

Supporting children and young people with SEMH: the five good communication standards

Many children and young people with social, emotional and mental health (SEMH) needs have unidentified speech, language and communication needs (SLCN). These needs include problems understanding language (making sense of what people say), using language (words, sentences, telling stories and giving explanations), and knowing how to take part in conversations in the right kind of way (social communication). Children and young people with SLCN, including developmental language disorder, can also have problems knowing how to act in a range of settings and problems developing positive relationships.

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.¹
- Children with a mental disorder are five times more likely to have problems with speech and language.²
- 81% of children with emotional and behavioural disorders have significant unidentified language deficits.³
- People with a primary communication impairment are at greater risk of a secondary mental health disorder, commonly anxiety or depression.⁴
- Children with persistent developmental language disorder from preschool to early primary school may be more likely to



have social, emotional and behavioural difficulties (particularly behavioural difficulties).⁵

- Between 40% and 54% of children with behaviour problems have language impairment.^{6,7}



The UK Government has recognised the links between speech, language and communication and wellbeing:

- The Department for Education has highlighted children's language development as being one of the factors that impacts on emotional literacy, communication skills and self and social awareness.⁸
- The Department of Health and Social Care has stated that speech, language and communication skills are a primary indicator of child wellbeing.⁹

The NICE guideline on Depression in children and young people: identification and management recommends that the choice of psychological therapy for mild depression and for moderate to severe depression should be based on a full assessment of needs. These include comorbidities, neurodevelopmental disorders, communication needs (language, sensory impairment) and learning disabilities.¹⁰

Children and young people with SEMH who have unidentified and/or unmet SLCN are more likely to experience:

- peer rejection (SLCN can inhibit the development of positive relationships and friendships);¹¹
- frustration and misunderstandings, resulting from difficulties in expressing their views and perspectives clearly, or in explaining or constructing 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 children and young people with SEMH 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 with SEMH 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 children and young people with SEMH and their families in recognising and responding to communication needs; and
- providing direct speech and language therapy to children and young people with SEMH who require it.

The five good communication standards

The five good communication standards is a recommended resource to support children with SEMH who have 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.¹²

The standards are also relevant in other contexts, including for use by professionals who work with children and young people with SEMH and SLCN, to help them to communicate in an accessible way.

The standards also support children and young people to understand what is being said to them, and to enable them to express their views, wishes, and feelings.

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 when transferring schools).

2 A communication passport, report or provision map 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).

3 A system whereby everyone who supports the child or young person (including teachers, teaching assistants, foster carers, child and adolescent mental health services, school nurses, social workers, birth families etc) can access the above description, as defined by a speech and language therapist.



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** Evidence that the child or young person's understanding has been actively checked (for example, 'Tell me what that means to you', not 'Do you understand?') and that information has been adapted accordingly to ensure understanding.
- 2** Child or young person is given opportunities to contribute to decision-making in their own words and in a way that suits them.
- 3** Evidence that a range of strategies have been used to enable the child or young person to express themselves, set aims, recognise their own achievements and reflect on priorities, including in, for example, annual reviews and individual education plans.
- 4** Training for staff in understanding how to support children and young people through different methods of communication; for example through using visuals rather than just the spoken word.
- 5** Evidence that the child or young person's views have been sought on how well adults communicate with them.
- 6** Evidence from the child or young person that they have been prepared for meetings and that they can explain procedures, language and jargon.
- 7** Differentiated questionnaires are available – for example, with visuals or at different language levels depending on need.
- 8** Information about how to enhance capacity or decisions is available in support plans and risk assessments.
- 9** Evidence that the child or young person has been offered the opportunity to choose an appropriate advocate.

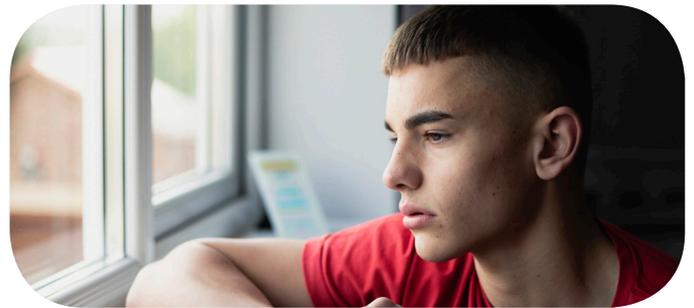
Standard 3

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** The child or young person highly rating the support they are given.
- 2** Adults have had relevant training and are seen to use appropriate, evidence-based communication strategies, relevant to each individual child or young person.
- 3** Schools have a communication champion to share best practice approaches with colleagues, school staff and parents.
- 4** Evidence of student achievement relating to speech and language therapy intervention.
- 5** Continuing professional development records show reflection on how learning and knowledge is used in practice to communicate effectively.
- 6** Evidence from the child or young person and their parents or 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** Schools having a consistent communication friendly/accessible environment.
- 2** Staff communicating in a positive, enabling, effective and facilitative way with children and young people and their families based on individuals' communication needs.
- 3** There are opportunities for children and young people to communicate freely throughout the day (in lessons and unstructured times) including opportunities to discuss anything they wish with supportive adults. For example, having regular access to key tutor sessions.
- 4** Adults modelling good communication and positive interactions, as part of quality-first teaching.
- 5** The child or young person being involved in the 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** Staff collaborating with the speech and language therapists and child or young person to develop and use effective strategies for supporting the child or young person's understanding and expressive language needs.
- 2** 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.
- 3** Children and young people have opportunities to express their health and wellbeing needs, and their emotional health, literacy and management is supported.
- 4** Staff check with the children and young people that they have had accessible opportunities to say all they wanted to say and that they have been listened to and understood.
- 5** Creating an 'easy read' version of safeguarding and bullying policies.
- 6** Children and young people are supported to attend appointments, as appropriate.
- 7** Regular feedback from children and young people is sought on how they have been communicated with.
- 8** There are clear, accessible guidelines about confidentiality, ethics and information sharing.
- 9** Staff are trained in active and mindful listening skills, as well as being empathetic and non-judgmental.
- 10** There is shared vocabulary on emotions and emotional regulation, self-esteem, anxiety and worries.
- 11** Asking the child or young person to explain what they understand by emotion and health wellbeing vocabulary.

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

If you would like information on how the children and young people with SEMH you work with can be supported, please contact a speech and language therapist in the first instance.

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REFERENCES AND RESOURCES

References

- ¹ NHS Digital (2018). Mental Health of Children and Young People in England, 2017. Available at: bit.ly/2TAnoqy
- ² *ibid.* Available at: <https://bit.ly/2ZgKt6m>
- ³ 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.
- ⁴ Botting, N., Durkin, K., Toseeb, U., Pickles, A., & Conti-Ramsden, G. (2016). Emotional health, support, and self- efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology*, 34, 538-554.
- ⁵ Levickis, P., Sciberras, E., McKean, C., Conway, L., Pezic, A., Mensah, F. K. & Reilly, S. (2018). Language and social-emotional and behavioural wellbeing from 4 to 7 years: a community-based study. *European Child & Adolescent Psychiatry*, 27(7), 849-859. Available at: doi.org/10.1007/s00787-017-1079-7. See also Pickles, A., Durkin, K., Mok, P. L., Toseeb, U., & Conti-Ramsden, G. (2016). Conduct problems co-occur with hyperactivity in children with language impairment: A longitudinal study from childhood to adolescence. *Autism & Developmental Language Impairments*, 1, 239694151664525. Available at: doi.org/10.1177/2396941516645251
- ⁶ van Daal, J., Verhoeven, L., van Balkom, H. (2007). Behaviour problems in children with language impairment. *Journal of Child Psychology and Psychiatry*, 48(11), 1139-1147.
- ⁷ Maggio, V., Grañana, N.E., Richaudeau, A., Torres, S., Giannotti, A. & Suburo, A. M. (2014). Behavior problems in children with specific language impairment. *Journal of Child Neurology*, 29(2), 194-202.
- ⁸ Department for Education (2019). A system mapping approach to understanding child and adolescent wellbeing. Available at: <https://bit.ly/2SmoofX>
- ⁹ Written Question (2019). Speech and Language Therapy: Children. Available at: <https://bit.ly/2LRBccW>
- ¹⁰ NICE guideline (2019). Depression in children and young people: identification and management. Available at: <https://www.nice.org.uk/guidance/ng134>
- ¹¹ 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.
- ¹² For more on the Five Good Communication Standards see: <https://bit.ly/2DVSSQp> <https://bit.ly/2SCAtR3>

Resources

- For more information on SEMH and SLCN, see the RCSLT factsheet: bit.ly/2sMMJQ7
- For more information on how the links between mental health and SLCN, visit: bit.ly/2HvOk73
- For more information on improving mental health outcomes for school-age children, visit: bit.ly/2sOYp4M

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