

Response ID ANON-PE1U-UKQE-H

Submitted to **Reducing the need for restraint and restrictive intervention**

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Introduction

1 What is your name?

First name:

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2 What is your email address?

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3 What is your organisation?

Organisation:

The Royal College of Speech and Language Therapists

4 Does the content meet the aim of the document to: “help special education, health and care settings develop plans to support children and young people whose behaviour challenges in order to reduce the incidence and risk associated with that behaviour and promote and safeguard the welfare of children and young people in their care..”?

No

Comments:

We welcome the recognition in the draft guidance that children and young people with speech, language and communication needs (SLCN) will use different ways of communicating, and that verbal and/or non-verbal strategies should be used to ensure the child or young person understands what is happening and has adequate time to process information and respond. We were also pleased to see that two of the case studies of positive and proactive approaches to behaviour that challenges (Annex B) included speech and language therapy, and would recommend that this good practice should be rolled out across special education, health and care settings.

However, the document could meet its aim more successfully if it were to state clearly the high prevalence of SLCN in children and young people with learning disabilities, autistic spectrum disorder (ASD) and mental health needs, and the potential impact of those SLCN on behaviour (and in particular the links between SLCN and mental health):

Communication skills are fundamental and foundational. They are central to expression (making ourselves understood), comprehension (understanding what is being said to and asked of us) and to knowing how to speak to different people in the right kind of way at the right time (social communication).

The Department for Education has recognised this. Its advice on mental health and behaviour in schools (2016) states that: “consistent disruptive or withdrawn behaviour can be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there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”.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

The importance of developing communication strategies, with speech and language therapy input, as part of good support for children and young people with autism, communication difficulties, severe learning difficulties and challenging behaviour was also recognised in the recent Lenehan Review into Residential Special Schools (Lenehan C. and Geraghty, M. (2017) Good intentions, good enough? A review of the experiences and outcomes of children and young people in residential special schools and colleges.)

While some children and young people have SLCN related to or co-occurring with another condition, such as ASD or learning disabilities, there are many more children – 7.58% - whose SLCN does not co-occur with another condition. This is known as Developmental Language Disorder. (Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., Vamvakas, G. & Pickles, A. (2016). The impact of nonverbal ability on prevalence and clinical presentation of language disorder: evidence from a population study. *The Journal of Child Psychology and Psychiatry*, 57 (11), 1247- 1257.)

As the draft guidance recognises, behaviour is itself a means of communication (para 20), and therefore challenging behaviour may be caused by a range of factors within the children and young people and their environment which will require a detailed multi-disciplinary assessment. These factors could include:

- undetected and/or unsupported SLCN;
- the stress of being in a communication environment that is not differentiated to their SLCN (where there is a mismatch between the communication abilities of children and young people and the communication environment for example others' communication level and availability of visual support).

People with disabilities including SLCN are at greater risk of physical restraint (Webber et al., 2017) and clinical experience suggests that where SLCN is not recognised, children and young people are at risk of physical intervention which could have been avoided, if appropriate verbal differentiation and de-escalation had been used.

Recognition of SLCN provides opportunities to offer proactive support in order to minimise the use of more active strategies to manage behaviour that challenges (such as restraint). Proactive support may include communication strategies for the individual and/or changes in the communication environment to avoid incidents of behaviour that challenges and effective de-escalation strategies tailored to the communication needs of the individual. Where situations have escalated, SLTs can provide support through reviewing the incident as part of a team to consider triggers and the active management used from a communication perspective. SLTs can also support staff through training/joint working to ensure communication supports such as easy read materials are available to help individuals understand their experiences, e.g., of restraint/seclusion.

Evidence shows that many children and young people with behavioural problems have undetected communication needs:

- 81% of children with emotional and behavioural disorders have significant language deficits.
(Hollo A, Wehby JH and Oliver RM. (2014) Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis, *Exceptional Children*; 80(2): 169-186.)
- Low language ability is associated with problem behaviour.
(Chow, J. and Wehby, J. (2016). Associations Between Language and Problem Behavior: a Systematic Review and Correlational Meta-Analysis, *Educational Psychology Review*)
- Interventions for behaviour or mental health needs are less likely to be effective in children and young people with unidentified communication needs.
(Cohen, N J Farnia, F., and Im-Bolter N (2013) Higher order language competence and adolescent mental health *Journal of Child Psychology and Psychiatry* 54:7 733–744)

Given the high prevalence of SLCN not co-occurring with ASD or learning disabilities, and their links with behaviour that challenges, particularly if unidentified and unsupported, there needs to be recognition that children and young people who display behaviour that challenges may have undetected SLCN.

In addition:

- A child's ability to process information is likely to be reduced at times of increased emotional and/or physiological arousal (Huesman 1988). De-escalation techniques need to take this in to account, and staff should be trained in using de-escalation strategies that reduce the processing demands on the child (for example reducing spoken language to a minimum, reducing sensory stimuli etc) (Huesmann, L (1988) An Information Processing Model for the Development of Aggression. *Aggressive Behaviour* (Vol 14; p13-24));
- Where there is reference to external expertise (para 18), this should include speech and language therapy services;
- As "behaviour is a means of communication" (para 20), and given their unique expertise in speech, language and communication, speech and language therapists (SLTs) should play a key role in supporting children and young people to develop alternative ways of expressing themselves that achieve the same purpose but in more appropriate ways.

How SLTs can support positive behaviour

Speech and language therapists have unique expertise in speech, language and communication. As a result of the Government review into the abuse of adults with learning disabilities at Winterbourne View, RCSLT developed the Five Good Communication Standards through the RCSLT National Forum for Adults with Learning Disabilities. These good practice standards provide advice to commissioners and providers on making reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings. These also have wider relevance for ensuring people with communication needs have their needs responded to appropriately and are applicable here as a framework.

Speech and language therapists can support special education, health and care settings by:

- Enabling a greater understanding of communication needs
 - o working collaboratively with other staff to understand the skills gaps and emotional needs which may underlie 'behaviour' problems
 - o acting as an advocate for the child or young person, helping others to understand their communication needs
 - o ensuring that procedures and policies regarding de-escalation, positive handling and debriefing are communication friendly
- Training on how to respond appropriately to SLCN
 - o providing communication friendly environments, including by modelling appropriate interactions and language
 - o sharing strategies to support language and communication skills relevant to the children and young people, such as gaps in vocabulary, e.g., to communicate emotions/desire to leave a situation.
 - o collaborating with others to make sure behavioural targets are differentiated so they can be understood and broken down into small achievable targets
 - o 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
- Providing direct support
 - o 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
 - o helping the child or young person to maximise their communication skills and therefore reduce frustration and the likelihood of behaviour that challenges being used as a means of communication; offering verbal and nonverbal scripts and coaching online, offering opportunities to practise and succeed in using new skills including how to repair conversational breakdown
 - o supporting children and young people through transitions, both through the day and in transitions between settings.

5 Are the core values and key principles clear and relevant? (paras 24-26)

No

Comments:

Re paragraph 25; finding a de-escalation technique relevant to the children and young people will partly depend on their communication skills. If they have, or are suspected of having, speech, language and communication needs (SLCN) it will be important to work in collaboration with a speech and language therapist to find an appropriate de-escalation technique.

6 Do the key actions support services and settings to work with children and young people, promote good behaviour and reduce the need to use restraint?

No

Comment:

- In order to promote positive behaviour staff in health and care settings and special educational settings also need to be trained in how to communicate (and listen) in a positive way, including with those who have speech, language and communication needs (SLCN);
- The support for children and young people whose behaviour challenges should include access to speech and language therapy services to develop their communication skills where appropriate;
- Training for staff in health and care settings and special educational settings should include understanding and supporting children and young people who have SLCN;
- Debriefing for children and young people also needs to take into account (potentially unrecognised) SLCN;
- It is often the case that children and young people with SEMH have undetected SLCN, so identifying this and modifying behavioural interventions accordingly is very important as regards understanding the causes of behaviour. Assessment of communication skills should be part of any assessment of the potential cause of behavioural issues.

7 Does the guidance provide sufficient advice on the involvement of children and young people and their families/carers in decisions and planning about restraint that affects them?

No

Comments:

Appropriate differentiation is necessary for involving children and young people with (possibly unrecognised) speech, language and communication needs (SLCN) in consultations about restraint.

8 How we will use your response

Yes

Yes

Your response, Your name (individual name), Your organisation's name