

# Early Support

Helping every child succeed

## Information for parents

### Behaviour



## About this publication

This booklet is for parents who are worried about their young child's behaviour. Sometimes parents are unsure if their child's behaviour is usual for their age or is a sign that they have some kind of additional need or disability.

The booklet has been developed with the help of families and it contains the information that they say it's useful to know. It was developed by the Early Support programme in partnership with **Contact a Family** in response to requests from families, professional agencies and voluntary organisations for better standard information. The **Royal College of Psychiatrists** and the **National Autistic Society** were also involved in the development of this booklet. Families were consulted about the content and the text reflects what parents who have 'been there before' say they would have liked to have known:

- Tips about some of the ways you can help with your child's behaviour
- Information on people and organisations you can approach for more guidance and support.

To find out more about **Early Support** and to download copies of other **Early Support** materials, visit [www.dcsf.gov.uk/everychildmatters/earllysupport](http://www.dcsf.gov.uk/everychildmatters/earllysupport)

Where words are printed in colour and italics, *like this* it means that a parent said it. Where a word or phrase appears in colour, **like this**, it means you can find an explanation of the word in the text that surrounds it, that the contact details for the organisation or agency identified are listed in the **Useful contacts** section, or that you can find out more in the **Who can help?** section.



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## Introduction

*“My daughter is nearly four and she has not learnt to speak very much yet. She has tantrums every day when she cannot get her own way and hits, bites and kicks me. She has some learning difficulties and I am not sure if this is why she behaves like this.”*

It is natural to worry if your child displays unusual or difficult behaviour. Parents can feel a lot of pressure, particularly in public, when their child behaves badly and yet has no obvious disability. Many of you will be familiar with the supermarket tantrum with people staring and making judgments. You can dread going out with your child and this can impact on the freedom of the rest of the family.

If your child does have a condition or disability you may find that your usual rules and techniques don't work. It can also be very difficult to explain to other children in the family why there are different behaviour rules for them.

Parents sometimes feel that their child's behaviour is their fault. However, it can be very difficult to know what to do about behaviour you find hard to deal with. All parenting is a learning curve and it is even steeper if you have a child with additional needs. It isn't always easy to identify the causes of behaviour and to know how to react for the best.



## What is going on?

All small children find ways to express their wishes and test their parents' authority.

Less verbal children may be more likely to resort to tantrums if frustrated – most people are familiar with “the terrible twos” where frustration for the young child leads to very angry behaviour. Tantrums are physical – screaming, drumming feet, hurling things round. More verbal children may whine and fuss and refuse to co-operate.

Children with additional needs have greater frustrations to bear. If they have learning difficulties they can find it harder to concentrate or to understand what is expected of them and harder to tell people what is upsetting them.

If children cannot see or hear, or have physical disabilities they also struggle to communicate their needs. All these difficulties can lead to great feelings of anxiety, frustration and rage, which they may then express through their behaviour.

If this happens, a lot of parents can feel helpless and are frequently exhausted. Their child's behaviour can therefore become more challenging. Is it possible to prevent this happening? How do you manage the elements of your child's behaviour that you find difficult if that behaviour is already well established?

## When is behaviour “a problem”?

It is not always easy to spot a behaviour problem in its early stages. For example, a young child may hit another child occasionally but if they are not helped to handle their anger, they may go on to develop very aggressive and even violent behaviour.

Young children may have an occasional tantrum, which is normal for their age. It is only a problem if the tantrums get worse and they become unsafe to themselves and others.

Examples of persistent behaviour in young children that might be problematic are:

- Frequent screaming and tantrums
- Kicking and hitting parents and siblings
- Breaking things
- Biting people and objects
- Not sleeping
- Feeding problems
- Smearing faeces, urinating in odd places.

Some young children with additional needs might display some or all of these behaviours – it becomes problematic if it is persistent and severe. Such behaviour can develop in children from as young as 18 months.



## What are the causes of problematic behaviour?

Children with additional needs can be affected by any of the following:

- **Frustration** – particularly if your child cannot physically do something and/or cannot communicate their needs
- **Anxieties, fears and phobias** – can be an issue if your child cannot bear any change in routine or appears to be frightened of something
- **Lack of understanding** – when they are very young, or have certain disabilities, it is possible that your child will have very limited understanding so does not know what is expected; or it might take a long time for your child to work out what you mean, so might not respond
- **Emotions** – your child could be unhappy or angry and if they cannot express it in words then it becomes a problem for them and they may show this in their behaviour
- **Hyperactivity** – if your child has excess energy and needs to be constantly on the move in the day and then cannot sleep at night, this can create a number of problems for parents and carers
- **Discomfort** – your child might not be able to bear certain noises or textures or they might be hungry, thirsty or in pain, which could show itself in their behaviour – particularly when they can't communicate this to you
- **Misplaced attention** – it is possible that your child has learned that a particular behaviour gets a welcome reaction – any kind of attention can be rewarding for a child, even if that attention is negative and is meant to stop them doing something. If they experience this as a welcome reaction then they are more likely to continue that behaviour.

Some behaviour difficulties are more likely in children with particular conditions or disabilities. For example, children with **Attention Deficit and Hyperactivity Disorder (ADHD)** find it very hard to stay still or to concentrate for very long and they are often impulsive, reacting before thinking through the consequences.

Some behaviours have their roots in genetic conditions which may lead to a child having an increased tendency to be obsessive or anxious, to over-eat, sleep badly or self-harm. If your child has a diagnosis of a genetic syndrome it is worth finding out more about the condition to see if they are at extra risk of developing particular behaviour patterns. The national charity **Contact a Family** can help you find out more about the effects of specific conditions (see the section 'Where and when should I seek outside help?' at the end of this booklet).

Although children with some conditions and disabilities are at increased risk of developing behaviours that are problematic, it is important to recognise that it is not a foregone conclusion - it is just an increased risk. They will not necessarily develop that behaviour and even if they do, they can be helped to reduce its frequency and minimise its effects.





## How to help your child

### Importantly - look after yourself

None of the suggestions that follow are easy to carry out consistently and persistently, especially when you are tired. You need time out and ways to care for yourself and see to your own needs.

Parents are often so busy thinking about everyone else that they can find it very hard to set aside time to do something they really enjoy. This might be as simple as having a bath in peace or reading or seeing a friend. The important thing is that you take your own needs for relaxation seriously.

In addition you need to be able to hand your child over to another adult when things get too much. If you are a single parent, is there a relative who can give you a break? If there is no one, ask your health visitor about local sources of help.

Parents of disabled children have the right to ask for an assessment of need by Social Services. If your child has severe behaviour difficulties you may be eligible for a regular short break from care.

The important thing to remember is that you can't help your child unless you are feeling fit, healthy, relaxed and calm.

## Step 1: Establishing your basic approaches to behaviour

The following key points can help you to help your child avoid, or minimise, behaviour that you and others find difficult. It works best if **everyone** caring for your child follows them so that they receive a consistent message from all their carers.

- **Set routines**  
All small children need clear daily routines. Routines help them understand and make sense of a confusing world. Some children with developmental delays in understanding have this need for routines much longer.
- **Build communication**  
It is important to communicate with children about routines throughout the day:
  - You can show your child pictures and photos if they have limited understanding and/or if they are non-verbal.
  - You could demonstrate the routines visually - for example, if you are going out you could show the child your coat and point to the door.
  - Try to break your sentences down into single ideas and keep them simple.
  - Many parents find they can help their child communicate through learning to sign for basic needs, such as sleepy, hungry, thirsty (there are further details about who you could contact to help you with this later in the booklet).
- **Give choices**  
Giving choices to children helps them feel more in control. It helps them to see that their views are being taken into account. This leads to less frustration and can improve their behaviour. For example, you can give choices to children who are non-verbal by showing two items or two pictures and teaching them to point to their preferred choice.
- **Give enough time**  
It is important that children have time to respond to choices or to requests – if you want a response from them then give them plenty of time to think about it and produce it. Some children with additional needs take more time to process information and to act on it. This means that they may need things repeated slowly several times because they forget quickly and process less rapidly than other children.
- **Provide opportunities to exercise**  
Exercise is very effective in relieving stress and getting rid of frustrations. Studies have shown that it has a positive effect on behaviour generally. For example, if you have a safe garden, trampolines can work wonders in using up a child's excess energies. Or you could play some energetic games with them or encourage them to do whatever they are doing more vigorously.



- **Calm and relax**

It is very important to know what calms your child when they are stressed or over-excited. Possible calming techniques are music, lights (for example, bubble lights), television, water play, massage. Your **health visitor** might be able to help you to learn how to massage your child.

There are also some key ways you can deal with behaviour that has already developed and which you are finding troublesome.

- **Rule out any medical problems**

Just in case your child is in pain and cannot tell you. For example, if your child is constipated, tell the doctor because this can be a cause of a great deal of discomfort. Also, make sure you check that your child doesn't have any dental problems

- **Focus on changing the behaviour**

It is important for a child's self-esteem that they know you want to change particular aspects of their behaviour but you don't want to change them and who they are. If they feel it's them you want to change they could become unhappy and their behaviour might get worse.

- **Stay neutral**

Keep your responses to a minimum by limiting verbal comments, facial expressions and other displays of emotion, as these may inadvertently reinforce the behaviour – as suggested above, any attention can be rewarding, even if it's negative. Try to speak calmly and clearly and keep your facial expression neutral.

- **Be positive**

State things in a positive way, for example, "please do ..." rather than "do not do...". Children can find it very hard to interpret "no" messages; the word "stop" can be more effective. If you can re-direct them into positive behaviour, reward them at once with a hug or praise – this is very important because it makes it more likely that the desired behaviour will occur again.

- **Be consistent**  
Tell everyone involved about your strategy for this problematic behaviour so that everyone is working on it in the same way. Children get very confused if handled differently and their behaviour can get worse. Make sure that you also stick to the plan as well! If you can remain consistent and be persistent, then eventually things will start to change – but it might take quite a long time, a lot of repetition and a lot of patience.
- **Build rewards**  
If you make a point of rewarding behaviours you consider appropriate throughout the day, you will reinforce and increase positive behaviour. Rewards might be anything that your child would value – such as verbal praise and attention, favourite activities, toys and tokens, small amounts of favourite food and drinks. You should make it clear which behaviour you are rewarding and what the reward is. For this to work, you have to be sure that your child really wants and values that particular reward and that they cannot have it at other times.
- **Time out for your child**  
This involves moving your child from whatever they are doing and insisting they stay in a safe place for a period of time during which you ignore them and make no eye contact. It should only be used if your child has sufficient understanding to know why you are doing this. The time should be matched to the child's age; three minutes for a child of three, four minutes for a child of four etc. You could use an egg timer to demonstrate the time visually to your child.

**Remember...** Punishment rarely works because many children do not see the connection between what they did and the punishment that follows it.

There are rarely overnight miracles, so resign yourself to being patient. Do not worry if things get worse before they get better – your child will take time to adjust to your strategies.



## Step 2: Recognising triggers

Sometimes you know what triggers the difficult elements of your child's behaviour and at other times you may be completely baffled by it. It is very important to work out the triggers so that you can then work out strategies to deal with the behaviour.

If your child has several behaviours that are worrying you, then the first thing you need to do is decide **which** behaviour you want to focus on. This will avoid confusing your child (and you).

For some parents this means deciding which behaviours you can live with and which ones you must tackle because:-

- They are dangerous for your child and others
- Or they are creating problems that you and your family are finding very hard to cope with.

If you are unsure about the actual triggers, it can be helpful to keep a behaviour chart to try to learn more about them. A good example is an **ABC Chart**. A is for **Antecedent** (something that happened before the event); B is for **Behaviour**; C is for **Consequence**. To complete an ABC chart you will need to ask yourself the following questions:-

- **Antecedent**  
What was happening in the environment before the behaviour occurred? Who was there? Where did it happen?
- **Behaviour**  
What did your child do?
- **Consequence**  
How did the behaviour finish? Any changes in the environment? What did you or your child's carer do? How did your child feel at the end?

There are two important assumptions in keeping an **ABC Chart**:

- 1 Through their behaviour, your child is trying to tell you something. For example, James is screaming because he cannot bear the door being shut BUT he has no words to say this.
- 2 Your child's behaviour is serving a purpose. For example, Fran is screaming because it gets your attention AND if her difficult behaviour gets your attention she will do it again!

If you remember these assumptions it will help you work out what the ABC chart is telling you about your child's behaviour. Below is an extract from an ABC chart that could be used to help parents and carers work out how to help the child and reduce the problematic behaviour/s.

<b>Date and time</b>	<b>Antecedents</b>	<b>Behaviour</b>	<b>Consequences</b>	<b>Other comments</b>
3rd March 2010  4pm  Child is four and has a learning difficulty	My four year old was watching favourite TV programme in lounge; brother came in from school and changed channel.	She screamed and hit and kicked me. Continued to scream.	Brother told off by me; she got her programme back; she stopped screaming but still lashing out at brother if he came near her.	It did not feel fair or right on either child. Her brother is her twin. Also it didn't seem to work because she was still lashing out and didn't seem to understand what was wrong with her behaviour.

If you keep an **ABC** chart over a period of time, recording events as in the example above, you may find that you can clearly identify and remove a source of distress at home quickly and relatively easily. However, you would still need a strategy to help your child when they meet the trigger for the behaviour outside the home or in different circumstances.

It helps to consider the type of behaviour your child displays. For example, sometimes children behave in a violent way when they are frightened. They may calm down when they know that you understand their fear and will help keep them safe. They might behave aggressively when frustrated and they can't express their wishes clearly and calmly (as in the example above).



If you don't want to keep an **ABC chart** like the one above you could simply keep a record of your child's behaviour over a period of time – a **behaviour diary**. You could use an everyday diary or just a notebook and note down the kind of things your child does that creates problems.

This '**behaviour diary**' could help you work out why your child does things and in what circumstances – and how frequently the behaviour occurs. Also, it could be useful to show a professional if you decide that you need additional support with this. If you have a record of your child's behaviour it will help the professional to understand the problems you are facing. You could use the [Early Support Family file](#) to keep your notes/**behaviour diary**/**ABC chart** together and to put them in the context of the rest of your child's and family's life.

# Helping your child with specific problems

What follows are some examples of problems, together with ideas on how you can work out the cause and create solutions.

## Tantrums

### The problem

Many children have tantrums between the ages of one and four years. This is often because they want to do things for themselves and get very angry and upset if they cannot do what they want or are stopped by their parent.

Sometimes tantrums happen in public because the child wants something they cannot have or they are very tired or hungry. They usually stop by school age because by then the child has more language and social skills.

Children with additional needs have tantrums for all these same reasons. However, some children with additional needs, or with specific difficulties, may become overwhelmed more easily and have fewer coping skills, less language and not as much patience. This means that they might be more likely to have temper tantrums. This can be very upsetting and embarrassing for parents and carers, especially when the child does it in public places, such as the supermarket or on the bus.

You may know what the triggers are for your child and generally avoid them. However, you might get caught by an unexpected trigger. If you are not sure about your child's tantrum triggers, keep an ABC Chart to help you identify them.

### What you can do

- **Distract your child**  
This works especially well with toddlers or children who tend to focus on one item or object at a time and can easily be led on to something else.
- **Remove your child**  
Sometimes children become so overwhelmed that they need to be taken to a new setting before they will calm down. If this is the case, even a different room in the house or simply going outside the supermarket can help. If necessary abandon your shopping!
- **Ignore your child**  
Some children have temper tantrums in order to get attention. Simply ignoring your child may help to defuse this type of temper tantrum, though this might be quite difficult at times!





- **Praise your child when they stop**  
As soon as you see any signs of calming down, for example, your child stops screaming, pay attention to them again and praise them for stopping. If you reward the new behaviour like this, your child is more likely to stay calm.
- **Ask for advice**  
If the tantrums are getting worse, ask your health visitor for advice and local help.

## Hitting, kicking and pinching

### The problem

All small children can feel intense frustration at not being able to communicate their needs and wishes. They may occasionally hit another child through jealousy or not wanting to share toys or attention. With help from parents, they learn to deal with their anger and frustration in socially acceptable ways.

Children with additional needs can have a number of frustrations to bear and some may not be as quick as their peers in developing social skills. Typical frustrations are:

- Difficulty waiting for something because they do not understand time concepts
- Disliking a change in routine
- Being upset if familiar staff or care workers leave
- Being hyper-sensitive to noise and crowds
- Wanting more sensory stimulation
- Not wanting to do something.

They may express these frustrations through hitting, pinching or kicking other children and adults.

If you are not clear what the cause is, then keeping an **ABC Chart** or a **behaviour diary** (see previous section) could help you identify it.

## What you can do

- **Gradually build understanding**  
If your child is upset by changes in routine or by unfamiliar people, try to build their understanding of the sequence of events in the day. The **Picture Exchange Communication System (PECS)** and/or visual supports can be helpful in showing your child the sequence of events and routine for the day. For example, if your child finds meeting new people difficult you could show them a photo before they meet the new person or you could introduce new people gradually, in small stages.
- **Provide sensory stimulation**  
If your child is looking for sensory stimulation, provide it in other ways e.g. pinching play-dough, clapping hands, singing a clapping song/rhyme, kicking a football or punch bag, going on a swing.
- **Use rewards**  
Reward your child for doing something you want them to do that they don't want to do.
- **Be calm and redirect**  
Straight after the undesirable behaviour, say in a calm voice without showing emotion, "Stop pinching, slapping, kicking" and then direct them to another activity.

## Biting

### The problem

Biting is common behaviour in children between the ages of fourteen months to two and a half. It mostly occurs in very young children who have little language – it tends to stop as language develops.

Small children may also bite because of hunger, teething, anger or boredom. They may not have enough access to favourite toys, or may be reacting to a transition such as giving up a dummy or having a new sister or brother.

Biting may persist in children who have additional needs for various reasons:

- It is a powerful way of telling people something is not right if the child lacks speech. Children in this situation can feel overwhelming frustration or distress and biting is a way of expressing this.



- Some children, such as those on the autistic spectrum, experience sensory processing difficulties. Biting stimulates the part of their nervous system that helps them know what their body is doing.
- Up to about 18 months children normally put objects in their mouths to explore their size, shape and texture. Some children with additional needs may go through this phase later or longer – for example, you might find this if your child has a visual impairment.

### What you can do

First you should rule out any medical reasons or dental reasons such as toothache. If there is no medical reason, you need to work out the cause of the biting. The **ABC Chart** or **behaviour diary** is a good way to identify causes.

Possible solutions could then be:

- **Help your child express their feelings**  
If your child is biting because of frustration your strategy could be to find different ways to help them express their feelings. For example, if the problem is lack of ability to communicate, use pictures and symbols that they can use to convey their feelings.
- **Offer more sensory input**  
If your child needs more sensory input, consider offering more crunchy snacks such as apples, carrots, crackers and dried fruit. You could keep a bag of chewy things ready as needed. You could try teething rings to chew on or “chewy tubes”. These are cylindrical pieces of safe, non-toxic, rubber tubing. Studies have shown that they provide a focusing and calming function and release stress.
- **Calm and distract**  
If your child is distressed try to calm them and distract them with activities they enjoy.

## Sleeping

### The problem

Small children can usually sleep through the night by the age of one unless they are disturbed by teething or illness.

Children with additional needs may have persistent difficulties with sleeping. They may be overactive, anxious, physically uncomfortable, or have a neurological disability, such as cerebral palsy or epilepsy, which affects their ability to relax.

### What you can do

One of the most useful things you can do immediately is keep a **sleep diary**. This might contain:

- The time your child went to sleep and number of times awake in the night
- The number and length of naps in the day to see if these should be cut down
- The way you prepare your child for bed to see if changes in routine would help; regular and calming bedtime routines are essential
- Medication and the time you give it in case giving it at different times of the day helps.

Because sleep problems are complex an [Early Support Information for Parents booklet on Sleep](#) has been produced. For information about getting a copy of the booklet on sleep see [www.dcsf.gov.uk/everychildmatters/earlysupport](http://www.dcsf.gov.uk/everychildmatters/earlysupport) or call 0845 602 2260, quoting reference ES82. This booklet also has more information about keeping a sleep diary and many other ideas that might help.

## Feeding

### The problems

Many young children “play up” at meal times as they become more independent. Good eaters as babies may become picky toddlers. Their appetite varies and they may seemingly eat little for days on end; they often develop fads; they are too full for dinner but have room for crisps; they are too busy playing to want to sit at a table; they regress and want to be spoon fed like their baby brother or sister. Unless parents are alert to it, meal times can become a battlefield (with parents on the losing side).



Children with additional needs may display other behaviours. For example:

- Some children are hyperactive and find it impossible to sit still for a few moments at a time
- Some are obsessed by a particular activity and have a tantrum if stopped in order to have a meal
- Some cannot bear particular food textures or the feel of cutlery or have to have food presented in very particular ways
- Some may be obsessive about food and over-eat, leading to weight problems.

### What you can do

- **Routines**  
Establish regular routines for meal times. Try to sit down as a family for meals when possible so your child can see that this is the norm. If this is not possible, ensure that your child is sitting with at least one other person and not on their own. Warn your child the meal will soon be ready by talking to them and giving them signs such as showing pictures of food, laying the table. Try encouraging your child to sit still for gradually longer periods by using a large egg timer and allowing them to move when the time is up. This will give them a visual link for “sitting down time” which you can gradually build up.
- **Look for patterns**  
Particularly if your child is obsessive about food you might want to keep a note of what they accept and reject and see if you can find a pattern to it. You may find that there are certain textures, tastes and smells which they dislike and which you could avoid; or they may dislike food being on a plate together or mashed up. They may dislike the sensation of cutlery in their mouth. Try to find out what it is and then try to adjust it for your child.
- **Don't force it**  
If your child won't eat, it is possible that they are overwhelmed by the amounts you are giving them - try offering a little bit of food on the plate at a time. If your child spits food on the floor, try not to react as this will reinforce the behaviour. Never force your child to eat food as this will create a bigger problem.

- **Regular meals and healthy snacks**

Some medical conditions or medications might make your child overeat and this can be very difficult to manage. Try regular meal times and healthy snacks such as fruit in between. Distract your child at other times with fun activities as this may help them forget about food. Keep food out of sight and out of reach outside meal times and snack times. It is a good idea to counteract over-eating with extra physical activities to prevent your child from becoming overweight.

## Smearing

### The problem

Some children smear their poo when going to the toilet. There can be various reasons for this. It could be the child has learning difficulties and has simply not understood the process of wiping with paper properly. Others enjoy the feel of the texture of the faeces. Some will use it as a way of getting attention, or because they have learnt they are rewarded for such behaviour by being given a nice warm bath. Children can also behave in this way because they are extremely upset and agitated.

### What you can do

- **Look for patterns**

If your child smears, try to see if there is a pattern to their behaviour, as it might help you understand why they are doing it. If it started suddenly it might be in response to something upsetting that's happening to them. Try using a **behaviour diary** or **ABC Chart** above.

- **Stay neutral**

If your child gets a lot of attention, try and react to the behaviour as neutrally as possible, with no eye contact and very little conversation.

- **Provide alternative activities**

If your child enjoys the sensation of smearing, provide an alternative activity such as play-dough or mixing cornflour and water.

- **Restrict access**

Dress your child in clothes such as dungarees or large size baby grows which restrict access to faeces. Information about where you can buy these can be found by contacting the **Disabled Living Foundation** (contact details towards the end of this booklet).



## When and where should I seek outside help?

- Always check first that your child has no medical or dental reasons for their behaviour – speak to your GP and your dentist.
- It is always helpful to get professional advice if you can see worrying behaviour developing and before it gets entrenched. Speak to your health visitor or your local children's centre about what kind of help is available in your local area.
- All local areas have NHS child development centres where community paediatricians work in teams with speech therapists, occupational therapists and other helpful professionals. If you are worried and the problems you are experiencing are persistent then you can ask your GP to refer your child for assessment by this team.

## Some frequently asked questions

- Q.** *My two and a half year old daughter has a diagnosis of global development delay. She is not speaking and has screaming fits. I cannot seem to communicate with her. She is a danger to herself and me – turning on taps, climbing and jumping and grabbing.*
- A.** The Portage Service works with pre-school children who have learning difficulties. The service provides a weekly worker to come in and assess your child's learning needs and then work with her and you to gradually develop her skills. Parents usually find that portage is very helpful in improving the behaviour of children with learning difficulties. Ask your health visitor or children's centre about being referred.
- Q.** *My four year old never sits still or concentrates and is very disruptive in her nursery. Could she have ADHD?*
- A.** Many four year olds have short attention spans and cannot sit still. Hence ADHD is very difficult to diagnose in pre-school children. If her behaviour is very extreme or is leading to problems with other children, ask your GP for a referral to a community paediatrician.

*Q. I am wondering if my two year old is autistic. How can I find out?*

A. Speak to your health visitor or GP. They may carry out a screening interview called CHAT (Checklist for Autism in Toddlers). You can see a copy of this on the NAS website: [www.autism.org.uk/chat](http://www.autism.org.uk/chat). CHAT will not give you a diagnosis, but it can help to identify behaviours that indicate your child may have an Autistic Spectrum Disorder. The results of the interview will inform your GP or health visitor about whether they should refer your child for an assessment by a specialist.

*Q. I know my three year old son has problems. He is not speaking properly, he has tantrums every day and bites and kicks his sister. He refuses to go to nursery. My GP keeps telling me he will grow out of it. What can I do?*

A. Keep a record of your concerns over a typical week and then share this with your health visitor. This will help them see if they should refer your child to the paediatrician or to an educational psychologist for an assessment. Alternatively, if his nursery staff are also concerned, they can refer for an assessment.

*Q. My four year old is out of control since I split up with his dad. How can I help him?*

A. Young children are likely to feel angry, anxious, shocked and sad and may have few ways of understanding or expressing these feelings. It may take several months to work through them. You can help him express his fears and feelings through play and stories which are a chance to find out what he feels and to reassure him (for example, that it is not his fault.) If he seems to be stuck, or is getting worse after a few months, consider asking your GP or health visitor for a referral to your local CAMHS (Child and Adolescent Mental Health Service). CAMHS has a team of professionals who help children cope with emotional and behavioural difficulties.





## Who can help?

There are a huge array of professionals who can be involved in supporting you and your child. Here is a list of some of the main ones who can offer further support and guidance.

**Clinical psychologists** – children with behaviour that is more challenging for parents may need to see a clinical psychologist. They will look at their behaviour, assess whether the types of behaviour they are showing is associated with a specific condition or to do with their environment in some way and discuss practical strategies parents can use to manage them.

**Educational psychologists** – any challenging behaviour may occur in different settings, including nurseries. Children may be referred by the nursery to an educational psychologist to look at setting up strategies to help the child. These strategies need to be shared between nursery and home to ensure consistency.

**GP** – your child's doctor may have some useful advice to offer, but they may want to refer you on to a professional with more specialist knowledge.

**Health visitor** – your health visitor may have had face-to-face contact with you and your child in your home for a period of time and may well have some experience of certain behaviours.

**Music therapists** – music therapy can often be a way of communicating with a child and allowing them to express feelings and emotions through music. It can be valuable for children unable to express themselves in any other way.

**Occupational therapist** – an occupational therapist might be a good source of advice on practical issues for children whose challenging behaviour may be linked to a physical cause, either in co-ordination or mobility.

**Paediatrician** – a child's paediatrician may have seen them over a period of time, so should be able to offer advice on how to deal with behaviour. However, they may also refer on to any of the other professionals on this list.

**Paediatric nurses** – these are children's nurses who have often come across different behaviours and have experience of working with children who are ill or disabled. They may have a wide range of knowledge and suggestions to help.

**Physiotherapists** – can help children who require support in the physical aspects of their life, and who experience limitations in their mobility which may be at the centre of their frustration and behaviour problems.

**Portage workers** – as part of a team that visits a child at home, the portage workers may well have seen the behaviours that are causing concern and may be able to give some suggestions on how to manage situations that arise at home.

**Pre-school or early years workers** – may come to your home and work with children on a regular basis before they start at nursery.

**Psychiatrists** – some children may show behaviour which is linked with mental health issues. It may be necessary for them to see a psychiatrist who can decide what type of mental health issues they have and suggest what treatments may be needed.

**Social workers** – are based in your local Children with Disabilities Team. You have the right to ask for an “Assessment of Need” to see if your child is eligible for you to have a regular short break from care. If you are, they can arrange for a carer to help, put you in touch with local play schemes or arrange for you to have Direct Payments which you can use to buy in some help in caring for your child.

**Speech and language therapists** – if your child has been referred for speech and language therapy, the therapist working with them will have some direct knowledge of how they behave. They may also offer some strategies around communication which may help to improve your child’s interpretation of some situations.



## Useful contacts and organisations

### Behaviour support and training

#### British Psychological Society (BPS)

This is the regulatory body for psychologists in the UK. You can search for details of psychologists on their website.

St Andrews House  
48 Princess Road East  
Leicester LE1 7DR

Tel: 0116 254 9568  
Fax: 0116 247 0787

Email: [enquiry@bps.org.uk](mailto:enquiry@bps.org.uk)  
Web: [www.bps.org.uk](http://www.bps.org.uk)

#### Cerebra

Cerebra provides resources for help with management issues for children with ADHD and with sleep issues. They have trained phone counsellors who are available to give advice and good sleep management factsheets.

Second Floor Offices  
The Lyric Building  
King Street  
Carmarthen SA31 1BD

Helpline: 0800 328 1159  
Tel: 01267 244200

Web: [www.cerebra.org.uk](http://www.cerebra.org.uk)

### Contact a Family

This national charity provides information for parents on any aspect of caring for a disabled child. It has a free parent helpline (0808 808 3555) and among its many on-line publications is a directory of specific disabilities in children from the most common to the most rare. Contact a Family can help you find out more about your child's condition as well as put you in touch with relevant national and local support groups. All the groups have members whose children have behaviour difficulties and are keen to share their experiences and tips with other parents. You can also download free parent guides for parents on topics such as feeding, sleeping and toileting.

209-211 City Road  
London WC1V 1JN

Helpline: 0808 808 3555

Email: [info@cafamily.org.uk](mailto:info@cafamily.org.uk)

Web: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### The National Autistic Society

The National Autistic Society (NAS) Helpline provides impartial and confidential information, advice and support for people with autistic spectrum disorders and their families on a range of issues including behaviour. Information on behaviour is also found on their website. The NAS also provides the Earlybird Programme, a three-month programme for families of children with an ASD diagnosis up to the age of five, consisting of eight two and a half hour weekly sessions and two home visits. The sessions cover information on autism, communication and behaviour, and involve sharing information and problem solving.

393 City Road  
London ECV 1NG

Helpline: 0845 070 4004

Web: [www.nas.org.uk](http://www.nas.org.uk)

Web: [www.nas.org.uk/earlybird](http://www.nas.org.uk/earlybird)

### Royal College of Psychiatrists

This is the professional body for psychiatrists in the UK. It has lots of information leaflets freely available to download about many different mental health conditions affecting children.

Web: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



## Equipment

### Family Fund

The Family Fund gives grants to families who have children whose additional needs have a severe impact on the family and whose family earnings are less than £23,000 per year (excluding tax credits, DLA and benefits). It helps many young children with behaviour difficulties. If eligible for a grant the Family Fund will pay for items which ease the strain caused by your child. Examples are grants for outings, holidays, replacement items (e.g. bed which has been broken by child jumping on it), trampolines, bikes, computers, toys, music, televisions and other sensory and relaxation equipment.

Unit 4 Alpha Court  
Monks Cross Drive  
Huntingdon  
York YO32 9WN

Tel: 0845 130 4542 or 01904 621115

Web: [www.familyfund.org.uk](http://www.familyfund.org.uk)

### Disabled Living Foundation (DLF)

DLF is a national charity that provides impartial advice and information on daily living aids. Its website has a section about equipment for children, some of which has been mentioned in this guide (e.g. large size baby grows).

380-384 Harrow Road  
London W9 2HU

Helpline: 0845 130 9177

Web: [www.dlf.org.uk](http://www.dlf.org.uk)

## Fledglings

A national charity assisting parents and carers of disabled children, or those with additional needs of any kind, by identifying, sourcing and supplying practical, affordable products to address everyday issues.

Wenden Court  
Station Approach  
Wendens Ambo  
Saffron Walden  
Essex CB11 4LB

Tel: 0845 458 1124

Web: [www.fledglings.org.uk](http://www.fledglings.org.uk)

## PECS (Picture Exchange Communication System)

PECs is a way of using pictures to help children request what they want.

The central resource for PECS in the UK is Pyramid Educational Consultants UK Ltd. They run the PECS courses, and their website has a wealth of information on PECS. You can buy many resources online from their site.

Pyramid Educational Consultants UK Ltd  
Pavilion House  
6 Old Steine  
Brighton BN1 1EJ

Tel: 01273 609555

Email: [pyramid@pecs.org.uk](mailto:pyramid@pecs.org.uk)

Web: [www.pecs.org.uk](http://www.pecs.org.uk)

### **Other PECS and symbol websites which are free of charge**

[www.do2learn.com](http://www.do2learn.com)  
[www.symbolworld.org/](http://www.symbolworld.org/)  
[www.enchantedlearning.com/Dictionary.html](http://www.enchantedlearning.com/Dictionary.html)  
[www.pdictionary.com/](http://www.pdictionary.com/)  
<http://trainland.tripod.com/pecs.htm>



### The Makaton Charity

Makaton users are first encouraged to communicate using signs, then gradually, as a link is made between the word and the sign, the signs are dropped and speech takes over. Signing seems to positively encourage speech development. The charity runs Makaton courses for parents.

Manor House  
46 London Road  
Blackwater  
Camberley  
Surrey GU17 0AA

Tel: 01276 606760

Email [info@makaton.org](mailto:info@makaton.org)

Web: [www.makaton.org](http://www.makaton.org)

## Biting

### Chewy Tubes

Chewy Tubes are cylindrical pieces of rubber tubing (which are safe, non-toxic, washable and latex-free) that can be sucked or chewed on and provide good resistance for people who need the sensory input provided by biting. Studies have shown that chewies appear to provide a calming, focusing and organising function and act as a release for stress.

They can be bought from **Fledglings** (see above) which also has other useful safety products such as harnesses and toys for soothing or stimulating children's senses.

### Sand timer/egg timer

These can be bought from the education shop online.

Email: via the website below

Web: [www.the-education-shop.co.uk](http://www.the-education-shop.co.uk)

## Early Support

**Early Support** is the Government's programme to improve the quality, consistency and coordination of services for young disabled children and their families across England. **Early Support** is funded and managed by the Department for Children Schools and Families (DCSF) and is an integral part of the wider Aiming High for Disabled Children (AHDC) programme, jointly delivered by DCSF and the Department of Health. The AHDC programme is seeking to transform the services that disabled children and their families receive.

**Early Support** is targeted at families with babies or children under five with additional support needs associated with disability or emerging special educational needs although the principles of partnership working with families can be applied across the age range. This partnership working between families and professionals means that families remain at the heart of any discussions or decisions about their child – their views are listened to and respected and their expertise is valued by the professionals working with them.

To find out more about the **Early Support** programme and associated training or to view or download other materials produced by the programme, visit [www.dcsf.gov.uk/everychildmatters/earllysupport](http://www.dcsf.gov.uk/everychildmatters/earllysupport)

This booklet is one in a series produced in response to requests from families, professional agencies and voluntary organisations for better standard information about particular conditions or disabilities. This is the first edition of the booklet. The other titles in the series are:

Cerebral palsy (ES10)

Autistic spectrum disorders (ASDs) and related conditions (ES12)

If your child has a rare condition (ES18)

Learning disabilities (ES15)

Down syndrome (ES13)

Deafness (ES11)

Speech and language difficulties (ES14)

Multi-sensory impairment (ES9)

Visual impairment (ES8)

When your child has no diagnosis (ES16)

Sleep (ES82)

Neurological disorders (ES80)





Other [Early Support](#) information about services is available separately, or as part of the Early Support [Family pack](#). The Family pack helps families who come into contact with many different professionals to co-ordinate activity and share information about their child through the first few years of life, using a [Family file](#).

These are resources that families say make a difference. If your family is receiving regular support from professionals, please feel free to ask them about the [Early Support family pack](#). It may help and is available free of charge.

[Early Support](#) would like to thank the many families and professionals that have been involved in the development of these resources, and to thank [Contact a Family](#), [The Royal College of Psychiatrists](#), the [National Autistic Society](#) and all the parents and families who were involved in producing this material for their help in writing this booklet.

Copies of this publication can be obtained from:

DCSF Publications  
PO Box 5050  
Sherwood Park  
Annesley  
Nottingham NG15 0DJ

Tel: 0845 602 2260  
Fax: 0845 603 3360  
Textphone: 0845 605 5560

Please quote ref: ES81

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or e-mail: [licensing@opsi.gsi.gov.uk](mailto:licensing@opsi.gsi.gov.uk)

1st edition

[www.dcsf.gov.uk/everychildmatters/earllysupport](http://www.dcsf.gov.uk/everychildmatters/earllysupport)

We acknowledge with thanks the contribution of the following organisations in the production of this resource.

**contact** a family  
for families with disabled children



The National  
Autistic Society

