

VOICE OF THE CHILD PROJECT

School-age Speech and Language Service

INTRODUCTION

Government and Health directives require health professionals and education staff to include the child in decision-making about their care. This is encapsulated in the government white paper “no decision about me without me” (2012). Whilst there is awareness of, and willingness to implement that directive, there is a need for practical support for health and education staff.

All children and young people need support and help to have their choices, preferences and views heard in education and health settings. They need help to understand information and make decisions. For any child there may be challenges to understanding, and to working out and stating what they think. There is a power imbalance with any adult who may interview them, which could lead to bias or the child saying what they think the adult wants to hear. For children with speech, language or communication needs the challenges and barriers are even greater.

As a school-age speech and language service, we in Enfield have piloted various ways of including children in giving their views, opinions, and making decisions about setting targets and have developed tools and techniques to support children. This puts us in a good position to equip others.

Terminology

Education Health and Care Plan – outcome of special educational needs process which put parents and children at the centre of planning.

SENCO – special educational needs coordinator (school role)

UN Convention on the Rights of the Child

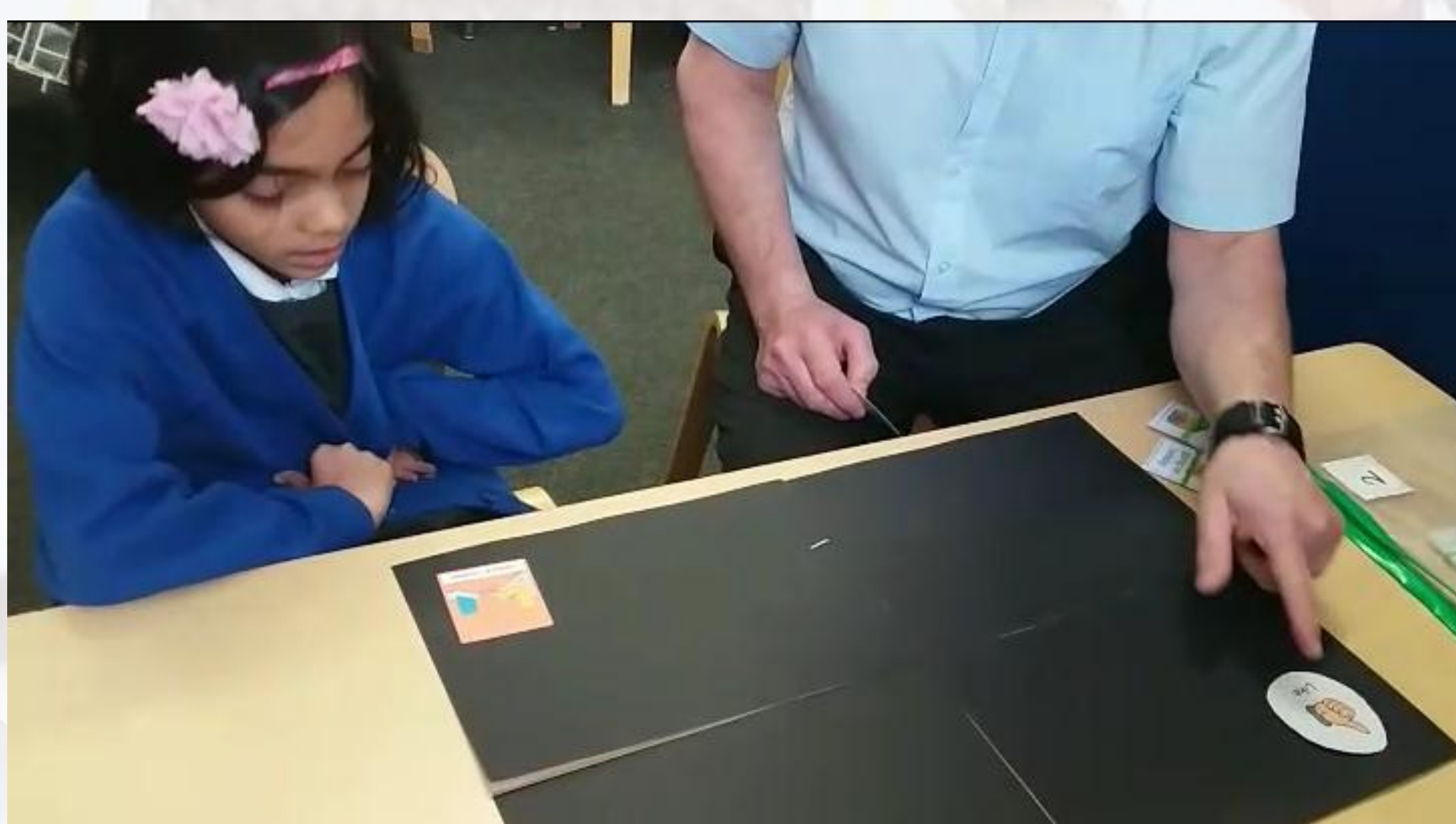
Article 12 Respect for the views of the child:

‘Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously’.

‘States parties shall assure to the child who is capable of forming his or her views that right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with age and maturity of the child’.

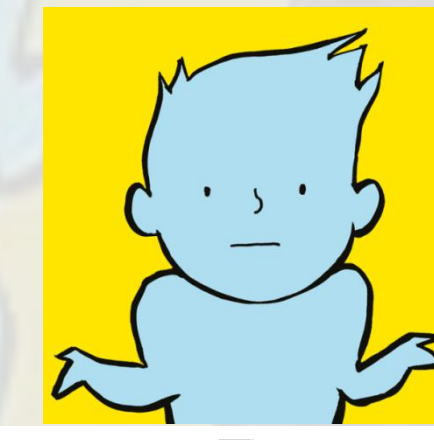
Article 13: Freedom of Expression:

‘The child shall have the right to freedom of expression: this freedom shall include freedom to seek, receive and impart information and ideas of all kinds.’



Actions

- Identify tools and techniques to gain the voice of the child
- Develop a lead role for Voice of the Child
- Enable Speech and Language team to use these tools
- Raise awareness amongst Enfield Schools
- Raise awareness amongst other health professionals
- Build a resource of materials and examples of practice
- Work with parents for collaborative approach
- Use Talking Mats[®] for target setting and measure change
- Make a toolkit consisting of video and printable resources (Dragon's Den Bid)



TalkingMats
Improving Communication, Improving Lives

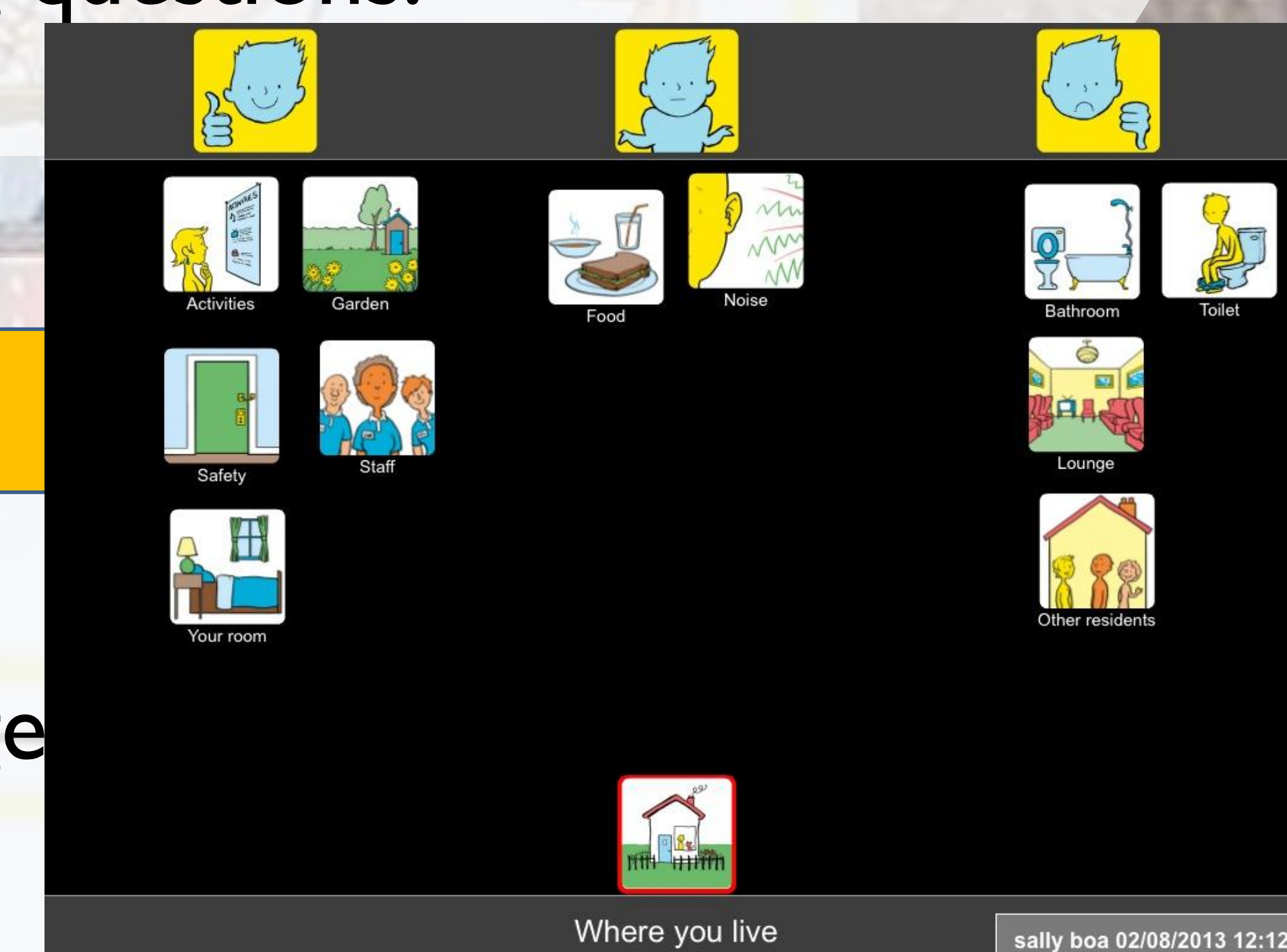


Case Studies

Primary school age girl with autism spectrum disorder (ASD) with poor level of attention and engagement. Teacher was attempting to write the “all about me” section for an Education Health and Care Plan (EHCP). Speech and Language therapist (SALT) worked with teacher to prepare symbols about activities outside of school. SALT coached the teacher to use Talking Mats[®] approach with the girl. She engaged really well with the process. The information she provided about her likes and dislikes was of good quality. It was apparent that she was able to process so much better than using conversation even with visual support. She also enjoyed it and requested to do more of it on a subsequent occasion. The teacher noted that the quality and quantity of information was better than using questions.

Outcomes

- Lead role designated for Voice of the Child
- Talking Mats[®] identified as a key tool to be used by all school-age speech and language therapists and brief tutorial given
- Lead for Voice of the Child attained accredited trainer status for Talking Mats[®]
- SENCO conference led by School-age Speech and Language Service providing awareness, challenges, demonstrations and experience of using tools
- Presentation to other health professionals and pilot joint working
- Resources available for Free Time, Secondary Transition concerns, Communication strengths and difficulties.
- Parent meetings and presentation at Our Voice conference
- Modelling use of Talking Mats[®] within schools to school staff



Benefits

- Children/ young people's views gained
- Children/ young people feel listened to
- Better compliance where children involved in own target setting
- Many children are now having their points of view represented more accurately in the EHCP process
- Education staff and other health professionals are receiving advice that enables them to involve children in their own care

Case Studies

A young man in year 5 with language delay in a mainstream primary school was able to reflect that "Questions are hard". He also identified a problem regarding seeing the whiteboard in class. School were then able to make adjustments to where he was sitting.



Future Plans

- Dragon's Den bid – Talking Mats[©] "How to" video and toolkit to be loaded on website – filming on 28-30 June 2017.
- Training health professionals in use of Talking Mats[©] .
- Training school staff in use of Talking Mats[©] .
- Training Youth Offender Service in use of Talking Mats[©] .

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