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- NHS hospitals and clinics
- GPs
- Social care

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- provision of health or social care or treatment
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- preventative or occupational medicine
- management of health or social care systems and services, carried out by, or under the supervision of health professional or another person, who in the circumstances owes a duty of confidentiality under an enactment or rule of law

Who to contact

Children's therapy

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Medway Community Healthcare CIC providing services on behalf of the NHS
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Tel: 01634 337593
Registered in England and Wales, Company number: 07275637



Our privacy notice is available at [medwaycommunityhealthcare.nhs.uk/privacy/](https://www.medwaycommunityhealthcare.nhs.uk/privacy/)

If you would like to view or request a copy of your patient record, please email medch.dataprotection@nhs.net or call 01634 334640. In most instances this service is free and we aim to provide the requested information within 1 calendar month. More information can be found by visiting:

[medwaycommunityhealthcare.nhs.uk/contact-us/information-about-me/](https://www.medwaycommunityhealthcare.nhs.uk/contact-us/information-about-me/)

Medway Community Healthcare provides a wide range of high quality community health services for Medway residents; from community nurses and health visitors to speech and language therapists and out of hours urgent care.

Customer care

Please send any comments about Medway Community Healthcare services to: -

Customer care coordinator
Medway Community Healthcare
MCH House, Bailey Drive, Gillingham,
Kent, ME8 0PZ

t: 01634 334650

medwaycustomer care@nhs.net

All contact will be treated confidentially
This information can be made available in other formats and languages. Please email medch.communications@nhs.net

Ref: MCH 633



Head banging

Parent information leaflet – why children do it and how to protect your child



What is head banging?

Head banging is a rhythmic movement of the head against a pillow or solid object, marked by compulsive repetitiveness and is sometimes accompanied by humming and other vocalisations.

Research shows the behaviour can be seen in any child as a part of normal development and generally starts at around six months and tends to naturally end by 3 years of age

It is seen as a soothing behaviour when the child is attempting to bring themselves comfort, relief from pain, or they are frustrated. It is most commonly occurs before sleep to help them fall asleep.

However it can also be seen as an attention seeking behaviour and adults need to be careful their reactions to the head banging do not reinforce the behaviour.

In children with additional needs, such as visual or hearing impairment, developmental delay, neurological or psychological problems or ASD, the force and frequency of the head banging can be excessive causing physical injury. Parents need to be more watchful as the behaviour can occur during the day and night.

Reasons for head banging

Communication

In a non verbal child it is difficult for them to get across to others their feelings, or wants. Head banging can therefore be a way of expressing frustration, anger, pain and/or discomfort. It may be they are telling you to stop doing something they do not like, or in an attempt to obtain an object they want.

Sensory

The reverberation of the skull can provide a visual or hearing impaired child with sensory feedback. In other children it may be a reaction to an external factor ie smell, touch etc which they find disturbing and want stopped or removed but cannot express verbally.

Learned Behaviour

The head banging may initially be done as a response to pain or discomfort but the child may realise that the head banging elicits a response from an adult and they learn they can use it to control their environment and others.

Repetitive Behaviour

Head banging may become part of a routine, repetitive or obsessive behaviour which the child engages in.

How to react and prevent injury

The first thing is to identify the cause of the head banging and what is the function of the behaviour.

If the behaviour has a sudden onset get ears, teeth checked for infection or disease. Make sure eyes are ok and use appropriate pain relief if you suspect it may be a response to a headache.

With more prolonged use of head banging try to identify possible external causes. Keep a diary and record incidences of head banging and what the child was doing at the time it started and environmental factors.

To reduce frustration responses caused by communication issues use age and understanding appropriate communication with the child and follow guidance and use communication aids from your Speech therapist if you have one.

Use structure and routine to help the child cope and manage themselves at times they are asked to complete activities etc they find challenging.

Provide sensory alternatives if head banging is part of a sensory seeking behaviour.

Respond quickly but calmly in a consistent way with few verbal communications or displays of emotion.

Reduce any demands being placed on the child ie reduce difficulty of task they may be finding difficult.

Remove or reduce any distressing sensory input where possible and supply appropriate aids ie ear defenders if appropriate.

If appropriate try and redirect the behaviour to something the child likes or enjoys doing.

Use barriers ie place a pillow or soft padding between the child's head and the hard surface.

Any method of restraint is a last resort and is not recommended for use unless recommended by a professional with an understanding of your child and his/her needs.

Helmets should only be a short term solution to head banging as they do not address the cause of the head banging. They should not be used as the only solution as a child should be taught alternative ways to manage their behaviour.

If you suspect there may have been any serious injury you should seek urgent medical assistance.