

Screening for Later Behaviours that Challenge— Young people with a Learning Disability

What is it the screening questionnaire?

The screening questionnaire helps to support professionals to identify individual, family-social and educational risk factors that may put a young person with an intellectual disability, at heightened risk of behaviours that challenge in the future. Should risk factors be identified, general recommendations have been made with the intention of supporting a decrease in risk. It is appropriate for any young person 17 years and under.

When should the screening questionnaire be completed?

- Annually when reviewing the health and care of a child or young person with a Learning Disability and subsequently, annually thereafter. This may include children with Autism, although please note there is a separate tool for children with Autism without a learning disability.
- Where there are new concerns regarding severe and/or escalating behaviours that challenge
- As part of any general review.

Who would the screening questionnaire be completed by?

The measure can be completed by professionals in either education, health or social care or as part of a small multi-professional meeting. It may also be completed in partnership with parents.

Instructions

Answer all questions and consider current and historical information.
For each statement / description. Tick whether it is:

- **Present** (then follow the appropriate recommendation)
- **Somewhat present** (then follow the appropriate recommendation)
- **Not present** (No further action. To be completed again in 1 year)

Each question / page provides some corresponding recommendations. Please see the back page for further advice and what this means clinically.

Child's details

Name: _____ **Gender:** Male / Female

Age: _____ (years) **Intellectual Disability:** Mild / Moderate / Severe / Profound

Schooling: Elective home school / Residential school / Special school / Mainstream school

School attendance: Full time / Part time

Part 1: Screening Questions

| | Yes | No |
|---|------------|----|
| 1) Does the young person have a diagnosis of Autism Spectrum Disorder? | See R1 | |
| 2) Does the young person have any additional health or mental health diagnoses? | See R2, R3 | |

| | Not present | Somewhat present | Present |
|--|-------------|------------------|---------|
| 3) Significant behaviours that challenge were present under the age of 5 (if the young person is currently under 5, select present) | | See R3 | See R3 |
| 4) Current, significant stereotyped behaviour (voluntary acts occurring repeatedly in the same way) including rocking, manipulating objects, repetitively moving hands or fingers) | | See R3 | See R3 |
| 5) Current significant self-injurious behaviour (causing damage to the young person's own body, occurring repeatedly) including self-biting, scratching, hair pulling, head hitting | | See R3 | See R3 |
| 6) Current significant aggressive behaviour including physical and verbal aggression, bullying and destruction of items | | See R3 | See R3 |
| 7) The young person has experienced historical abuse | | | |
| 8) The young person has experienced current abuse | | | |
| 9) There are current safeguarding concerns or the child is on a child protection plan (select present for child protection plan and somewhat present for safeguarding concerns) | | | |
| 10) The young person has a poor prolonged sleep pattern | | See R5 | See R5 |
| 11) The young person has experienced a traumatic event | | See R6 | See R6 |

Not present **Somewhat present** **Present**

| | | | |
|--|--|--------------------|--------------------|
| 12) The young person isolates themselves from others or this is enforced | | <i>See R7</i> | <i>See R7</i> |
| 13) The young person's parent or carer is a single carer | | <i>See part 4</i> | <i>See part 4</i> |
| 14) The young person has had multiple moves to a new house | | <i>See R4</i> | <i>See R4</i> |
| 15) Parent (s) have additional needs (physical, mental health or other) | | <i>See part 4</i> | <i>See part 4</i> |
| 16) Persistent difficulty for the family and/or young person to engage with more than one service | | <i>See R9</i> | <i>See R9</i> |
| 17) Families quality of life has been affected over a 6 month period | | <i>See R8, R10</i> | <i>See R8, R10</i> |
| 18) The young person has a sibling with additional needs | | <i>See part 4</i> | <i>See part 4</i> |
| 19) The young person has experienced a change in their main carer | | <i>See R4,</i> | <i>See R4</i> |
| 20) The young person has low school attendance | | <i>See R11</i> | <i>See R11</i> |
| 21) The young person has experienced school exclusion (including from current or previous schools, internal exclusion, near exclusions, frequent time outs) | | <i>See R11</i> | <i>See R11</i> |
| 22) The young person has difficulty accessing the curriculum | | <i>See R11</i> | <i>See R11</i> |

Part 2: Recommendations and Information

R1: Autism

It is not uncommon for children with a Learning Disability to also have Autism Spectrum Disorder. Challenging behaviours are more common so it is really important to follow the advice around regular routines (R4), supporting communication (R10) and supporting behaviours that challenge (R3).

Please see the following for further information: www.camhsnorthderbyshire.nhs.uk (for information on autism and mental health)
www.autism.org.uk (National Autistic Society).

R2: Annual Health Check

Poor health can be linked to challenging behaviours as it can be hard for the person to express themselves. Young people aged 14 and over with a Learning Disability are able to have an annual health check with their GP in most areas. Please advise the young person and their family of this.

Find further information on: www.nhs.uk/conditions/learning-disabilities-annual-health-checks
www.mencap.org.uk

R3: Supporting behaviours that challenge and making a Positive Behaviour Support plan

For current behaviours that challenge, developing a Positive Behaviour Support (PBS) plan is highly recommended. A PBS plan is a personalised plan detailing proactive strategies to prevent or reduce the triggers and events that lead to challenging behaviours. Interventions are designed to support personal development and the learning and maintaining of new skills. Coping strategies might be developed and the environment may need altering to ensure it is the best possible fit for the person. The PBS plan has some proactive and reactive strategies to help people keep safe when needed. Support would be based on assessed need and may utilise a range of evidence-based procedures. A PBS plan would always consider how the quality of life can be improved from the young person. For historical behaviours that challenge, monitor for any behaviour(s) reoccurring.

We would recommend: *Developing a PBS plan*
Asking for advice from your local LD CAMHS
Visit the BILD website: www.bild.org.uk. BILD's video clip (www.bild.org.uk/capbs/pbsinformation/introduction-to-pbs) is a helpful introduction.
www.camhsnorthderbyshire.nhs.uk/learningdisability-common-problems (for lots of helpful advice).

R4: Consistent Routines

Routines help children to feel safe, secure and ensure that their world is predictable. This supports a reduction in behaviours that challenge.

We would recommend:

Using tools such as timetables, timelines and 'now and next cards'. These are extremely successful in supporting a routine and proactively responding to potential behaviours that challenge. www.camhsnorthderbyshire.nhs.uk has a leaflet on introducing routines and communication problems.

R5: Good Sleep

Prolonged and poor sleep patterns are very common. Lack of sleep can significantly impact on physical, emotional and mental well-being, concentration and general ability. If we know someone has poor sleep, guidelines recommend this is addressed first, before addressing challenging behaviours. When there is a consistent routine, with good sleep hygiene there are high success rates of having a good nights sleep. This will help everyone!

We would recommend:

Having a consistent bedtime routine that starts 1 hour before sleep, having sleepy foods and drink, no screens in the hour before sleep and no stimulating bedroom. Use a set phrase to say goodnight before leaving the room. Visit the website: www.thechildrenssleepcharity.org.uk (see their parent leaflets for useful tips)

R6: Trauma

Trauma may be based on a specific event e.g. being involved in an accident, witness to something distressing, or a persistent traumatic experience. e.g. ongoing neglect, abuse, exposure to violence. Trauma for people with a Learning Disability can be hard to process and articulate. The effects of trauma shouldn't be underestimated and can involve hypervigilance, anxiety or not wanting to go out. The effects can also be long lasting.

We would recommend:

Consider how the trauma may have impacted upon the young person, how they might feel and whether they have unanswered questions. Consider seeking more specialist support for them and if there is anything that can be put in place to help them.

R7: Reducing Isolation from others

Isolation may come from spending time alone due to limited access to friendships or activities that they enjoy. Individuals with a Learning Disability may have difficulties in communicating their needs or wishes and they may be overlooked. All people need to have opportunities for socialisation, although young people with ASD may find this more challenging. Evidence is clear that increasing quality of life helps to decrease behaviour that challenges and supports wellbeing.

We would recommend:

Support the young person with socialisation opportunities, and skills development. Supporting communication is vital, (see R11), as is improving quality of life (R8).

Part 2: Recommendations and Information

R8: Improving Quality of Life

Improving quality of life means making sure that people have opportunities for activities that enrich and enhance their lives. Quality of life is subjective, meaning that we all value different activities. It is really important to ensure that young people with a Learning Disability have opportunities and enjoy their quality of life. Taking part in activities that we value, that improve skills and are part of a group (for some) promotes good mental health and well-being.

R9: Difficulties with engagement with carers / young people

There are lots of reasons that families and young people may not engage with professionals. They may feel isolated, have complex needs themselves, feel worn out, have had negative previous experience of working with professionals, or be very busy.

We would recommend: *It is always important to think about what may be impacting family engagement. Consider arranging a meeting and/or identify the best person or professional to work with the family. Always be open, honest and respectful. Parents are mostly doing a really good job with lots of challenges and may be isolated themselves.*

R10: Supporting communication

Communication is fundamental to everything we do and particularly to good mental health. Communication opportunities need to happen as much as possible and be consistent across environments. This may require using an augmentative system e.g. Makaton signs, Symbols, Voice output communication aids. It is essential that these are always made available. Failure to give this support where a child is having communication difficulties can result in challenging behaviours being used as a way to communicate. There should be a clear plan of how to support a young person's expressive and receptive communication.

Please see: *www.mencap.org.uk which gives some great information on being a good communicator.
www.camhsnorthderbyshire.nhs.uk for information on communication for young people with an LD.*

R11: Low school attendance

We would recommend: *Consider what might be impacting on, or contributing to the young person's attendance, exclusions and consider environmental adaptations.
Speak to the school SENCO and meet with the family how to discuss the best ways to support the young person.
Find out if any professionals need to be involved
Introduce families to the Derbyshire Information and Advice and support service for SEND, (also known as DIAS).*

Part 3: Action plan

From completing the screening questions and reading the relevant recommendations', write out what you think would be beneficial to reduce the likelihood of future behaviours that challenge. A Positive Behaviour Support plan is always a good place to start. Also, just work on 2 or 3 areas at once or it can quickly be overwhelming for those involved and too demanding for the young person. Discuss and agree these actions with the family, and young person if appropriate.

| Recommendation <i>(e.g. improve sleep)</i> | How this will be achieved (who is doing what) | Date to review |
|--|--|-----------------------|
| | | |
| | | |
| | | |

Completed by: _____

Profession: _____

Part 4: Clinical Understanding and General Signposting

Clinically, completing the screening questionnaire on behalf of a young person will potentially enable the identification of possible contributing factors to behaviours that challenge.

Factors that contribute to these difficulties may be:

- Individual factors
- The family, home or social environment(s)
- Learning environments and/or demands

Identifying that one or more of the statements are 'present' or 'somewhat present' might mean that there are some key areas that the child, young person and in some circumstances, their families and network of support need further support with.

For some children or young people risk factors might be present, but no further action is required.

The more questions that are answered with 'somewhat present' or 'present', the higher the need for an action plan including a Positive Behaviour Support plan. Further for each statement identified, follow the corresponding recommendation, following that advice together with the family and young person.

- Visit Derbyshire's local offer for Information on local service and support; www.localoffer.derbyshire.gov.uk
- Visit Derby City's SEND local offer on local service and support; www.derby.gov.uk/education-and-learning/special-education-needs-disabilities
- Visit the CAMHS North Derbyshire website: www.camhsnorthderbyshire.nhs.uk. This website has information:
 - ASD and how to help
 - The Learning Disability (LD) CAMHS team
 - Information on common problems for children with LD
- Any child aged 14 or over who is on their GP's learning disability register is entitled to a free annual health check. Visit www.nhs.uk/conditions/learning-disabilities/annual-health-checks, for more information.
- Sibs; www.sibs.org.uk for sibling support
- Parenting Additional Needs; www.parentingadditionalneeds.org.uk

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