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13 November 2020

**RCSLT NI response to Phase 2: Mapping Core AHP Provision to LAACYP across HSCTs and Regional Facilities**

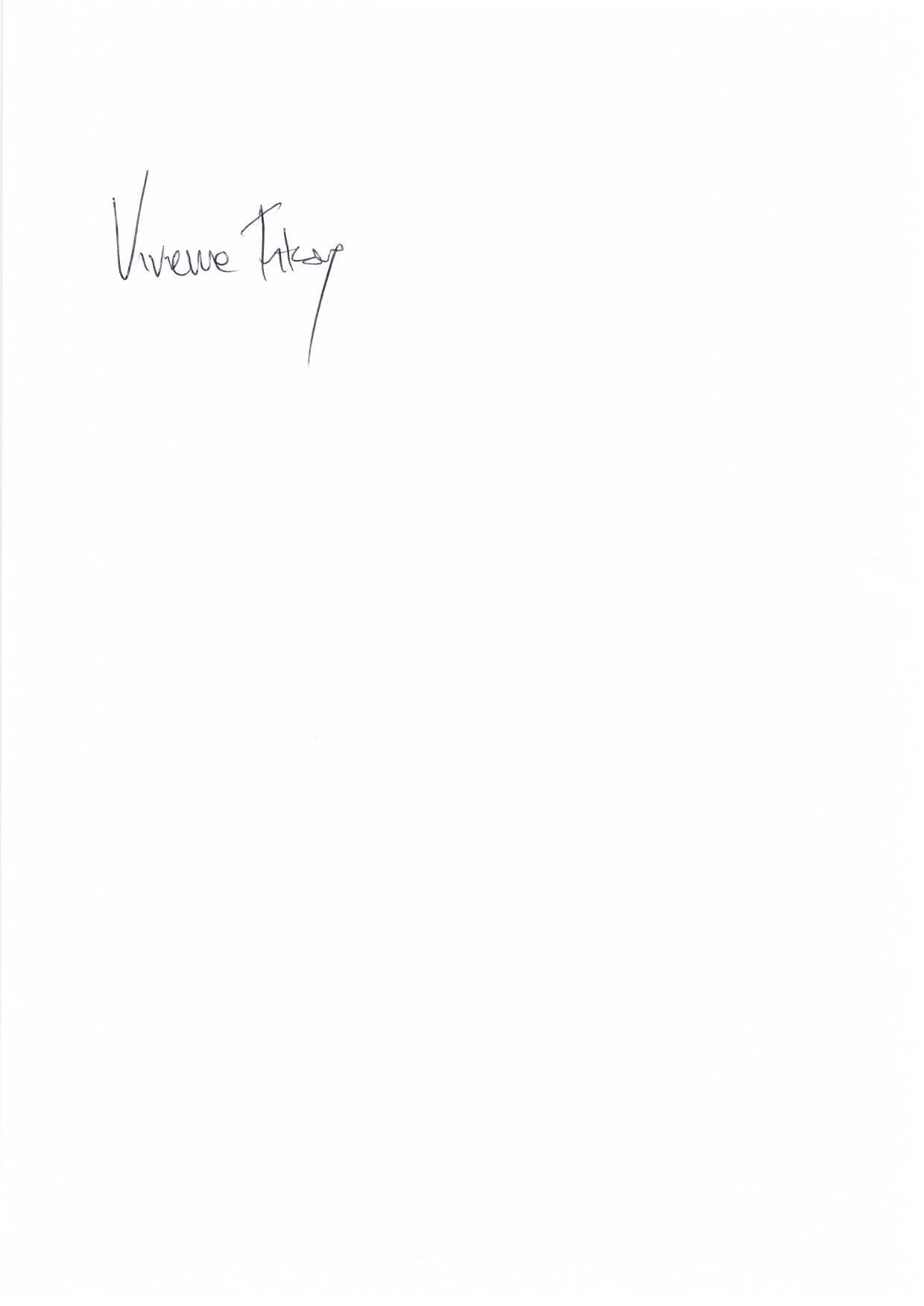
Dear Carolyn

Thank you for the opportunity to respond to the mapping exercise around core AHP Provision to LAACYP and for facilitating a revised deadline.

We are keen to share our profession specific evidence base and information relevant to looked after and adopted children. We have compiled our comments outside of the questionnaire as some of the specific service provider questions were not applicable to ourselves as a professional body. However, we have used the broad issues raised in the questions to guide and organise our response below.

We do hope that our evidence base and the case studies we have shared will be of interest to the group and we would welcome any further opportunity to engage with your work.

Best wishes



Vivienne Fitzroy

RCLST NI Policy Adviser

LAACYP: RCSLT’s work. Single line text.

1. **The Royal College of Speech and Language Therapists**
   * The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has over 17,000 members (around 700 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies.
   * Speech and language therapists have a major role in working directly with children, young people and adults, as well as supporting and training other professionals in working with speech, language and communication needs (SLCN).
   * The RCSLT NI has been calling for greater identification and support for SLCN among looked after children across the UK and here in NI. Our policy work in this area has included raising the needs for looked after children in responses and submissions to the current Expert Panel on Educational Underachievement (2020); the Looked After Children’s Strategy consultation 2018; The children and young people’s strategy (2017); ‘Co-operating to Safeguard children in NI’ 2015, as well as the draft Programme for Government (2017).
   * RCSLT has established a Looked After Children’s clinical excellence network bringing together the expertise of SLTs from across the UK working with these children and young people. RCSLT in partnership with the RCSLT expert adviser on LAC and children with social, emotional and mental health needs has developed professional and clinical guidance for SLTs working with looked after children. In addition we have also developed a factsheet outlining the extent of speech, language and communication needs among this group specifically and the role of SLTs – you can access the factsheet [here](https://www.rcslt.org/-/media/Project/RCSLT/looked-after-children-fact-sheet.pdf?la=en&hash=E65A0DE0B585F5776E771ADFDE82945F166C068A) and is attached to the body of the e-mail also.

**Specific needs of LAACYP:** **Looked after children’s speech, language and communication needs**

Many looked after children have unidentified speech, language and communication needs. These include difficulties both understanding language (making sense of what people say) and using language (words and sentences).

**Prevalence of SLCN amongst looked-after children**

* A study published in the International Journal of Language and Communication Disorders in 2011 found high levels of communication impairment amongst children and young people in residential care. Much of it was severe and pervasive, and largely previously unidentified. [[1]](#endnote-1)
* An Office of National Statistics review of the health needs of looked after children found that speech, language and communication needs were the second most frequently reported difficulty for looked after children.[[2]](#endnote-2)
* No Wrong Door, the service for looked after children in North Yorkshire, found 62% of its looked after children had communication needs. Only two of the children had previously seen a speech and language therapist (SLT).[[3]](#endnote-3)
* A screening of 34 children in secure residential settings in the Western Trust (2019) found 64% of children have speech, language and communication needs – only 2 of these were previously referred to services[[4]](#endnote-4).

Common difficulties that looked after children experience include poor social communication skills, difficulties naming and managing emotions (including self-control), lack of self-awareness, limited vocabulary, difficulties with concepts related to time, working memory and difficulties with the ability to retain, process, recall and sequence information. Communication needs are often hidden and older children in particular may have developed masking techniques for these needs. Some looked after children communicate through behaviour and ultimately this behaviour may become so inappropriate that it may lead to custodial offences. One-third of all children and young people in contact with the criminal justice system have been looked-after[[5]](#endnote-5) ([**NICE guidance**](https://www.nice.org.uk/guidance/ph28/chapter/2-context), 2015).

**Risk factors for SLCN amongst looked-after children**

Care experienced children and young people are often at a particularly high risk of having SLCN as the reasons associated with coming into care are also risk factors for speech, language and communication difficulties:

Economic and social deprivation

* Some looked after children’s communication needs may be associated with their environment. The majority of children in care experience conditions of poverty and social disadvantage[[6]](#endnote-6).
* 44% of looked after children in Northern Ireland come from the most deprived areas[[7]](#endnote-7); in areas of social disadvantage around 50% of children start school with delayed language and other identified communication needs2,3 and local studies in NI have also evidenced this:
* In 2010 a study in the Colin area of Belfast found that 41% of children had a language difficulty. A similar study in Downpatrick found that 46% of children were entering primary one with a language delay[[8]](#endnote-8).
* In 2014 68% of pre-school children in the Limavady neighbourhood renewal area (an area identified as experiencing the most severe and multiple deprivation) were found to have speech and language difficulties in a study entitled ‘*Communicating Better Together – the Limavady schools project’* which screened over 300 children entering four nursery and primary schools. The project was re-run in 2015 and found 62% of this cohort also had language difficulties[[9]](#endnote-9).

Abuse, neglect and subsequent trauma

* Children growing up in disadvantaged homes and neglected environments are more likely to present with speech, language and communication needs (SLCN). The LAC population as described generally fall into this category, but these needs may be overlooked if other pressing issues in the child’s profile take precedence and if SLCN are not discussed at the earliest opportunity.
* Children who experience abuse and neglect are more likely to have communication and interaction difficulties[[10]](#endnote-10) and this relates to the quality of interaction[[11]](#endnote-11) with and attachment to their care givers. The effects can be long term.[[12]](#endnote-12)
* Children in abusive or neglectful situations are likely to develop insecure attachment to their care givers which can lead to difficulties in social communication,[[13]](#endnote-13) reduced language skills,[[14]](#endnote-14) an impaired ability to feel and express emotions,[[15]](#endnote-15) and a limited vocabulary for thoughts and feelings.[[16]](#endnote-16) Limited communication skills may also be an indicator of safeguarding issues.
* The rate of language impairment in children from a maltreated background is higher (25%) compared to children from a non-maltreated background who are from a comparable socio economic background (17%), compared to the general population (10%).[[17]](#endnote-17)
* Speech and language difficulties may also be an indicator of neglect or harm. Some of the most vulnerable children are those whose impairments prevent them from communicating what has happened to them (and who may therefore be deliberately targeted by some perpetrators of abuse).[[18]](#endnote-18)

Special educational needs and disability

* Children and young people with SEN are over-represented among the looked-after children population; as highlighted in the Draft Looked After Children’s strategy 25% of looked after children have a SEN compared with 5% of general school population.
* Communication needs may be the result of another condition or disability such as autism spectrum disorder and learning disability, or co-occur with them, such as attention deficit hyperactivity disorder and conduct disorder[[19]](#endnote-19),[[20]](#endnote-20), [[21]](#endnote-21) complex needs, and profound and multiple learning disabilities.
* Speech, language and communication needs can also exist without being associated with other medical conditions which is known as developmental language disorder[[22]](#endnote-22).

***The need for specialist AHP services and why?***

**The importance of identifying and supporting looked after children’s communication needs**

Communication and interaction needs should be considered as a specific and challenging need because, left unidentified and/or unmet, they can have a range of negative consequences for children through a reduced ability to communicate with those around them, social and emotional well-being, mental health, relationship building, educational attainment and future life chances

Unmet communication needs can also reduce the impact of services and support being offered by professionals and services seeking to looked after and vulnerable children, particularly where children and young people use behaviour as a form of communication which, including in relation to behaviour, literacy and the ability to access education, potential exclusion from school, risks to fostering and support placements, and involvement in the criminal justice system.

**The risk of unmet SLCN among vulnerable children**

**Mental health**

* 81% of children with emotional and behavioural disorders have significant language deficits[[23]](#endnote-23)
* Up to a third of children with untreated communication needs will develop subsequent mental health problems.[[24]](#endnote-24)
* Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems.[[25]](#endnote-25)

**Education and employment**

* Vocabulary difficulties at age five are significantly associated with poor literacy, mental health, and employment outcomes at age 34.[[26]](#endnote-26)
* 88% of long-term unemployed young men have communication needs.[[27]](#endnote-27)

**Involvement in the criminal justice system**

* More than 60% of young offenders have communication needs.[[28]](#endnote-28)
* HM Inspectorate of Prisons and the Youth Justice Board found that nearly a third of young men in young offender institutions had been looked after by a local authority at some point.[[29]](#endnote-29)

To help improve outcomes for children and young people with communication and interaction needs a whole-system approach is required in which communication is everybody’s business and barriers to communication and interaction are removed.

**Supporting looked-after children’s SLCN – the need for specialised SLT support**

The RCSLT believe identifying and supporting looked after children’s SLCN should be considered and addressed as part of specialised services for looked after and adopted children. SLTs should be commissioned as part of the multi-disciplinary teams delivering services to this vulnerable group.

Speech and language therapists (SLTs) are unique in their expertise in assessing language and communication skills and determining the support that children and young people with SLCN require to express their views and recount their experiences. This can include introducing communication strategies or alternative and augmentative communication systems to help children communicate with social workers and care givers, and providing advice and guidance on modifying the comprehension level of questions being put to them. SLTs can also provide expert guidance in producing accessible communication formats.SLTs can also support other professionals working with children with SLCN through training health visiting and social work teams to identify and support children with SLCN.

The RCSLT has developed specific recommendations[[30]](#endnote-30) around supporting looked after children which are applicable throughout the UK and are detailed below.

**The RCSLT recommends that the team supporting looked after children has access to specially commissioned speech and language therapy services. This would enable:**

**1. SCREEN –** children and young people should be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where

the screen has identified this is necessary to support differential diagnosis.

**2. TRAIN -** those working with, caring for, and supporting looked after children should be trained in awareness of communication and interaction needs and how to respond to them so that the

places where they spend most of their time, school and home, are able to meet their needs.

**3. SUPPORT** – direct speech and language therapy should be provided to those looked after children who require more specialised support.

These recommendations were included in our 2018 response to the Department of Health and Education’s consultation on a draft strategy for looked after children – included in attachments for reference. We are also aware from our contacts with third sector organisations that newly adopted children and families, many of whom will have faced the same risk factors for SLCN, feel they are in need for further support and advice to support and identify these needs and welcome the inclusion of adopted children in this piece.

***Interagency or multidisciplinary working – opportunities and barriers:***

**Lessons from a NI pilot**

There has been a number of projects and some initial research in England and Scotland, as referenced, highlighting the communication needs of looked after children and young people. In Northern Ireland, there was no specific LAC dedicated SLT post. This post was commissioned using transformational money and appointed 1.0 WTE to residential children’s homes in the WHSCT area. There are 6 homes across the trust that offer care for post primary aged children and young people. The post commenced in May 2018 and is currently funded until March 2021. Regular reviews and discussions have taken place in order to adapt the service to suit the needs of each individual.

**SLCN and Children in care: a hidden need**

**A Pilot Project in Residential Care in Western Health and Social Care Trust (WHSCT)[[31]](#endnote-31)**

This innovative pilot project is currently employing a speech and language therapist on a one year temporary post (extended for one further year concluding March 2021) as part of the residential team working across six children’s homes with 36 young people.

These young people are often moving between residential care, juvenile justice centre and secure settings and have heavy involvement with the police, courts and youth justice system.

**The level of need:**

Screening for SLCN is ongoing however results to date have revealed:

- ***75% of young people placed in residential care from June 2018 to present have significant and unidentified SLCN***

- of those screened **none were open to core services** and only a **small number had previous referral** to speech and language therapy and then discharged for non- attendance.

- the need for **3 onward referrals** for other assessments including ASD.

**Multi-disciplinary working:**

In addition to scoping the level of need within residential care, education and training in these settings is vital:

- The SLT is putting communication strategies in place to support the work of the wider team, for example each home now has an identified 'communication champion' and the team are working with the SLT to adapt processes and encourage the young person's involvement in a communication friendly way.

- The SLT has introduced the use of talking mats –picture communication symbols – in every home to support the completion of a young person’s  ‘my views’ report which feeds into their looked after children review to help young people better express their feelings and needs.

- A member of staff in each home has received talking mat training.

**Embracing new ways of working and staff confidence:**

Prior to the SLT commencing work as a communication worker in residential care, some 40% of staff surveyed felt that there was no need for this post, with feedback including:

*“I don’t see how this appointment will benefit our young people at the moment. I feel a councillor would be more beneficial in helping our young people deal with past issues and trauma …”*

*“I don’t believe any of our young people at the moment have speech or language needs”*

All staff in residential have attended training on SLCN in LAC and staff have reported an increase in their confidence in being able to support YP with communication needs from 55%-69%.

**Recognised need for specialist SLT :**

As awareness of SLCN increases among staff there is also an increase in the percentage of staff who feel specialist SLT support is vital for the YP they work :

- ***100% of staff see SLT as a vital role in residential care.***

*NB: Staff have also reported a decline in their confidence levels in identifying SLCN from 71% to 62% feeling confident or very confident.* Qualitative data allows us to see that staff are recognising that this is a more complex area and that as their knowledge of what SLCN is increases, then they become aware of how this may be a ‘hidden’ difficulty.

**Future goals or embedding**

This initial project has highlighted the high level of SLCNs in this population and further highlighted the importance of on-going SLT involvement. With future funding there is scope to:

- Support staff to move from understanding SLCN to embedding communication standards into daily engagement

- Offer YP the opportunity to develop their language skills through direct therapy and that the wider community around these YP will be upskilled to support these communication needs.

The evidence of the on-going risk of offending behaviours, mental health difficulties and involvement in the criminal system for YP with communication needs is well known. It is hoped that with the correct identification, support and multi-agency involvement these risk factors can be reduced.

***SLT in residential care pilot project - feedback from residential staff, other agencies and young people***

“this is very positive for residential childcare, supports YP and staff and can be positive for improving outcomes. Helps ensure the YP has their voice heard” Residential staff

“Having the SALT in residential service has opened a new line of understanding for us into the struggles of our young people. But important it has gone beyond understanding and also gives us tools and interventions to help”, Residential Staff.

“it’s picking up in difficulties we don’t see”, Residential Staff.

“I must say it has been beneficial to PSNI…. It has allowed police to keep our systems updated in terms of specific needs of the YP, and has given us a heads up in how to best communicate with them”, PSNI.

“My experience with SLT has been fantastic…. When X was admitted to Lakewood, (communication worker) provided me with a detailed SLT report along with a Powerpoint which adapted interventions that worked well with X…. work and approach is fantastic”, Lakewood, key worker.

A Young Person who was admitted to Lakewood (secure unit) told staff there, “you need to phone my communication worker and get my communication profile. That’s what helps me, when you use that”.

“Thank you, you are really amazing at your job. You actually understand me”. Young Person.

***Specific training needs which you think are important for AHPs in relation to working with LAACYP and their caregivers?***

* RCSLT’s clinical guidance identifies several key areas when working with this population that SLTs need to be aware of issues relating to consent, parental responsibility, custodial settings and the particular needs of looked-after children such as attachment difficulties and trauma. Members have access to a suite of elearning modules which we recommend as useful learning for SLTs working with looked after children.
* RCSLTs professional guidance also addresses ways in which speech and language therapy services should consider certain protocols and policies that ensure that LAC are not disadvantaged and that all those involved are aware of their particular needs.

***Could you signpost any other AHP practice initiatives for LAACYP and carers you are aware of in NI, UK or globally that we could follow up for further information? If you would like to send any attachments via email (c.blair@qub.ac.uk) this would be greatly appreciated.***

**No Wrong Door – A children’s social care innovation programme:** <https://www.rcslt.org/-/media/Project/RCSLT/no-wrong-door-storyboard-1.pdf>

* Information for Professionals - <https://www.rcslt.org/-/media/Project/RCSLT/no-wrong-door-leaflet-2.pdf>
* Integrating SLT into services for vulnerable young people slides: <https://www.rcslt.org/-/media/Project/RCSLT/cannhowe-jnicholson.pdf>

**RCSLT research and evidence base in relation to Fostering in England and includes additional examples of good practice that consider SLCN of children with care experience:**

<https://www.rcslt.org/-/media/Project/RCSLT/no-wrong-door-written-evidence.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/national-fostering-stocktake.pdf>

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