RCSLT

Supporting connection through communication

1. Communication and connection

The ability to communicate is fundamental to our ability to form connections with others in our community. For most people, spoken language is the vehicle through which friendships are developed and maintained. It is through words that we establish common ground, share jokes and stories, and repair relationships when conflicts occur.

Non-verbal communication such as making eye contact, gesture and facial expressions, and being able to interpret the non-verbal communication of others, is also vital in forming connections. Knowing how to follow the 'rules' of social communication – such as taking turns in conversations – and the ability to understand sarcasm, humour and non-literal language are things that many of us take for granted. But without these skills, it can be very difficult for children to make connections with their peers. Research has found that children with poor language skills are at increased risk of becoming rejected by their peers.[1] This can become a vicious circle, whereby children who struggle to make friends have fewer opportunities to practice their interactions and learn how to behave and communicate in the way which would enable them to make more friends.

2. Communication and care-experienced young people

A high proportion of care-experienced young people have communication difficulties, and all too often these difficulties are not spotted by those around them.

- One study of 30 young people aged between 11 and 17 in residential care settings found that 63% had clinically significant speech, language and communication needs – none had been referred to speech and language therapy prior to the study.[2]
- 58% of young people screened as part of the No Wrong Door project, which provides an integrated service to young people in care or on the edge of care, were identified as having speech, language and communication needs.[3]
- In a recent study, 90% of care leavers had below average language ability, and 60% met criteria for having Developmental Language Disorder – a condition where children have problems understanding and/or using spoken language. None of these young people had previously been diagnosed with speech, language and communication needs (SLCN).[4]
- A similar pattern was found in a study of young people in care in Australia: 92% had oral language skills below the average range, with 62% having significant language difficulties (two or more standard deviations below the mean).[5]

Children and young people in the care system who have unidentified and/or unmet SLCN are more likely to experience:

- peer rejection: SLCN can inhibit the development of positive relationships and friendships
- frustration and misunderstandings, resulting from difficulties in expressing their views and perspectives clearly, or to explain or construct clear narratives

- problems with emotional literacy, resilience, and health and wellbeing (including mental health)
- challenging behaviour, which can result in exclusion from school or involvement in the criminal justice system; looked-after children with a range of needs, including SLCN, are over-represented in the criminal justice system. Research has also found that young people with Developmental Language Disorder in the criminal justice system are twice as likely to reoffend as those without DLD.[6]
- difficulties accessing and benefiting from behavioural and mental health interventions.

Flo's story

Flo is 15. Prior to her present placement, she had had 20 previous placement breakdowns. With a history of aggressive behaviour, including being verbally and physically abusive, she started her placement on a 3:1 staffing ratio due to the risk of assaulting staff. She had a large number of police charges pending. She had previously been identified as having no obvious difficulties with her ability to communicate, apart from that she would communicate emotion through behaviour.

Following staff concern about her communication skills and inability to understand information, a speech and language therapist undertook a full assessment of Flo. This revealed that she had a range of unidentified SLCN.

The speech and language therapist advised both Flo and those working with her how best to support her communication needs. As a result of this speech and language therapy input, Flo's communication, social skills and behaviour improved and the charges against her were dropped. Staffing levels were reduced to 2:1 and 1:1 support was trialled at school.

Flo's social worker said, "What I have experienced is Flo's much improved confidence in expressing herself, listening and understanding. This has been an invaluable part of the progress she has made in placement and has allowed her greater opportunities to make meaningful relationships with adults and peers alike."

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3. **What could other carers and professionals, or organisations supporting care-experienced young people, do to help them feel more connected?**

a) **Training to understand SLCN for carers and professionals**

All carers and professionals who work with children and young people in the care system should undertake training to understand the prevalence and implications of SLCN, the indicators that a child or young person may have SLCN, simple steps they can take to support children with SLCN, and the specialist services that are available for those who need additional support.

This should include:
- Social workers
- Foster carers
- LAC nurses
- Designated teachers
- Virtual School Heads
- Personal Advisers

The RCSLT has developed Mind Your Words, a free online learning course for professionals working with children and young people with social, emotional and mental health needs, which could provide a starting point to increase understanding about SLCN. More information about Mind Your Words is available at: https://www.rcslt.org/learning/mind-your-words/

b) The Five Good Communication Standards for settings

Professionals who work with care experienced children and young people should also be aware of the RCSLT's Five Good Communication Standards. Originally designed to remove barriers to communication by highlighting the reasonable adjustments that individuals with autism or learning disabilities could expect in specialist hospital and residential settings, the standards are also relevant in other contexts, including for professionals who work with looked-after children and young people, to help them to communicate in an accessible way.

The standards also support children and young people in care to understand what is being said to them, and to enable them to express their views, wishes, and feelings, as required by the Children and Social Work Act 2017.

The RCSLT has produced a factsheet which provides examples of how the five good communication standards can be adapted to promote accessible communication for children and young people in the care system: https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/5-good-standards-a4-2019.pdf

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Good practice example: Implementing the Five Good Communication Standards in a residential care provider

Two speech and language therapy students from Birmingham City University spent a week-long placement with a residential care provider. During the placement they:
- adapted the paperwork that was used with children and young people within the home to make it more accessible and encourage participation in decisions about their care
- used the Five Good Communication Standards to support the staff team at a care home to understand how they could support a specific young person with SLCN
- developed a presentation about SLCN to raise awareness amongst the wider staff

Following the placement, the Five Good Communication Standards are now up on the walls of some of the offices. Staff have fed back that some of them had never heard of SLCN before, so the presentation had been 'a real eye opener', and the case study has supported the social worker to take action about the young person's SLCN. The young people themselves have fed back that they prefer the revised paperwork as 'they understood it more'.

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c) Communication accessible communities

Community organisations can support care-experienced young people to feel more connected by signing up to Communication Access UK (CA-UK) - a new disability access symbol underpinned by a free training package and standards, which support organisations to better support people with communication difficulties.

Organisations can receive accreditation as Communication Accessible once they have committed to deliver the training and adhere to the standards. Organisations already registered as Communication Accessible include the foster care agency ISP, and GS Social Care, a specialist social care provider.

More information about CA-UK is available at https://communication-access.co.uk/

d) Access to speech and language therapy

Speech and language therapists should be embedded within all relevant services for care experienced children and young people. This would enable them to provide:

- training and advice to the team around the child
- screening and assessments to identify children's individual strengths and needs
- flexible, individualised support to those children that need specialist intervention

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Good practice example: North Yorkshire's No Wrong Door

- No Wrong Door (NWD) is an integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care, run by North Yorkshire County Council.

- Each hub has a team that consists of a manager, two deputy managers, NWD hub workers, a "communications support worker" who is a speech and language therapist, a "life coach" who is a clinical psychologist and a police liaison officer. The integrated team supports the young person throughout their journey to ensure that they are not passed from service to service but instead are supported by a dedicated team.

- The majority of the work carried out by the communication support workers has been screening young people for speech, language and communication needs (SLCN). Between April 2016 and September 2016, 142 young people were seen by the communication support worker. Of these, 83 (58%) were identified with SLCN.

- Some of their work has evolved to include indirect support through offering consultation, advice and training to other staff members, teachers, parents and carers.

- Positive relationships between the communication support workers and young people have been established because of the opportunities afforded for these to be developed over time, and through everyday interactions, such as making breakfast, in the hubs.

- The estimated cost savings associated with the work of the communication support workers to carry out speech and language assessments and provide support to meet speech, language and communication needs is just over £300,000 per annum.

The NWD model has now been rolled out to a number of local authorities, including Bradford, Sheffield and six authorities in Greater Manchester.[7]

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4. About the Royal College of Speech and Language Therapists

The RCSLT is the professional body for speech and language therapists, speech and language therapy students and support workers in the UK. Speech and language therapists (SLTs) provide life-improving care for children and adults who have difficulties with communication or swallowing.

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[7] For more information see https://www.innovationunit.org/projects/no-wrong-door/