
nedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Coleg Brenhinol y Therapyddion Lleferydd ac Iaith | Evidence from Royal College of Speech and Language Therapists

1. Before care: Safely reducing the number of children in the care system

Please outline a **maximum of three** top priorities for radical reform of services for safely reducing the number of children in the care system:

Priority 1:

Priority 2:

Priority 3:

2. In care: Quality services and support for children in care

Please outline a **maximum of three** top priorities for radical reform of services for children in care:

Priority 1:

Support for Speech, Language and Communication Needs

A high proportion of care-experienced young people have communication difficulties, and all too often these difficulties are not unidentified.

- 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.ⁱ
- 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.ⁱⁱ

- In a recent study, 90% of care leavers had below average language ability, and 60% met criteria for having Developmental Language Disorder – a life-long 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).ⁱⁱⁱ
- 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).^{iv}

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.^v
- 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."

Given the prevalence of SLCN within the care-experienced population, we would like to see;

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 on-going 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
- Looked After Children specialist nurses
- Advocates
- Designated teachers
- 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/>

As part of the Welsh Government Talk With Me Speech, Language and Communication Plan, there are specific actions to offer Social Care professionals and Foster Carers annual/online training in children's early language development. We strongly welcome the survey undertaken with foster carers to inform this training but urge that given likely prevalence of SLCN within care experienced young people that further consideration is given to this area.

The Five Good Communication Standards for settings

We also recommend that 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 care experienced 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 Social Services and Wellbeing Act 2014.

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>

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'.

Priority 2:

Priority 3:

3. After care: On-going support when young people leave care

Please outline a **maximum of three** top priorities for radical reform of the on-going support provided when young people leave care:

Priority 1:

Priority 2:

Priority 3:

4. Anything else

Do you have anything else you would like to tell us?

ⁱ McCool S and Stevens IC (2011). Identifying speech, language and communication needs among children and young people in residential care. *International Journal of Language and Communication Disorders*; 46(6): 665-74

ⁱⁱ Lushey, C., Hyde-Dryden, G., Holmes, L. & Blackmore, J. (2017). Evaluation of the No Wrong Door Innovation Programme. Department for Education Research Report, Ref: ISBN 978-1-78105-598-4, DFE-RR542

ⁱⁱⁱ Clegg, J., Crawford, E., Spencer, S. and Matthews, D. (2021). Developmental Language Disorder (DLD) in Young People Leaving Care in England: A Study Profiling the Language, Literacy and Communication Abilities of Young People Transitioning from Care to Independence. *Int. J. Environ. Res. Public Health*, 18, 4107. <https://doi.org/10.3390/ijerph18084107>

^{iv} Snow, P., McLean, E. & Frederico, M. (2020). The language, literacy and mental health profiles of adolescents in out-of-home care: An Australian sample. *Child Language Teaching and Therapy*; 36(3): 151-163. <https://doi.org/10.1177/0265659020940360>

^v Winstanley M., Webb R.T. and Conti-Ramsden G. (2021). Developmental language disorders and risk of recidivism among young offenders. *Journal of Child Psychology and Psychiatry* 62:4 (2021), pp 396–403. <https://doi.org/10.1111/jcpp.13299>