.	✓		
Difficulties with sleep.	✓	✓	✓
Walks on toes / has an unusual gait / flaps arms / makes repetitive body movements or "stims" in some other way	✓		
Has a strong need for control - over tasks, relationships, choices.	✓		✓
Hypervigilant. Constantly watchful, wary of potential threats around them.			✓
Doesn't take responsibility for their actions. Blames others, lies, minimises their actions.			✓
Lies about the obvious - or when it would be easy to tell the truth.			✓
Socially manipulative.			✓
Can be indiscriminately affectionate to strangers.			✓
May interfere with communication between adults or tell lies about adults.			✓



SEND FACT SHEETS

On the following pages, you'll find a set of fact sheets covering behavioural special needs conditions that commonly affect children of school age.

Each sheet offers a series of key facts, ideas or strategies to use to support pupils with those conditions.

And if you are a SENDCo or school leader, it can be helpful to share these fact sheets with your teaching staff to support their practice in the classroom.

ADHD Fact Sheet

(Attention Deficit Hyperactivity Disorder)



Key Facts And Strategies

1

ADHD affects the part of the brain responsible for executive functions. So it impacts on a child's ability to plan ahead, restrain their impulses, regulate emotions, organise tasks, focus their attention, their working memory and more.

2

All pupils with ADHD are different. Their ADHD affects them in different ways, so treat them as individuals.

3

ADHD is a condition caused by genetics. It is not caused by poor parenting or diet.

4

If your student is struggling with a task, ask yourself if the activity is structured in a way they can access it. Would breaking the task down into chunks, or providing movement breaks, make the task more accessible?

5

A child doesn't have to present attention deficit **and** hyperactivity to receive a diagnosis of ADHD. They can present either or both.

6

Use rewards and sanctions based in the short-term - as close to "now" as possible. ADHD can affect a pupil's ability to delay gratification or think ahead.

7

Always de-escalate. ADHD can affect a pupil's ability to regulate their emotions, so if you raise the emotional intensity of a behaviour incident, they'll follow your lead. So always fight fire with water.

8

Although pupils with ADHD may find it harder to focus, ADHD is not a learning disability.

ASC Fact Sheet

(Autistic Spectrum Condition)

Key Facts And Strategies

1

ASC is a set of conditions that can affect a pupil in a range of areas, including social interaction, communication, empathy, sensory needs, anxiety around transition and change and more.

2

All autistic pupils are different. Their ASC affects them in different ways, so treat them as individuals.

3

Autistic children can be highly anxious in school. Behaviours that make appear aggressive are often actually driven by anxiety and stress. Supporting pupils effectively often involves identifying and providing support around these stressors.

4

Many autistic students are either over- or under-sensitive to certain senses. If regulating these senses isn't addressed, it may drain your pupil's ability to regulate in other areas, like their emotions.

5

Allow processing time when giving verbal instructions. It could take an autistic pupil over 10 seconds to process and understand your request.

6

Plan ahead for change. Autistic students can find transition anxiety-provoking - so use visual timetables (and give verbal reminders) to help them prepare for those changes.

7

ASC is a life-long condition. There is no medication, diet or intervention that can "reverse" autism.

8

Many autistic students find social situations confusing, threatening or stressful. So help them understand those situations using social stories, comic strip conversations, and by rehearsing common interactions.



Trauma and ACES Fact Sheet

(Adverse Childhood Experiences)

Key Facts And Strategies

1

Experiencing trauma early in life can affect a child's emotional and social development. Unless it's addressed, the impact of trauma can be life-long, even affecting the child's health outcomes into adulthood.

2

A trauma is a lasting emotional response to an event that overwhelmed the child's ability to cope with it.

3

Just because a child has experienced a trauma, it does not necessarily mean they are the product of poor parenting, or have received insufficient nurture.

4

Pupils with trauma can experience "toxic shame" - meaning they believe they are bad or unlovable. This can make it difficult for them to accept blame, make mistakes, engage in restorative conversations or accept praise. They may not be able to articulate this belief.

5

Some pupils will be extremely resistant to adult relationships, particularly with new adults. Don't take this personally. Plan ahead to manage this, and lean on the experience of other adults who already formed a relationship with the child.

6

Every pupil who has experienced trauma is different. However, for many, the path to success lies in building up a trusting relationship with one key adult over time, through non-threatening, structured activities and interactions.

7

Some pupils may have learned survival strategies that work at home but not at school (e.g. stealing food in a house where there is abuse). When managing behaviour in school, consider whether the child is using an effective strategy (stealing) but in the wrong place (school) and respond accordingly.

8

Students affected by trauma often have difficulties regulating their emotions and can appear to have a much younger "emotional age" than their peers. So when they experience strong emotions, help them by co-regulating, as you would with a younger child (rather than expecting them to control their emotions by alone).



PDA Fact Sheet

(Pathological Demand Avoidance Syndrome)

Key Facts And Strategies

1

PDA is a condition where pupils experience very high levels of anxiety when demands are placed on them, which can result in refusal or emotion-fuelled behaviours.

2

PDA is actually a specific form of ASC, and is not issued as a diagnosis in its own right. However, it can present very differently to other forms of ASC in the classroom.

3

Pupils with PDA are often sociable on a surface level, but lack deeper social understanding.

4

As babies, children with PDA are often placid and easy-going. But this changes when they reach their first birthday, and they become more resistant to adult demands.

5

A child with PDA will often initially resist demands by being socially manipulative - such as negotiating, deflecting, delaying, task avoidance and quiet non-engagement.

6

As young children, students with PDA are often late to acquire language, but make quick gains afterwards.

7

The key to managing the behaviour of pupils with PDA is to remember it is driven by anxiety. So avoid direct instructions, build in lots of choices during tasks and be flexible about how the task is completed.

8

If possible, *avoid predictable routines and visual timetables* - they help the pupil predict when demands are approaching, causing an increase in anxiety.



ODD Fact Sheet

(Oppositional Defiant Disorder)



Key Facts And Strategies

1

ODD is condition that often occurs in children who also have a diagnosis of ASC or ADHD.

2

ODD often affects children from their early years - but in some students, can develop in adolescence.

3

It is not yet clear what causes students to develop Oppositional Defiant Disorder.

4

Whereas the refusal of pupils with PDA is usually driven by a need to escape anxiety, students with ODD are often seeking control. This can lead them to draw adults in power battles.

5

Giving a reason along with an instruction can be effective with pupils with ODD (e.g. put the crayons away now, because it's time to go out to play.)

6

Children with ODD are often *very* extrinsically motivated, so they respond well to positive reward systems, where good behaviour builds to a reward...

7

...but try to avoid removing stickers / tokens from those charts for negative behaviour, as this can quickly lead to disengagement.

8

Think carefully about how you use praise, especially for when your pupil has followed your instruction. Delivered in the wrong way, praise can actually provoke challenging behaviour from students with ODD.

DLD Fact Sheet

(Developmental Language Disorder)



Key Facts And Strategies

1

The biggest predictor of whether a child will present SEMH needs in school is actually their level of language development.

2

DLD is a long-term condition where children have significant difficulties understanding or using spoken language.

3

Because we use language to express our thoughts, and regulate our emotions, pupils with DLD can often present difficulties regulating their emotions and behaviour.

4

At the moment, it is not clear what causes DLD, but it is not related to parenting or other medical conditions.

5

Language is an essential part of social integration - which means pupils with DLD can find it harder to: interact socially with their peers; make and keep friends; and join in with games on the playground.

6

Pupils with DLD might present as defiant in class or engaging in task avoidance - but be aware those behaviours could be caused by the child simply not understanding the adult's requests.

7

Support your student by giving them short, clear, specific instructions - and back these up with visual symbols. Limit the information you give them at any one time.

8

To address your pupils underlying needs, they are likely to the support of a specific curriculum, as advised by a SALT.

FASD Fact Sheet

(Foetal Alcohol Spectrum Disorder)

Key Facts And Strategies

1

FASD is a set of conditions caused by alcohol crossing the blood-brain barrier of the developing foetus in the womb, when a pregnant woman consumes alcohol.

2

The result is life-long damage that can impair the child's abilities in terms of memory, information processing, motor skills, spatial awareness, balance and co-ordination, and their social and emotional development.

3

All pupils with FASD are different. Their FASD affects them in different ways, so will need different support strategies to succeed in school.

4

Although some pupils affected by the condition will have specific facial features associated with FASD (thin upper lip, smooth philtrum, small eye openings), this is thought to affect only 10% of children with FASD.

5

Sometimes, pupils with FASD will answer a question with the first thing that springs to mind, even if it's untrue, especially when being questioned about them by prompting them to take 20 seconds thinking time before giving their answer.



6

Pupils with FASD often have problems retaining information they have learned - so prepare for over-learning, not just of academic materials, but of social expectations as well.

7

Visual timetables and task boards can help students understand activities and stay on task.

8

In terms of behaviour management, it is more effective for pupils with FASD to have a small number of expectations and reinforce them with 100% consistency. Promoting too many behaviours at once can be confusing (and anxiety-provoking) for your student.

NEXT STEPS

There's a limit to the amount of information we can provide in a short handbook, so the next step is to get more help using these resources in an effective, systematic way.

So visit our website, at **beaconschoolsupport.co.uk**, where we can provide you with more free resources, videos and webinars about supporting pupils with SEMH needs in school.





Get In Touch

Beacon School Support
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For more free SEMH and behaviour advice and resources, visit:
beaconschoolsupport.co.uk



Help for schools, teachers and families when behaviour gets in the way of success

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WITH SIMON CURRIGAN
AND EMMA SHACKLETON



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