

Mapping and Evaluating Services for Children with Learning Disabilities and Behaviours that Challenge: Stage 1



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Background

1 in 5 children with learning disabilities (LD) in the UK display behaviours that challenge (BtC). Children with LD and BtC are at risk of negative experiences if they do not receive the support they need.

Research studies and policy documents conclude that families do not receive the support and services they need in the community to support their child with LD and BtC. However, there is no high-quality evidence nor England-wide data relating to the design, organisation and delivery of these services for children with LD and BtC and their families.

This study aimed to 1) identify English community-based services for children with LD and BtC; and 2) describe how these services are structured and organised (“service models”).

Methods

278 potentially eligible services were identified through various search methods including contacting 48 Transforming Care Partnerships leads, word of mouth, local authority and NHS websites. Services were assessed for eligibility against an eligibility checklist.

Survey data were collected from 161 eligible services. Sixty of these services also took part in an interview.

Latent class analysis was carried out to analyse all survey data to examine similarities between services, and create group memberships.

A descriptive analysis was also used to further refine groupings of similar services. The initial findings from the descriptive analysis were reviewed by the study’s advisory groups to confirm face validity of the groupings.

A cross-tabulation analysis was conducted to establish whether there were any differences between the groups of services.

Results

Findings from the latent class analysis supported the general notion of two classes: 1) specialist services and 2) general services.

The descriptive analysis identified five different service models. The findings from the cross-tabulation analysis showed support for these classifications.

Services in Model 4 were identified as having a more specialist BtC focus, whilst the remaining four models had a “broader” focus. Model 4 services typically had fewer numbers of referrals, lower caseloads numbers, and more likely to provide support only for BtC.

		Statistical classification and number of services	
		Specialist	General
Descriptive classifications	Model 1: Child and Adolescent Mental Health Services (n=69 services)	2	67
	Model 2: Learning Disability CAMHS (n=28 services)	2	26
	Model 3: Children and Young People Disability with LD Expertise (n=25 services)	2	23
	Model 4: Specialist BtC services (n=27 services)	23	4
	Model 5: Children and/or adolescents and adult services (n=12 services)	2	10

Conclusion

The analysis led to a typology of five service models for community health and social care services for children with LD and BtC in England.

These findings are the first step in building evidence about the best provision of services for children with LD who display BtC.

The methods used in the current study may be useful in research developing service typologies in other specialist fields of health and care.



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