



PAVING THE WAY

HOW TO DEVELOP EFFECTIVE LOCAL SERVICES
FOR CHILDREN WITH LEARNING DISABILITIES
WHOSE BEHAVIOURS CHALLENGE



The Challenging
Behaviour Foundation

THE RIGHT SUPPORT IN THE RIGHT PLACE AT THE RIGHT TIME



MY SON DANIEL BEGAN DISPLAYING SELF-INJURIOUS BEHAVIOUR (HEAD-BANGING) AT THE AGE OF ONE. WE DIDN'T KNOW WHAT TO DO OR WHERE TO GO FOR HELP AND WE WERE GIVEN JUST THREE OPTIONS: A HELMET, MEDICATION OR HOPE HE GROWS OUT OF IT. WE RULED OUT THE FIRST TWO OPTIONS AND WERE THEREFORE LEFT WITH NO PRACTICAL HELP OR SUPPORT.

Daniel did not grow out of his behaviours. He developed a whole repertoire of behaviours described as challenging – including disruptive and destructive behaviours, aggressive and other self-injurious and stereotyped behaviours.

At the age of nine Daniel had to go 275 miles away from his family home to a specialist residential school. At that school they adopted an approach whereby they carefully identified the reasons behind Daniel's behaviours (the functions) and provided him with other ways to get those needs met. This included teaching him a range of useful, practical skills (sitting still for 5 seconds was one starting point) with an emphasis on increasing his communication skills (he has no verbal communication but can sign and use symbols). When this was explained, it all seemed so perfectly sensible – and I thought “**why didn't we know that and do that from the start?**”

There was nothing special about the part of the country where Daniel's school was located - it was not that the air was different- it was simply that there was expertise located in one building hundreds of miles away. Daniel was separated from his family and all that was familiar because he had to move to where the expertise was.

I set up the Challenging Behaviour Foundation (CBF) to help me bring Daniel back close to his family; to demonstrate that he could be supported well – and to share that with other families. A great deal is now known about how to support children with learning disabilities who display behaviour described as challenging, but it still does not happen for everyone everywhere. There are pockets of good practice, but few and far between – this needs to change.

There is an opportunity now to really focus on improving the lives of children with learning disabilities who display behaviour described as challenging. I would urge Service Heads and local commissioners to use the Special Educational Needs and Disability (SEND) reforms to deliver real and effective change for this group of vulnerable children in line with the post Winterbourne commitments. The post Winterbourne View work has focussed on adults. For many of those adults, the failure to get the right support in childhood set them on a path that failed to secure them the life and opportunities they were entitled to.

This resource aims to provide practical examples of different elements of positive behavioural support that deliver good outcomes for children and young people and their families. It is one of several produced through the Challenging Behaviour Foundation (CBF) and Council for Disabled Children (CDC) Early Intervention Project, funded by the Department of Health.

All members of my family and all the staff supporting Daniel would have benefitted from information and training in positive behavioural support. That would have resulted in better outcomes for Daniel and a better quality of life for us all. There was no reason why the expertise at Daniel's school could not be replicated so that he could get the right support locally – and support to meet his needs could be built around him. I hope that today, families across the country, in similar situations to the one we faced when Daniel was younger, will get the right support in the right place at the right time. We must ensure that all families are provided with timely and practical information and support. **Early intervention is key.**

Vivien Cooper OBE, Chief Executive,
The Challenging Behaviour Foundation



THE WELL-TRODDEN PATH

AROUND

41,500

CHILDREN IN ENGLAND HAVE LEARNING DISABILITIES AND DISPLAY BEHAVIOURS THAT CHALLENGE. A SMALLER NUMBER HAVE SEVERE LEARNING DISABILITIES. CHILDREN NEED SKILLED AND EFFECTIVE SUPPORT SO THEY CAN ACHIEVE THE SAME LIFE OPPORTUNITIES AS EVERYONE ELSE

CHILDREN WITH LEARNING DISABILITIES, PARTICULARLY THOSE WITH SEVERE LEARNING DISABILITIES, ARE MUCH MORE LIKELY TO DEVELOP BEHAVIOURS THAT CHALLENGE THAN OTHER CHILDREN.

Challenging behaviours may include aggression, destruction, self-injury, and other behaviours (for example running away) which pose a risk to individuals and to those around them or which have a significant impact on everyday life.

Evidence-based early interventions, delivered locally, can reduce behavioural problems and improve the well-being of children and their families. They can also deliver considerable savings in the long term care costs for an individual, reducing the need for residential placements and contributing to much improved outcomes.

But early intervention is far from a reality

Between 100-200 children are still living in assessment and treatment units 3 years after the Winterbourne View concordat. Over 1000 children with statements for learning difficulties or Autistic Spectrum Disorder (ASD) are boarding in residential special schools, over one third of them in another local authority area (plus many more in independent special schools).

£250,000

– annual cost of keeping a child in an inpatient unit

£379,000

– annual service cost for an adult who displays severely challenging behaviour

THE WELL-TRODDEN PATH

No local behaviour support when children are small

Professionals with little or no training or expertise in challenging behaviour

Continued stress and emotional challenge for families over many years

Children at risk of poor outcomes, bullying, exclusion and abuse

High cost services, often far from home, leading to restricted adult lives

Figures from *Early Intervention for children with learning disabilities whose behaviours challenge*, CBF (2014) and supplementary papers

JOSH

Josh has spent his 12th and 13th birthdays in a hospital in Birmingham, hundreds of miles from his family in Cornwall. His self-harming is so severe that it is life-threatening. Last year he bit his tongue so badly that a third of it had to be removed. His parents don't understand why Josh can't receive care closer to home.

JOSIE

Josie has severe learning disabilities and epilepsy, and sometimes displays behaviours that challenge. She went to local special needs school, but was taken out of her classroom at the age of 12 due to aggression. A specialist concluded her behaviour was due to anxiety. A behavioural plan was put in place and was successful at home.

However, the Deputy Head said that Josie could no longer attend the school, and should go to a residential school. Josie had to stay at home for 8 months, and was denied access to her respite centre due to her school exclusion. Josie moved to a residential school. It helped Josie progress, but was about 200 miles away from home.

“

It angers me that this support was not available in our local borough, not only for myself but for all the mothers and fathers who are still in the same situation. Something needs to be done! ”

Ann, Josie's Mum

“

Every child has a human right to respect for their family life. ”

Paola Uccellari, Director of the Children's Rights Alliance for England



“

My son has been in hospital in Birmingham for over 16 months...

...so long that he has never met his little sister. ”

Phill, Josh's Dad

PAVING THE WAY

IT IS POSSIBLE TO COMMISSION AND PROVIDE GOOD LOCAL SERVICES FOR CHILDREN WITH LEARNING DISABILITIES WHOSE BEHAVIOURS CHALLENGE – AND IT IS COST EFFECTIVE TO DO SO.

The Challenging Behaviour Foundation (CBF) has worked with children and young people, families, professionals, commissioners and academic experts to identify the key features of good local behaviour support for children, illustrated by the case studies in this document.

The interventions described in this paper are all underpinned by a sound evidence base: they have been proven to work and they represent a good investment, reducing the need for crisis interventions and residential placements and improving outcomes for children and families.

The focus of this document is local behaviour support. That is a crucial element of good local support but it is not enough on its own. Behaviour support must be underpinned by a good holistic person-centred package of support from Health, Education and Social Care to meet the needs of children and families within their communities. Strong local leadership is required to make good local support a reality.

THE PATH TO BETTER OUTCOMES

Establish a person centred approach, right from the start, supported by a key-worker and a team around the child

1

Wolverhampton Special Needs Early Years Service



Identify problems early and respond rapidly using an integrated, multi-disciplinary approach to ensure all needs are met

2

Coventry and Warwickshire Community Learning Disability Team



Provide evidence-based parenting programmes to help parents to support their child in the best possible way

3

Stepping Stones in Brighton and Hove



Establish a local positive behavioural support service, working across homes and school

4

Bristol Positive Behavioural Support Service



Develop a local approach to crisis prevention so children can stay nearby if there is a crisis

5

Ealing Intensive Therapeutic Short Break Service



“

There is strong evidence that some of the key factors causing challenging behaviour can be changed, and when changed can lead to marked reductions in challenging behaviour. ”

Professor Eric Emerson



ANDREW

Supported by Bristol Positive Behaviour Support Service

Andrew is an 11 year old boy with a severe learning disability. He likes watching videos and practical tasks such as gardening or DIY with his Dad. Placing demands on Andrew could lead to aggressive incidents, particularly at school. As aggressive incidents increased, Andrew was permanently excluded from school. His mother then had to leave work and his aggression at home increased. A functional analysis of Andrew's behaviour was carried out and a Positive Behavioural Support programme was used to help Andrew label his emotions so he could express his feelings through Makaton signs rather than aggression. Andrew was supported to develop his emotional literacy and to reintegrate back into school. Andrew's family learnt new skills so they could help Andrew with his emotional literacy and communication skills. Andrew was much calmer and happier by the time he was discharged from the service and staff described him as a "joy" to work with.

“

We are able to keep our boy [at home] and that means the world to us. ”

Andrew's father



LUCAS

Supported by Halton Positive Behaviour Support Service

Lucas is a 9 year old boy with autism and a learning disability. It was getting difficult for Lucas to live at home as he was displaying a number of high risk behaviours, including regularly running away. He was also displaying a lot of self-injury and some aggression. Lucas travelled to and from school via taxi and would often escape when leaving the taxi. A functional assessment showed that Lucas' life was very limited; the more he ran away the more he was restricted. Lucas had limited communication skills with which to express his needs. The function of Lucas' behaviour was to escape from the boredom and social isolation that the restrictions created; the ability to be outdoors and to run, which was not available to him in his everyday life was therefore very valuable to him. Following intervention by the Positive Behaviour Support Service Lucas stopped running away altogether and his other behaviours have reduced. Lucas is now able to move freely around and his functional communication skills and activity have increased.

1.

ESTABLISH A PERSON CENTRED APPROACH, RIGHT FROM THE START, SUPPORTED BY A KEY WORKER AND A TEAM AROUND THE CHILD

THE WOLVERHAMPTON SPECIAL NEEDS EARLY YEARS SERVICE

Assessment, diagnosis and early intervention for individual children from 0 to 5 through a coordinated multi-agency approach.

The service shares information to co-ordinate support and uses data from the Local Authority, Social Care, Children's Centres and Health to plan ahead.

Services refer children to a multi-agency panel. Families sign a form giving permission to share information so they don't have to repeat their story to multiple professionals. The multi-agency panel meets every 3 weeks and considers referrals for all children under 5 identified as having complex needs. The panel considers the child and family as a whole – for example, sibling needs, parental capacity, health needs.

The panel agrees a "team around the child" package to provide the right support for the child and their family and the family is then able to choose a key worker from amongst this team, to co-ordinate support for their child.

All children with severe learning disabilities, sensory and/or significant communication needs will have a team around them.

“We need to understand why the challenging behaviours are happening. That involves a proper assessment and through that we can determine how to support the family and manage behaviour.”

Debra Baker Early Years Special Needs Behavioural Team

No early years cases have gone to tribunal

“We've fallen back in love with our child.”

Parents commenting on the impact of parenting support

“It is the best example in the country of key working for disabled children under 5.”

Christine Lenehan, Director, Council for Disabled Children



The services

The exact package will be different for each child, depending on their needs, but can include:

Behaviour support

The Education Team assesses the causes of challenging behaviour to develop a behaviour support plan. They consider all factors which might affect behaviour; including developmental issues, relationships with others and factors in a child's environment. They support families and staff to put the Behaviour Support Plan into practice in a consistent way.

Early education and childcare

Pre-school groups allow the education behaviour team to support learning and development and to implement the behaviour support plan. By the age of 3, all children who have a Statement or an Education, Health and Care Plan are able to attend a local school for children with severe learning disabilities, 5 days a week with after school and holiday clubs.

Integrated LD/CAMHS team

The "Inspire" team provides behavioural support and access to therapies. The team regularly support families with issues such as sleep, toileting and eating. They also provide support groups and lead work to help parents develop their skills.

Tips to help develop and sustain a service of this type:

- Involve families in the strategic planning of services right from the start
- Build key-working into the job descriptions and training of all professionals
- Provide person-centred behaviour support early, before children start school.

Challenges:

- Health block contracts make integrated working and personalised support more difficult
- Retaining a high quality service (including short breaks and other essential elements) within tight funding constraints.

2.

IDENTIFY PROBLEMS EARLY AND RESPOND RAPIDLY USING AN INTEGRATED, MULTI-DISCIPLINARY APPROACH TO ENSURE ALL NEEDS ARE MET

COVENTRY AND WARWICKSHIRE COMMUNITY LEARNING DISABILITY TEAM

“

Children without learning disabilities display challenging behaviour during the “terrible twos,” but then develop communication and social skills which enable them to get what they want and need. Many children with learning disabilities do not develop these skills and are left with the same needs as other children but are much less able to get them met. ”

Professor Peter McGill

Intensive, child-focussed one-to-one support for families to assess their child’s needs and provide access to the right interventions.

The specialist Learning Disability team for children age 0-19 provides multi-disciplinary provision for children whose needs cannot be fully met by general health services. 95% of referrals are due to challenging behaviour and the team supports up to 50 children at any one time. The team includes a Consultant Psychiatrist, a Clinical Psychologist and a Registered Learning Disability Nurse plus direct support from Speech and Language Therapy, Occupational Therapy and Dietetics (food and nutrition). Staff are trained to deliver evidence based parenting interventions and works closely with social care.

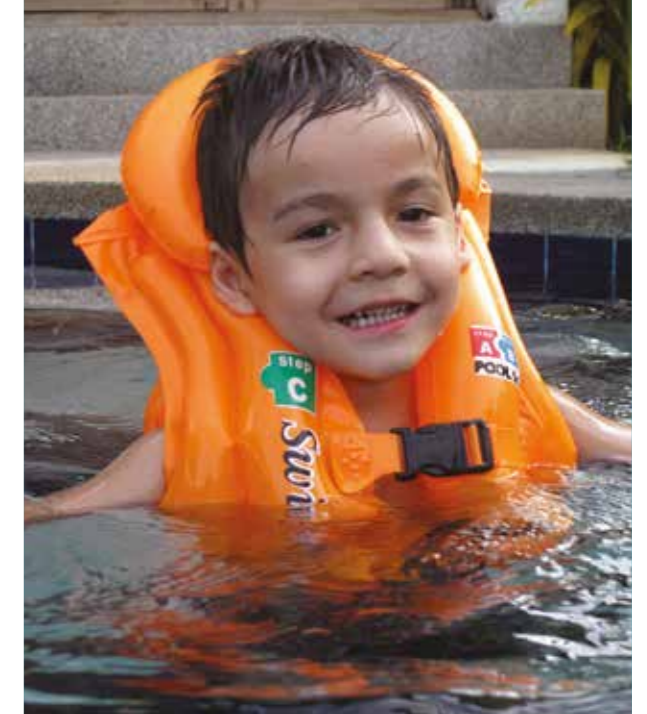
Depending on the needs of the child, services may include:

- Parent training workshops (covering autism, understanding behaviour, parent well-being and sleep)
- Stepping Stones Triple P parenting programme, this can be in a group setting or on a one-to-one basis
- Individual work with parents, including post diagnosis support
- Individual work with children including understanding sensory processing difficulties, management of complex sleep difficulties, understanding communication difficulties, management and support of complex epilepsy and management of anxiety.

“

No child or family’s journey is the same, so there is no standard package of services; each child will have a bespoke service to meet their assessed needs. ”

Hélène Miles, Children’s Community Learning Disability Team



Tips to help develop and sustain a service of this type:

A key element of an effective child-focussed service is good support for the emotional well-being of parents (for example parenting groups and mindfulness interventions). This has a huge impact on the capacity of the family to cope and a direct impact on the outcomes experienced by the child.

Challenges:

- Engaging with social care and working with services which are not as child-focussed. The service works hard to help other professionals understand how to meet individual needs
- Working with families in complex situations who do not want to engage with the service or learn new parenting skills. However, with the majority of families who do want to engage – feedback about the service is excellent.

“

If our son had been taught how to communicate “stop” or “finished” when he was young, he would not have needed to throw his plate across the room at the end of every meal. ”

Father

3.

PROVIDE EVIDENCE-BASED PARENTING PROGRAMMES TO GIVE PARENTS THE SKILLS AND CONFIDENCE TO MANAGE BEHAVIOUR EFFECTIVELY

STEPPING STONES IN BRIGHTON AND HOVE

Stepping Stones is a parenting programme (one of the “Triple P” programmes) specifically designed for parents of young disabled children. It has a strong evidence base for improving both parent and child outcomes.

Parenting is a top priority in Brighton and Hove and Triple P is the main parenting programme offered in local children’s centres. The Stepping Stones groups are run for parents of 2 - 12 year olds with special educational needs and disabilities.

Programmes are delivered jointly by Amaze, an active parent-led community organisation for families of children with special educational needs and disabilities, and Seaside View, the local Child Development Centre. Co-delivering groups by a trained parent and a practitioner has helped to engage parents and overcome the initial scepticism that can arise.

Stepping Stones is also used to work with individual families, where more urgent and intensive work is required, as part of the ‘Early Help’ role.

“**From the social work perspective, it’s a much more powerful and rewarding way of working. It improves relationships within the family... it changes the dynamics in the home.**”

Child Development Centre social work resource officer and Stepping Stones trainer

“**There’s a ‘halo effect’: I am a calmer parent for all my children. We are all functioning better, understanding our boundaries, everything is clearer. And our son knows how he fits into that.**”

Mother

“**I have more understanding to spot the early signs of behaviour; so I am well prepared. It gives you a quiet confidence.**”

Mother



How does it work?

Parents are referred by the social work team, parenting team or the Child Development Centre or can self-refer using the Amaze helpline. There is always a waiting list. Groups run for 8 weeks and can be quite large (about 12 parents) and diverse, but sharing experiences and mutual support is greatly valued by parents. Parents take home a workbook to continue learning between sessions.

Sessions follow the Triple P Stepping Stones curriculum, developing parents’ skills and confidence in, for example, managing behaviour using praise and rewards, establishing routines and boundaries, activity planning and recognising behaviour triggers. Learning is underpinned by the principles of positive parenting and emphasises the importance of communication as fundamental to improving behaviour.

How do we know it works?

Triple P Stepping Stones has been endorsed by the DfE and the Early Intervention Foundation for the strength of its evidence base and its success in improving parent and child outcomes.

In Brighton, it is evaluated using a ‘before and after’ approach, with questionnaires to measure changes in the behaviours of the child, parenting capacity and well-being. These show improvements on nearly all the measures.

What the trainers say...

“**It’s empowering: Parents choose what’s going to work for them and can apply that in multiple situations.**

.....
It gives the child every opportunity to get it right – emphasising the importance of communication, doing all the positive stuff and building self-esteem.”

Tips to help develop and sustain a service of this type:

- Partnership working with an active parent-led community organisation and strong parent involvement in service design and delivery results in a more effective service
- Offering Triple P in children’s centres and primary schools across the area means there is no stigma in participating and demand for courses is high. It also enables a consistent approach across settings
- Multi-agency working is key – there is a history of this in Brighton and Hove.

Challenges:

Insecure funding from year to year, making it hard to plan ahead and to meet demand, offering support long before families reach crisis point.

4.

ESTABLISH A LOCAL POSITIVE BEHAVIOURAL SUPPORT SERVICE, WORKING ACROSS HOMES AND SCHOOL



A financial review of the PBSS in Bristol calculated that, over four years, the PBSS produced savings of **£1.8 million**.

BRISTOL POSITIVE BEHAVIOURAL SUPPORT SERVICE (PBSS)

The Bristol Positive Behavioural Support Service (PBSS) supports children and young people with learning disabilities whose behaviours are described as challenging, at high risk of a breakdown of their school placement. A programme is developed on a case by case basis, tailored for each child.

“Working in partnership with schools, the PBSS helps children and their families move their lives forward positively, by providing the best evidenced interventions, tailored to their individual needs.”

Freddy Jackson-Brown, Clinical Psychologist

The aims are:

- To develop new skills to promote independence, social participation and quality of life
- To avoid school breakdown and out of area placements.

How it works

Children at risk of home or school breakdown are referred to a multi-agency Complex Needs Meeting with representation from education, social care, schools, NHS specialist services and the continuing healthcare manager. If this results in a referral to the PBSS, an initial assessment is undertaken. This involves meeting with the child's family and school staff team, observing the child, carrying out a formal functional analysis of behaviour when needed and reviewing relevant paperwork.

Once the PBSS team have identified the child and family's needs and functions (i.e., meaning) of the behaviours of concern, they design an intervention programme which aims to build and extend positive new skills and thereby decrease challenging behaviours. Where possible, they support children in the classroom alongside their peers while implementing the intervention. They can also provide training and supervision to staff or family members to help them support the child consistently.

The services

The Bristol PBSS was initially commissioned in 2004 as a single intervention programme in response to a crisis situation faced by the family of an 11 year old child with a severe learning disability, on the basis of a three month trial. Within three months the child was back in school full time and making progress across a range of areas. After one year he was settled back in school and engaging in education with almost no aggressive incidents. Following this success the PBSS was established using joint LA and Health funding and it is now a standing team working in both homes and schools. It is led by a 0.7 equivalent clinical psychologist, supported by 3.5 assistant psychologists. The joint Local Authority and CCG commissioning group now funds the PBSS to provide services into the family home and community settings. Schools purchase the PBSS on a case by case basis.

How do we know it works?

- As a result of PBSS support, all 12 children supported (over 5 years) learned new skills and made developmental progress, usually in relation to communication
- The PBSS enabled 10 of the 12 children to stay permanently in their local school. The other 2 children stayed for longer than had been anticipated
- The PBSS demonstrates (consistent with research literature) that positive behaviour support plans based on functional assessments can deliver positive outcomes for children and young people.

Tips to help develop and sustain a service of this type:

- Staff need to be skilled in PBS approaches and able to work within a PBS framework
- Success takes time – working with one child to develop skills saw seemingly little progress within six months but significant success after 18 months. Commissioning and funding arrangements must recognise the time required to support children to develop new skills
- PBS is most successful with children when consistently applied both at home and at school
- Good assessment tools and data collection systems are key to a successful service and the evaluation of outcomes.

Challenges:

- Support from Senior Managers in schools when performance and inspection frameworks prioritise other issues. However, when Heads and School Leaders want a solution and are committed to change they can make it happen
- Very little expertise in most schools about challenging behaviour and mental health.

“The work of the PBSS in developing a detailed understanding of the functions of behaviour has been incredibly useful in supporting the pupils and developing meaningful intervention.”

Sophie Cobb, Assistant Head



5.

DEVELOP A LOCAL APPROACH TO CRISIS PREVENTION SO CHILDREN CAN STAY NEARBY IF THERE IS A CRISIS

EALING INTENSIVE THERAPEUTIC SHORT BREAK SERVICE

The Ealing Intensive Therapeutic Short Break Service (ITSBS) is for young people with learning disabilities who display behaviour described as challenging at imminent risk of residential placement.

The aim is to enable the young person to remain within their family home and community settings longer term. The ITSBS provides families with intensive interventions and follow-up support, combining a carefully tailored package of additional short breaks and intensive clinical psychology therapy to reduce challenging behaviours and provide a break for the parents/young person. It uses a Positive Behaviour Support (PBS) approach. Following a successful pilot, the ITSBS became a permanent service. The service is staffed by a Clinical Psychologist, an Assistant Psychologist and a Social Worker, with part time input from an Occupational Therapist.

“The best thing was that they helped me find my own solutions.”

Parent

Individualised Interventions

Children at risk of residential placement can be referred from a variety of services. There is then an extended assessment and analysis process in order to devise an individualised intervention strategy.

The interventions provided include:

- Extended/additional short breaks
- Intensive clinical psychology interventions
- Ongoing family support and psychological therapy for the young person and family members
- Development of a behavioural management plan based on PBS approaches
- Training of school, home, carers, short break setting and other professionals in the young person's network. Training aims to support the development of problem solving strategies
- Liaison and consultation with short breaks staff, school and other professionals
- Ongoing monitoring of the intervention plan and modification as necessary.

How do we know it works?

- Almost all children who have received the crisis intervention have remained in the community
- Individual interventions are monitored and overall interventions from the service demonstrate a statistically significant improvement
- The ability of families to cope increases, improving quality life for the young person and family.

“Because of the help I received from the Clinical Psychologists, my son is still at home and not in residential care.”

Parent

The annual cost of intensive support and follow up for 7 young people was £109,337; less than the annual cost of just 1 residential placement

Tips to help develop and sustain a service of this type:

- Evaluate and develop the service each year
- Demonstrate the reality of ‘invest to save’
- Use evidence based approaches
- Link up nationally with other services to share ideas.

Challenges:

- Finding the right short breaks service – this is key to success; staff must have the right training and the service must be flexible
- Working with Social Care staff who have expertise in challenging behaviour
- Overcoming negative opinions – ‘we’ve tried everything’- helping people see that there is another option to a 52 week school.

“The Ealing Service shows that a crisis does not have to result in an unplanned admission to hospital or a move to a 52-week school. Crises can be well-managed locally in what look very cost-effective ways using a positive behavioural support approach.”

Professor Martin Knapp, LSE

“As a result of the work our child is now sleeping at night, she is calmer, happier, and levels of self-injurious behaviour have reduced a lot. The whole family feel happier and less stressed now – it has had a positive effect on all of us.”

Parent

TO FIND OUT MORE

To find out more about how to set up a similar service or to get in touch with those featured please email earlyinterventionproject@theCBF.org.uk

Guidance

Ensuring quality services: Core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges. Local Government Association and NHS England (2014): [View article](#)

Ensuring quality services: [View here](#)

Easy read version: [View here](#)

Research Evidence

Early Intervention for children with learning disabilities whose behaviours challenge (plus data supplement and supplementary paper and references) CBF (2014): [View here](#)

International Journal of Positive Behavioural Support special issue (2013): [View here](#)

Further information

The Challenging Behaviour Foundation provides information about the causes of challenging behaviour, positive behavioural support and a wide range of related issues. It also has resources for commissioners and professionals.

To download information for free or to order resources: [Click here](#)

To find out more about the Early Intervention Project: [Click here](#)

Email: earlyinterventionproject@theCBF.org.uk

Call: 01634 838739

The Council for Disabled Children have a wide range of resources. Of particular relevance is: *Dignity & Inclusion: Making it work for children with behaviour that challenges*, CDC (2014). To purchase a copy: [Click here](#)

For more information about CDC: [Click here](#)

BILD have a range of information and resources about Positive Behavioural Support: [View here](#)

Mencap provide information for professionals: [View here](#)

Contact a Family can provide advice to professionals supporting families with disabled children: [View here](#)



Coming soon

NICE guidelines on challenging behaviour and learning disability; planned for May 2015. [View here](#)

LSE economic evaluations of PBS Services:
► Lemmi, V., Reid, C., Sholl, C., Buescher, A., Ferdinand, M., Trachtenberg, M., Knapp, M. (in preparation). Economic evaluation of intensive therapeutic intervention for children and adolescents with learning disabilities and challenging behaviours.

► Lemmi, V., Jackson Brown, F., Knapp, M. (in preparation). Positive Behaviour Support Service (PBSS) in Bristol: An economic evaluation.

DH/DfE Positive and safe guidance on reducing restrictive interventions with children; planned for 2015.

THANK YOU

Thank you, from the Early Intervention Project, to all the individuals and services featured and quoted in this document; to our academic expert consensus group and project steering group and to the children and young people, families, professionals and commissioners who attended our workshops and take part in our email reference group.

The Early Intervention Project

This document has been produced by the Early Intervention Project. The project is funded by the Department of Health and delivered in partnership by the Challenging Behaviour Foundation (The CBF) and the Council for Disabled Children (CDC). The project aims to facilitate improved early intervention across the country to improve the quality of life and outcomes experienced by children with learning disabilities whose behaviour challenges.

The Challenging Behaviour Foundation (The CBF)

The CBF was founded in 1997 by Vivien Cooper OBE, the parent of a child with severe learning disabilities and behaviour described as challenging. It is the only charity for people with severe learning disabilities who display behaviour described as challenging. The CBF makes a difference to the lives of children and adults across the UK by providing information and support to families and professionals; running workshops; and speaking up for families on a national level.

The Council for Disabled Children (CDC)

CDC is the umbrella body for the disabled children's sector in England. The CDC vision is a society in which disabled children's needs are met and their rights respected. At the heart of the organisation are more than 120 CDC Council members, including the CBF. Almost 80% of the work of CDC is carried out in partnership with members.

Whilst every care has been taken in the compilation of this resource, the Challenging Behaviour Foundation cannot be held responsible for any errors or omissions, nor accept responsibility for any goods or services mentioned.

Photos on pages 10,13,15 & 21: Keith Wyncoll



**The Challenging
Behaviour Foundation**

