



Guidance on Supporting Learners with Severe Learning Difficulties at Risk of Social, Emotional and Behavioural Difficulties

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Introduction

‘Mental health disorders in young people impact significantly on the lives of those affected, and on the quality of life of those around them. Wider society pays a high price for the failure to tackle these problems effectively. Collectively the cost is reflected in social disruption, poor educational attainment, physical and mental ill health, anti-social behaviour, and the financial cost related to each of these.’
(Bamford et al., 2006)

All teachers play a significant role in the lives of the children and young people that they educate. Teacher feedback to CCEA shows a clear desire for further advice and training to better support learners with or at risk of social, emotional and behavioural difficulties (SEBD). Research also confirms this:

‘It appears that teachers could benefit from further training to refine their ability to identify and act upon children’s mental health problems in a timely manner, thus minimising the need for future intervention.’

(Loades and Mastroyannopoulou, 2010)

Encouraging good health is part of a teacher’s role and promoting good mental health is an essential element of this. CCEA produced [Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties](#) to help teachers in their work.

However, learners with severe learning difficulties (SLD) have extra difficulties in communicating their emotions to others, so regulating their mental health is more complex. Therefore, these learners’ teachers play an even more vital role. Carers clearly recognise this role. Emerson and Hatton (2007) state that 42 percent of carers of children with a learning disability report that teachers are the main source of helpful, formal support.

Considering this important area of teachers’ work, this additional guidance aims to:

- advise on behaviours that may indicate emotional issues; and
- suggest methods to support learners with SLD who may have or be at risk of SEBD.

More general advice on whole-school and classroom structures is available in CCEA’s main guidance mentioned above. Teachers may also refer to that guidance for further information about and sources of support for issues learners may face.

Mental health issues specific to learners with severe learning difficulties

In educational terms, 'severe learning difficulties' may cover children and young people of all ages and also many different syndromes, medical conditions and corresponding behaviours.

The Department of Education gives this definition of SLD:

‘Pupils with severe learning difficulties have very significant intellectual or cognitive impairments. Their cognitive and/or attainment levels are normally at or below the 0.01 percentile. This has a major effect on their ability to participate in the school curriculum without support. Pupils with SLD may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. They will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. The majority remain dependent on adults for all aspects of their care. Some pupils may communicate through use of sign and symbols but most will be able to hold simple conversations. Their attainment levels may be expected to remain at or below Level 1 of the National Curriculum for much of their school careers.’

(Department of Education, 2005)

The Department of Education also gives this definition of SEBD:

‘Pupils with SEBD have learning difficulties as defined within the SEN Code of Practice. They may fail to meet expectations in school and in some, but by no means all cases, may disrupt the education of others. Such difficulties may result, for example, from abuse or neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma. In some cases they may arise from, or are exacerbated by, circumstances within the school environment. They may manifest themselves in a wide variety of forms, sometimes depending on the age of the child – including withdrawn, depressive or suicidal attitudes, difficulty in communicating, obsessional preoccupation with eating habits, school phobia, substance misuse, disruptive, antisocial and uncooperative behaviour and frustration, anger and threat of or actual violence which requires physical intervention. SEBD may be associated with frustrations resulting from other learning difficulties.

Pupils with SEBD cover the full range of ability and continuum of severity. Their behaviours present a barrier to learning and persist despite the implementation of an effective school behaviour policy and personal/social curriculum.

At the milder end of the continuum, pupils may have difficulties with social interaction and find it difficult to work in a group or cope in unstructured time. They may have poor concentration, temper outbursts and be verbally aggressive to peers and adults.

Other pupils may display similar signs of low esteem, under achievement and inappropriate social interaction, but without outwardly challenging behavioural outbursts. They may be withdrawn, quiet and find it difficult to communicate.

(Department of Education, 2005)

There is very limited research available on the mental health of learners with SLD. However, when looking at learners with a range of learning disabilities, it was found that they are significantly more likely to:

- ‘be boys
- have poor general health
- have been exposed to a greater variety of adverse life events (e.g. abuse, serious accidents, bereavement, domestic violence)
- be brought up by a single parent (nearly always a single mother)
- live in poverty
- live in a poorly functioning family (e.g. one that is characterised by disharmony)
- have a mother who is in poorer health
- have a mother who has mental health needs
- live in a family with lower educational attainments and higher rates of unemployment
- have fewer friends.’ (Emerson and Hatton, 2007)

It is clear that learners with SLD have many of these risk factors. The Bamford Review of mental health in Northern Ireland has shown that those with a learning disability are more likely to also suffer poor mental health.

‘Children and adolescents with learning disability are proportionately more vulnerable to the full range of mental health disorders – typically about 40%. Prevalence rates are 3–4 times higher in those with significant learning disability.’
(Bamford et al., 2006)

As well as this vulnerability, children and young people with SLD in Northern Ireland also have the impact of conflict to cope with.

‘Mental health difficulties of at least [14%] appear to be directly related to the Troubles. Based on an adult population figure of **1.5 million**, this equates to around **213,000** adults ... traumatic experiences and exposure to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle which impacts upon the well-being of subsequent generations. Specifically, the effects of violence, traumatic experiences and social segregation impact upon parenting practices which affect early attachment and the capacity of the child to self-regulate. Self-regulation difficulties increase the person’s risk of mental disorders, behavioural problems and suicide.’

(O’Neill et al., 2015) (author’s emphasis)

Understanding and coping with these life disadvantages is of course more difficult for those with a more limited grasp of the causes.

A useful report to consider for further information is *The Mental Health of Children and Adolescents with Learning Disabilities in Britain* by Eric Emerson and Chris Hatton of Lancaster University. It discusses the differences between children (under 11) with and without a learning disability. It shows that learners with a learning disability are:

- ‘33 times more likely to have an autistic spectrum disorder
- 8 times more likely to have ADHD
- 6 times more likely to have a conduct disorder
- 4 times more likely to have an emotional disorder
- 1.7 times more likely to have a depressive disorder.’

As well as the issues that affect the wider population, children and young people with SLD have some very specific circumstances that may affect their mental health. They may have:

- a poor ability to communicate, for example not being able to talk about their school day or their wants and needs;
- health issues that may also mean they have to deal with being visibly different from the general population, for example by needing to eat in a different way;
- an impaired ability to:
 - have similar independence to others of their age; and
 - understand what is socially acceptable;
- a reduced ability to socialise with their age group, and it may not be possible for them to:
 - interact with their peer group in their own community; and
 - meet their school friends outside of school hours;

- less control over their personal life when compared with their age group, such as:
 - needing direction over cleanliness and dietary restrictions;
 - perhaps needing help with toileting; and
 - not being able to go out to play or travel independently to meet friends or go to the shops;
- difficulty accessing the community and may not like noise or crowded places or may also not know how to act in public;
- difficulty sleeping or getting up for school due to their health condition or syndrome;
- underdeveloped social skills and self-help skills;
- find it stressful to deal with change of routine;
- more vulnerability to confidence tricks or scams and be more upset that someone would treat them that way;
- to travel long distances to get to school due to lack of local provision, for example one hour or more each way on a shared school bus;
- a home background where a lack of money can mean basic aids and activities are limited or unavailable;
- to face a lack of acceptance of their learning difficulty by parents or carers or their community;
- to face issues during puberty that they do not understand, which can cause stress over the changes their bodies are going through, and they may also have difficulty in understanding appropriate and safe sexual behaviour;
- to cope with differing expectations of behaviour at home and at school; and
- difficulty understanding the appropriate use of social media and so inadvertently cause problems with others or endanger themselves.

Learners with English as an additional language or from a different cultural background, such as Traveller learners, combined with communication difficulties due to SLD, may struggle to cope at school. Learners who attend schools for those with SLD also have to deal with issues of the others in their classroom.

This may mean:

- coping with the illness or death of a fellow learner; and
- dealing with occasions when another learner has a violent response to a distressing situation.

Communication

Many learners with SLD have difficulties communicating. There are a number of aspects to these difficulties. The learner may have:

- a limited vocabulary;
- difficulty with:
 - grammar; and
 - meaning, for example not understanding the symbolic rather than literal meaning of idioms;
- difficulty expressing ideas, issues and/or opinions
- difficulty in:
 - understanding others' needs and wants; and
 - holding a conversation; and
- a lack of social ability.

A lack of ability to communicate may cause frustration and also lead to feelings of isolation. It is worth noting that some learners with SLD may appear to communicate well, but it may only be a superficial communication. They may struggle to express fully any difficulties they may have or to respond meaningfully to questions they are asked.

As communication is often a difficulty, when learners seem distressed it is worth considering first if they need pain relief, for example they may have no way of explaining they have a toothache or similar pain. If, once you have assessed and met basic comfort needs, the learner is still showing signs of distress over a prolonged period then you should consider assessing their emotional and mental health.

School staff responses and their impact on children and young people

As teachers, we often refer to a learner's 'challenging behaviour'. Our understanding of why this behaviour happens and our response to the behaviour are vital in helping the learner to develop a sense of security that will allow them to move on emotionally.

‘Challenging behaviour is an expression of need. Indeed, unbeknown to many teachers, it may be the tone of their voice or their mannerisms, or something about the classroom setting that for the pupil, can trigger associations of their early home environment, such as fear, panic and a sense of helplessness and hopelessness. The individual concerned may be unaware of why they are so anxious, as it may have been triggered at an unconscious level and beyond their control (Geddes 2006, High 2012). Where the anxiety is expressed as an outburst of disruptive behaviour at school, the pupil may be subsequently disciplined for behaviour, over which s/he actually had little cognitive control. Therefore, rather than learning the consequences for such behaviour, the pupil will become increasingly anxious, angry and antagonistic for feeling so misunderstood, thus fuelling an escalation of behavioural difficulties.’

(Nash, Schlosser and Scarr, 2016)

Armed with this information, we are better able to respond in a manner that allows the learner to feel secure and so develop better social skills.

Developing a positive relationship with learners is an important part of the teacher's role. It can have a significant impact on the learner's emotional well-being.

‘Students with a higher degree of teacher acceptance felt lower levels of loneliness, whereas students who experienced a greater extent of teacher rejection reported a higher tendency to feel lonely. Murray and Greenberg (2001) revealed that among schoolchildren with high-incidence disabilities, children who have a more positive relationship with their teachers showed a lower tendency towards delinquent behaviours. At the same time, children who experienced greater discontent in their relationships with teachers felt higher levels of anxiety and showed a greater tendency towards problem behaviour.’

(Granot, 2016)

Schools should carefully consider where they place learners at risk of SEBD to ensure the most positive relationships are developed.

Autism Spectrum Disorders

One significant group among learners with SLD are those with autism spectrum disorders (ASD). Research shows that learners with ASD, regardless of cognitive ability, require a high level of support throughout their lives. Much of this is due to ‘the core features of autism. A further, less well-investigated cause of impairment may be psychiatric [disorders]’. (Simonoff et al., 2008)

However, identification of and intervention for these mental health disorders ‘could reduce overall impairment and improve quality of life’. (Simonoff et al., 2008). Research shows that rates of anxiety disorders are very high among these learners. ‘All of the studies systematically assessing anxiety disorders report high rates and [the] rate of 41.9% is no exception.’ (Simonoff et al., 2008)

Parental responses and their impact on children and young people

For many parents or carers, their own child may be the first person with SLD that they have encountered. This will mean a period of adjustment to learn and accept the reasonable expectations for a child with SLD. For some parents or carers, it may be hard to accept this change in expectations and they may feel anger or become depressed.

Information on the medical condition or syndrome that their child has may be difficult to find or it may be that their child has a general difficulty with no specific cause. Parents or carers may not know what is reasonable to expect from their child or have little experience of the type of education provided in a special school. Conversely, the parents or carers may have researched thoroughly and wish for a type of education they have read about.

Parents or carers will naturally have fears and concerns about the long-term future for their child. It may be that their child has a short life expectancy or a regressive condition. It may also be that the child will need lifetime care and the parents or carers need to plan for this.

On a practical basis, the care of their child can cause great difficulties for the parents' or carers' working and social life. Some learners may need support from their parents or carers at very short notice several times during the school week. This may be due to medical needs or emotional and behaviour issues.

Parents or carers may find few people in their community who understand their family's particular circumstances. There is a need for parental support groups that is not always met. There can also be difficulty in finding babysitters and other forms of appropriate and affordable childcare.

Due to all these stresses and the understandable anxiety it causes, parents or carers can find communication with their child's school difficult to manage. It may also be that the parents or carers do not have English as a first language or that their own literacy is not good. Schools may need to seek a range of methods of keeping in contact with their learners' families.

Parents or carers also have many other issues related to shortage of provision of services such as respite visits or access to therapists. For example, in the Children's Social Care Statistics for Northern Ireland 2014/15, the Department of Health, Social Services and Public Safety reported that 4031 children in need and known to Social Services had a disability. There is a lack of respite care in Northern Ireland and this can cause excessive strain on many parents or carers. This in turn can lead to children and young people being sent to school when they are unwell.

The stress that parents or carers are under can mean that life at home is also difficult for the child or young person. They may not fully understand the issues that their parents or carers are dealing with, but they can feel the stress and are negatively affected by it.

Many of these issues lead to the child or young person feeling a lack of control over many aspects of their life. This leads to negative emotions and, for some, finding a way to gain a sense of being in charge through their behaviour.

How to recognise learners with or at risk of SEBD

Teachers spend a significant amount of time with the learners in their charge. So they are well placed to spot behaviours that might signal a mental health issue. Research in mainstream primary schools has shown that teachers do this well. Research has also found that teachers are swayed by the learner's gender and whether the problem is an emotional or behavioural one.

Loades and Mastroyannopoulou (2010) report that 'Gender of the child in the vignette was the only factor that was an independent predictor of accurate problem recognition ... teachers who were presented with vignettes describing boys with ODD [oppositional defiant disorder] symptoms and girls with SAD [separation anxiety disorder] symptoms were significantly more accurate in terms of problem recognition compared to those who were presented with vignettes describing girls with ODD symptoms and boys with SAD symptoms.'

They also reported that 'Teachers' degree of concern was significantly less for the vignette of the child presented with clinical symptoms of an emotional disorder as compared to the vignette of a child presented with clinical symptoms of a behavioural disorder.'

The symptoms of oppositional defiant disorder display mainly as aggressive, vindictive and outwardly directed. In contrast, symptoms of separation anxiety disorder are typically inwardly directed and display mainly as fearfulness, nervousness and anxiety.

So, as teachers, we must be careful to ensure that we give equal weight to emotional and behavioural problems, and also consider all possibilities for both genders.

CCEA's guidance documents, [Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties](#) and [Young Learners and Social, Emotional and Behavioural Difficulties \(SEBD\)](#), discuss issues children and young people face and give typical behaviours of those in distress. Teachers may also find these useful together with this guidance.

Behaviours that may be seen among those in need of support

Learners with autism and/or SLD are difficult to assess for mental health problems such as anxiety or depression.

‘Many of the criteria that initially need to be met rely on adequate communication skills which are often absent in this group ... depression presents so differently in the more severely disabled population that a new classificatory system, acknowledging these alternative signs and symptoms, may be appropriate.’

(Perry et al., 2001)

Research has still not produced a definitive list of symptoms to adequately assess depression or other mental illness in those with SLD.

However, there are some useful indicators to consider when concerned about the emotional well-being of learners with SLD, such as:

- observed depressed mood
- changeable mood
- diurnal variation of mood (fluctuations that occur during each day)
- tearfulness
- irritability
- aggression
- loss of interest
- anxiety
- lack of emotional response
- sleep disturbance
- self-harming, such as head banging, hitting, biting or eye poking
- suicidal ideation (thinking and talking about suicide, including making plans)
- psychomotor agitation (series of unintentional and purposeless motions that stem from an individual’s mental tension and anxiety)

- being withdrawn
- screaming
- shouting
- crying
- tantrums
- throwing objects
- weight loss
- loss of appetite
- constipation
- incontinence
- increase in obsessive behaviour
- repetitive and self-stimulatory behaviours (stimming), such as rocking or finger flicking
- stereotypic behaviour (constant and repetitive actions, such as vocalisation, grooming, walking or weaving)
- psychomotor retardation (a visible slowing of physical activity, such as movement and speech having a mental, not organic, cause), which may include:
 - slow talking or long pauses before starting to talk
 - taking a long time to cross a room or
 - slow chewing food and waiting longer than usual between bites
- social isolation
- socially inappropriate behaviours, such as masturbating, stripping in public or smearing faeces
- lying on the floor as a way of not co-operating
- refusing to attend school
- elective mutism
- reduced communication
- decreased concentration.

It's worth noting that while generally people are secretive over self-harm, some of those with SLD will harm themselves in public. The self-harm still denotes the same emotions of frustration and distress.

A second important point is that for some children and young people, stimming is not a sign of distress but simply a way of getting sensory input. It's important to consider the context. Also consider if the stimming is a change from that learner's normal behaviour.

Professionals in school and their role in supporting learners' mental health

Life in a special school involves many different professionals who all play a role in providing the best education to the learners there. In her 2013 book, *Secrets to Success for Professionals in the Autism Field*, Gunilla Gerland discusses the approaches and underlying assumptions many professionals have when dealing with people with disabilities.

She says:

‘I dare say that it is very common for professionals – often without even realising it – to blame disabled people for their behaviours. This is reflected in mindsets which tell us that he or she must learn that ‘you can’t hit others’; must ‘tell right from wrong’; must know that ‘you should not be wasting your money’, and similar. Or maybe you say that someone has destructive behaviours, is manipulative or ‘seeks attention’.

As I see it, however, our pupils and clients with autism always do *their best*. Given their abilities this is the most constructive thing they can do at that moment (even if the result is destructive). If they broke a window and threw things around, it was the most constructive thing they could do. They didn’t have the means to behave differently, and when the means are lacking, it is our responsibility to provide them. The *implication* of an action can be destructive (at worst, someone is injured) but the intention is not destructive and thus, as I see it, nor is the act in itself. This may seem like a construction of thought, since I deliberately choose to see it this way. It is, however, useful because it has a significant bearing on how I respond to people.’ (author’s emphasis)

With the possibility of unhelpful mindsets, all professionals need to reflect on their practice and consider if their actions and language are promoting good mental health and improving the self-esteem of the learners in their charge. Each professional has a different but valuable role to play in the life of these children and young people. Below are some suggestions for the type of actions that each professional might consider as part of their practice.

All staff should aim to be aware of an individual learner's behaviour and appearance, noticing and reporting any change of concern.

Principal and Senior Management Team

The principal and senior management team are responsible for ensuring that policies to promote good mental health for staff and learners are in place. They should also ensure that the school promotes an atmosphere that enables resilience to thrive. An important part of this is to ensure that they lead by example and make every effort to protect their own mental health.

School management should also have a clear overview of all communication with parents or carers. This will enable them to introduce and maintain policies that guide parent or carers and teachers to the most appropriate and effective way of sharing information about learners.

The principal and senior management team should also, as part of the child protection policy, set up a whole-school identification process for learners with or at risk of SEBD. See page 31 of CCEA's [Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties](#) for an example process.

Schools should aim to foster positive links to school for the learners and to provide an overall positive school experience. For some learners, the caring atmosphere in school may be the only stable place they have. Due to learners' varying needs and abilities, schools should provide a range of options for participation. This will allow as many as possible to fully participate in all that your school has to offer.

Where possible, schools should:

- encourage good links with other services that are part of the child or young person's life;
- allow for continuity of staff–learner relationships over each learner's time in the school;
- ensure good handover processes between one member of staff and another; and
- appoint a key member of staff to be the learner's special contact for issues and worries that arise.

Classroom Responsibilities

The information available in [Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties](#) is essential for staff working with learners with SLD. Staff should also bear in mind the issues raised earlier about communication difficulties. As learners with SLD are so individual in their needs, it may also be useful when planning an approach to refer to information and advice from families, social workers, medical professionals and educational psychologists.

One of the most important things a teacher can do for learners is to provide an atmosphere of resilience in the classroom for both learners and staff. You can do this by:

- linking the curriculum to the learners' experience;
- ensuring that you provide a wide range of learning opportunities that allow life skills to grow;
- helping learners feel safe;
- being knowledgeable about the child or young person's emotional needs;
- taking a personal interest in each learner;
- showing empathy;
- 'catching' them doing something positive and rewarding them;
- demonstrating how you take care of your own mental health;
- using Personal Development lessons effectively to address issues that your class need support with, including using resources such as:
 - CCEA's [Learning for Life and Work](#) resources;
 - MENCAP's booklet [Feeling Down: Looking After My Mental Health](#); and
 - Middletown Centre for Autism's [Teenage Resource](#);
- helping your learners to develop stress relieving strategies, such as yoga, Pilates, mindfulness and guided meditation; and
- having a stress box available for learners (see Appendix 1 for suggestions for the stress box's contents).

Learners with SLD need extra support in developing tools to respond in a positive way to life. You can give them this support by:

- using social stories to develop positive coping strategies for difficult situations;
- using role play to both model and practice appropriate behaviours;
- using video modelling, which involves learners watching a video of an adult, peer or themselves perform a social behaviour correctly, and they then have opportunities to model the behaviour;
- teaching active constructive responses, which are part of a theoretical framework proposed by psychologist Shelly Gable (see Appendix 2 for further details);
- using peer training, which gives learners the opportunity to demonstrate to and teach others a social skill they have learned, and you could do this with learners in the same class or learners of a similar age from a mainstream school could work with the class;
- providing guidance through ‘changes’ that create uncertainty for learners can greatly reduce any stress, for example:
 - holding the classroom assistant’s hand for the walk to the lunch room; or
 - giving an older child an item to carry for the teacher;
- using communication and structure systems to support the learner in managing their day, such as the Picture Exchange Communication System and Makaton;
- making positive acknowledgements of the learner during the day;
- providing timers to signal the length of an activity;
- allowing learners some control over their life, for example choices over activities; and
- prioritising developing relationships as an essential part of the school day, which can form part of the Personal Development section of the curriculum.

Most of these actions will be second nature to teachers, but it is useful to remember their importance.

Other Professionals

Learners with SLD come into contact with many other professionals, such as learning support assistants, therapists, family support workers, transition service, Sure Start workers and bus escorts. To maintain an overview of any issues, it is important that all of these professionals are also aware of:

- their role in promoting good mental health; and
- the correct procedures to report any concerns to the school.

Whole-School Approach

Information on setting up whole-school systems is available in [Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties](#). Schools for learners with SLD are a very different environment to other schools and educational establishments.

Management and staff will need to take time to develop an approach that will both manage challenging behaviour in a safe and reassuring way, and also provide a secure, supportive place for learners and staff.

In their 2015 article, 'Critical psychologies of disability: boundaries, borders and bodies in the lives of disabled children', Goodley and Runswick Cole state that 'it is no longer possible for psychologists and other related professions to presume and articulate the view that a child's impairment unproblematically and causatively links to their incompetence, 'handicap' or inability to learn. Instead, thanks to disabled activists, their allies and the emergence of the trans-disciplinary space of disability studies, we can confidently conclude that children with sensory, physical, cognitive and mental impairments are subjected to everyday conditions of what Thomas (2007: 73) defines as *disablistism* 'a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well being'. They also state that 'Disabled people often feel unwelcome in mainstream spaces and are forced to struggle with a sense of belonging.' (author's emphasis)

Where possible then, schools should support their learners in developing the skills to engage in a lifestyle where these restrictions are, at the least, lessened. Schools should also review the underlying assumptions that they make when planning the implementation of the curriculum to ensure that they are providing the best possible range of opportunities for each learner.

School Well-Being Checklist

1. Create a clear identification system for learners with or at risk of SEBD that considers:
 - Are all types of at risk behaviour recognised by all staff?
 - Is equal weight given to behaviours that show as internalising (distress) and those that show as externalising (anger)?
 - Is there a system in place for checking that learners are not in physical pain or discomfort that may cause unhappiness, for example toothache?
 - Is there information available on how to support learners in need and, where necessary, how to refer them on?
2. Ensure all staff have regular training in:
 - identifying SEBD;
 - supporting learners, especially in promoting resilient behaviour; and
 - managing challenging behaviour.
3. Do the class curriculum and activities stretch each learner's ability to engage in all aspects of life?
4. Is emotional well-being and resilience building a regular part of each class curriculum?
5. Does the school actively encourage activities for staff and learners that promote happiness? For example:
 - physical activities suitable for all;
 - leisure activities for all tastes;
 - team building activities; and
 - opportunities for friendships to develop.
6. Are support services available to all staff and learners? Does every member of staff know how to access these services, both for themselves and for learners?

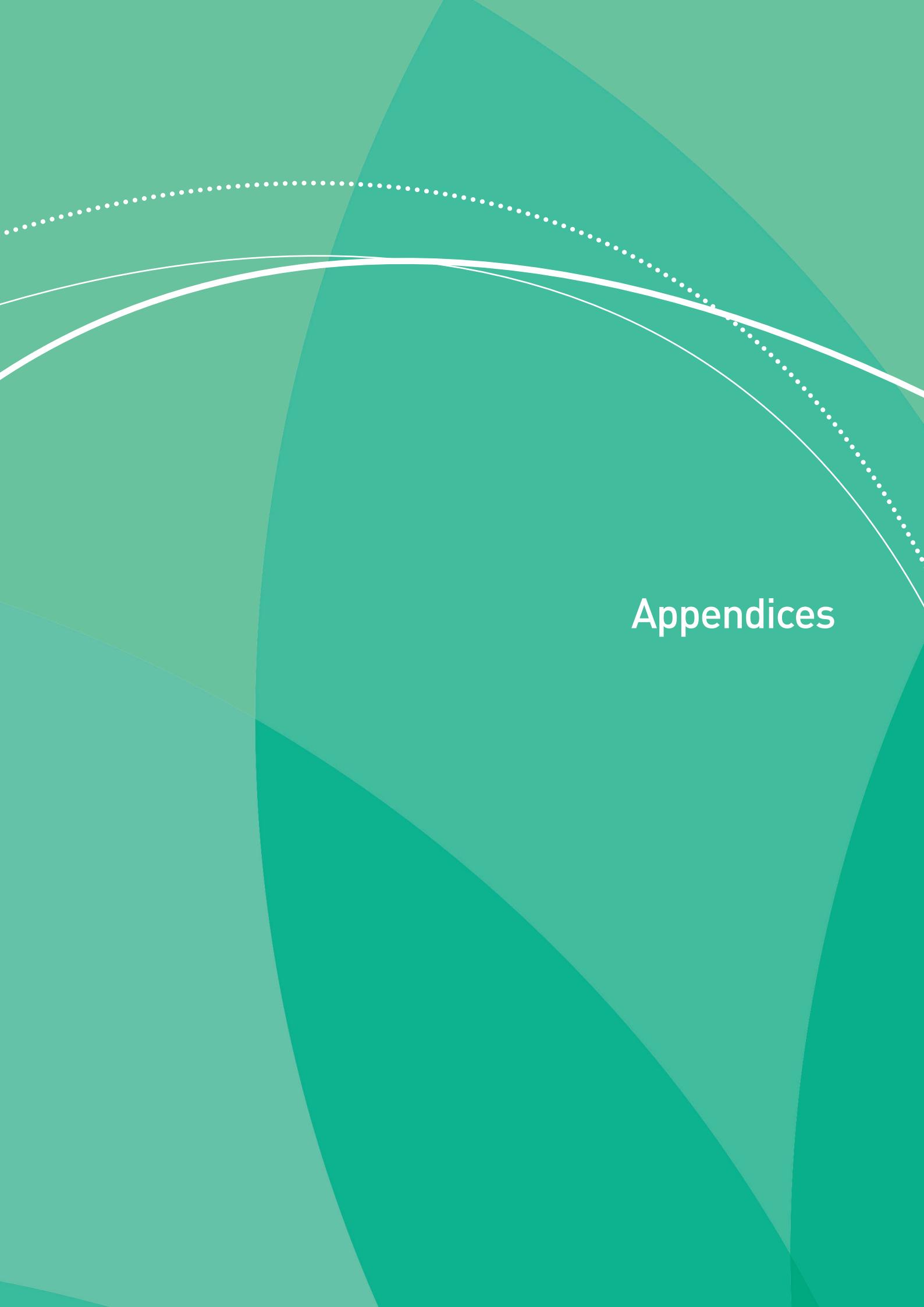
Critical Incidents

In the event of a critical incident, schools should follow the advice from the Education Authority and, if necessary, contact the relevant office there for further support. See [Managing a Critical Incident](#), available at www.eani.org.uk, for contact details and more information.

References

References

- Bamford et al., *A Vision of a Comprehensive Child and Adolescent Mental Health Service*, Bamford Review of Mental Health and Learning Disability (Northern Ireland) (2006)
- Department of Education, *Guidance for Schools: Recording Children with Special Educational Needs* (2005)
- Department of Health, Social Services and Public Safety, *Children's Social Care Statistics for Northern Ireland 2014/15* (2015)
- Emerson, E. and Hatton, C., *The Mental Health of Children and Adolescents with Learning Difficulties in Britain*, Lancaster University (2007)
- Geddes, H., *Attachment in the Classroom: The Links between Children's Early Experience, Emotional Well-Being and Performance in School: A Practical Guide for Schools*, Worth Publishing (2006)
- Gerland, G., *Secrets to Success for Professionals in the Autism Field*, Jessica Kingsley Publishers (2013)
- Goodley, D. and Runswick Cole, K., 'Critical psychologies of disability: boundaries, borders and bodies in the lives of disabled children' in *Emotional and Behavioural Difficulties*, vol. 20, no. 1, Routledge, Taylor and Francis Group (2015)
- Granot, D., 'Socioemotional and behavioural adaptation of students with disabilities: the significance of teacher-student attachment-like relationships' in *Emotional and Behavioural Difficulties*, vol. 21, no. 4, Routledge, Taylor and Francis Group (2016)
- High, H., 'Psychoanalytic Theory of Development' in *Why Can't I Help this Child to Learn? Understanding Emotional Barriers to Learning*, edited by H. High, Karnac Books (2012)
- Loades, M. E. and Mastroyannopoulou, K., 'Teachers' recognition of children's mental health problems' in *Child and Adolescent Mental Health*, vol. 15, no. 3 (2010)
- Murray, C. and Greenberg, M., 'Relationships with teachers and bonds with School: Social emotional adjustment correlates for children with and without disabilities' in *Psychology in the Schools*, vol. 38, no. 1, John Wiley and Sons, Inc. (2001)
- Nash, P., Schlosser, A. and Scarr, T., 'Teachers' perceptions of disruptive behaviour in schools: a psychological perspective' in *Emotional and Behavioural Difficulties*, vol. 21, no. 2, Routledge, Taylor and Francis Group (2016)
- O'Neill, S. et al., *Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health*, prepared for the Commission for Victims and Survivors by Ulster University (2015)
- Perry, D. W. et al., 'The phenomenology of depressive illness in people with a learning disability and autism' in *Autism*, vol. 5, no. 3, the National Autistic Society, Sage Publications, www.sagepublications.com (2001)
- Simonoff, E. et al., 'Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample' in *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 47, no. 8, www.jaacap.com (2008)

The background features a minimalist abstract design. It consists of several overlapping curved bands in two shades of teal. A darker teal band forms the base, followed by a lighter teal band that curves upwards and outwards. A thin, solid white line follows the upper edge of the lighter band. Above this line, a series of small, light blue dots forms a curved path that peaks and then descends. The overall effect is organic and fluid.

Appendices

Appendix 1: Ideas for Stress Boxes

When we are stressed, we have elevated levels of cortisol and adrenaline. The human body uses these for 'fight or flight'. In situations where neither of these are appropriate responses, we need an alternative to relieve the elevated levels of stress hormones. The idea behind the items in a stress box is that they should either give comfort or safely burn off excess stress energy.

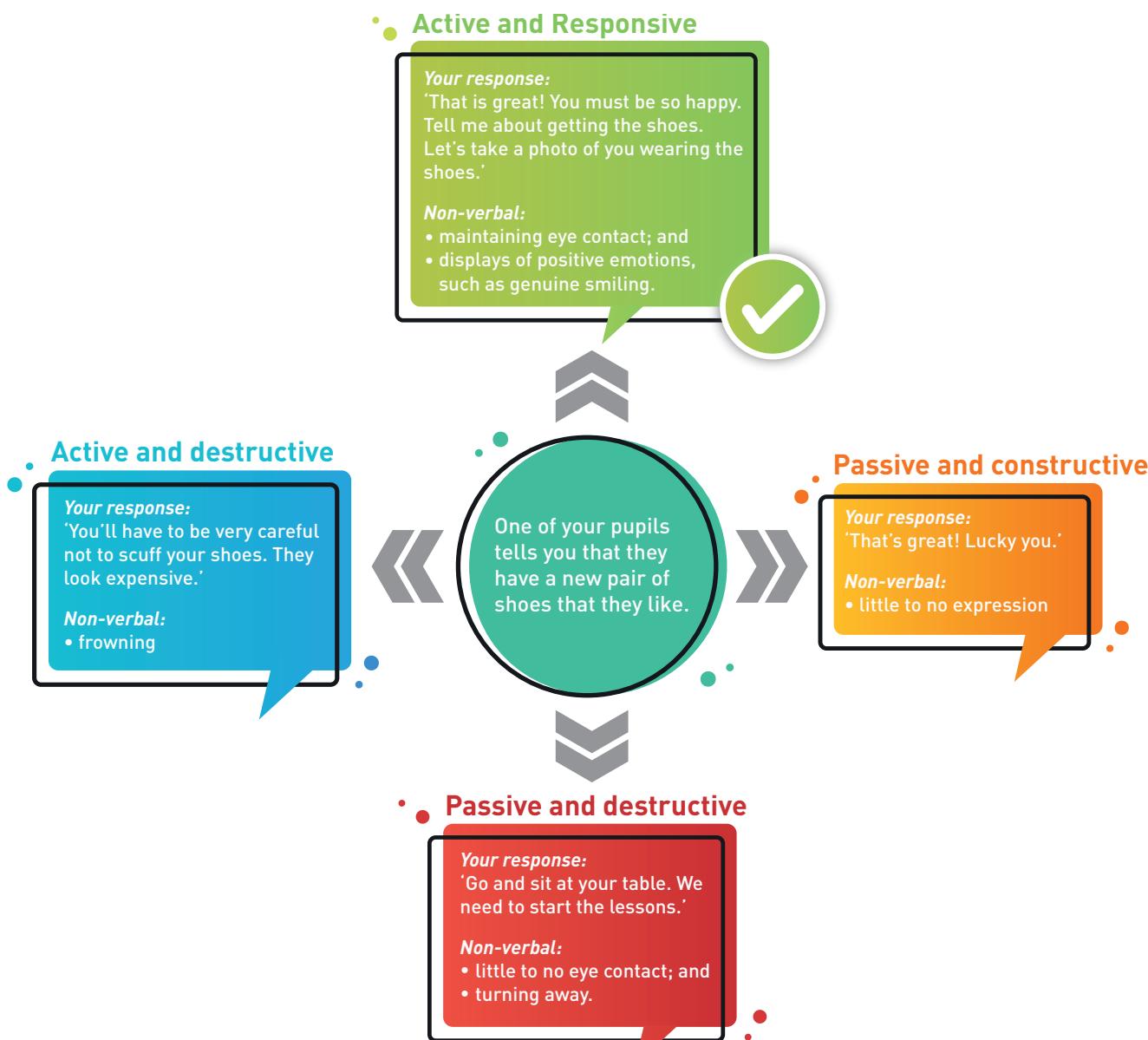
Choose items that suit your group of learners. You will need to review this any time there is a change in class membership. Here are some ideas:

- hard sweets like lollipops or anything else that can be sucked on
- crunchy snacks
- gummy snacks
- noise cancelling headphones for listening to music or audiobooks
- hearing protection ear muffs
- punching bag
- LEGO or building kits
- yoga pose cards or video
- weighted blanket
- calming essential oil spray
- Rescue Remedy spray
- doodle pad
- bubble wrap to pop
- paper to tear or scrunch
- colouring books
- skipping rope
- activity books, such as dot-to-dots or mazes
- stress balls
- mini massager
- blank notebook and pen or recording equipment to record thoughts verbally
- player and headphones for listening to music, audiobooks or nature sounds
- look and find books, for example Where's Wally?
- kaleidoscope
- weighted lap cushion
- heated blanket
- simple art or craft activities
- hand weights or small dumbbells
- resistance or exercise stretchy bands
- compression clothing
- Bop It!, Simon or a similar game that uses auditory or visual input
- eye mask
- lava lamp
- scented lotion
- sunglasses.

Appendix 2: Teaching Active Constructive Responses

One of the key elements of building resilience is developing healthy relationships with others. An important aspect of relationships is how we respond to others. One way to make ourselves and others feel positive is to respond well to happy news that we are told. Active constructive responses are part of a framework developed by Shelly Gable. See her [biography](#), available at www.psych.ucsb.edu, for more information on her work.

This table shows different ways that we might respond to good news.



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