



## Exclusions review: Call for evidence

### Written evidence submitted by the Royal College of Speech and Language Therapists

#### 1. Executive summary

- Communication skills are fundamental and foundational. They enable us to understand and to be understood and underpin social communication. They are central to our development, our ability to understand and manage our emotions, to form relationships, our educational achievement, social interaction, and life chances.
- The most common reason for pupils being excluded from mainstream education is disruptive behaviour; research shows that many children and young people who are excluded or at risk of exclusion have behavioural difficulties which co-occur with communication needs that are often unidentified and unsupported.
- As well as being at higher risk of school exclusion, children with unidentified communication needs are at risk of a range of negative outcomes later in life, including impacts on literacy, numeracy and educational attainment, mental health, employment and possible involvement in the criminal justice system.
- There is a clear correlation between many of the group of pupils who are disproportionately more likely to be excluded, and the groups of children and young people who are more likely to have communication needs, including looked after children, children in need, pupils eligible for free school meals, and pupils with special educational needs and disabilities.
- Given the high prevalence of communication needs in children and young people with behavioural difficulties, and the consequences of not supporting them, the Royal College of Speech and Language Therapists recommend that staff working with excluded pupils and those at risk of exclusion, have access to specially commissioned speech and language therapy services. This would enable:
  - **Identification** – in line with Department for Education guidance: “where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as... difficulties with speech and language”.<sup>1</sup>
  - **Training** – all staff working with excluded pupils or those at risk of exclusion should be trained in recognising and responding appropriately to communication needs.
  - **Support** – speech and language therapy should be provided to those children and young people who need it, as well as ongoing advice and support to staff to enable them to meet the needs of individual children and young people.

#### 2. The link between school exclusion and speech, language and communication needs

“Children with language disorders often lack verbal strategies to manage in the classroom and may only take in one or two words of what is said to them. This can lead to failure following instructions which can be perceived as ‘naughty’ behaviour by the class teacher. Similarly, children with language disorder have difficulty following playground rules, and often misinterpret jokes from peers as other children ‘making fun’. The frustration and inability to respond leads to more disruptive behaviour and increased risk for social, emotional and mental health problems in the longer term.”<sup>2</sup>

*Professor Courtenay Norbury, Professor of Developmental Language and Communication Disorders at University College London*

Research demonstrates a clear link between behavioural difficulties, communication needs, and school exclusions:

- A review of 26 studies found that 71% of children formally identified with emotional and behavioural difficulties (EBD) experienced clinically significant language deficits, and 57% of children with diagnosed language deficits also were identified with EBD.<sup>3</sup>
- A study of secondary age pupils at risk of school exclusion found that for a high proportion of the pupils, language difficulties were a factor in their behaviour problems and school exclusion.<sup>4</sup>
- In a study of pupils at risk of exclusion from school, two thirds were found to have speech, language and communication needs (SLCN).<sup>5</sup>
- In a study of excluded boys, 100% had undetected communication needs and behavioural issues.<sup>6</sup>

Data from speech and language therapy services working in alternative provision also supports this link:

- An independent speech and language therapy service commissioned to provide input to a large secondary alternative provision setting found that 90% of the pupils assessed had communication needs.
- Pupil referral units in the London Borough of Newham screen all children and young people for communication needs the day before they are due to attend. In 2016/17, 90% of the cohort presented with moderate-significant speech and language difficulties, and only a small number of these had previously had their communication needs identified.<sup>7</sup>
- Sheffield Inclusion Centre supports children and young people who are displaying challenging behaviour in mainstream primary schools across the city. The Centre refers all primary-aged children on roll for assessment of their communication skills to check whether there are any underlying SLCN that may be contributing to their behaviour. Between 2014 and 2018, 75 children were assessed; 63% were identified as having SLCN.

### **3. The drivers behind the variation in exclusion rates of pupils of different ethnic groups and other disproportionately represented groups, and the consequences of this**

There is a clear correlation between many of the groups of pupils who are disproportionately more likely to be excluded, and the groups of children and young people who are more likely to have communication needs.

#### **3.1 Looked after children**

A high proportion of children and young people in the care system have communication needs, much of which is unidentified and unsupported:

- An Office of National Statistics review of the health needs of looked after children found that, despite evidence of serious underreporting, SLCN were the second most frequently reported difficulty for looked after children.<sup>8</sup>
- In one study of children and young people in residential care, 63% had communication needs. Of those with newly identified needs for whom information about previous concerns or referrals was available, 90% indicated no previous concerns; none of the children had been referred for an assessment.<sup>9</sup>
- 58% of the young people screened by speech and language therapists as part of No Wrong Door, North Yorkshire County Council's model around rethinking care for adolescents, were identified as having SLCN.<sup>10</sup>

### **3.2 Children in need**

Research shows both that there are high levels of communication needs in children and young people in need, and that communication needs are a risk factor for child abuse and neglect.

#### **Insecure attachment, maltreatment and neglect**

- Insecure attachment, a lack of quality stimulation, neglect and conflict all have negative effects on a child's development<sup>11</sup> including on their speech, language and communication skills.<sup>12</sup>
- Children with SLCN have been found to be at greater risk of abuse and neglect<sup>13</sup> and maltreatment increases their vulnerability to SLCN.<sup>14</sup>
- High-risk young people, such as those who are subject to child protection orders because of suspected or confirmed maltreatment, and those who are engaged with the youth justice system, face an elevated risk for SLCN.<sup>15</sup>

#### **Sexual abuse and trauma**

- Children with disabilities, including SLCN, are more than three times more likely to experience sexual assault than children without disabilities.<sup>16</sup>
- One study followed up five year olds with language disorder to adulthood and found them to be nearly three times more likely to report child sexual abuse than their peers.<sup>17</sup>

#### **Domestic violence**

- Pre-school children exposed to domestic violence are at risk of developing SLCN: comparisons between children's achievement in a Refuge play-centre and in the community showed a significant difference in hearing and speech development.<sup>18</sup>

#### **Perinatal mental health**

- Perinatal mental health issues have a negative effect on the mother<sup>19</sup> and subsequently her ability to provide an environment and interactions that will encourage language development.<sup>20</sup> They can also directly affect the emotional, cognitive and physical development of the child.<sup>21</sup>

### **3.3 Pupils eligible for free school meals**

Communication difficulties are much more prevalent in children and young people in areas of social disadvantage:

- Studies have found that around 50% of children in areas of high social disadvantage have delayed language or other identified SLCN.<sup>22</sup>
- Children who are eligible for free school meals and live in more deprived neighbourhoods are more than twice as likely to have identified SLCN.<sup>23</sup>

### **3.4 Children with special educational needs and disability**

Children and young people who have social, emotional and mental health needs identified as their primary type of special educational need are much more likely to be excluded than the school population as a whole: almost 1% receive a permanent exclusion and 17% receive one or more fixed period exclusion, compared to 0.08% and 2.11% of all children and young people respectively.<sup>24</sup>

As highlighted in section 2 of this submission, the majority of these children and young people are likely to have co-occurring SLCN, many of which may not have previously been identified or supported:

- In a meta-analysis of 22 studies, 81% of children with emotional and behavioural disorders were found to have communication needs that had not previously been identified.<sup>25</sup>

During the inquiry of the All Party Parliamentary Group (APPG) on Speech and Language Difficulties into the links between SLCN among children and social disadvantage, Professor Karen Bryan gave evidence about the compounding risk faced by children and young people with SLCN:

“their communication difficulties put them at risk of literacy difficulties and this in turn puts them at risk of further educational problems; then as they come to adolescence they have problems coping with peers, with school and with family relationships and their communication difficulties become labelled as behavioural problems.”<sup>26</sup>

### **The consequences**

Research shows clearly that both young people who have been excluded from school and young people with SLCN are over-represented in the **criminal justice system**:

- a study of the educational background of young people in custody showed that 88% of boys and 74% of girls had been excluded from school; and 36% of boys and 41% of girls said they were 14 years or younger when they were last in education.<sup>27</sup>
- at least 60% of young people in the UK who are accessing youth justice services present with communication needs which are largely unrecognized.<sup>28</sup>

#### **4. Practice in schools in relation to behaviour management and exclusions. This includes identifying effective approaches which improve outcomes, particularly for those groups disproportionately likely to be excluded**

Given the high prevalence of communication needs in children and young people with behavioural difficulties, all teachers and other staff working with pupils at risk of exclusion should be trained in recognising communication needs. When adults come to understand the communication needs of these children and young people and how they impact on family and school activities, they are less likely to fault the children for their misbehaviour.<sup>29</sup>

Where communication needs are identified, speech and language therapists can support positive behaviour, and reduce the risk of exclusion, by enabling:

- **Greater understanding of communication needs**
  - working collaboratively with other staff to understand the skills gaps and emotional needs which may underlie ‘behaviour’ problems
  - acting as an advocate for the child or young person, helping others to understand their communication needs
  - ensuring that procedures and policies regarding de-escalation, positive handling and debriefing are communication friendly
- **Training on how to adapt teaching**
  - providing communication friendly environments, including by modelling appropriate interactions and language
  - sharing effective vocabulary teaching strategies, ensuring children and young people understand the language of the classroom and vocabulary around behaviour management
  - collaborating with others to make sure behavioural targets are differentiated so they can be understood and broken down into small achievable targets
  - contributing to behaviour management training on communication needs, including on differentiation, visual support, the effects of being literal, language for self-regulation and emotional literacy

This is particularly important given that research has shown that:

- verbally-based behavioural interventions may not be effective with young people who have unidentified communication needs.<sup>30</sup>
  - un-adapted group interventions may be challenging and therefore less effective for those with social communication difficulties.<sup>31</sup>
- **Direct support**
    - helping the child or young person to understand and express their needs and involve them in planning for change in a respectful way, helping them understand what behaviour is required in a way that is meaningful for them
    - teaching the communication skills required to behave well; offering verbal and nonverbal scripts and coaching online, offering opportunities to practise and succeed in using new skills including how to repair conversational breakdown
    - supporting children and young people through transitions, both through the day and in phases of education, for example from primary to secondary school

### **Good practice examples**

**A large mainstream secondary school in South London** commissions an independent speech and language therapy service to assess the SLCN of pupils identified as being at risk of low academic attainment, exclusion or those admitted to the school through the local authority's 'fair access panel' following exclusion from other settings.

In 2016-17, 103 pupils were assessed, of which 94% presented with SLCN. On a recent inspection visit, Ofsted reported that

"The school has continued to offer pupils at risk of exclusion a place in the school through the local authority fair access panel. The high level of success in settling these pupils to school life demonstrates the care and attention given to individual pupils' needs... teams are able to identify quickly those pupils who may be at risk of harm or educational underachievement. Therefore, support is given rapidly to pupils who need it.... Those pupils who have displayed challenging behaviour in the past speak highly of the support they have received from staff. Support is adapted to the needs of the individual and changes over time. You work proactively to avoid excluding pupils. Every effort is made to intervene and support pupils before behaviour issues escalate."

**A speech and language therapy service** delivered training in communication support strategies to staff at a secondary school for children with social, emotional and mental health (SEMH) needs. All staff who attended the training fed back that it was useful and that there were practical suggestions which could be implemented in the school. One staff member commented:

"I liked the fact it helped me to think first and foremost about how I approach talking to the boys. Also it helped me to change the way I approach behaviour management."

## **5. Practice in schools in relation to directing pupils to alternative provision without excluding**

Given the high prevalence of communication needs in children and young people at risk of exclusion, and in the interest of early intervention and improved access to services, it would be good practice:

- to assess all children at risk of exclusion for SLCN. This would mean that students could be directed to the alternative provision that is best able to meet their needs.
- for staff working in alternative provision to be trained in recognising and responding appropriately to communication needs, including teaching the communication skills needed to support reintegration into mainstream education where appropriate.

- for direct speech and language therapy to be provided to those children and young people who need it, as well as ongoing advice and support to staff to enable them to meet the needs of individual children and young people.

### **Good practice example**

**A Pupil Referral Unit** in the south of England provides short-term placements for primary school children on dual-roll or who have been permanently excluded. Many of these children have underlying learning difficulties, including communication needs. The pupil referral unit offers them an opportunity for time out of their mainstream school, with an adapted environment and curriculum, to begin re-engaging.

The speech and language therapist visits the unit once a week; the complex nature of the children's needs mean that a picture of their needs has to be built up over time, through detailed observations. The speech and language therapist then contributes to review meetings to ensure that pupils' communication needs are accurately identified, enabling informed decisions over placement to be made (often back into mainstream schooling), with advice on how best to support the child's needs. Collaborative working between the speech and language therapist and staff in the unit enables communication supportive practices to be embedded in the environment and curriculum.

### **Case study – J**

J was receiving individual support in the inclusion / nurture house at a secondary school for children with social, emotional and mental health (SEMH) needs, as he was not able to mix with other students. A previous attempt to reintegrate J into a mainstream school had been unsuccessful, and he returned to the secondary SEMH school, but with lengthy periods of absence.

The speech and language therapist assessed J and, on the basis of that assessment, proposed that J might benefit from a social skills group at another mainstream school. The speech and language therapist arranged for this to be set up and the student's attendance and participation subsequently increased.

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