Children in need of help and protection: call for evidence

Submission from the Royal College of Speech and Language Therapists

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About the review

Children in Need are a group supported by children's social care, who have safeguarding and welfare needs, including children on Child in Need Plans, children on Child Protection Plans, Looked After Children, and young carers; and disabled children.

To understand how to improve the educational outcomes of Children in Need the Department for Education launched a call for evidence to get a clearer picture of how professionals across education, children's social care, health, and other specialist services, are working to support families to change, to access the right services, and to ensure children's needs are being met.

More information about the review is here: www.gov.uk/government/publications/review-of-children-in-need/review-of-children-in-need

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Priorities and focus

1. Describe your priorities in what you do to support Children in Need to improve their educational outcomes

Speech and language therapists assess and develop interventions to support children and young people with speech, language and communication needs (SLCN) to maximise their communication potential.

Communication skills are fundamental and foundational. They enable us to understand and to be understood and underpin social interaction. They are central to our development, our ability to understand and manage our emotions, to form relationships, our educational achievement and life chances.

Research indicates that there are high levels of communication needs in Children in Need, and that communication needs are a risk factor for child abuse and neglect – more detail about the research is provided in our response to question 3.

Very often these needs are unidentified: in one study of children and young people in residential care, 63% had communication needs. Of those 63%, where information about previous concerns or referrals was available, 90% indicated no previous concerns; none of the children had been referred for an assessment.[1]

Left unidentified and unsupported, communication needs can put children at risk of a range of negative outcomes, including on their educational attainment:

- Those with poor vocabulary skills at age 5 were four times more likely to have reading difficulties in adulthood.[2]

- Just 15% of pupils with identified SLCN achieve the expected standard in reading,

writing and maths at the end of primary school, compared with 61% of all pupils.[3]

- At secondary school, vocabulary skills at age 13 strongly predict both maths and English GCSE results.[4]

Speech and language therapists have unique clinical expertise to support Children in Need to improve their educational outcomes by:

- Identifying SLCN and supporting differential diagnosis through detailed speech, language and communication assessments.

- Providing training to education, health and social care practitioners, parents and foster carers and residential staff:

  - on the development of attachment and importance of key relationships though communication;

  - to recognise SLCN;

  - to understand the impact of those needs, including on education; and

  - to respond appropriately, including through differentiating their communication style, materials and teaching environments.

- Providing advice and developing strategies on how to remove barriers to accessing and engaging with education for those children and young people with SLCN.

- For those with the highest level of needs, working directly with children, their families, and other professionals to develop personalised strategies which support each child or young person's individual needs.

References

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3 Department for Education (2017) Key Stage 2 SATS results

4 Spencer, S., Clegg, J., Stackhouse, J. and Rush, R. (2017), Contribution of spoken language and socio-economic background to adolescents' educational achievement at age 16 years. International Journal of Language & Communication Disorders, 52: 184–196.

Theories and research

3. What theories or research do you rely on to inform a plan of how to support a child?

As mentioned in our response to question 1, research demonstrates that there are high levels of speech, language and communication needs (SLCN) in Children in Need, and that SLCN are a risk factor for child abuse and neglect:

Insecure attachment, maltreatment and neglect

- Insecure attachment, a lack of quality stimulation, neglect and conflict all have negative effects on a child's development[1] including on their speech, language and communication skills.[2]

- Children with SLCN have been found to be at greater risk of abuse and neglect[3] and maltreatment increases their vulnerability to SLCN.[4]

- High-risk young people, such as those who are subject to child protection orders because of suspected or confirmed maltreatment, and those who are engaged with the youth justice system, face an elevated risk for SLCN.[5]

Sexual abuse and trauma

- Children with disabilities, including SLCN, are more than three times more likely to experience sexual assault than children without disabilities.[6]

- One study followed up five year olds with language disorder to adulthood and found them to be nearly three times more likely to report child sexual abuse than their peers.[7]

Domestic violence

- Pre-school children exposed to domestic violence are at risk of developing SLCN: comparisons between children's achievement in a Refuge play-centre and in the community showed a significant difference in hearing and speech development.[8]

Looked after children

A high proportion of children and young people in the care system have communication needs, which are often unidentified and unsupported:

- An Office of National Statistics review of the health needs of looked after children found that, despite evidence of serious underreporting, SLCN were the second most frequently reported difficulty for looked after children.[9]

- In one study of children and young people in residential care, 63% had communication needs. Of those 63%, where information about previous concerns or referrals was available, 90% indicated no previous concerns; none of the children had been referred for an assessment.[10]

- 58% of the young people screened by speech and language therapists as part of No Wrong Door, North Yorkshire County Council's model around rethinking care for adolescents, were identified as having SLCN.[11]

This evidence informs speech and language therapists' work – a key role for speech and language therapists with a caseload of Children in Need is to raise awareness of the high levels of SLCN amongst other practitioners, and to provide formal and informal training to the team around the child. Practitioners who could benefit from awareness raising training include children's home staff, the virtual school team, the youth offending team, foster carers, social workers, police officers, and magistrates. The evidence may also inform speech and language therapists' decisions around thresholds for referrals, reduced waiting times for assessments, and decisions about whether to discharge a child or young person.

For all children and young people, speech and language therapists use theories of typical

language development, and research about specific conditions, such as developmental language disorder*, to inform a plan of how to support a child. Research that speech and language therapists can use to plan support is collated through the What Works database, a moderated online library of evidenced interventions that aim to support children's speech, language and communication., which is endorsed by the Royal College of Speech and Language Therapists: www.thecommunicationtrust.org.uk/whatworks

However in terms of the research that underpins how speech and language therapists work with Children in Need specifically, the evidence base is just emerging, with a need for more research into the effectiveness of speech and language therapy interventions for this group of children and young people.

* Developmental language disorder (DLD) is a condition where children have problems understanding and/or using spoken language. There is no obvious reason for these difficulties – no hearing problem or physical disability explains them. It is estimated that 7.6% of all children have DLD.[12]

References
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2 Van Ijzendoorn, M. H., Dijkstra, J., Bus, A. G. (1995). Attachment, Intelligence, and Language: A Meta-analysis. Social Development, 4(2), 115–128.

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Direct contact and building relationships

6. What approaches and skills do you use to build relationships with Children in Need, and how is this supported by your organisation?

Speech and language therapists are experts in speech, language and communication, meaning they are uniquely skilled to build relationships with Children in Need who have difficulties communicating, for example by:

- helping the child or young person to understand and express their needs

- involving them in planning for change in a respectful way

- helping them to understand expected behaviours required in a way that is meaningful for them

- offering verbal and nonverbal scripts and coaching

- offering opportunities to practise and succeed in using new skills including how to repair conversational breakdown

- supporting children and young people through transitions, both through the day and in phases of education, for example from primary to secondary school

Speech and language therapists place a strong emphasis on empowering children and young people to enable them to have their voices heard. This Is particularly important in the care system and during child protection proceedings, where the voices of parents/carers and professionals can be louder than that of the child. Speech and language therapists have a unique role in to play in facilitating the child to communicate their wishes and feelings.

Case study: F's story

F 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, but that she would communicate emotion by behaviour. Following staff concern about her communication skills and inability to understand information, a speech and language therapist (SLT) undertook a full assessment of F. This revealed that she had a range of unidentified speech, language and communication needs (SLCN). The SLT advised both F and those working with her how best to support her communication needs, including when attending court. As a result of this speech and language therapy input, F'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. Her social worker commented: "What I have experienced is F'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."

The Royal College of Speech and Language Therapists is working to raise the profile of the communication needs of Children in Need, including looked after children, and has developed a number of factsheets and hosted a joint webinar with the National Association of Virtual School Heads.

Factsheets:

- Looked after children factsheet:
www.rcslt.org/speech_and_language_therapy/docs/factsheets/looked_after_children

- The Five Good Communication Standards: supporting the implementation of the 9 Quality Standards for children's homes:
www.rcslt.org/speech_and_language_therapy/docs/factsheets/nine_quality_standards

- Speech and language therapists supporting Virtual School Heads:
www.rcslt.org/speech_and_language_therapy/docs/svsh

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7. What approaches and skills do you use to build relationships with adults, and how is this supported by your organisation?

Speech and language therapists take a holistic approach to working with children and young people, which includes work to empower parents and carers to support their child's communication. This can have a positive impact on the parent-child relationship, particularly where there are issues around attachment.

Speech and language therapists' skills in communication enable them to build relationships with adults – they are able to adapt their communication style to ensure that information is communicated to adults effectively, appropriately, and tailored to the needs of the adults. This can include supporting adults to understand the speech, language and communication needs (SLCN) of a child or young person, and how their SLCN might contribute to other difficulties the child has, for example how they interact with others, their behaviour, their motivation at school and their mental health and wellbeing.

Speech and language therapists use a range of tools to build relationships and empower parents/carers, and encourage them to engage with their child. One example of an approach is Video Interaction Guidance, which can be used for interactions between children and adults, to support both parties to reflect on their communication and interactions. Speech and language therapists acting as 'Guiders' can draw attention to the successful elements of communication, and support both children and adults to make the changes that they themselves have identified.

Case study: H's story

H is 6 years old and is a looked after child. He has been diagnosed with an attachment disorder and feels anxious when separated from his foster carer and from familiar adults at school, as well as during the transition between school and home, and when doing an unfamiliar activity. H was referred for a speech and language therapy assessment which revealed a severe difficulty understanding and using language, which was thought to be contributing to his anxiety in unfamiliar situations. The speech and language therapist worked with H's foster carer to help them to understand H's SLCN and to develop strategies to support H, for example the use of picture cards to label his emotions when he felt stressed or anxious. The speech and language therapist also worked with H's school to implement a more structured environment for H, with the result that he was able to work more independently, without such a high level of work from his teaching assistant.

Assessment and decision-making

8. How do you identify a child's needs, and make decisions about what support should be in place?

Speech and language therapists have a unique role in identifying children's speech, language and communication needs (SLCN), by assessing and profiling a child or young person's communication strengths and needs through a combination of information gathering, clinical observation, informal and formal assessment as appropriate. An assessment may take time, particularly for Children in Need, for whom gaining trust is especially important. It is also important that the child's communication can be assessed in a range of different contexts and situations, and that the child's own views of their communication skills are taken into account.

In order to decide what support should be in place for a child, it is essential that the totality of the child's needs that can impact their ability to engage with education are identified and supported.

Department for Education statistics show that social, emotional and mental health (SEMH) is the most prevalent primary type of special educational need for Children in Need. However research shows that a high proportion of children and young people with SEMH are likely to have co-occurring SLCN, which may not have been identified or supported: in a meta-analysis of 22 studies, 81% of children with emotional and behavioural disorders were found to have communication needs that had not previously been identified.[1]

One reason that these needs have be identified is that it can be more difficult to identify SLCN in children who have SEMH needs. Children and young people with mental health diagnoses often present with unusual communication profiles, and a child's behaviour can impact on perceptions about their communication skills. It is important then that speech and language therapists are part of the multi-disciplinary team who assess the needs of and plan support for Children in Need.

Decisions about what support should be in place should be based on the assessment of the child's needs, the views of the child or young person, and the available evidence (for more detail please see our response to question 9).

References
1 Hollo A, Wehby J.H, Oliver R.M. (2014) Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. Exceptional Children 80(2): 169-186

9. When deciding what support should be put in place for a child, what evidence do you use?

As mentioned in our response to question 3, speech and language therapists can use the What Works database, a moderated online library of evidenced interventions, to inform decisions about what support should be put in place for a child: www.thecommunicationtrust.org.uk/whatworks

The RCSLT also provides its members with access to over 1,800 peer-reviewed journals, as well as an online Research Centre which directs members to other sources of evidence

including systematic reviews and intervention databases. The clinical resources area of the RCSLT website provides links to evidence and research relevant to 30+ clinical areas, including autism, language disorder, and social, emotional and mental health.

Where there is a limited evidence base, speech and language therapists use their professional judgement and clinical experience to:

- assess the risks and any counter-evidence and seek advice.

- take account of local outcome data in relation to the child and service level outcome data to guide evidence-based decision making.

- discuss their rationale for using the model of intervention with the child / family.

The RCSLT has produced an online tool to support speech and language therapists to make evidence-based clinical decisions: www.rcslt.org/members/research_centre/e_learning/launch_evidence_based_clinical_decision_making_tool

10. Where a child is disabled, or has special educational needs, what are your priorities in offering support to improve their educational outcomes?

Children with speech, language and communication needs (SLCN) may have special educational needs (SEN) and/or disabilities: SLCN is the most common primary type of SEN in primary schools, and SLCN are also a feature of many other types of need including learning disability, hearing impairment, and autistic spectrum conditions.

Speech and language therapists provide support which enables children with special educational needs and disabilities (SEND) to maximise their communication potential.

As the SEND Code of Practice acknowledges, "communication is so fundamental in education", and therefore the role of the speech and language therapist is crucial to improving educational outcomes.

Working with other professionals

11. How do you work with other agencies to improve the educational outcomes of Children in Need?

Speech and language therapists work in partnership with a range of agencies across education, health and social care as part of the team around the child to improve the educational outcomes of Children in Need.

In education, speech and language therapists work closely with education colleagues, including providing training to school staff to help them to differentiate the curriculum to make it more accessible for children with SLCN. They can also support Children in Need to stay in school through minimising communication breakdowns between the child and school staff.

In social care, speech and language therapists work as partners with social care colleagues

to support them to understand the impact of the child's communication difficulty on their emotional wellbeing, and on their increased vulnerability to abuse.

Case study: Hackney
In Hackney the Virtual School Head funds a post for three days a week. There are currently two speech and language therapists working as part of the team. The speech and language therapists sit within the Virtual School (along with teachers, learning mentors, social pedagogues, an occupational therapist, educational psychologists and administrative staff).

The speech and language therapists work closely with their colleagues in the Virtual School to provide multidisciplinary services including: a monthly drop-in service for social workers with the speech and language therapists, occupational therapist and educational psychologists; joint training for foster carers on topics identified by the foster carers; and advising on and creating a range of resources to support children and young people using the Contact Centre in Hackney.

Consistency of professionals

13. What impact does consistency of professional have on the child involved and their outcomes?

Feedback that the RCSLT has received from both parents/carers and professionals suggests that consistency of professionals is very important for all children and young people, but particularly for Children in Need who have experienced attachment issues or trauma, and may therefore need more time to build a positive trusting relationship with new professionals. This can impact negatively on the effectiveness of both assessments and therapeutic interventions.

Case study: No Wrong Door
No Wrong Door (NWD) s 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. The NWD innovation operates from 2 hubs; 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 evaluation of the programme found that one of the distinguishing features is "high stick-ability of the key worker". Workforce stability was also identified as one of the necessary conditions for implementation of the programme.

The full evaluation of the programme, conducted by Loughborough University, can be accessed at: https://www.gov.uk/government/publications/no-wrong-door-innovation-programme-evaluation

Supporting the whole family

15. What is the nature of your work with adults in the child's life?

As detailed in our response to question 7, speech and language therapists take a holistic approach to working with children and young people, which includes work to empower parents and carers to support their child's communication. This can have a positive impact on the parent-child relationship, particularly where there are issues around attachment.

Speech and language therapists also support adults to understand the speech, language and communication needs (SLCN) of a child or young person, and how their SLCN might contribute to other difficulties the child has, for example how they interact with others, their behaviour, their motivation at school and their mental health and wellbeing.

Speech and language therapists' expertise in communication mean they can work with adults in the child's life to support them to:

- recognise and respond to speech, language and communication needs (SLCN), including supporting adults to interact positively and develop effective communication strategies with the child or young person.

- support language development, including developing the functional skills children and young people need in a domestic environment such as reading, literacy, numeracy, time-telling, organisation, and appropriate social communication skills.

Case study: No Wrong Door
As part of the No Wrong Door service in North Yorkshire (see response to question 13 for more information) a speech and language therapist visits foster carers who are fostering young people with SLCN at home. They discuss the communication needs of the children they are looking after and how to respond to them. Training on specific areas of communication difficulty is also provided to foster carers.

Evaluation

16. How do you measure and evaluate the impact of your work to address a child's educational outcomes?

Speech and language therapists gather data from a variety of sources to evaluate the impact of their work on a child's educational outcomes, including data from the child's school on educational attainment and behaviour, progress against specific targets, and qualitative feedback from the child or young person and their parent/carer, as well as from teachers and other professionals working with the child.

17. How do know your work has been successful, including any before and after measures you use?

The RCSLT supports speech and language therapists to collect data which demonstrates the impact of speech and language therapy using Therapy Outcomes Measures (TOMs).

TOMs is an outcome measure that allows professionals to describe the relative abilities and difficulties of a child in the four domains of 'impairment', 'activity', 'participation' and 'wellbeing' in order to monitor changes over time. TOMs has been rigorously tested for reliability and clinical validity.

Speech and language therapists also use pre and post assessment results, observations and qualitative feedback from the child and those working with the child, including through feedback forms and questionnaires.

19. In your view, what are the areas that have a strong existing evidence base in improving educational outcomes for Children in Need?

There is an extensive evidence base which demonstrates that oral language interventions – interventions which emphasise the importance of spoken language and verbal interaction in the classroom – have a positive impact on learning. The Education Endowment Foundation's (EEF) Teaching and Learning Toolkit found that pupils who participate in oral language interventions make approximately five months' additional progress over the course of a year. While the evidence has not looked specifically at Children in Need, EEF report that all pupils appear to benefit from oral language interventions, with some studies showing slightly larger effects for younger children and pupils from disadvantaged backgrounds. More information on the evidence base for oral language interventions is available online: https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit/oral-language-interventions/

20. In your view, what are the areas that need a stronger evidence base in improving educational outcomes for Children in Need?

As stated in our response to question 3, while there is evidence to indicate the high levels of communication needs in Children in Need, and that communication needs are a risk factor for child abuse and neglect, there is a need for more robust national data collection to establish the scale of the issue. There is also a gap in the evidence base around research into the effectiveness of speech and language therapy interventions for Children in Need, including those who are older, who have social, emotional and mental health needs, and looked after children.