CHAPTER 1
WHAT DOES BEHAVIOUR MEAN TO YOU?

This chapter provides an introduction to the concept of behaviour and demystifies it as a message from a child, who first needs to be understood before you can offer the most effective response. The chapter:

- Provides definitions of behaviour
- Outlines risk factors at school or at home which can negatively affect behaviour
- Covers understanding behaviour as a message from a child.
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‘The problem is the problem, not the child!’
Long, 2016

According to the Oxford English Dictionary, the word ‘behaviour’ is a noun defined as ‘the way in which one acts or conducts oneself, especially towards others’. I would have thought it was more likely to be a verb, but then again this is the irony of the term. Despite being a word used by many of us on a regular basis, especially working within schools, it appears to me that it is a word that many people do not understand at all.

Consider the following conversation between two teachers at a recent staff meeting:

Teacher 1 ‘Jason is a real pain in the neck, he is always interrupting me and distracting the other students.’

Teacher 2 ‘Jason’s really come a long way in my class and is always keen to contribute. I wish some of the others were as keen as him.’

These two statements are about the same student, but offer differing perspectives. Why does one person find Jason’s ‘behaviour’ annoying, while the other person finds it interesting? It seems that Jason is capable of being a good student, but one teacher does not see this side of him. Although people would agree that specific behaviours such as aggression or acting out in the classroom are never appropriate, it does appear that attitudes towards what we might describe as low-level disruption differ from person to person.

Some people would say that children’s behaviour is getting worse and will have an opinion on why that is, whether it’s issues at home, the internet, not getting enough nutrition, and so on. Yet, there is no way to know if this
is true. In this book, I would like to explore what we mean by behaviour and provide a process for how we meet its challenges.

**REFLECTION**

What do you understand behaviour to mean? Are there any justifiable reasons for behaviour being considered as ‘bad’?

**DEFINITIONS OF BEHAVIOUR**

Until very recently, the term used to describe behaviour issues in school was SEBD which stood for ‘social, emotional and behavioural difficulties’. This term had evolved from the term EBD: ‘emotional and behavioural difficulties’. To this day, some specialist schools are still referred to as EBD schools. In 2016, in the wake of the revised SEND Code of Practice, the term SEBD was revised to SEMH – social, emotional and mental health. This suggests a movement away from describing behaviourally challenged individuals towards a position that looks at the reasons or possible causes of why some individuals are more at risk than others when it comes to behavioural difficulties.

**MENTAL HEALTH ISSUES**

Until recently, people appeared reluctant to talk about the mental health of children, believing it to be something discussed among adults only. Yet, the reality is that just as we need to take care of children’s physical health, we also need to take care of their mental health, no matter their age. A recent report entitled ‘Mental Health and Behaviour in Schools’, conducted by the Department of Education (2018), stated that 9.8% of children and young people aged 5–16 have a clinically diagnosed mental disorder. Within this group, 5.8% of all children have a conduct disorder (this is about twice as common among boys as girls), 3.7% have an emotional
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disorder, 1.5% a hyperkinetic disorder, and a further 1.3% have other, less common disorders, including autistic spectrum disorder, tic disorders, eating disorders and mutism (see Figure 1.1).

Figure 1.1 Clinically diagnosed mental disorders

1.9% of all children (approximately one fifth of those with a clinically diagnosed mental disorder) are diagnosed with more than one of the main categories of mental disorder. Beyond the 10% discussed above, approximately a further 15% have less severe problems which put them at increased risk of developing mental health problems in the future.

The report helpfully outlines four areas of risk factors that can increase the chances of a child developing mental health issues: risk factors in the child, in the family, in the community, and at school.
Risk factors in the child include:

- Specific learning difficulties/neurological difficulties
- Difficult temperament
- Levels of intelligence, IQ and EI
- Socialisation difficulties
- Physiological issues of levels of self-esteem, depression, stress
- Other health factors.

Risk factors in the family include:

- Overt parental conflict and family breakdown
- Sibling rivalry
- Inconsistent or unclear discipline
- Hostile or rejecting relationships
- Health of parents
- Failure to adapt to a child’s changing needs
- Physical, sexual or emotional abuse
- Parental criminality, alcoholism or personality disorder
- Death and loss, including loss of friendship.

Risk factors in the community include:

- Socioeconomic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events.
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Risk factors at school include:

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil and teacher relationship.

**HINTS & TIPS: PROTECTIVE FACTORS FOR DEALING WITH RISK**

For each of the four areas of risks factors, protective factors have been listed to allow you to better safeguard your children (see DfE, 2015).

All of the listed risk factors can have a significant influence on the development and SEMH of a child. This is not the first time risk factors have been outlined in this way, especially in terms of the individual, the family and the community. However, the one new area added to the spectrum in this report is risk factors in school.

Issues in school such as peer pressure, friendships and bullying are not new; however, the added pressure of cyber bullying means that children can no longer avoid the pressure of peers once they have left the school gates. I have heard it said on more than one occasion that the main reason why children WANT to go to school is not to learn or because we adults make them, but to see their friends. If friendships are something that a child finds challenging, or if they fear their peers, then their mental health and behaviour will be affected.
HINTS & TIPS: HOW CAN YOU SPOT MENTAL HEALTH ISSUES IN A CHILD?

Look out for …

- Poor eye contact
- Problems with communication
- Becoming easily frustrated and quick to anger
- Tardiness
- Over familiarity with adults
- Feigning sickness to avoid certain activities
- Lack of empathy.

If you feel a child in your class is experiencing any of the above, talk to your safeguarding officer and engage the school SENCo.

RESOURCES

Your own mental health is important too, and in order to support your children to the best of your ability, you also need to look after yourself.

If you feel yourself experiencing mental health issues, try these resources for teachers:

www.educationsupport.org.uk/teachers-mental-health
www.bbc.co.uk/teach/teacher-support/new-mental-health-and-wellbeing-support-for-teachers/z4g4scw
DEMystifying Behaviour

When I began my career in teaching, the people who tended to study and write about behaviour were academics and psychologists. No one looking at behaviour in that time was applying it to the context of the classroom. It was with great relief that I discovered an Australian teacher called Bill Rogers who completely transformed the way I thought about and practised behaviour management. From attending his seminars (Rogers, 1997), I learned the following:

- Behaviour is learned.
- Behaviour is purposeful in a social setting.
- Behaviour is chosen.
- Behaviour communicates information about needs.
- Behaviour can be the result of BDS.
- Behaviour can be changed.
- Behaviour can be taught.

While the validity of these points can be debated, they gave me a great foundation upon which to build my own understanding of behaviour. Over time, I came to find that I disagreed with the idea that ‘behaviour is chosen’. While in some cases this may be true, there are often times when it isn’t. Some children who act in a disruptive way will often have acted completely without thinking. I call this ‘non-premeditated behaviour’. The key question to consider when a child acts in a disruptive way, is whether or not they were in control of their actions. One of the statements listed by Rogers that I do strongly agree with is ‘behaviour communicates information about needs’. As teachers, this is an important thing to understand. Behaviour does not occur in a vacuum; it is often in response to something. A child may have trouble with articulating their needs through words and it may come out in ways that disturb the classroom. The most effective way to support a child is to speak to them and understand where their actions are coming from. You can then put measures in place to prevent these actions from happening or support the child when they do.
CASE STUDY

During one of my lessons, a 14-year-old student called Jack was in a bad mood. I saw him glaring at another child called Toby who was sitting at the desk in front of him. Ten minutes into the lesson, Jack kicked Toby’s chair from underneath him and fists started flying.

I immediately stepped between them and told Jack to stand outside, while I moved Toby to a corner of the room. I went outside to speak to Jack who was pacing up and down the corridor. When I asked him what had happened, he told me Toby had been rude about his mother in the last class and that he was going to get him for it.

‘No, you’re not’, I said. ‘Even though you’re upset, this stops now. I will deal with this behaviour at lunchtime when you both come to see me. You are both responsible for this situation and there will be further consequences if it continues. Do you understand?’

Consequences do often have traction for premeditated behaviour but less so for non-premeditated or impulsive behaviour. By the time you’ve considered what you’ve done, the action has already happened. In retrospect, I should have talked to Jack when he first came in and before the incident escalated. When it was happening, I didn’t think I had time but, actually, by not interceding early enough I spent a lot more time later sorting out the incident.

Now that we have established a way of better understanding behaviour, next comes the task of being able to support it within the classroom and the school community. All schools will have policies on behaviour, safeguarding, bullying, and so on. However, in this book I outline an approach that I have developed over the years, through working with a range of different schools and school systems, called SF3R: structure, flexibility, rapport, relationships and resilience. Each of these terms acts as a vital cog in driving the behaviour management machine. Here I’ll provide a short introduction, while later chapters will go into it in greater detail:
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1. Structure: this in essence provides the values, rules and systems that children and young people need in order to make sense of the world around them. Structure allows children and young people to feel safe and stable, and creates security in their lives. It also means developing clear boundaries and expectations and requires consistency in order to be effective.

2. Flexibility: this is where adaptation to a range of different circumstances will complement the structure in our lives. Flexibility, when applied successfully, will allow freedom, opportunity and fun for all involved. Flexibility requires an appreciation of different people and cultures. It is inclusive and is based around equity rather than equality.

The 3Rs are the means of sustaining the long-term success of structure and flexibility:

1. Rapport: this requires people skills, including the effective use of praise and the power of active listening. Successful rapport results in trust and respect for people for who they are and not who we wish them to be. Rapport creates respect, trust and self-esteem between people.

2. Relationships: these are the lifelines for human beings to connect with each other in order to make sense of the world around them. Relationships allow you to form partnerships with people which are positive and productive.

3. Resilience: this is a necessary quality for all teachers, allowing you to move on when something doesn’t go your way. Resilience does not happen overnight or by chance; it requires a level of confidence that in many cases needs to be nurtured through effective structure and flexibility.

In practice, SF3R is not a formula, but more of a philosophy about how to support positive moods and therefore behaviour.

Chapters 3–5 provide specific examples of how and what each of these areas can look like in practice, but for now let’s consider why these five words are vital in achieving behavioural management success.
CONCLUSION

In this first chapter, we have established that behaviour is a form of communication or a message that needs to be understood in order to best provide the appropriate support.

Although most behaviour is owned by a person, some students may not be choosing to make good choices regarding their behavioural actions, particularly if they have mental health issues.

Our role is to guide students to make better choices and provide systems that create consistency across a school, which should enable these choices to be made in a safe and structured environment. There will be times when things don’t go according to plan, which is why we need to get technical about not managing behaviour but managing mood.
NOTE IT DOWN

Looking at the following statements, do you agree, disagree or are you unsure about them? Mark appropriately and say why for each:

Behaviour is learned.

Behaviour is purposeful in a social setting.

Behaviour is chosen.
Behaviour communicates information about needs.

Behaviour can be the result of BDS.

Behaviour can be changed.

Behaviour can be taught.