

# Speech and Language Therapy in the Virtual School for Looked After Children (LAC)



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# Overview

- Educational and life outcomes for LAC
- Prevalence of SLCN in LAC
- Journey of SaLT in Hackney Virtual School for LAC
- Successes
- Challenges



# Educational outcomes for LAC



- Educational outcomes for LAC are significantly poorer than children not in care:
  - 25% of LAC at KS2 reach expected standard or above in reading, writing and maths (compared with 54% for those not in care)
  - 13.6% of LAC achieved 5 A\*- C grade GCSEs including English & Maths (compared with 53% of children not in care)
  - Beyond compulsory education, 7% of care leavers progress to higher education, compared with 50% of general population aged 17-30 (DfE, 2014)
  - LAC are more than 5 times more likely to have a fixed period of exclusion from school than all children
  - LAC are 4 times more likely to have SEN than children in the general population and 10 times more likely to have an EHCP
  - SEN: SEMH most common primary need for LAC

# Outcomes beyond education

Later in life looked after children are more likely to:

- be unemployed
- have poorer health outcomes
- have mental health problems
- experience higher rates of drug and alcohol use
- experience prison

(Source: Starting Out Right: early education and looked after children, University of Oxford and Family and Childcare Trust, 2016)



# Why might SLCN be more prevalent in LAC?

Research shows :

- Language skills in maltreated children (neglect/abuse) are consistently poorer compared with non-maltreated children from similar socio-economic backgrounds (Lum et al, 2015)
- Abuse leads to hypervigilance and focus on non-verbal cues rather than verbal information to support language development (Perry et al, 1995)
- Attachment difficulties can impact on social, emotional and communication development (Cross, 2011)
- Pre-school children exposed to domestic violence at significant risk of speech and language problems (Refuge, 2005)
- Foetal alcohol syndrome increases likelihood of communication problems (Thorne & Coggins, 2008)
- Prenatal exposure to drugs negative impact on language development (Bandstra et al, 2002)
- Parental depression may be associated with language delay (Cross, 2011)



# Impact of not identifying needs - missed opportunities?



## Case Study:

- Male 20 years 8 months old – ‘care leaver’
- History of poor school attendance, ‘behaviour difficulties’ and exclusions
- 16/17 yrs old- custody for 3 years
- Released from custody – aged 20yrs – NEET (Virtual School)
- Not following probation licence conditions
- SEMH concerns (erratic behaviour) on release from custody – clinical psychology assessment
- No previous SaLT referrals or assessment
- ETE Worker referral: unable to hold full conversation, difficulties articulating himself, what he says ‘does not make sense’
- Assessment: Severe receptive and expressive language difficulties

# Journey to SaLT in the Virtual School for LAC



- SaLT commissioned by the Virtual School for LAC
- SLCN in LAC under researched and under identified – drive to improve this
- 63% of under 16yrs educated out of borough – access to SaLT services patchy or limited, particularly for older children
- LAC fall between gaps e.g. poor transfer of services for LAC who move between boroughs
- LAC not prioritised for local SaLT services - focus on ‘visible’ difficulties
- SaLT to form part of multi-disciplinary team to improve education and life outcomes

# SaLT in Hackney Virtual School- what are we doing?



- Children and Social Work Bill recommendations from Royal College of Speech and Language Therapists (RCSLT):
  - ✓ **SCREEN:** On entry to care system children should be screened for SLCN and referred for SaLT assessment where screen identifies possible difficulty
  - ✓ **TRAIN:** All those working with LAC should be trained in awareness of communication needs and how to respond to them so able to meet their needs
  - ✓ **SUPPORT:** SaLT should be provided to those LAC who need it

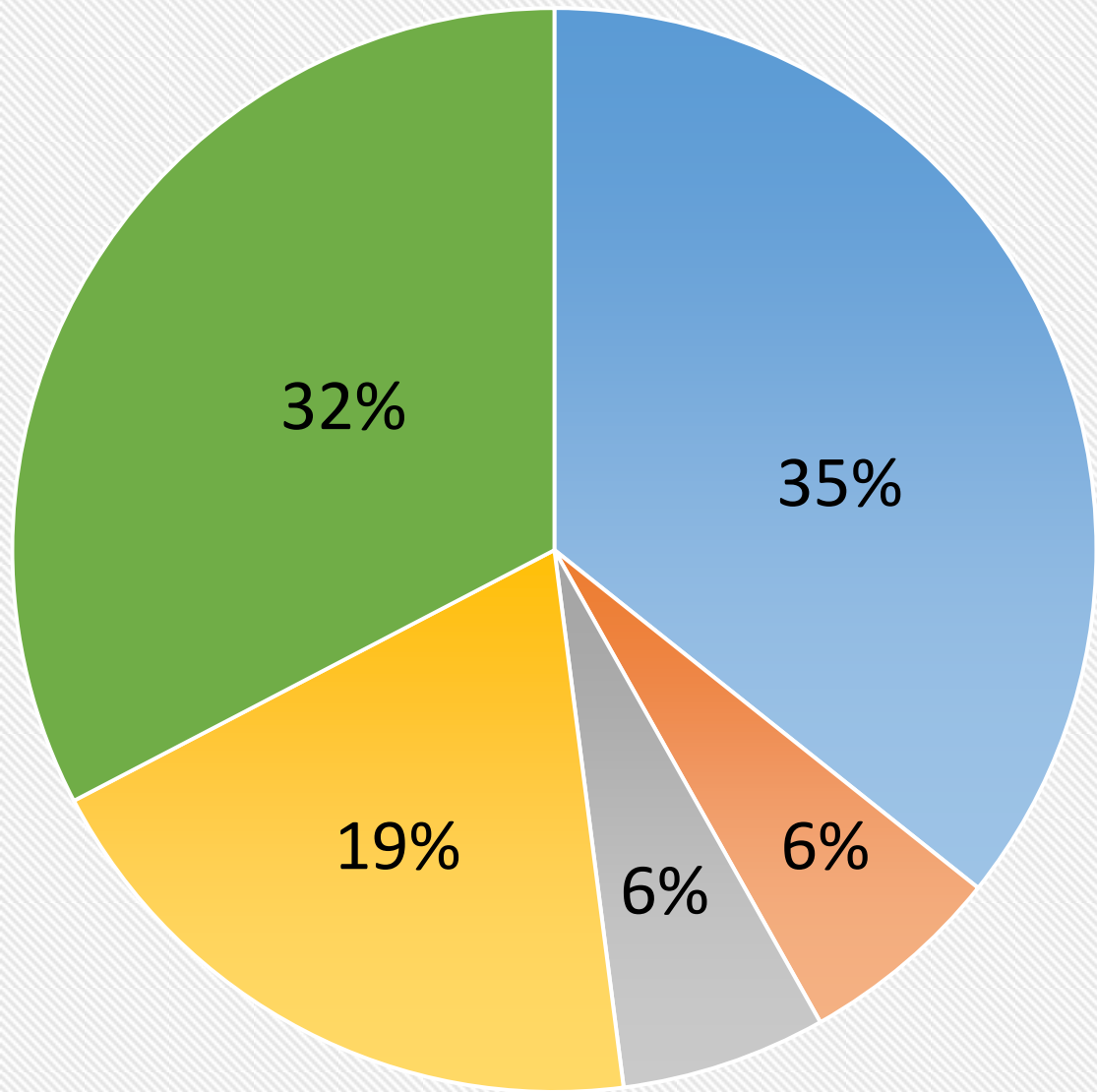


# SCREEN: Improving identification of SLCN

- SLCN screen created:
  1. 2 – 5 year olds
  2. School age and above
- SLCN Screen completed on all new LAC cases that are:
  - Interim Care Order
  - Full Care Order
  - Section 20 on long term basis
- Screen can be completed by:
  - Foster carer/parent
  - Social Worker
  - Virtual School staff
  - Teacher/Teaching Assistant
- Screen can also be completed on any LAC/Care leaver where there are ongoing concerns with the child's speech, language and communication skills
- Screen also completed for all under 5s in EYs setting following from 'Starting Out Right' report (University of Oxford and Family & Childcare Trust)

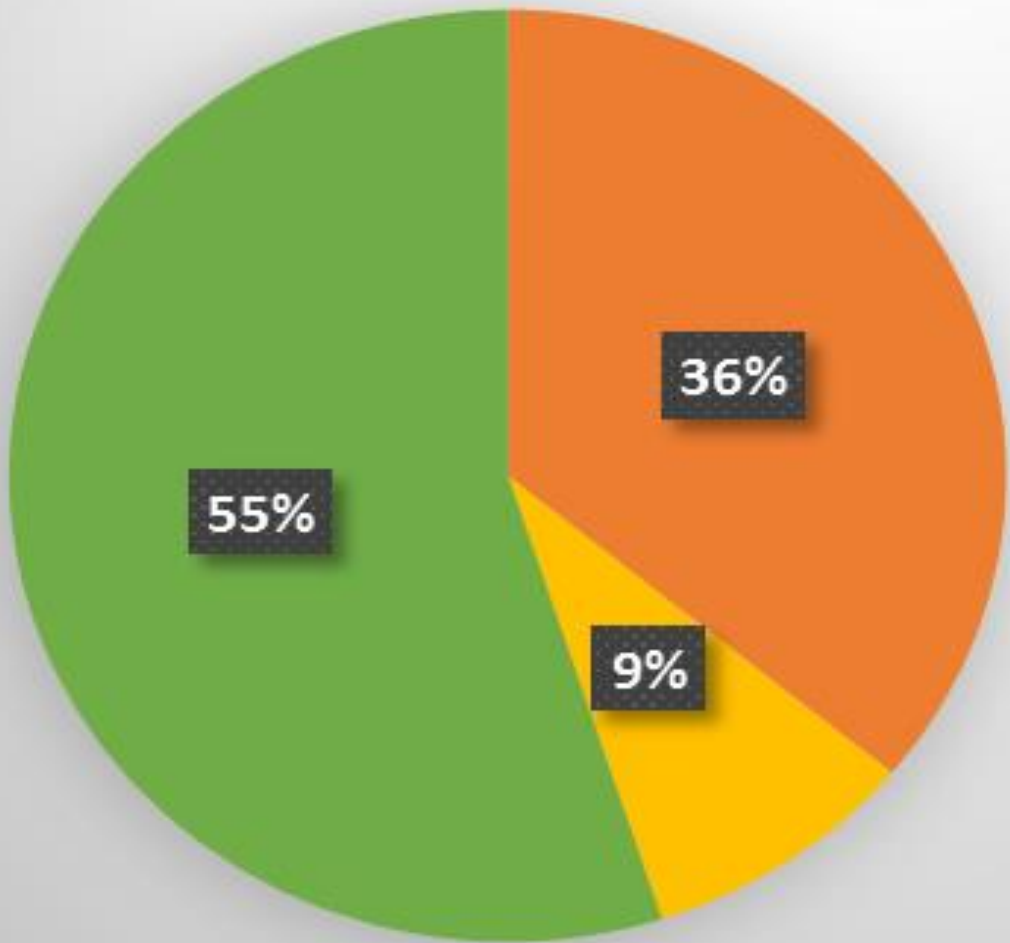


Action from SLCN Screen



- Referral to SLT indicated
- SLCN indicated but child receiving adequate local service
- Referral to SLT indicated but young person refusing service
- Possible referral indicated but awaiting further information
- No SLT referral indicated (no SLCN)

# Referrals to Virtual School SaLT



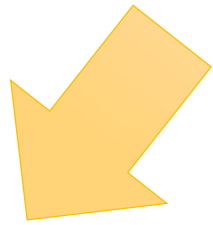
- Previously known to SaLT but not currently
- Currently known to local SaLT but not fully meeting needs
- Never known to SaLT

# TRAIN: Awareness training



- Identification of SLCN, strategies to support, referral process:
  - Virtual School team
  - Corporate Parenting team – screen & referral process
  - Social Workers and Children and Young People’s Service e.g. youth workers
  - Alternative education providers with high numbers of LAC with SEN
- Hackney SaLT service e.g. information sharing/transfer across boroughs
- Planned training for foster carers and joint training with Social Pedagogues

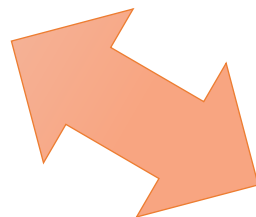
# **SUPPORT:** SLT intervention indicated following assessment:



Local SLT is able to fully meet child's SLCN – child is transferred to school SLT caseload. Local SLT to contact Virtual School SLT if child's communication needs are no longer being fully met



Local SLT is not able to fully meet child's SLCN due to capacity. Local/Virtual School SLT to raise awareness of child's needs with school and need for increased support. If still not adequate service available, Virtual School SLT provides service in conjunction with local SLT. Virtual School intervention is time limited distinct piece of work. Child is on school and virtual school caseload.

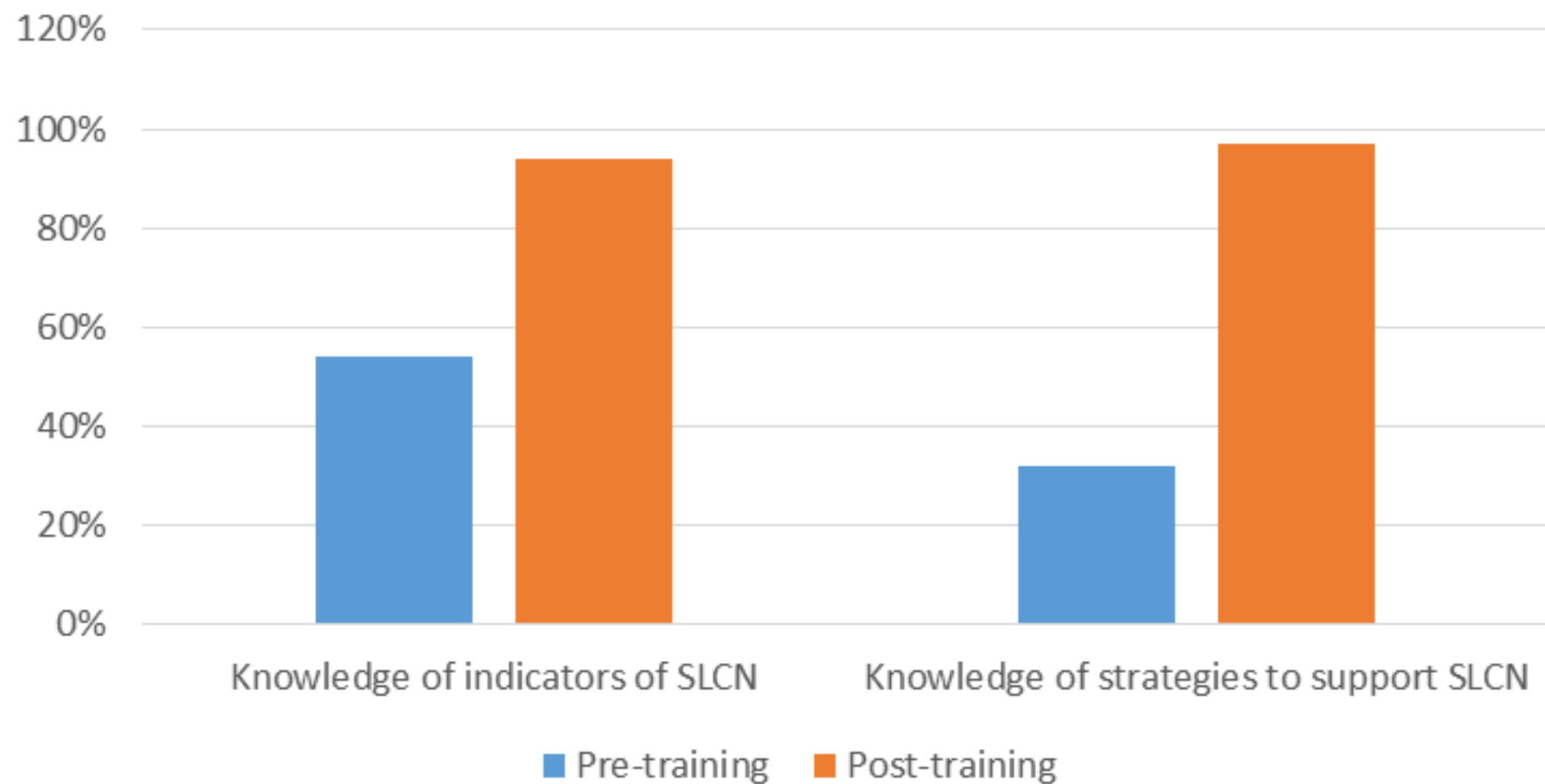


# Successes

- Improved awareness of referral process
- Increased confidence and awareness of indicators of SLCN
- Virtual School staff and Social Workers making referrals
- Increased confidence and awareness of strategies to support SLCN
- Screen is identifying appropriate referrals
- SLCN screen raised regularly at PEP meetings by Virtual School staff
- Social workers approaching SaLT for support to explain information to young people with SLCN
- Education providers incorporating strategies and recommendations from training
- Referral to assessment 4 weeks maximum
- Foster carer training and joint social worker/foster carer training on agenda
- Specialist intervention e.g. Video Interaction Guidance.



## Knowledge levels pre and post training



# Case Study



- Year 7, out of borough, EHCP
- Complex social and emotional difficulties
- Severe receptive and expressive language difficulties
- Local SaLT service offers one appointment in clinic every 6 months in clinic, programme posted to school
- Transition to secondary, reduced school awareness of meeting needs (high number detentions due to behaviour)
- Virtual School SLT working in collaboration with local SaLT – modelling programme to school, training for staff, resources and strategies for subject teachers
- Recommended quantification for school – long term support



# Case Study



- Year 3 out of borough
- Known to SaLT previously for speech difficulties, not prioritised further by SaLT or school
- No EHCP
- School concerned with ‘behavioural’ issues e.g. attention, interactions with peers, compliance with instructions
- Social worker concerns: attention and listening and receptive language
- School SaLT unable to see for 4-5 months
- School staff not available to run intervention
- Virtual School SaLT: Assessment, block of home visits and home programme, school strategies
- Transfer to school SaLT after 4 months

# Challenges



- Working from a distance - chasing screens and information, travel time
- ‘Visiting’ - Integration of SaLT recommendations to school routine
- Variable school experience and expectations of working with SaLT services
- EHCP – who is responsible for SaLT provision?
  - is SaLT quantified?
- Time limited – what happens when school/local service cannot meet child’s needs on long term basis due to capacity of services
- Training - voluntary



# References:

- ‘Starting Out Right: early education and looked after children’ by Sandra Mathers, Gwen Hardy, Charlotte Clancy, Jo Dixon and Clare Harding; University of Oxford and Family and Child Care Trust, 2016
- ‘SLCN Interventions and Challenges in Looked After Children’ Dr Ann Clark and Dermot Fitzsimons, 2016
- ‘Safeguarding children with communication needs’, RCSLT Fact sheet
- ‘Supporting looked after children’, RCSLT Factsheet
- ‘Children with Social, Emotional and Behavioural Difficulties and Communication Problems, 2<sup>nd</sup> edition: There is always a reason’ by Melanie Cross, 2011
- ‘A meta-analysis of cross sectional studies investigating language in maltreated children’ by Jarrad Lum, Martine Powell, Lydia Timms and Pamela Snow, 2015
- ‘Outcomes for children looked after by local authorities in England, 31 March 2016’ by Department for Education

Questions?

