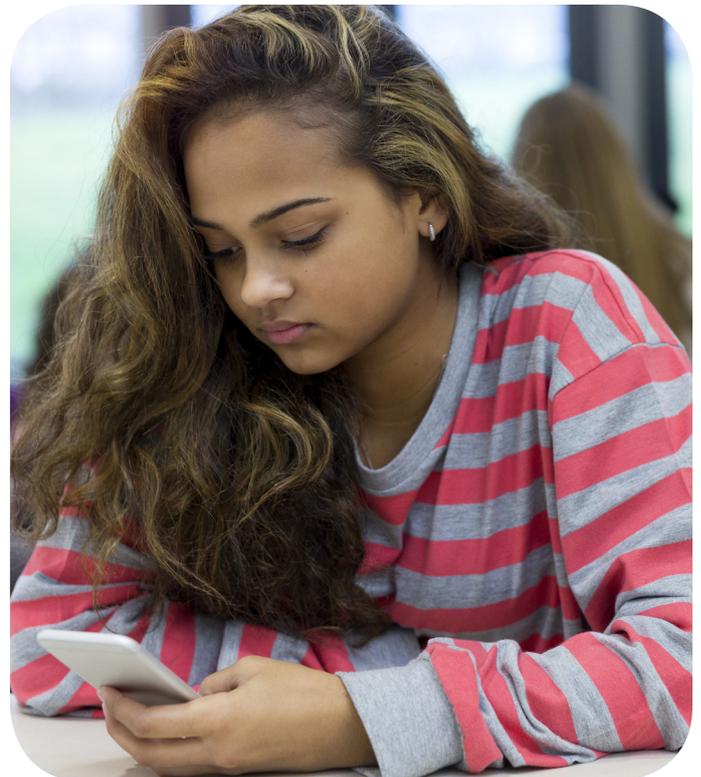


Supporting children and young people in care: the five good communication standards

People with speech, language and communication needs (SLCN) often have difficulty expressing themselves and understanding what is being said to them. They can also have problems with social communication, that is knowing the right thing to say in the right way, and at the right time.

A high proportion of children and young people in the care system experience communication difficulties that all too often go unrecognised.

- One study¹ estimated that as many as 65% of all children and young people in the care system have SLCN.
- SLCN was found to be the second most frequently reported difficulty cited in looked-after children, in an Office of National Statistics review.²
- 58% of young people seen by 'No Wrong Door' (an initiative that seeks to improve outcomes for young people in residential care) were identified as having SLCN.³
- Looked-after children with a range of needs, including SLCN, are over-represented in the criminal justice system.⁴
- Looked-after children have poorer language skills on starting school compared with other children.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;⁶
- 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);
- poorer overall educational attainment;
- challenging behaviour, which can result in exclusion from school or involvement in the criminal justice system; and
- difficulties accessing and benefiting from behavioural and mental health interventions.



Supporting you

Identifying and meeting SLCN in looked-after children and young people is essential if outcomes for them are to be improved. Speech and language therapists (SLTs) have a crucial role to play in this regard, and can help you to support children and young people in care by:

- identifying SLCN and advising on appropriate responses and interventions;
- working collaboratively with other healthcare professionals to provide joined-up support;
- training professionals who work with looked-after children, and their families and foster carers, in recognising and responding to communication needs; and
- providing direct speech and language therapy to the looked-after children and young people who require it.

The five good communication standards

The five good communication standards is a recommended resource to support looked-after children with SLCN, their families, and the professionals who work with them.

Developed by the Royal College of Speech and Language Therapists (RCSLT), the communication standards were 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.⁷

The standards are also relevant in other contexts, including for us by 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 2017.⁸

Here are some examples of how the five good communication standards can be adapted to promote accessible communication.

Standard 1

For those providing services, standard 1 provides a detailed description of how best to communicate with individuals.

For children and young people receiving services, standard 1 means: there is good information that tells people how best to communicate with me.

In practice this standard would look like or be evidenced by:

- 1** A speech and language therapy assessment that includes the child or young person's views, undertaken in liaison with parents/carers and other professionals (included with referral or transfer).
- 2** A system whereby everyone who supports the child or young person (including foster carers, Child and Adolescent Mental Health Services, teachers, school nurses, social workers, birth families, etc) can access the above description, as defined by a speech and language therapist.
- 3** A communication passport or report detailing strategies or communication aids that the child or young person finds useful (a working document that grows and develops with the child or young person's skills).

Standard 2

Standard 2 (for professionals): Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

Standard 2 (for child or young person): Staff help me to be involved in making decisions about my care and support.

In practice this standard would look like or be evidenced by:

- 1** Looked-after children being active participants in the setting of targets, self-rating, reports, communication passports, self-evaluation, feedback and audits.
- 2** Evidence that the child or young person's views have been sought on how well adults communicate with them.
- 3** Evidence from the child or young person that they have been prepared for meetings and that they can explain procedures, language and jargon.
- 4** Differentiated questionnaires are available – for example, with visuals or at different language levels depending on need.
- 5** Information about how to enhance capacity or decisions is available in support plans and risk assessments.
- 6** Evidence that the child or young person has been offered the opportunity to choose an appropriate advocate.

Standard 3

Standard 3 (for professionals): Staff value and use competently the best approaches to communication with each individual they support.

Standard 3 (for child or young person): Staff are good at supporting me with my communication.

In practice this standard would look like or be evidenced by:

- 1** Adults have had relevant training and are seen to use appropriate, evidence-based communication strategies, relevant to each individual child or young person.
- 2** Continuing professional development records show reflection on how learning and knowledge is used in practice to communicate effectively.
- 3** Evidence from the child or young person and their carers about what is working for them.

Standard 4

Standard 4 (for professionals): Services create opportunities, relationships and environments that make individuals want to communicate.

Standard 4 (for child or young person): I have lots of chances to communicate.

In practice this standard would look like or be evidenced by:

- 1** Adults modelling good communication and positive interactions.
- 2** Evidence of communication friendly or accessible environments and opportunities.
- 3** Opportunities to choose who to communicate with and when.
- 4** The child or young person being involved in planning and evaluation of the above.



Standard 5

Standard 5 (for professionals): Individuals are supported to understand and express their needs in relation to their health and wellbeing.

Standard 5 (for child or young person): Staff help me to understand and communicate about my health and how I am feeling.

In practice this standard would look like or be evidenced by:

- 1** Those delivering information on health and wellbeing understand and accommodate the child or young person's communication needs, as rated by the child or young person, and a speech and language therapy report.
- 2** Clear, accessible guidelines about confidentiality, ethics and information sharing.
- 3** Staff are trained in active and mindful listening skills, as well as being empathetic and non-judgmental.
- 4** Shared vocabulary on emotions and emotional regulation, self-esteem, anxiety and worries.
- 5** Asking the child or young person to explain what they understand by emotion and health wellbeing vocabulary.

Children and Social Work Act 2017

The guidance to the Children and Social Work Act 2017 (which covers England) recognises the importance of identifying SLCN and the role of speech and language therapists in supporting both children and young people in care and the professionals working with them.

Applying the Corporate Parenting Principles

Guidance on Corporate Parenting Principles includes a reference to SLCN and highlights speech and language therapy services.

Visit: bit.ly/2EXfgLC

Designated Teacher

Guidance on the Designated Teacher states that the teachers should have an awareness of SLCN and also highlights that SLCN can be overlooked and/or be unsupported in looked-after children.

Visit: bit.ly/2EVHSot

Promoting the educational attainment of looked-after children

Guidance on promoting the educational attainment of looked-after children states that Virtual School Heads should ensure that the training of those responsible for the educational achievement of looked-after children includes information about SLCN.

Visit: bit.ly/2GMPyFQ



► For further information, please contact info@rcslt.org

If you would like more information on how the looked-after children you work with can be supported, please contact a local speech and language therapist in the first instance.

REFERENCES AND RESOURCES

References

- ¹ 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.
- ² Meltzer H. (2002) The mental health of young people looked after by local authorities in England. Office of National Statistics. bit.ly/2lpmt51
- ³ Evaluation of the No Wrong Door Innovation Programme Research Report, Department for Education, (2017). bit.ly/2u527qM
- ⁴ The Prison Reform Trust (2016). In Care Out of Trouble. bit.ly/2aM6JqQ
- ⁵ Pears, K.C., Heywood, C.V., Kim, H.K., and Fisher, P.A. (2011). Pre-reading Deficits in Children in Foster Care. *School Psychology Review*, Volume 40 (1), pp.140-148.
- ⁶ Menting B., van Lier P.A., Koot H.M. (2011) Language skills, Peer rejection, and the Development of Externalizing behavior from Kindergarten to fourth Grade. *Journal of Child Psychology & Psychiatry*. 52(1):72-9.

⁷ For more on the Five Good Communication Standards see: bit.ly/2DVSSQp <https://bit.ly/2SCAtR3>

⁸ Section 1 (b) of the Children and Social Work Act 2017 states that a local authority must have regard to the need 'to encourage those children and young people to express their views, wishes and feelings' and Section 1 (c) states that a local authority must have regard to the need 'to take into account the views, wishes and feelings of those children and young people'. See: bit.ly/2nyRn1g

Resources

For more information on the communication needs of looked-after childrens see: bit.ly/2Eh6rLD

For more information on how the Five Good Communication Standards can help children's homes with the implementation of the Nine Quality Standards see: bit.ly/2BxJpNR

For more information on how speech and language therapists are working with Virtual School Heads, see: bit.ly/2T7khUA