

Supporting children's communication in Hearings

Dr Ann Clark and Dermot Fitzsimons
Queen Margaret University

April 2018

What are Speech, Language and Communication Needs (SLCN)?

*‘Speech, language and communication needs’, or ‘SLCN’ to refer to those who have difficulties or conditions affecting aspects of their communication... **Speech** refers to spoken sounds... **Language** refers to comprehension and expression... **Communication** broadly refers to the unification of a range of skills to allow interaction with others. Individuals with SLCN have difficulty in **one or more of the above domains**.*

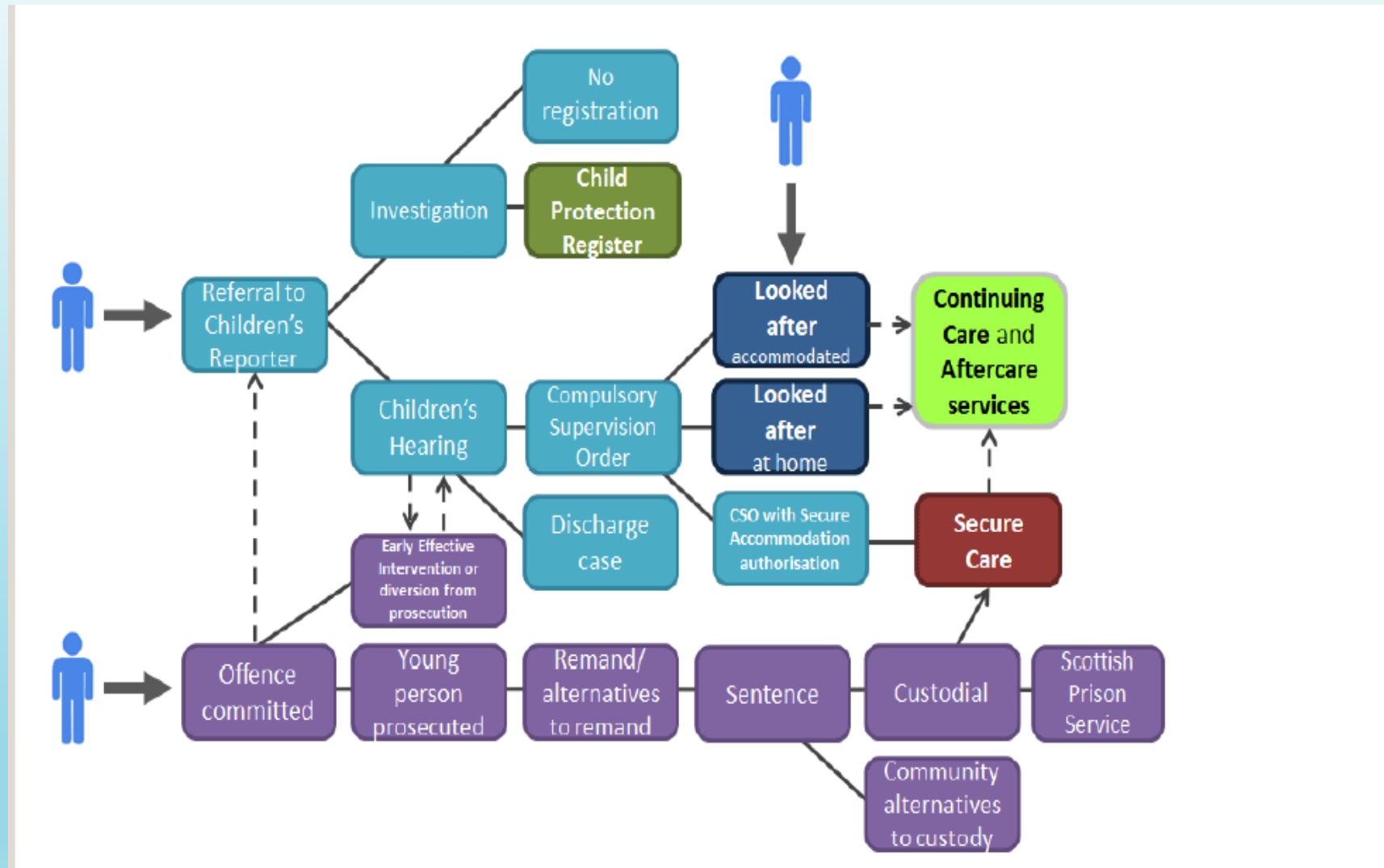
For some, these difficulties may be mild and limited to particular situations.

*For many, these difficulties are **persistent, pervasive and complex**”*
([CYCJ, 2017](#), pp.7–9).

The Children's Hearings System/"Children's Panel"

- Fundamental principle: children who commit offences (**justice**), and children who need care and protection (**welfare**), are dealt with in the same system
- The age of criminal responsibility in Scotland is rising from 10 to 12 years of age.

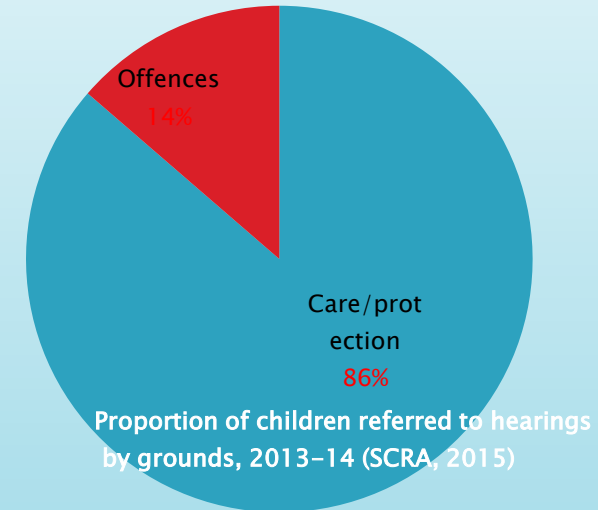
Scotland's Children's Hearings System 2 – referral pathway



How many children/YP are in the CHS?

► Referrals to SCRA:

- 2013–2014
 - 19,077 referrals
 - Can be referred on more than one ground
 - 74.8% of all referrals in 2013/14 were from the police



- At 31 July 2016, 15,317 children were looked after
 - 2% of child population of Scotland

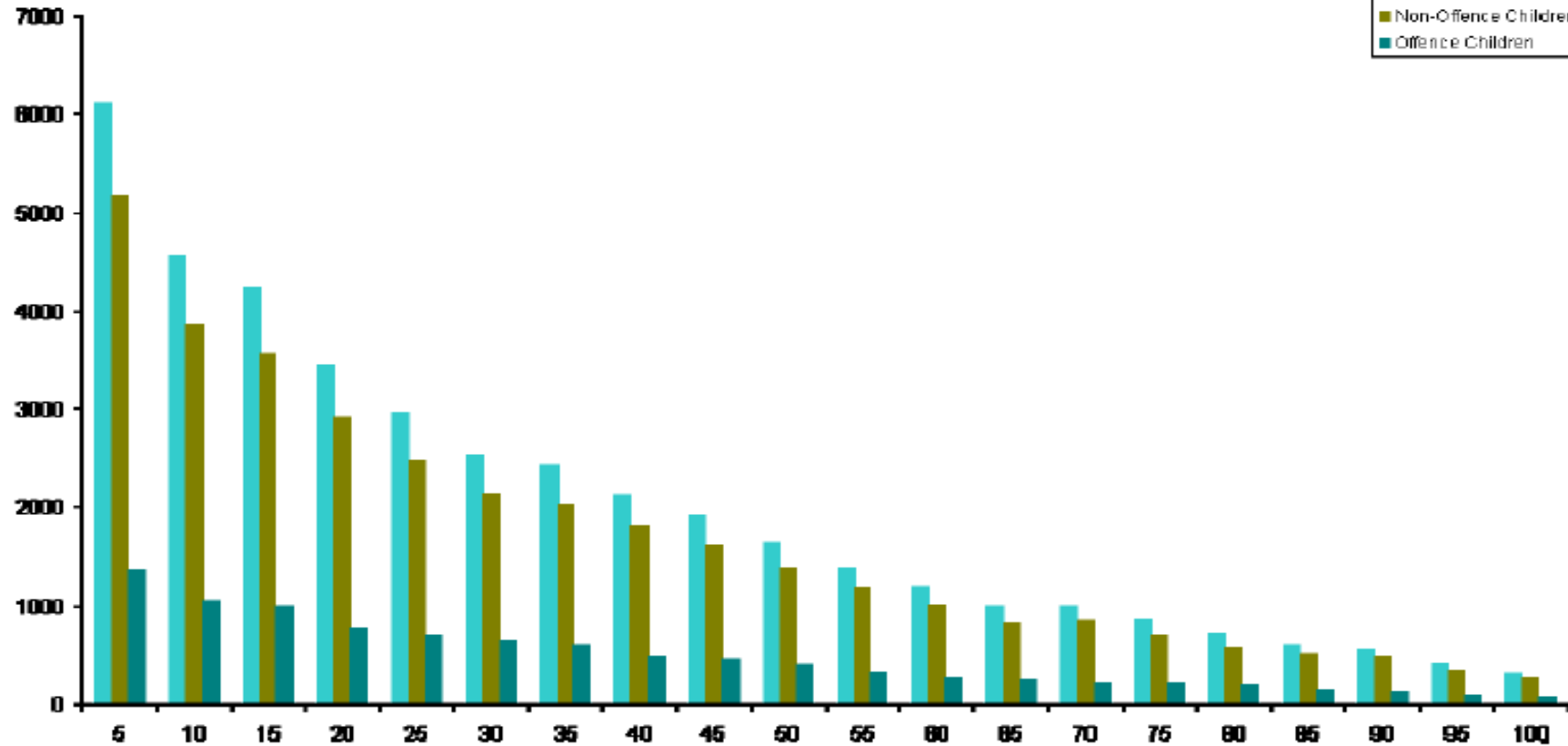
[Scot Gov, 2017]

Looked-after children and social disadvantage

- ▶ We know that the majority of looked-after children are from socially disadvantaged backgrounds [Simkiss et al, 2013]
- ▶ Some common features of low socioeconomic status:
 - E.g. low parental educational level/occupation/income; reduced social conditions; poor housing; increased social isolation
- ▶ ..are the factors most likely to bring children and families into contact with social services [Bebbington and Miles, 1989]
- ▶ ..and are also significant risk factors for higher SLCN [Hoff, 2009; Clegg and Ginsborg, 2006; Law et al, 2011]

Looked after children and SIMD

Number of Children Received In 09/10 by SIMD Percentile



Source:

http://www.scra.gov.uk/cms_resources/Tackling%20Child%20Poverty%20in%20Scotland%20-%20A%20Discussion%20Paper%20-%20January%202010.pdf

Research evidence: LAC and SLCN

- ▶ Historically “..an area almost untouched by empirical investigation”
- ▶ McCool and Stevens (2011): Scotland
 - 4 residential placements, n=30
 - Communication checklist: 19/30 indicated clinical impairment
 - 11 had significant SLC impairment (non-ASD); 7 severe (23.3%)
 - 8 showed indications of social/communication impairment (26.7%)
 - Not direct assessment of the children/young people
- ▶ Also: Bryan et al (2015): England
 - n=118, all male, in secure accommodation
 - ~30% below – 1SD for age on tests of understanding and expression

We set out to assess SLCN in LACYP ..

- ▶ Proposed to directly assess LAC to establish level of SLCN (2013)
- ▶ Contacted LAs and third sector agencies
- ▶ There was a lot of interest but it was difficult to access the children ... (more later)
- ▶ In the meantime, we had been providing training on SLCN in the Children's Hearing System (2014)
- ▶ Became interested in how SLCN was supported in the CHS – how were the CHS, SW and SLT integrated?

Study 1: Freedom of Information investigation

- ▶ Q: To what extent is there integration between social work and SLT?
- ▶ Contacted Scottish Children's Reporter Administration – advised to contact LAs
- ▶ FOIs: the number of occasions in the past 15 years that:
 - Social work requested reports from SLT regarding a child under local authority supervision
 - Social work received specific recommendations from Children's Panels to refer a child to SLT

Freedom of Information Request – LA results

- ▶ 30/32 LAs responded:
 - 18: have **some** information, did not collate it centrally – too costly to retrieve (eg ~£60,000)
 - 12: **do not** hold the information
- ▶ In addition:
 - 8/30:
 - said get in touch with SCRA
- ▶ Referrals might well be made, but not being recorded/collated



We then asked the NHS SLT services ..

- ▶ Contacted paediatric SLT services in all 14 healthcare trusts in Scotland
 - How many referrals from CHS in the past 5 years?

- ▶ 10 trusts responded:
 - 7: no direct referrals
 - 3:
 - 14 referrals in past 5 years (0.13%)
 - 4 referrals
 - 2 referrals from Ed Psych about LAC, 0 from SW



Clark, A. and Fitzsimons, D. (2016) Unidentified and unmet: Hidden speech, language and communication needs of looked-after children and young people in Scotland. *Royal College of Speech and Language Therapist's Bulletin*, May 2016, pp 16-17.

Reflection ...

- ▶ This may be a bit of a blunt tool – but seems reasonable to say social work rarely refer LAC to SLT? (back to this later ..)
- ▶ Could have asked a different Q...?
- ▶ Only asked about new referrals – LAC could have been known to the services already?
- ▶ How was their communication being supported in Hearings?
- ▶ Decided it would be useful to ask the Panel Members and Children's Reporters their views on communication in Hearings
- ▶ Attended a number of hearings as an observer
- ▶ Developed and piloted a questionnaire (2 CR, 1 PM)

Study 2: Panel members' and Children's Reporters' perspectives on communication in Hearings

- ▶ Online survey, Jan–Feb 2017. Available on CHS and SCRA website and on social media
- ▶ N=40 (25 Panel members and 15 Children's Reporters). 15 Follow up phone calls.
- ▶ Covered a wide geographical part of Scotland
- ▶ Asked a range of questions on communication, knowledge of communication disorders, referral systems e.g.
 - Whose is the PRIMARY responsibility to find out if children have speech, language or communication needs prior to the panel hearing?
 - Which of the following terms have you heard of? E.g. SLCN, DLD, ASD, developmental dyslexia, aphasia, dyspraxia?
 - What are the speech, language and communication skills you think a child needs to participate effectively, before, during and after their hearing?
 - What barriers are there to communication in the Hearings? what promotes good communication?
 - Have you ever had any training on speech, language and communication?
 - Are you aware that NHS Speech and Language Therapy Services in Scotland operate an open referral system?

Findings

- ▶ Emphasis was placed on the importance of the needs of a child as an individual.
- ▶ Many respondents had had concerns over a child's communication and would have welcomed further information beforehand.
- ▶ Most common view was it is the Social Worker who has primary responsibility before the Hearing to find out whether the child has SLCN.
- ▶ Respondents had high level of awareness of common developmental disorders e.g. ASD; less knowledge of others e.g. aphasia, dyspraxia.
- ▶ **Barriers to communication** identified as both intrinsic to the child e.g. **confidence, levels of anxiety** and extrinsic e.g. **legal language, physical environment such as seating and tables**
- ▶ A want/need for more training on SLCN was identified.
- ▶ Around 50% were aware the NHS SLT services operate an open system for referrals.

What skills do children need in Hearings?

Expressive language skills	<i>'Ability to talk and explain their wants/needs and their concerns. Ability to ask questions. Ability to [...] take part in a conversation'</i> <i>'Having the relevant communication skills to articulate their feelings is important, and possibly to agree disagree with what is being said around/about them'</i>
Receptive language skills	<i>'The ability to listen to and understand when an appropriate adult shares the information with them. The ability to listen or absorb information'</i> <i>'After a hearing it is important a child can understand the outcome ..'</i> <i>'coping with multiple "inputs" ranging from professional to lay'</i>
Reading and writing	<i>'Ability to read to allow them to look at reports sent to panels would be helpful, although these reports are not written in a child-friendly manner'</i> <i>'A reading age of 12+ to understand social background report, official letters, 'Basic reading and writing, should be able to complete an All About Me form'</i>
Understanding of procedure	<i>"Good language skills probably most important if need to understand what being told about the reports and follow proceedings of the hearing'</i>
Support and advocacy (this was not direct targeted directly but emerged as a useful theme)	<i>'I think they need a couple of hours to settle down before a trusted person comes and talks with them to identify if they **have** understood what's being said and whether they have any questions about what's happened and the document their feelings about how they present afterward and how they actually feel'</i>
Personal characteristics (likewise, this was not targeted directly but emerged as a useful theme)	<i>'In terms of communication skills, in my experience it requires a child with a high degree of confidence to put forward their views in front of a group of strangers. This is rare'</i>

What did the Panel Members think promotes good communication?

- ▶ Responses show a genuine desire to support children
- ▶ 'Relaxed friendly atmosphere. Panel members speaking at appropriate level for child (avoid using complicated language or jargon). Showing an interest in and listening to the child. Being patient allowing the child to gather their thoughts and express them. Encourage and reassure the child. Explain yourself clearly to the child. Be non-judgemental. Stay calm'
- ▶ Other suggestions: Follow up afterwards with written child friendly report and the chance to ask questions.
- ▶ Use visuals to support children before, after and in the Hearings

Meanwhile, new evidence is emerging

No Wrong Door project in Yorkshire: 62% of looked after children had SLCN.

<https://www.northyorks.gov.uk/no-wrong-door>

Compared to around 10% of the overall child population = SLCN hugely over represented in LAC population

- ▶ No Wrong Door is a new way of providing support to young people who are within or on the edge of the care system = integrated health and social care model
- ▶ It replaces traditional council-run young peoples' homes with hubs which combine residential care with fostering
- ▶ Have created two hubs, one in Scarborough (East) whilst one in Harrogate (West)

- ▶ Each hub has a dedicated team which includes:
 - Social worker
 - A life coach who is a clinical psychologist;
 - A speech and language therapist;
 - Two community foster families who work out of the hub and are part of the professional team; and
 - Community supported lodging places for 16 and 17-year-olds, again staffed by people who are specially trained and are part of the professional team

NWD presented their model and findings to the All Party Parliamentary Group on Speech, Language and Communication at Westminster, June 2017

No Wrong Door impact

- ▶ 'Outstanding OFSTED report acknowledged the importance of embedded specialist roles within the children's homes'
- ▶ *Young people's access to Speech & Language Therapy is exemplary as the therapist is based within the home and openly available. This brings substantial advantages to young people, staff and other professionals. Addressing young people's communication needs brings with it life-long benefits. By significantly improving young people's ability to understand the world around them and by making themselves understood reduces the risk of being marginalised in adulthood.*

Looked-after children often experience difficulties in:

- ▶ understanding what is being said to them, including questions
- ▶ difficulty making themselves understood.
- ▶ Understanding and using vocabulary – especially problematic with complex, legal terminology
- ▶ concepts related to time, working memory
- ▶ the ability to retain, process, recall and sequence information – especially in real time
- ▶ reading, writing and spelling
- ▶ naming and managing emotions, including self–self–awareness and emotional regulation
- ▶ social communication skills

(RCSLT, 2017)

Long term outcomes

Communication needs are often hidden and older children in particular may have developed masking techniques for these needs.

Long-term outcomes can be poor as these children enter young adulthood, particularly in their educational attainment, mental health, and experience of social, emotional and behavioural difficulties (RCSLT, 2017)

Recommendations

The RCSLT recommends that the team supporting looked after children has access to specially commissioned speech and language therapy services. This would enable:

☞ **SCREENING** – children and young people should be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where the screen has identified this is necessary to support differential diagnosis.

Anyone can refer a child to NHS SLT services by contacting their local SLT department

☞ **TRAINING**– those working with, caring for, and supporting looked after children should be trained in awareness of communication and interaction needs and how to respond to them so that the places where they spend most of their time, school and home, are able to meet their needs.

☞ **SUPPORT** – direct speech and language therapy should be provided to those looked after children who need it.

Practical tips for supporting a child to communicate effectively

If possible, Panel Members should speak to the child or contact them before a hearing.

Child friendly seating – also next to someone they know well and trust

Body language – calm gentle voice, nodding, smiling (if appropriate)

Use first names – you and them.

Engage their attention – make sure they can hear and are listening

Keep sentences short and simple. Pause between sentences.

Use child friendly vocabulary where possible.

Check for understanding – avoid saying ‘do you understand?’ – children may just agree if even if they don’t understand.

Ask the child to try and put things in their own words (if appropriate to do so) or summarise and give alternatives:

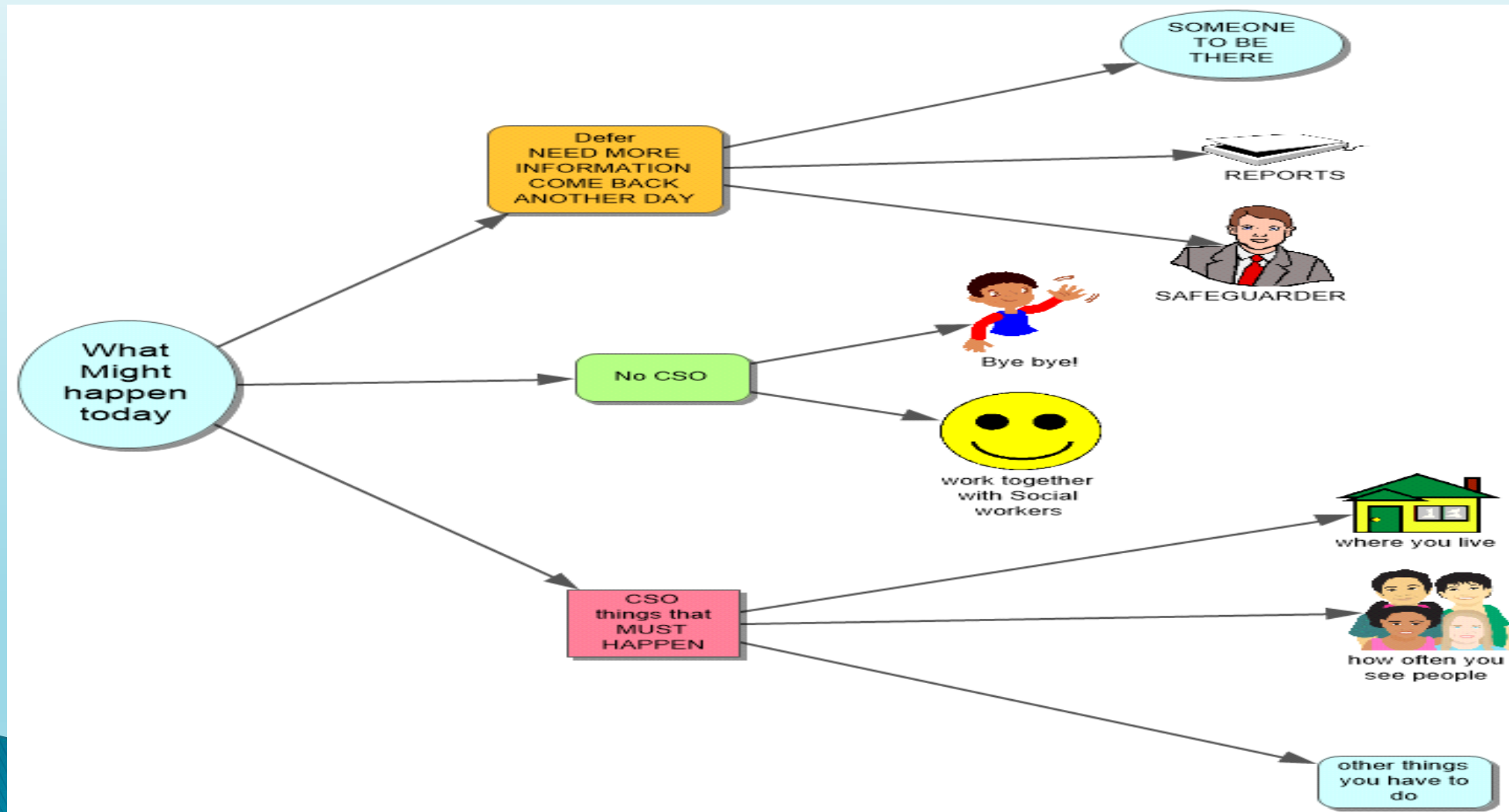
Why are you not going to school? *Dunno.*

You are not going to school – Is the work is too hard or are you are being bullied?

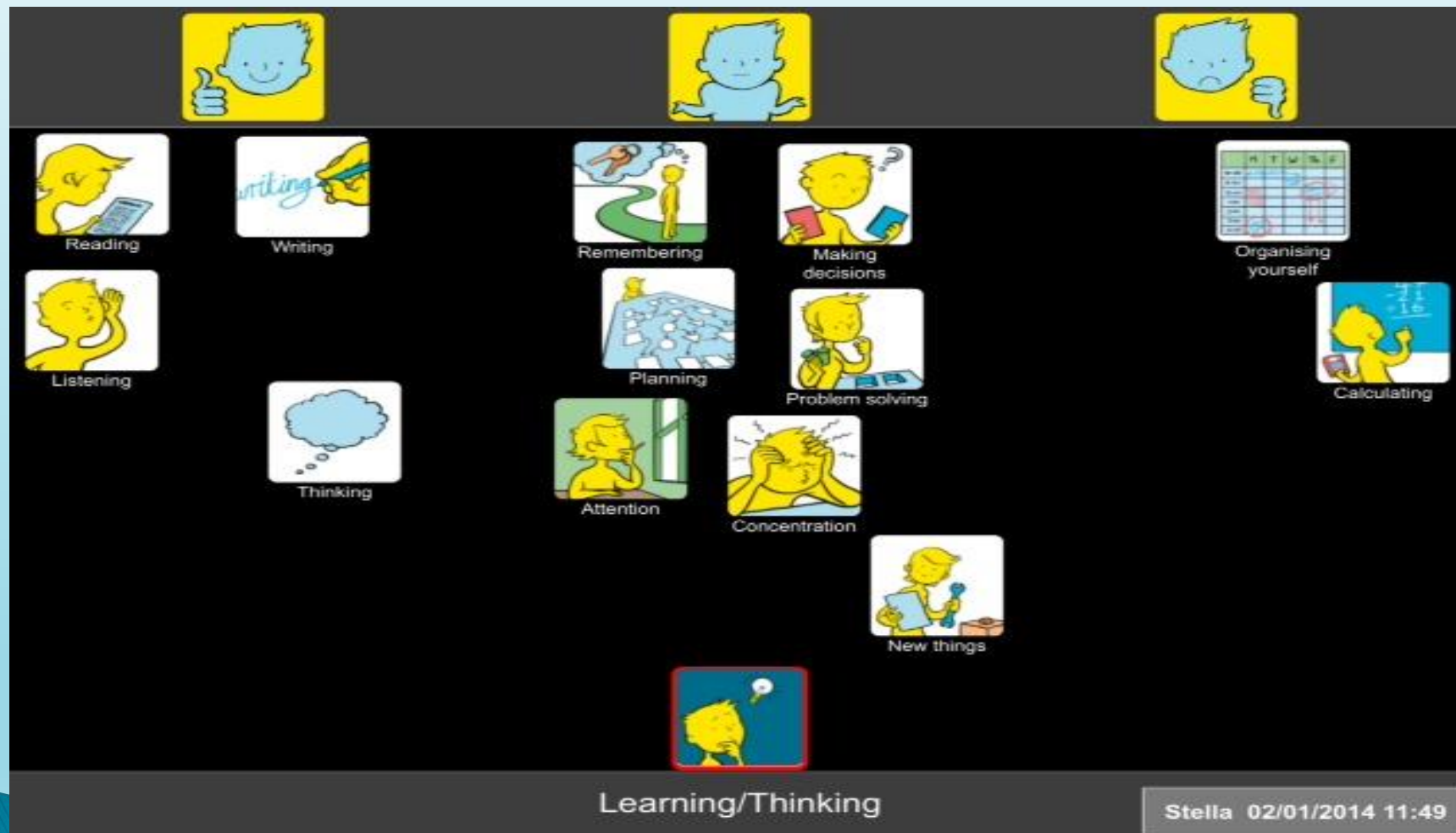
NB but avoid ‘leading’ questions.

Use visual or toys to support communication ...

Example from a Panel Member

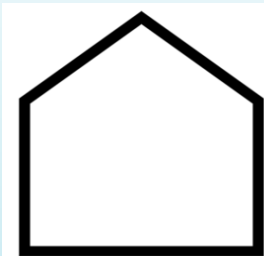


Talking Mats www.talkingmats.co.uk

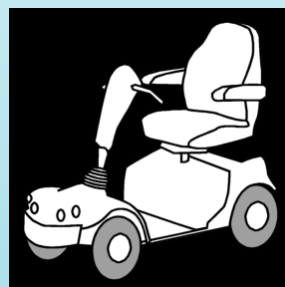


Timelines
can help
signpost
a change
of subject
and help
focus the
child –
and
reduces
anxiety

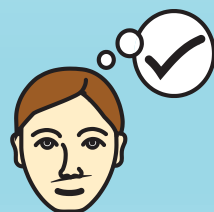
Dad



Questions about:
Being in Dad's house



Questions about:
James' mobility scooter



Questions about:
Being sure

April 2009

Or can
show in a
an easily
accessible
way where
the child
lived and
went to
school

Living with Val

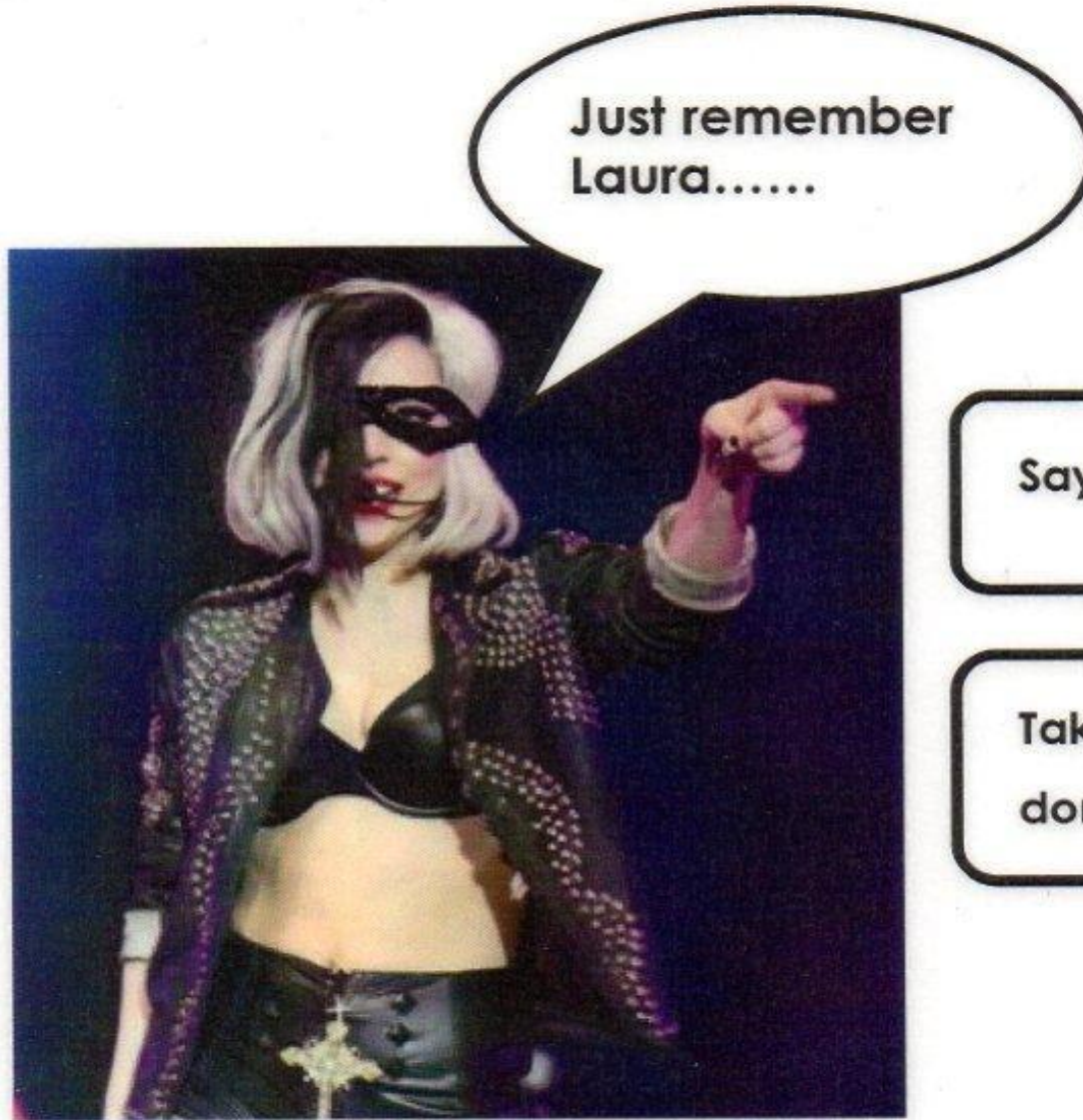
Living with Paul
and Bev



Bensham Manor School



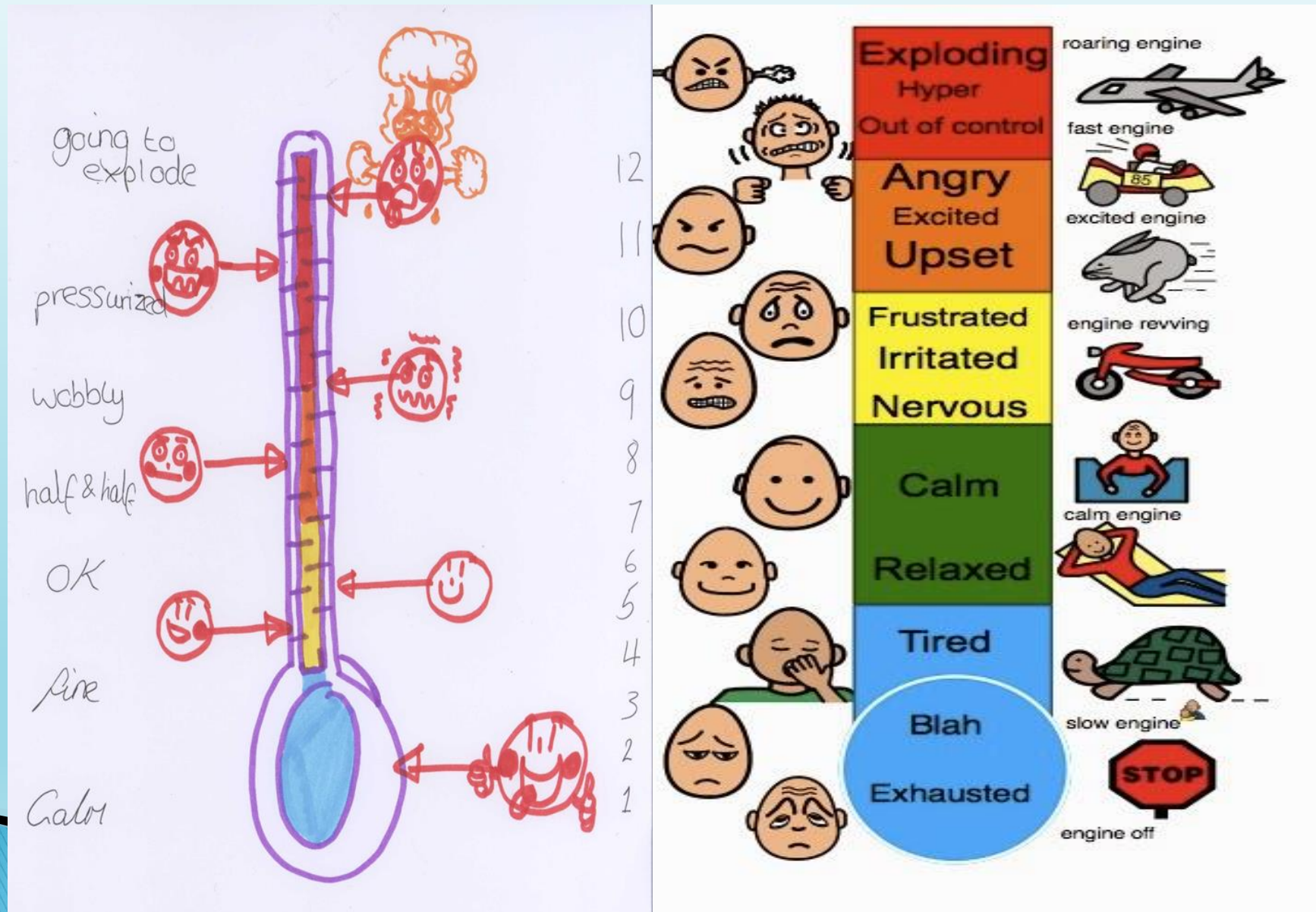
Prompts can especially be helpful when the child helps make them and choose images. Here a young Lady Gaga was inclined not to listen to questions and rushed her answers



Say when you don't understand

**Take your time when you answer –
don't rush!**

Pointing to indicate stress level



Other aids to help manage stress

- ▶ **Pointing to:**



- ▶ **Holding calming object:**





Written communication can reduce anxiety, particularly in older children



Breaks can be
useful
They don't need
to be long – long
breaks can be
counter
productive
Eggs timer can
be used – they
are a good visual







Resilience in Looked After Children

- ▶ Rees (2013): Wales (n=192, one local authority)
 - “**Three times** as many children than expected performed at a level in **reading and spelling** that would typically warrant intervention”
 - Positive outcomes associated with parental contact and **mainstream schooling**

- ▶ Mendes et al (2014):Australia

Resilience factors include:

- Strong personal motivation; close supportive adult; stability in care; school placements that facilitate school attendance
- “Key practical supports include early intervention to tackle **literacy and numeracy deficits**, and ongoing specialised coaching and tutoring based on individually tailored learning programmes” [p. 245]

QMU students who have been looked-after

- ▶ Online questionnaire to all QMU LA students, n=34
- ▶ Data collection: December 2017–January 2018
- ▶ 5 responses: 2 M, 3 F, all undergraduate
- ▶ 19–33 years of age

Questions focused on their own views of their communication and how it had effected their schooling, friendships, life at university

- ▶ 4/5 said it had effected both
- ▶ 3/5 had seen a SLT in the past and had a diagnosis of a neurodevelopmental condition (dyslexia, ASD, Asperger's syndrome)

What helped you get to university?

‘wife's encouragement’

‘My personal experience of being in care is what has brought me to university and I have had various support from colleges and universities to help me achieve my potential’

‘The support from social work and other agencies was intense but on reflection this benefitted me as an individual and gave me independence at a time where it was crucial in my life.’

‘My daughter
Diversity
Willingness to learn’

Key theme – support from others

Where we are now ..

Communication skills are the foundations of relationships, connection, agency, education, engagement. SLT is essential in supporting good communication skills.

Better to assume ALL children who are attending a Hearing have additional support needs, whether or not they have a diagnosis of SLCN.

Social Work support is essential in achieving positive outcomes for LAC children

Future ways forward ..

Working directly at Harbour Point School in East Lothian and with Social Work team in Wester Hailes

Collecting more data from other HEI students in Edinburgh

More engagement between social work and SLT to support these young people to reach their fullest potential

Confidence building for SW to know when and how to refer to SLT?

Reactions and responses?

Your ideas?



Resources

No Wrong Door: <https://www.northyorks.gov.uk/no-wrong-door>

APPG No Wrong Door meeting July 2017

https://www.rcslt.org/governments/appg_meeting_july2017

Royal College of Speech and Language Therapists' factsheet on Supporting Looked After Children:

https://www.rcslt.org/speech_and_language_therapy/docs/factsheets/looked_after_children

RCSLT Intergenerational cycle of Speech, Language and Communication, outcomes, risks

https://www.rcslt.org/governments/docs/speech_and_language_communication_capacity_factsheet_2016

Contact

Dr Ann Clark

Clinical Audiology, Speech and Language Research Centre
Queen Margaret University

Email: aclark@qmu.ac.uk



@annjaneclark

Thanks to Aileen O'Hagan, Highly Specialist SLT and Joyce Plotnikoff for their practical tips.