



**Royal College of Speech and Language Therapists and National Association of Virtual School Heads
webinar: Giving Voice to Looked After Children
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Derek Munn, Director of Policy and Public Affairs, RCSLT

Well, good afternoon, everybody, and welcome to today's webinar. My name is Derek Munn. I'm from the Royal College of Speech and Language Therapists and I'm delighted to welcome you to today's Webinar, "Giving Voice to Looked After Children". You can see a couple of hashtags there which we strongly encourage you to use.

I'll be chairing today and I'm delighted to be joined by Jane Pickthall, who is chair of the National Association of Virtual School Heads. And if you don't know what a virtual school head is now, you will very shortly. And by Ellen Adams who is a Speech and Language Therapist at the Children's Integrated Service for Hackney and the City.

The Webinar is 45 minutes long. There will be time for questions at the end. It will be going online afterwards. You should, I am assured, be seeing on your screen a Q&A button which you can use to send in questions to us. We'll endeavour to answer as many as we can. We'll undertake to answer other questions that we can't after the event. The event is being recorded and will go online in about a week so please don't worry about making detailed notes. And, just to say, you will get a wee feedback request at the end of the Webinar.

Kaleigh Maietta, my colleague, is online and she will be dealing with your queries right now and, just to say, that we are hoping that, over the next 45 minutes, you will get an increased awareness of the role of Virtual School Heads in promoting the education achievement of looked-after children in England (I will mention other nations at the end), a greater understanding of looked-after children's communication needs, and how our Speech and Language Therapists can work with Virtual School Heads to meet those needs, and be familiar with local good practice.

So, I'm delighted, first of all, to hand over to Jane Pickthall, chair of the National Association of Virtual School Heads.

Jane Pickthall, Chair, National Association of Virtual School Heads

Hopefully, in my slot, you will learn a little bit more about what a Virtual School Head is and does and why it's really important that we work together with SLT colleagues to improve outcomes. Okay, so, in terms of the role of the Virtual School Head, I think the important thing to note is that all local authorities set up very differently. Different models of Virtual School Head and virtual schools come from various different backgrounds and the majority have come from school backgrounds. Many have had senior leadership roles within schools.

The main point is that we are responsible for leading on the statutory duty of the local authority to promote the education of looked-after children. And soon, now that the Children and Social Work

Act has gone through, it will also include previously looked-after children who have achieved permanence through adoption, a special guardianship order, or a child arrangement order.

There was a pilot probably, sort of, about 11 years ago where the Virtual School Head was introduced. The reason we were introduced is because outcomes for looked-after children were deemed to be, you know, really poor and, as you can see from... This is last year's data that came from the Department for Education's statistical first release. And you can see that Key Stage 2... The purple column is non-looked-after children; the green column is looked-after children. We are now also looking at children in need and those on the edge of care. And, as you can see, there is a significant gap between looked-after children and the not-looked-after children. At Key Stage 2, the gap is significant but, at Key Stage 4, you can see there is an even larger gap there and only 22.8% of looked-after children getting that Attainment 8 score that we're now being measured on.

We're also really keen to focus on progress and we know that looked-after children have a much lower starting point than their peers but, through the work of virtual schools and Virtual School Heads, we're seeing real improvements in terms of progress that they're making. The data actually showed that those children without special education needs are making more progress in reading and writing at Key Stage 2 than their peers. So, we have to be careful not to be negative. There are some good news stories within the data as well. We have to remember that we're not actually comparing like with like due to the high numbers of special educational needs within the looked-after cohort. We're looking at around, sort of, 60% versus a lot lower than that for non-looked-after children. I think, in this statement, it's around 30% of looked-after children against 3% of non-looked-after and the HCPs.

So, as I've mentioned before, there are lots of different models of virtual schools. So, in terms of what it might look like in practice – I'm not saying that this is what all virtual schools do – but most will certainly offer advice and information and, with the Children and Social Work bill, the responsibility for previous looked-after children is very much around providing advice and information. We're there often to provide direct academic support to individual children and young people in schools. Many virtual schools have teachers and teaching assistants as part of them. We support with school admissions and transfers and make sure that you're not having too many moves or, if they do need to move, that there aren't any delays. We want children to be in the best schools so we have to make sure that we're not, you know, facing barriers to admissions. In terms of supporting schools with behaviour issues, we're there to make sure looked after children don't get excluded and have their best experience within school. We also provide lots of training for a whole range of professionals including designated teachers, foster carers, IROs, and many other professionals.

Often children who come into care haven't had their needs assessed. We'll hear a bit more about that later. But we, as virtual schools, are really keen to make sure that needs are assessed in a timely way and again, you know, we're not avoiding drift in making sure needs are met. We're also there to act as an advocate around educational matters for individual children and young people.

The virtual school is also responsible for managing the Pupil Premium Plus, something that we relish having control of. It originally went to schools and, when the role of the Virtual School Head became statutory, with that came the money which was great. So, for children in care, virtual schools get £1900 per looked-after child who is in care for one day or more. Now, how that's distributed again varies from school to school. Some give... You know, the majority of the funding goes direct to

schools and others – it's a combination of some is maintained and used by the virtual school to maybe commission different services and again... There are 152 versions of how the Pupil Premium is distributed. For post-care children, those who have been adopted, have an SGO or child arrangements order or residents order, the parent needs to self-declare to the school in order for it to be reported on the January census and then the school itself gets £1900 directly to them. So, there is no change in that under the new Children and Social Work Act. So, the funding will remain with schools.

There is a quote there from the Ofsted Annual Social Care Report. When we're talking about data, we're looking at outcomes for looked-after children and it's really important that we don't lose sight of this. *"These are children whose childhoods have not been like most other children's. It tells us little to only compare this group of children with children whose lives have been happy and secure."* I think it's really important that we don't lose sight of that when we think about those outcomes for children in care.

There's a really good piece of research which came out in November 2015, completed by the REES Centre at Oxford University and Bristol University. What they did was they took all the data that the DfE hold for both education and children and social care, and they combined it and number-crunched it and came up with a list of the main factors that influence educational outcomes of children in care. What it showed us, again in terms of, sort of, good news stories, timing the longer a child is in care, the better the outcomes, showing us that actually care can be a very positive experience for a lot of young people. The younger a child enters care, the better the Key Stage 4 data. Partly, what explains that gap is that we have a whole cohort that come into care much later as teenagers during Key Stage 4. But we know that if they're in care much earlier, they get a lot more support and their needs are assessed and met at a much earlier stage leading to better outcomes.

We're really focused on stability. That came as a really important factor. So, you know, reducing the number of placement moves, school moves, social work changes, and then things like making sure they're attending school and not getting excluded, obviously, will have an impact on their outcomes. They also looked at placement type and found that foster care was where children got better outcomes but it didn't make a difference whether it was a connected person or a mainstream foster care. School type has an impact and special educational needs.

The STQ, I believe, is really important. What they found was a really clear link between lower scores and better outcomes. So, mental health is a real important area for us to be focusing on if we want to improve outcomes for children in care. In terms of SEM, I thought it might be useful for you just to see the difference between the categories of the primary needs that are identified for children in care and, as you can see, by a long way, social emotional and mental health is the primary need for children in care according to their EHC plans. Compared to their peers, it's quite significant. But then, if you look at the speech, language and communication needs, which we are focusing on today, you can see that actually, in terms of the primary need, that's not what it's presenting and perhaps we've got masking of those needs that's hidden behind some behaviours.

In terms of the numbers – I shan't go through them because there are lots of figures there for you to look at later on – but, as you can see here, again there are the percentages that show the difference between those that are on School Action Plus or SEN support and those who are at the plan. And again, you can see that social, emotional, and mental health needs are by far the highest. But, within that, obviously, we've got speech, language and communication needs, you've got your Autistic

Spectrum Disorders, your moderate learning difficulties, all of whom will have those speech and language needs.

From the national perspective, the focus over the next three years is very much on getting a better handle on the data, working with our strategic partners at a national level, and to make sure that our children are getting the best education that can meet their needs. We need to know much more about the Pupil Premium Plus and what makes the most effective practice. Those social, emotional, and mental health needs really need to be addressed in order to enable learning to happen and also, making sure that the role of the Virtual School Head and designated teachers are properly, you know, being used in the most effective way and making sure that they're getting the right training.

At the National Association, our charitable aim is very much around research and making sure we understand much more about what makes the greatest difference for children in need. I know that Ellen is going to be talking a little bit more about that. I'm going to hand back to Derek now. Thank you.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much, Jane. That was great and we'll pick up questions and answers at the end. For those of you who've joined us more recently, my name is Derek Munn. I'm from the Royal College of Speech and Language Therapists and I'm your chair today. I'm delighted now to welcome Ellen Adams, Speech and Language Therapist at the Children's Integrated Service for Hackney and the City.

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

Thank you very much, Derek. Good afternoon, everyone. I'm going to be talking about four main areas today. We're going to be thinking about the prevalence of speech, language, and communication needs in looked-after children. We're also going to think about the educational and life outcomes for looked-after children. I'm going to talk about our journey for speech and language therapy with the Hackney Virtual School for Looked After Children and then briefly about some successes and challenges we've had over the last year that we've been working together.

Firstly, thinking about the prevalence of speech, language, and communication needs in looked-after children. Communication needs of looked-after children is under-researched. However, a paper by McCall and Stephens in 2007 found that, when it was researched, that SLCN in looked-after children is under-identified. They shared their figures that 63% of looked-after children in residential care have SLCN. This is mostly severe, pervasive and unidentified. They hypothesise that the factors around looked-after children make them a vulnerable population and there is likely to be a substantial amount of looked-after children with undiagnosed SLCN. Looked-after children are more likely to have hidden communication needs than the general population.

But why might SLCN be more prevalent in looked-after children? We know that many children who are looked after experience conditions of social disadvantage which is a significant risk factor for SLCN. However, research does indicate that SLCN in looked-after children can't be explained by just social deprivation alone. For example, language skills in maltreated children are consistently poorer when they're compared with non-maltreated children from similar socioeconomic backgrounds. We know that abuse leads to hypervigilance and focus on non-verbal cues rather than verbal information which helps them to learn language.

Children who experience neglect and abuse often develop insecure attachment types if they've not had a consistent, safe, and responsive attachment care-giver. In an insecure attachment, stress and fear can inhibit the parts of the brain that are important for understanding other people. Insecure attachments have been found to have negative effects on children's social, emotional, and communication development and ability to learn. For example, insecurely attached children might learn fewer words for thoughts and feelings.

The charity Refuge found that pre-school children exposed to domestic violence are likely to be at significant risk of developing speech and language problems. 50% of children in their study demonstrated language aggression. Children at the Refuge play centre were assessed as achieving significantly less within the area of hearing and speech than children in other community play settings.

Foetal Alcohol Syndrome increases the likelihood of communication problems. Prenatal cocaine use has also been found to have a negative effect on language development. And depressed parents are less able to be sensitive to their child's needs and respond positively to them. Language delay could therefore be associated with maternal depression. In essence, the reasons for children becoming looked after are risk factors for speech, language, and communication needs. As Jane mentioned in her presentation earlier, social, emotional, and mental health difficulties are likely. However, these may be masking additional speech, language, and communication needs.

I'm going to briefly touch on the educational and life outcomes for looked-after children. Government data shows that looked-after children have significantly poorer educational outcomes than children not in care throughout primary and secondary school, with the gap widening as children get older. For example, 19.6% of looked-after children achieve five A* to C-grade GCSEs, including English and Maths. This is compared with 53% of children not in care. Looked-after children are five times more likely to have a fixed period of exclusion from school than all children. Looked-after children are four times more likely to have SEN than children in the general population and ten times more likely to have an Education Health and Care plan. As Jane mentioned, social, emotional, and mental health is the most common primary need for looked-after children and they are less likely to have SLCN when compared to the whole SEN education healthcare population. It's also worth noting that there are many good news stories with our looked-after children. So, while these statistics might be quite shocking, it's really good that we are, sort of, able to work in collaboration with the virtual schools to help improve outcomes for looked-after children.

I'd like to focus a little bit now on speech and language therapy in the Hackney Virtual School and what we're doing. Speech and language therapy have been part of the Hackney Virtual School for three days a week since September 2016. We were commissioned by the Virtual School Head because he knows that SLCN in looked-after children is under-researched and under-identified and there is a drive to improve this. 63% of looked-after children in Hackney, who are under 16 years old, are being educated out of borough. Their access to speech and language therapy services is patchy or limited, particularly when children get older, in secondary school, college, and for care leavers. Looked-after children often fall through the gap. For example, there might be poor transferrer services for looked-after children who move between boroughs. Looked-after children may not be prioritised for local speech and language therapy services. There might be more of a focus on physical difficulties, whether these are emotional or behavioural.

So, with the Hackney Virtual School, speech and language therapy form part of a multidisciplinary team working together to improve education and life outcomes. There are a variety of professionals in our virtual school team from SLTs, Social Pedagogues, there is an Intervention Teacher, Mentors, we've got our own Education, Health, and Care Plan Coordinator, OT, and recently, Educational Psychology have joined the virtual school team in Hackney. We know that the RCSLT have made three key recommendations for Speech and Language Therapists when they're working with looked-after children: screening, training, and support.

And I'm going to speak a little bit now about how we've covered those three areas in Hackney. The first thing we did was create two screens to help us improve the identification of speech, language and communication needs in looked-after children. We've got two screens. One is for 2 to 5-year-olds and the other is for children and young people who are school age and above. This screen can be completed on all new looked-after children cases that fall under the interim care order, the full care order, and the section 20 on a long-term basis. These screens can be completed by foster carers or parents, social workers, virtual school staff, or school staff, such as teachers or teaching assistants. The screen can also be completed on any looked-after child or care leaver where there are ongoing concerns with the child's SLC skills. The screen is also completed on all under-5s in early years settings following on from advice from the Starting Out Right Report.

We know that the early years screen consists of developmental milestones for communication and the school-aged screen and above is a series of tick questions exploring different areas of speech, language, and communication to find out the areas that the child or young person may have difficulties with. If a child is not already named to speech and language therapy, the screen will be sent to the social worker, TA or teacher, or a virtual school team member by the virtual school SLT following the Children's Resource Panel meeting. We then follow up the completed screen with a telephone conversation to explore responses further to help establish just if a referral to SLT is recommended.

However, the screen is limited and not always clear cut. For example, a difficulty identified following an instruction might be due to language difficulties or it might be situation-specific. So, we have to advocate for young people to receive local SLT service to complete an assessment if difficulties are indicated. And, if they are unable to do so in a timely manner, then the virtual school SLT is able to do this and we aim to do this within a four-week wait and, so far, we've been able to see children from referral to assessment within four weeks. Out of all the referrals that the virtual school speech and language therapy team have received, SLCN was identified with all of the children and young people following assessment with the exception of one child.

Next, we've been focusing on training and raising awareness of speech and language therapy and SLCN, identifying this, and finding strategies to support SLCN. We've provided training to the virtual school team, the corporate parenting team, social workers, and people working with looked-after children, for example youth workers. We've also trained alternative education providers where they have numbers of looked-after children with SEN, foster carers, and we've also done joint training with our virtual school colleagues for Social Pedagogues around particular children and young people. And we've got training upcoming for Clinical Psychology and social workers.

The third recommendation made by the RCSLT was for support. Once a child has been identified as having SLCN, as SLT intervention is indicated, there are two things that can happen. If a local Speech and Language Therapist is able to meet the child's SLCN, then the child will be transferred to the

school's speech and language therapy caseload. The local Speech and Language Therapist can then contact the virtual school SLT if they are no longer able to meet the SLCN within their capacity. However, if the local SLT is unable to meet the child's SLCN, our job is to raise awareness of the child's needs with the school in conjunction with the local Speech and Language Therapist. However, if the school or the local SLT is unable to provide an adequate service to meet the child's SLCN, we can work in conjunction with the local SLT to provide a service to meet their needs. In which case, the child is on both caseloads.

The virtual school intervention is a time-limited and distinct piece of work. The idea is that the child will be able to be transferred to the local SLT caseload to ensure a consistent service. Within the borough of Hackney, existing looked-after children remain on the school caseload and new referrals from school go directly to that linked SLT. A new referral that comes via the virtual school can either be... We can complete the initial assessment or, if the local linked speech and language therapy can do this, we'll transfer them across to the link.

I'm now going to talk a bit about a case study which shows how the local speech and language therapy service can work in conjunction with Hackney speech and language therapy in the virtual school to ensure an efficient service. A student in year 7, living out of borough, had an Education, Health, and Care plan. She presented with complex social and emotional difficulties and had severe receptive and expressive language difficulties. Her local SLT service was only able to offer one appointment in clinic every six months followed by a programme which was then out to the school. This particular young person had recently transitioned to secondary school and her school had a reduced awareness of how to meet her needs. She was presenting with lots of behavioural difficulties, including detentions. We worked in collaboration with the local speech and language therapy service, including modelling the programme to the school, training the staff, providing resources, and giving strategies to the subject teachers. We were also able to recommend SLT quantification to ensure that the young person had the long-term support that she needed.

We've had a number of other successes within Hackney virtual school working with SLTs. A number of these include improved awareness of the referral process, people feeling more confident and aware of both the indications of SLCN and strategies of how to support SLCN. Our screen is identifying appropriate referrals and is being used by virtual school staff at PET meetings. Social workers are approaching SLTs for support to explain information to young people and education providers are incorporating strategies and recommendations for training. We are also able to provide specialist intervention where needed.

Finally, I'm going to talk about some of the challenges we have of working as an SLT in a virtual school team. A lot of our work is done from a distance because many children and young people are placed out of borough. So, this can mean chasing screens and information and also travel time is a challenge. We are often a visiting professional so it's tricky to integrate recommendations into school routine. Schools have variable experiences and expectations of working with speech and language therapy services and a piece of work with the virtual school SLT may shift their expectations and attitudes. We also have quite a lot of questions around Education, Health and Care plans. Who is responsible for providing SLT that might be on a plan and should speech and language therapy be quantified in terms of hours?

The final two points are things which we are still trying to figure out the answers to. At the moment, our intervention is time limited. So, what happens when the school or local service can't meet the

child's needs on a long-term basis due to capacity? Also, training is voluntary, which means that we may offer training to different parties, however this is not currently mandatory. We're looking forward to another exciting year of working with the virtual school in Hackney and I'd like to hand back over to Derek for our Q&A session.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much, Ellen. That's great. We've had all sorts of questions, some in advance and some coming in today. So, we'll get through as many as we can but those we can't we will endeavour to post an answer to online. I'm going to kick off, if I may, with you, Ellen. Both of you presented some numbers and statistics but we've had questions just asking for clarification or anything more you can say about the percentages, the numbers of looked-after children that you'd expect to have speech, language, and communication needs.

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

Thank you, Derek. As we know, communication needs of looked-after children is an under-researched area. I mentioned a paper in my presentation, McCall and Stephens, which found that 63% of looked-after children had an undiagnosed SLCN, much of which was severe and pervasive. There has also been service-level data which has revealed a high prevalence. So, for example, No Wrong Door in North Yorkshire found that 51% of young people had SLCN, 66% of those in residential care had SLCN and 88% of female residential young people had SLCN.

Locally, we've found that all the young people and children that were referred to us and then accepted as having potential difficulties following the screen... Of all those, only one was found not to have SLCN. So, actually, we're finding the numbers are pretty high and it will be interesting, once we've analysed the year's data, to have some, kind of, more concrete figures about, over the year, how many children have been picked up locally that maybe weren't identified previously.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great. Thank you, Ellen. Jane, I've got a question which I'm going to put to you, if I may. Someone is asking, "How do we get virtual schools to commission speech and language therapy?" What's your advice?

Jane Pickthall, Chair, National Association of Virtual School Heads

I think this comes down to the relationships between virtual schools and speech and language therapy services. It would be great to see more linking up. Doing this today is making me realise how much I need to do my end in my local authority as well and just so we get a much better understanding. From the role of the National Association, we really want to get a better handle on what those underlying needs are, how we can address them, and then hopefully see an improvement in outcomes.

I think the virtual schools' only funding usually is the Pupil Premium Plus. So, we had a question come up about how it's given to schools and whether that's an annual payment. We get the funding on a termly basis. Most people tend to give it out termly. But again, depending on what the virtual school decides to commission centrally and hold central, that would... You know, there could be potentially an opportunity there but that would mean schools get slightly less. But then, if it means we do get that specialist support in place, I think, you know, that's a good thing. I certainly have a model where I commission some services centrally around my Educational Psychologists and counsellors and things like that. So, I think, as well, it's about making sure that looked-after children

get prioritised as well within SLT services and that people have a better awareness of who those children are and what their needs are.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great. Thank you very much. What I picked up from that are Ps: proactivity and pupil premium as being two key things to go with. Ellen, back to you, if I may. We had a question about the role of the GP in a young person's life. In particular, where people are moving out of borough or out of area and I wonder if you have any reflections or experience you can offer around those challenges.

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

I think that's a really good point to raise. Moving around is a common feature when children are looked after and this can be a barrier to accessing local services, including speech and language therapy. So, in Hackney, while the child or young person is named to the virtual school, they can remain on our caseload for the virtual school speech and language therapy team regardless of whether they are living in the borough or out of the borough or where their GP is. If the looked-after child is not on a virtual school caseload but is on the school caseload of a linked speech and language therapy, then they can obviously receive speech and language therapy services while the child is attending school.

I think it's important to raise with your local virtual school any difficulties a local speech and language therapy service might be having with young children and young people that are moving in and out of borough, particularly where service policy means they have to be discharged if their GP also moves. I think this is a really good reason for having Speech and Language Therapists attached to virtual schools to ensure that their speech and language communication needs continue to be supported, particularly across periods of transition. So, I think that might be another good way for Speech and Language Therapists to, kind of, go and advocate for having speech and language therapies attached to your local Virtual School Head. I think that's a really good point to raise. And again, this was one of the difficulties that we experience in Hackney and one of the reasons why the head of the virtual school in Hackney commissioned SLT.

I think I mentioned a figure in the presentation. At the moment, in Hackney, 63% of Hackney looked-after children attend school out of borough and we've got 580 looked-after children in Hackney and this number fluctuates. I think, like we said, that's fine if the young person lives and is educated within borough and can easily link up with the service but it can be patchy when they move out of borough, particularly for older children, as I mentioned. So, I think, advocating for SLT to be attached to virtual schools is really important. We don't want them falling between gaps. I think that's what that question was kind of insinuating, that looked-after children move in and out of boroughs. They might move to a new foster carer, they might get a new address, they might have a new school, and new people that are involved with that looked-after child might be unaware of their speech, language, and communication needs. And therefore, that child may not be able to access local services or may go back to the start of the waiting list.

I think, Jane, like you were saying, it's important that we're prioritising these children and young people to make sure that they're getting the input they need. Particularly, it is that looked-after children... Maybe the more visible difficulties are focused on, you know. If they've got behavioural difficulties or emotional difficulties, speech and language communication needs might be, sort of, seen as lower down in the pecking order. It's an explanation for why a looked-after child might be presenting with the difficulties that they do. So, I think, advocating with your local virtual school is a

really important thing for Speech and Language Therapists to do. Go and approach them. Don't wait for them necessarily to approach you.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's great, Ellen. Thank you very much. Questions are coming in thick and fast, it has to be said now, including requests for jobs which I think is particularly good. We won't be able to deal with them all. We can... For those who are asking about the slides, yes, the slides will be online after.

I just wanted to deal quickly with the situation of wealth in Scotland because obviously the system and terminology we're dealing with today is primarily around England but the clinical prevalence and incidence and presentation... Those matters would be of wider relevance. In Wales, there was consideration given to the Virtual School Head model but the decision has been not to go that way but to look at a regional coordinator and we can get in touch with you more about the situation in Wales. In Scotland, there is going to be work initiated by the Scottish Government imminently ahead, which we all will be engaged in, regarding the needs of looked-after children in Scotland.

Questions have come in just now so these are quick-fire and I'll just look at them and see if anyone can take them. There was a question around research priorities. If you had the market research budget, what do we need to know more about?

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

Oh, I think that's a tricky one. I think we were chatting about this earlier and we'd be really interested to see the impact of trauma and how that impacts on a child's development and their speech and language communication needs. At the moment, we've got very little information and data about how this might play out with their speech, language and communication development as well as other areas of their development.

Also, just thinking about attachment, sometimes it can be quite hard to unpick why a child might be presenting with certain difficulties. Is that to do with speech, language and communication needs? Is that to do with previous difficulties? And sometimes attachment difficulties may look like Autistic Spectrum Disorder. Actually, there are lots of things that we're still not clear on so I think the impact of trauma on a child's early history and how that might play out with their speech, language and communication needs.

Jane Pickthall, Chair, National Association of Virtual School Heads

Yes, we've got some research going to be taking place on attachment in schools over the next few years and we're really keen to get a better understanding of the impact that has on children's ability to learn and feeling safe to learn. We're also really keen... We've mentioned that the Pupil Premium Plus is quite a significant amount of money. We want to be sure that we're spending it in the best way possible so again, it would be great to know from Hackney. In terms of your impact, whether that has been money well spent because this is something that we really need to understand much more about.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you very much. Oddly, I have next the masking effect. Jane, you mentioned in your data the extent to which social education and mental health – that big, big category – might be masking or

co-occurring with speech, language and communication needs. Do either of you have anything that you'd want to add on that subject?

Jane Pickthall, Chair, National Association of Virtual School Heads

I think, when a child comes into care, they have such complex needs and we're all detectives really, aren't we, just trying to get to the root of what their needs are and how we might start to address them. So, I think what we might be presenting as behaviour... It's really important for all people working with looked-after children to, kind of, have a look at it through the trauma lens as well and understand exactly what that child has experienced, what they've lived, and what might, you know, be in their head. And understand, you know, by doing more screening, I think it's really important because that in itself, sort of, gives us a better understanding of what they need. And we have the health assessments when they enter care. They're carried out on an annual basis or six-monthly for the under 5s. We do STQ screening. So, I think, the more we look at the needs of children and assess them, the better we can meet those needs. Thanks.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Ellen, anything from you on that?

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

I think, as a profession, it would be really good for us to have more in-depth training on social, emotional and mental health difficulties. I mean, I started working the Virtual School for Looked After Children in January and it's certainly been eye-opening for me to see how tricky it is sometimes to unpick difficulties and, like you, I think you were saying, Jane, looked-after children have a variety of very complex needs. So, actually, that's why I think the virtual school is a really powerful way of working with this population because you've got lots of different professionals with different perspectives and they can, sort of, maybe highlight things that maybe I wouldn't have picked up on or we can highlight things that another professional wouldn't have picked up on. It's not a, kind of... One professional working solo wouldn't be effective for this population.

So, I think, for me, it would be about having even more in-depth training on SEMH and also the impact of attachment and things like that. But having it early on in our professional lives so that, if we, sort of, come across these children and we aren't working directly with a virtual school, we're in a better place to, kind of, support those needs.

Derek Munn, Director of Policy and Public Affairs, RCSLT

Thank you. What I think will probably have to be the last question for today. Back to a more practical thing. How big an area is the virtual school responsible for and, linked to that, if children move between areas, between speech and language therapy services, between virtual schools, do they change virtual school? Do they change service? How does that cross-border stuff work?

Jane Pickthall, Chair, National Association of Virtual School Heads

Virtual schools are responsible for the children who are looked after by their authority and for the children who were previously looked after, that will be the children who are living in our authority only. So, I have one in Australia, currently, within my virtual school. So, it's very much dependent on where they are living but I'll hand over to Ellen to explain that more from the SLT perspective.

Ellen Adams, SLT, Children's Integrated Service for Hackney and the City

In terms of Hackney, speech and language therapy in the virtual school, we can work with any child that is known to the virtual school team in Hackney and, like Jane said, that can be children that are being supported by their local authority whether they live in or out of the area. In terms of Hackney speech and language therapy service, when that is separate to the virtual school, we, you know... If they're in a school in Hackney, then we can see them, or if they have a GP in Hackney. If they were a looked after child that weren't named to the virtual school but then moved out of Hackney, that's when they might lose touch with the speech and language therapy services. That's why we work with the virtual school to make sure that doesn't happen.

Ideally, a child who moves out of borough would be supported by their local speech and language therapy service because that ensures a consistent service and they know the things that are available locally. However, where that's not possible, we're also there to ensure that a child or young person's speech, language and communication needs are being fully met. Part of our role is to advocate that child or young person to receive that support locally where they need it, whether that's for assessment, whether that's for intervention, or contributions to Education, Health and Care plans. So, part of our role is to make sure that children don't get lost between the gaps when they move out of area.

Derek Munn, Director of Policy and Public Affairs, RCSLT

That's brilliant. Thank you very much indeed. I don't think we can squeeze one more question in unfortunately. I would say, having chaired a number of these Webinars on different topics, we have never had so many questions on a topic. And I would also say, looking at the numbers, virtually everybody who joined us at 1pm has stayed with us right to the end. So, I think that's testament to both how good the presentations were, how fascinating this area is, and also just how much more we need to understand and how much unmet need there is when it comes to children with speech, language and communication needs within the looked-after children system. So, thank you very much to Ellen. Thank you very much to Jane. Thank you to all of you for joining in. Really sorry for those questions we didn't get to. We'll attempt to get answers to all of them and we will be posting all of the stuff online in the near future. I'm being told that there is another Webinar soon on the topic of social education and mental health. So, there you go. Next webinar in the series will be specifically on social, emotional and mental health.

For today, thank you all very much for your time, and goodbye.