

## Briefing by the Royal College of Speech and Language Therapists – May 2021

### Seclusion & Restraint Motion

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#### Speech, language and communication needs (SLCN)

- There is a high prevalence of speech, language and communication needs (SLCN) among children and young people with learning disabilities, autistic spectrum disorder (ASD) and social, emotional and mental health needs, and these SLCN can impact upon behaviour.
- Communication skills are fundamental and foundational. Children and young people who have SLCN can have difficulties in 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).
- 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<sup>i</sup>.

#### SLCN and behaviours that challenge

- Behaviour is itself a means of communication 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 associated with communication difficulties (e.g., autism, hearing and speech impairment) tend to be associated with greater instances of restraint<sup>ii</sup>. Clinical experience suggests that where SLCN is not recognised or supported, 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.
- In addition, a child's ability to process information is likely to be reduced at times of increased emotional and/or physiological arousal. De-escalation techniques need to take this in to account, and de-escalation strategies may need to reduce the processing demands on the child (for example reducing spoken language to a minimum, reducing sensory stimuli etc <sup>iii</sup>).
- Interventions for behaviour or mental health needs are less likely to be effective in children and young people with unidentified communication needs or where these needs are not supported.

#### The importance of recognising and supporting SLCN

- The importance of developing communication strategies, with SLT input, as part of good support for children and young people with autism, communication difficulties, severe learning difficulties and challenging behaviour is crucial as recognised in the Lenehan Review into Residential Special Schools – *Good intentions, good enough?* <sup>iv</sup> Recognition of SLCN provides opportunities to offer proactive support to minimise the use of more active strategies to manage behaviour that challenges, such as restraint.

- 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 and 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. Identifying this and modifying behavioural interventions accordingly to any SLCN 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, however, gaps in current services may make this more difficult to access. For example, currently in NI SLTs are not commissioned as part of the core team within CAMHs and ID CAMHS.

### **How SLTs can help**

- With sufficient resourcing, speech and language therapists can support special education, health and care settings by:
  - Enabling a greater understanding of a child or young person's 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.
  - Training on how to respond appropriately to SLCN.
  - 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.
  - 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.
  - 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.

### **RCSLT are calling on the NI Executive to ensure:**

- All children who require speech and language therapy should receive this vital support throughout their education when it is required.
- SLTs are fully involved in the Department of Education review of seclusion and restraint policy.
- SLTs are commissioned as part of any training and capacity building initiatives for schools to support the promotion of positive behaviour on a cross-departmental basis.
- The Department of Health SLT workforce review (2019) is implemented in full to ensure that there is sufficient workforce available to meet the needs of children and young people with SLCN in NI.

<sup>i</sup> (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.)

<sup>ii</sup> Ben Richardson, Lynne S. Webber & Frank Lambrick (2019): Factors associated with long-term use of restrictive interventions, *Journal of Intellectual & Developmental Disability*, DOI: 10.3109/13668250.2019.1639895

<sup>iii</sup> ) (Huesmann, L (1988) An Information Processing Model for the Development of Aggression. *Aggressive Behaviour* (Vol 14; p13-24));

<sup>iv</sup> (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.)