

The Five Good Communication Standards: supporting the implementation of the 9 Quality Standards

Child A's story

Child A is 15. Prior to her present placement, she had had 20 previous placement breakdowns. With a history of aggressive behaviour, including being verbally and physically abusive, she started her placement on a 3:1 staffing ratio due to the risk of assaulting staff. She had a large number of police charges pending. She had previously been identified as having no obvious difficulties with her ability to communicate, but that she would communicate emotion by behaviour.

Following staff concern about her communication skills and inability to understand information, a speech and language therapist undertook a full assessment of Child A. This revealed that she had a range of unidentified speech, language and communication needs. The speech and language therapist advised both Child A and those working with her how best to support her communication needs, including when attending court.

As a result of this speech and language therapy input, Child A's communication, social skills and behaviour have improved and the charges against her have been dropped. Staffing levels have been reduced to 2:1 and 1:1 support is being trialled at school. Her social worker commented, 'What I have experienced is Child A's much improved confidence in expressing herself, listening and understanding. This has been an invaluable part of the progress she has made in placement and has allowed her greater opportunities to make meaningful relationships with adults and peers alike.'



help residential homes to evidence how they are supporting the implementation of the 9 Quality Standards for children and young people with communication needs.

Summary

- Many children and young people in care have unidentified and/or unmet speech, language and communication needs.
- Left unidentified and/or unmet, these needs can have a range of negative consequences, including on their behaviour, social, emotional and mental health, ability to form relationships, literacy and ability to engage with education, and future life chances, including employment. They can also result in involvement in the criminal justice system.
- With appropriate involvement from speech and language therapy services, the Five Good Communication Standards can

The prevalence of communication needs amongst looked after children

Many children and young people in care have unidentified and/or unmet speech, language and communication needs.

- A study published in the *International Journal of Language and Communication Disorders* in 2011 found high levels of communication impairment amongst children and young people in residential care. Much of it was severe and pervasive, and largely previously unidentified.¹
- An Office of National Statistics review of the health needs of looked after children found that speech, language and communication needs were the second most frequently reported difficulty for looked after children.²

- No Wrong Door, the service for looked after children in North Yorkshire, found 62% of its children had communication needs. Only two of these had previously seen a speech and language therapist (SLT).³

The background to looked after children's communication needs

- Speech, language and communication needs is the term used to describe difficulties across one or many aspects of communication. These include:
 - language disorder and developmental language disorder⁴ – these disorders create obstacles to communication or learning in everyday life. They affect the way children both understand language (make sense of what people say) and use language (words and sentences) and can lead to difficulties with social communication (knowing how to speak to different people in the right kind of way at the right time and understanding the non-verbal rules of communication); and
 - difficulties with producing speech (including stammering and disorders of speech and voice).
- Some looked after children's communication needs may be associated with their environment. The majority of children in care experience conditions of poverty and social disadvantage⁵ and in areas of high social deprivation between 40% and 56% of children start school with limited language.^{6,7}
- Attachment difficulties and any previous abuse, neglect and subsequent trauma may also have had an impact on the development of looked after children's communication skills.^{8,9}
- Communication needs may be integral to other conditions, such as autism spectrum disorders and learning disability, or co-occur with them, such as attention deficit hyperactivity disorder and conduct disorder,^{10,11} complex needs, and profound and multiple learning disabilities.
- Priority tends to be placed on more 'visible' difficulties, such as social, emotional and behavioural difficulties, or in some cases offending behaviours, and not on identification and intervention for those children with communication needs. Social, emotional and behavioural difficulties could themselves stem from an unidentified and/or unmet communication need. Two-thirds of seven to 14 year olds with severe behaviour problems have communication needs.^{12,13}

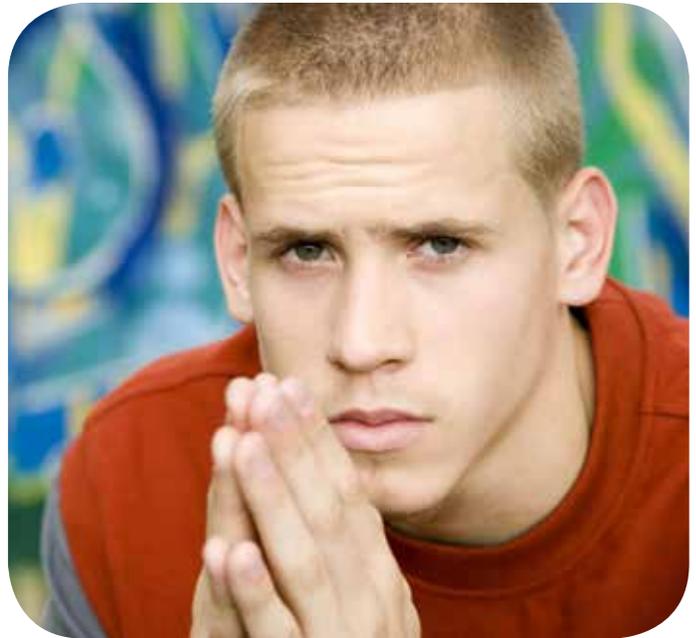
Signs of speech, language and communication needs

Signs that children and adolescents may have communication needs include¹⁴:

- they find it difficult to say what they want or to understand people.
- they don't talk as much as children of the same age.
- they seem to get stuck on some words.
- people find it difficult to understand what they are saying.
- their voice sounds strange.
- they find it difficult to talk to other children and make friends.
- they get lots of colds and don't often hear what people say.

The impact of looked after children's communication needs

- Looked after children with communication needs can have difficulty understanding what is being said to and asked of them. They can also have difficulty making themselves understood. Their needs are often hidden and older children in particular may have developed masking techniques. Some looked after children communicate through behaviour that may result in offending behaviour.



- Common difficulties looked after children experience include social communication skills (knowing how to speak to different people in the right kind of way at the right time), naming and managing emotions (including self-control), self-awareness, vocabulary, concepts related to time, working memory and the ability to retain, process, recall and sequence information.

The importance of identifying and supporting looked after children's communication needs

Identifying and meeting their communication needs helps looked after children and young people to communicate with those around them and supports their emotional, social and mental health and well-being, relationship building, educational attainment and future life chances. It also reduces the potentially negative consequences of unidentified and/or unmet communication needs, including in relation to behaviour, literacy and the ability to access education, potential exclusion from school, and involvement in the criminal justice system.

mental health

- up to a third of children with untreated communication needs will develop subsequent mental health problems.¹⁵
- men who have speech difficulties in adolescence have a significantly higher risk of mental health problems.¹⁶

education and employment

- vocabulary difficulties at age five are significantly associated with poor literacy, mental health, and employment outcomes at age 34.¹⁷
- 88% of long-term unemployed young men have communication needs.¹⁸

involvement in the criminal justice system

- more than 60% of young offenders have communication needs.¹⁹
- The Prison Reform Trust's 'In Care, Out of Trouble' report highlighted that children and young people with a range of conditions and needs, including communication needs, are known to be overrepresented in the care and criminal justice system and evidence to the review suggests that not enough is done to identify such needs at an early stage and to ensure they are being addressed to support children's development and protect them from criminalisation.²⁰
- HM Inspectorate of Prisons and the Youth Justice Board found that nearly a third of young men in young offender institutions had been looked after by a local authority at some point.²¹

Supporting the implementation of the 9 Quality Standards

Meeting the Five Good Communication Standards provides evidence of how the 9 Quality Standards are being implemented in relation to those with communication needs.

1. The quality and purpose of care standards

*The person in charge of the home understands its **aims**, how to make sure it **meets children and young people's needs** and understands how best to do this.*

Meeting the Communication Standards would evidence this by demonstrating a supportive environment for those children and young people who have communication needs. It would help the home identify their needs. It would also encourage children and young people to communicate and enable the home to demonstrate how they had facilitated them to do this. This could be achieved by screening children and young people for communication needs when they enter the home and referring them to speech and language therapy services for a full assessment where a screen has identified this is necessary and for intervention.

2. The children's wishes and feelings standard

*Children and young people's **views are listened to and taken seriously**. They have the opportunity to talk, complain and are given feedback.*

Meeting the Communication Standards would evidence how the home supports those children and young people who have communication needs to express their wishes and feelings, including through the reviewing and differentiating of paperwork where necessary. It would also evidence how staff members are supported to be able to communicate with and listen to children and young people, including supporting staff to use resources for choice making. This would help them to be given feedback they are able to understand and know their views had been listened to and taken seriously. It would also help them give feedback to the home.

3. The education and learning standard

*Children and young people are supported by staff in the home to make progress in **school** and given what they need to do this.*

Meeting the Communication Standards would evidence that speech, language and communication needs had been identified and were being supported, including through the training of staff in how to support children and young people with such needs. This would help children and young people to access and engage with education and learning programmes, including through attending school and doing homework. It would enable them to make progress at school and achieve their educational potential. It would also support staff with their knowledge of Education, Health and Care Plan outcomes, targets on learning plans, use of appropriate strategies, and attendance at meetings in school.

4. The enjoyment and achievement standard

*Children and young people are supported by staff to do **activities** they would like to do.*

Meeting the Communication Standards would evidence this by demonstrating that reasonable adjustments had been made to communication styles so that children and young people who have communication needs were able to participate in activities they enjoy, including participating in activities in the community.

5. The health and well-being standard

*Children and young people are supported to be **healthy** and to make choices that affect their health, like drugs and alcohol. They have access to a GP, dentist and counselling support.*

Meeting the Communication Standards would evidence how the health and well-being of children and young people who have communication needs was being promoted. This could include the provision of hospital passports for all young people, staff knowledge of easy read health information sites, and the provision of easy read information relating to health, diet, and well-being. It would also enable them to access and engage with any counselling support they require, including speech and language therapy where needed.

6. The positive relationships standard

*Children and young people are helped to develop **good relationships** with adults and other young people and to understand behaviour that is needed in everyday life.*

Meeting the Communication Standards would evidence how children and young people with communication needs were being supported to develop positive relationships with both their peers and adults through having access to interventions that help develop social communication skills. It would also help reduce the risk of negative consequences stemming from difficulties forming relationships.

7. The protection of children standard

*Care home staff keep children **safe** and help them understand how they can keep themselves safe.*

Meeting the Communication Standards would evidence how the safety of young people with communication needs was being promoted. It would demonstrate how they were being communicated with on issues of safety, including on how to keep themselves safe, through the provision of differentiated material where necessary, and through staff knowing how best to communicate with young people with communication needs. It would also enable children and young people being able to demonstrate and explain how they can keep themselves safe.

8. The leadership and management standard

*The person in charge provides an environment within the care home that **helps children to be the best they can be**.*

Meeting the Communication Standards would evidence this by showing that those in charge of the home were aware of, and knew how to support, young people who had communication needs. It would also demonstrate that each child and young person's individual needs were being met in a way that enabled them to achieve their potential, both in education and in life.

9. The care planning standard

*The care home provides **well planned care**, including with admissions and placements of children and young people.*

Meeting the Communication Standards would evidence how children and young people with communication needs are included in the planning of their care. It would also demonstrate how support for those with communication needs was being provided in relation to admissions, transitions, and placements.

The Five Good Communication Standards supporting looked after children

The Five Good Communication Standards²² were developed by the Royal College of Speech and Language Therapists in response to Winterbourne View. They are designed to remove barriers to communication by highlighting the reasonable adjustments to communication that individuals with learning disability and / or autism should expect in specialist hospital and residential settings.

The standards are also relevant in other contexts, including for ensuring good communication with and by children and young people in care. With appropriate involvement from speech and language therapy services, staff in residential settings could be trained and supported to demonstrate good practice in understanding, communicating with, and facilitating looked after children and young people to be part of decisions about their support and care.

For those providing services, the Five Good Communication Standards:

- **Standard 1:** There is a detailed description of how best to communicate with individuals.
- **Standard 2:** Services demonstrate how they support individuals to be involved with decisions.
- **Standard 3:** Staff value and use competently the best approaches to communication with each individual they support.
- **Standard 4:** Services create opportunities, relationships and environments that make individuals want to communicate.
- **Standard 5:** Individuals are supported to understand and express their needs in relation to their health and wellbeing.



For those receiving services, the Standards are:

- **Standard 1:** There is good information that tells people how best to communicate with me.
- **Standard 2:** Staff help me to be involved in making decisions about my care and support.
- **Standard 3:** Staff are good at supporting me with my communication.
- **Standard 4:** I have lots of chances to communicate.
- **Standard 5:** Staff help me to understand and communicate about my health.

These standards can help evidence how the 9 Quality Standards for children's homes are being implemented.²³

► For further information, please contact info@rcslt.org

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⁴ Language disorder can be part of another condition (such as autism spectrum disorder, brain injury, Down Syndrome, cerebral palsy, sensorineural hearing loss). Developmental language disorder is a language disorder not associated with these conditions. It can co-occur with other difficulties (such as attention, motor, reading and spelling, speech, behaviour, auditory processing and intellectual disability) and can be associated with genetic risk factors (such as family history and low level parental education) and with poverty and neglect or abuse.

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²³ Children's Homes Quality Standards. Available at: www.childrenshomesqualitystandards.org.uk/regulations-qualitystandards/quality-standards/