

Challenging Behaviour – National Strategy Group

Making neighbourhood health work for people with learning disabilities whose behaviour challenges

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Aims and outcomes of workshop



Attendees will have increased knowledge/understanding of

- What is meant by 'neighbourhood health', and the principles that underpin it
- The barriers to accessing good healthcare that people with learning disabilities whose behaviour challenges face
- How neighbourhood health could address these barriers, and what needs to be in place to ensure that it does

Attendees will have worked collectively to

- Share examples of good practice, and discuss how these can be built on and replicated
- Identify actions that are needed to support the neighbourhood health agenda to meet the needs of children, young people and adults with learning disabilities whose behaviour challenges

What is 'neighbourhood health'?

- Moving health services from hospitals to the community and delivering care closer to home
- NHS, social care, and community organisations working together
- Personalised care that's tailored to individual needs and preferences, and
- Preventing illness and addressing wider determinants of health



What health inequalities do people with learning disabilities whose behaviour challenges face?

- Diagnostic overshadowing – assuming that something is just 'part of someone's learning disability' rather than a sign they have a health need
- Lack of proactive care and treatment, including failures to make reasonable adjustments
- Poor organisational systems and delays
- Lack of care coordination and overall responsibility

What impact could neighbourhood health have?

- Health inequalities due to systems not understanding the person and their specific needs, and working in ways that suit services not the person
- Personalised, integrated care in the community, based on principles of neighbourhood health, could and should help address these
- Planning for neighbourhood health services needs to consider people with learning disabilities and listen to them and their families from the start

Lucy and the TAP: keeping Lucy healthy



Health inequality: blood tests

- Lucy needs annual or biannual blood tests
- Unable to carry out safely while awake – inhumane and deeply traumatic
- General anaesthetic not long-term solution – sedation tried twice in hospital
 - First time did not work, second time Lucy was able to be vaccinated but not have blood test
 - Still traumatic for Lucy
 - Still resulted in injury to staff
- Other health checks were impossible
- Lucy cannot communicate her needs verbally





The TAP: hope for the future

- TAP allows a painless capillary blood draw
- Team effort from family, learning disability nurses, GP, phlebotomy and other teams
- Several weeks of practice by learning disability nurses
- Family advised counting during test to show Lucy when it will end
- Painless, non-traumatic blood test at home by me holding the TAP
- A game changer for health inequalities
- National funding needed

Discussion

1. How can we ensure that people with learning disabilities and their families are key parts of the neighbourhood health model?
2. What kind of workforce and infrastructure needs to be included within neighbourhood health to achieve the right outcomes for people with learning disabilities whose behaviour challenges, and what actions need to be taken to accomplish this?

During this discussion, we would like attendees to think about and identify:



One piece of information or support available right now that supports people with learning disabilities whose behaviour challenges and their families to access health services

One 'big, systemic issue' related to health for people with learning disabilities whose behaviour challenges where we could work together to co-produce change

One practical solution relating to this issue that you or others in the meeting could implement tomorrow to make a difference