research in practice





Part four: Working creatively with individual children

Enabling decision-making by children and young people with speech, language and communication needs
- a four part practice guide

NATIONAL CHILDREN'S BUREAU

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About this practice guide

This is the fourth and final part of a four-part practice guide that offers guidance, tips and practice pointers for anyone seeking to actively involve a child or young person with speech, language and communication needs (SLCN) in making decisions about their lives.

The four parts are:

- > Part one: Understanding the experiences of children with speech, language and communication needs
- > Part two: Why inclusive communication is everyone's responsibility
- > Part three: Strengthening your listening mindset
- > Part four: Working creatively with individual children

The guide's primary focus is on helping practitioners to make sure that the voices of children and young people with SLCN are heard within assessment and review processes. It will therefore be of particular interest to social workers, independent reviewing officers, early help practitioners, SENCOs (special educational needs coordinators), special educational needs (SEN) caseworkers and children's advocates.

Part four focuses on providing guidance and tips for working creatively with individual children to enable their participation. This includes signposts to a wide range of resources and anonymised stories of effective practice in action.

We have deliberately chosen generic examples of creative practice to ensure that the guide is relevant to a wider audience also. Examples are presented alongside a set of core principles (see Part three: Strengthening your listening mindset) for undertaking inclusive assessments and reviews with children and young people with SLCN. These principles can be applied by practitioners working in all settings.

How to use this guide

We strongly recommend that you read all four parts of this practice guide in sequence. This will enable you to reflect on your own views and experiences and to think about the contextual landscape for children with SLCN before moving on to consider the range of ideas and tools for creative communication that are described in Part four. The guide includes reflective questions and exercises throughout.

The guide can support individual continuous professional development (CPD) and structured CPD within teams and organisations – for example, by asking practitioners to read each part and then participate in a reflective discussion session. Social workers can also write up their reflections to help provide evidence for Social Work England's Professional Standard 4: Maintaining My CPD.

A note on terminology

Throughout the practice guide, we refer sometimes to 'children' and sometimes to 'children and young people'. No distinction is intended. Unless otherwise specified, all references to 'children' with SLCN include children and young people also. To maintain readability and conciseness, we don't use the full phrase 'children and young people' in every instance.

Table of Contents

About this practice guide	1
How to use this guide	1
A note on terminology	2
SPACE: Plan and prepare	5
Gathering information about the child or young person	5
One-Page Profiles	6
Helping the child prepare for your involvement	8
Agreeing some ground rules and offering choice	8
Building relationships	11
Children with complex needs	11
Oliver: Completing a virtual visit	12
VOICE: Find creative ways to listen and give voice to children	12
Top tips for communicating with children with SLCN	13
Observation as a way of listening	13
Developing a 'toolkit' of creative ways to work with children	14
Andrew: Using a social story approach to develop a safety plan	17
Rachel: Using person-centred planning and visuals to support communication in developing house rules	18
Working with children with complex disabilities	19
Farida: Using observation and sensory activities to understand the world of a child with complex disabilities.	22
Khalid: Using images to assess capacity to consent to marriage	23
AUDIENCE: Involve others, especially advocates, to ensure the child's voice is heard	25
Use of independent advocates	25
Non-instructed advocacy	26
Other ways to ensure a child's voice is heard in assessments and reviews	26
INFLUENCE: Check that the child's views are valued	27
Guarding against tokenistic participation	27
Reflecting in supervision on how children's views are valued	28
References	30

Working creatively with individual children

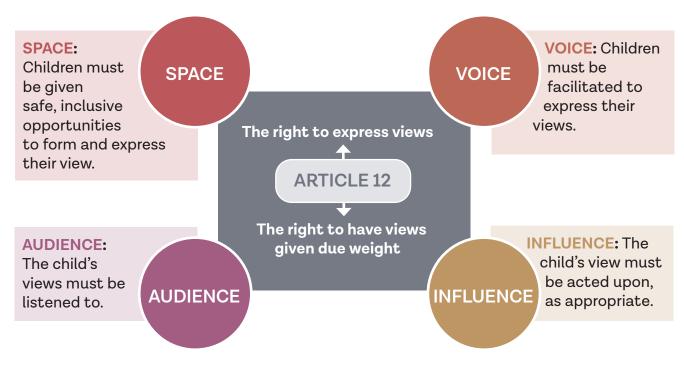
This fourth and final part of our practice guide offers practical tips, ideas and guidance for practitioners who are trying to ensure the participation of a child or young person with speech, language and communication needs (SLCN) within assessment or decision-making processes.

This part is structured sequentially around the four elements of Lundy's (2007) model of participation (Figure 1), which we introduced in Part three, *Strengthening your listening mindset*.

- > **SPACE:** In order to participate, children must be given safe and inclusive opportunities to form and express their view. This means careful planning and preparation for your work with them is essential.
- > VOICE: Children must be supported to express their view. This means finding creative ways to listen and understand and to empower each child's voice.
- > AUDIENCE: The child's voice must be heard by those whose responsibility it is to take action. This means it will sometimes be necessary to enlist the support of others, advocates in particular.
- > **INFLUENCE:** The child's views should have impact. This means checking that the child's voice is valued and acted on (as appropriate). Above all, it means guarding against tokenistic participation.

Part four will therefore support practitioners in thinking about how they can involve children with SLCN in decision-making (see Figure 1 below).

Figure 1: Using Lundy's (2007) model to creatively involve children with SLCN in decision-making



Click on each circle to take you to the relevant section

We also signpost to an extensive range of resources and offer anonymised case stories to illustrate how barriers to participation can be overcome.

SPACE: Plan and prepare

Careful planning and preparation are an essential starting point for ensuring the meaningful participation of any child or young person in assessments or decision-making. But given the additional barriers to participation faced by children with SLCN, it is especially important to spend some time:

- gathering information about the child and their ways of communicating before you meet them
- helping the child to prepare and, as far as possible, understand the reasons for your involvement
- > agreeing some ground rules with the child (and their allies) to create an inclusive and relational space in which the child feels comfortable expressing their views.

Gathering information about the child or young person

A necessary first step is to establish the child's preferred method(s) of communicating. Start by asking yourself:

- 1. What do I already know about this child and their ways of communicating? for example, from previous speech and language therapy or school reports, or from conversations with parents, carers and other practitioners.
- 2. What else do I need to know to connect with this child? Think about who in the child's network might be able to help you understand how best to communicate with them.

One-Page Profiles are an example of a person-centred thinking tool. More information, templates and examples of how to use One-Page Profiles and other person-centred thinking tools can be found at:

one page profiles - Helen Sanderson Associates

One-Page Profiles

Asking a child (or their allies) to put together a One-Page Profile is an effective way of gathering information about the child and understanding how to communicate with them.

A profile provides a practical record of the child or young person's strengths, abilities and preferences. It allows them to be supported in ways they can relate to and are familiar to them.

One-Page Profiles are based around the answers to three simple questions:

- 1. What do others like and admire about me?
- 2. What's important to me?
- 3. How can you support me?

Profiles should also always include a recent photo of the child.

Practice DO's and DON'Ts:

- > **DO** directly involve the child as far as possible, alongside their allies, in deciding what information to include.
- > **DO** make sure that the child's profile includes enough detail and context to enable those working with them to understand how best to support them.
- > **DO** update the child's profile regularly to make sure that it accurately captures their changing interests and needs.
- > **DO** use information from the child's profile to initiate conversations with them and to ensure that their needs remain central to decision-making.
- > **DON'T** use a profile as a substitute for further assessment and direct work with the child.

One-Page profile of a child with learning disabilities - Alex



WHAT OTHERS LIKE AND ADMIRE ABOUT ME

- > I am funny and cheeky.
- > I am a great singer and dancer.
- > I look out for and after others.
- > I give great hugs.
- > I have lots of enthusiasm for having a good time.

WHAT'S IMPORTANT TO ME

- > Being at home with my mum and dad and brothers Jacob and Izzi.
- > Talking about Jacob and Izzi and my friend Ajay.
- > Going to my pre-school. I love being at school.
- > Breadsticks! They are my favourite snack along with quavers and wotsits.
- > Having tomato ketchup at mealtimes I put it on the food by myself.
- > Watching Mr. Tumble and Justin's House.
- > Going to Pizza Hut on Tuesdays with Dad, Jacob and Izzi.
- > Doing things by myself like eating and getting dressed.
- > Playing with water in the bath.
- > Playing with friends Ruby and Ajay in particular.
- > Singing I LOVE singing Happy Birthday.
- > Bubbles I really like them and am getting great at blowing them!

HOW BEST TO SUPPORT ME

- > I am confident walking but I find stairs and uneven surfaces difficult. I need to hold hands with someone to stay upright.
- > I can stop walking suddenly and sit down and I don't understand danger when out and about so I need support to stay safe.
- > I can put a lot of food in my mouth when eating. I need reminding to take my time.
- > I find it difficult to wait for things that I want. I need support to understand turn taking and to speak quietly.
- > I don't understand danger if something is too hot, too sharp or shouldn't be eaten or drunk. I need someone to think about the activity I am doing or the environment I am in to make sure I am safe.
- > I need people around me who use makaton to understand and be understood. Visual cue cards also help me understand what I am meant to do.
- > Having a routine in my life, and knowing what is expected of me, and what is going to happen next
- > I need to sleep in a bed which has sides I sleep sitting up and I will fall out if I don't have sides to lean on.

This example of a One-Page Profile is from Helen Sanderson Associates reproduced with permission.

Helping the child prepare for your involvement

When planning how to involve a child with SLCN, remember that communication is a two-way process. So it's important to give some thought to how to introduce yourself and your role. For example:

- > As well as helping you gather information about the child, **One-Page Profiles** can also be used to share information about yourself (where appropriate) so the child can see a real person not just a professional role.
- > Consider sending the child a brief **email** or **audio or video-recorded message** whichever is most appropriate for their age and ways of communicating either directly with their consent or via their carers.

Use these methods creatively to help explain who you are, your role and the purpose of your visit. But to be inclusive, make sure information is available in a range of formats, including easy read, photographs, pictures and audio. Offering information in a range of formats **from the outset** demonstrates a clear and explicit commitment to the child. It tells them that their communication needs will be met and their views listened to.

This is especially important when working with children with SLCN. Many will have experienced social exclusion throughout their lives, and some may have come to assume that they won't be given the chance to participate in important decisions about their life (Franklin, 2013).

If you're using images, bear in mind that these need to be diverse and age appropriate. Disabled young people don't necessarily want to see images of wheelchair users or cartoons aimed at younger children, for example.

- Young disabled researchers from the VIPER project have drawn up guidance on what steps to take to enable young disabled people's participation in decision-making (VIPER, 2014). See Hear Us Out: A VIPER guide to participation in decision-making.
- FLARE, a young people's advisory group supported by the Council for Disabled Children, has developed 'top tips' for professionals who are communicating with young people online (FLARE, 2020a, 2020b). You can download their tips or watch a two-minute video made by the young people themselves.

9

Agreeing some ground rules and offering choice

Contacting the child before you meet is also an opportunity to explore and agree some ground rules for your involvement with them and their carers. Depending on the child's age and understanding, those rules might include agreeing with the child or young person:

- > how their wishes and feelings can best be listened to
- how they can contact you (this might include via a third party)
- > how to record what is important to them
- how and who their views may be shared with
- how they will express their desire to continue with (or withdraw from) participatory processes.

These preparatory steps are also critical for making sure that the child has all the information they need (and in an accessible form) to participate in assessments and reviews. This is important because 'children cannot participate in decisions if they are not fully informed of the options available to them and the implications of those options' (Franklin, 2013, p. 38).

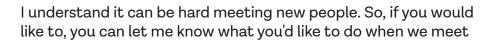
Providing a child with choice and control over when, where and how you meet can also go some way towards redressing the inevitable power imbalance between the child and you as a professional with responsibilities for co-ordinating decision-making about their life (Kirby et al., 2003).

How best to involve a child or young person with SLCN in making choices will vary depending on their ability to understand and express themselves. But like other children, most children with SLCN will appreciate being directly offered choices whenever possible. Offering choices over the arrangements for your first visit can be combined with how you introduce yourself, as in the 'Making choices about when we meet' questionnaire (see following page).

'Making choices about when we meet': an example questionnaire

Hello XXXX. My name is XXXX.

I am part of XX team of social workers at XX Childrens Services and I'm really looking forward to meeting you.





You can ask someone who knows you well to read it with you and help you fill it in, if you wish:			
1. I would like to meet with you at:			
My home XX Cafe	McDonalds XXXX Centre		
2. When we meet I would like to have:			
	NO		
3. When we meet I would like to:			
Have a snack Do drawing/activities YES (as well as talking)	NO MAYBE NO MAYBE NO MAYBE MAY		
Many children with SLCN will need a parent or carer (or other ally) to read the form to them and to help them fill it in. It's a good idea to check with someone who knows the child well whether using easy read or pictures will help them communicate their choices, as with this question below.			
Q: Put a 🗹 for 'Yes' or a 🔀 for 'No', if when we meet, you would like to:			
1 hour	STOP		

Building relationships

Offering choice and planning in advance activities to do together can help reduce anxiety, aid communication and help build relationships, as these quotes from young people indicate:

"[my social worker] always get me all about everywhere, she lets me pick ... we go to the park ... oh! you never not know - I have been to McDonalds!" "[my social worker] arranges in advance, to get me doing something on my computer while she talks to me, so I can concentrate on that at the same time, because I am a lot better verbally than writing down ... and she brings me coca cola when we have meetings."

(Hernon, 2018a, 2018b)

Children with complex needs

To understand what an inclusive and relational space might look like for a child with complex sensory, communication and learning needs, especially a child who relies on non-verbal communication, you'll need to work closely with their carers and other allies to gain an understanding of their preferences.

Given the subtle complexities involved, being sufficiently attuned to 'read' a child's preferences inevitably takes time. But Oliver's story shows how practitioners can effectively include children in decisions about their care by consulting with those who know them well and observing their behaviour – even when, as in Oliver's case, completing a visit virtually was the only option.

Oliver: Completing a virtual visit

Oliver is 15 and has a diagnosis of autism and epilepsy. He is also registered as deaf, blind and unable to communicate verbally using words. Oliver relies predominantly on objects which are meaningful to him to communicate his needs. For example, snuggling up to a blanket lets his carers know he is tired. You can read more about objects of reference tools on Page 20. Oliver is in the care of his local authority due to the impact of his disabilities on family.

For most of the year, Oliver lives in a specialist residential school. At weekends and during school holidays, Oliver returns home where he's supported by a care package funded by health and social care. When his school closed during the first wave of the Coronavirus (COVID-19) pandemic, Oliver was cared for at home by his parents and carers. Oliver's social worker was asked to complete his 'looked after child' statutory visit virtually.

Given Oliver's complex communication needs, the social worker first consulted his specialist teacher and learning assistant. Acting on their advice, the social worker used a blank background for the virtual visit and provided Oliver with a number of different sensory experiences.

First, the social worker talked to Oliver in a warm and affectionate tone about being out of school and at home with his family. The social worker then engaged Oliver directly using a singing bowl, tin foil, dried rice in a tin and pasta in a glass jar to create a range of different sounds. Oliver turned towards the camera and started to smile, indicating that he was happy and enjoying the experience.

Oliver appeared at ease in his carer's company and content with the care he was receiving. Observations during this statutory visit contributed directly towards the ongoing assessment of Oliver's needs during the pandemic and the level of care and support provided at home until he returned to school.

- > Oliver's story underlines the importance of careful planning and preparation before meeting a child with complex needs.
- In particular, it shows how consulting other practitioners who know the child well and an imaginative approach to engagement and careful observation can contribute to an inclusive and child-centred assessment – even in very challenging circumstances.

VOICE: Find creative ways to listen and give voice to children

Many services have standardised frameworks or templates to help support child-centred assessments and reviews. However, children with SLCN will often need a bespoke approach that recognises their unique needs and abilities. This can feel daunting for practitioners, especially given the many pressures on their time.

Thankfully, a wide range of methods are available that practitioners can use creatively to help children and young people with SLCN express themselves. Many of these require little or no specialist knowledge or technology.

This section offers:

- Tips for communicating with children with SLCN.
- > Suggestions for a 'toolkit' of creative ideas and approaches that practitioners can use and adapt to give voice to children with SLCN.
- Onward links to practice resources and relevant guidance.
- > Anonymised case stories of creative listening in action.
- An overview of communication aids and communication systems commonly used by children with more complex disabilities.

Top tips for communicating with children with SLCN

Remember, children with SLCN are children first and foremost. Children with SLCN say they most value practitioners who are committed to establishing a relationship with them, who are 'willing to learn' their communication method and prepared to 'give it a go', and who allow enough time for effective communication to take place (Franklin, 2013, p. 35). The tips below will help you stay focused on the child and their preferred way of communicating.

- > GO SLOWLY at the child's pace. Allow the child time to think and respond.
- > USE SIMPLE LANGUAGE and short sentences. Check the child's understanding of less common words. Remember that concepts such as time are often difficult.
- > **KEEP COMMUNICATION VISUAL.** Use objects, photos, gestures, draw pictures to make clear to the child what you are communicating about.
- > **BE ANIMATED** and fun. Have a range of books, toys and age-appropriate craft materials available to help you interact with the child.
- > **BE CHILD-CENTRED:** DO try and relax and focus on the child. Be observant and 'tuned in'.
- > **BE CHILD-LED:** DON'T try to be the boss. Watch how the child responds and adapt your approach accordingly, just as you would with any child.
- > **BE ALERT TO SIGNS OF COMMUNICATION OVERLOAD**. Slow down or take a break if the child seems to be finding the pace difficult.

(adapted from Adams & Leshone, 2016, p. 93)

Observation as a way of listening

Observation is integral to 'listening'. Dickins (2011, p. 1) defines listening as 'an active process of receiving (hearing and observing), interpreting and responding to communication' that 'includes all the senses and emotions and is not limited to the spoken word'. Observation means watching closely how a child is behaving, including how they interact with other people and their environment, and taking note of what we see and hear as a way of 'listening' to them. (See the stories of Farida and Oliver for examples of observation in practice.)

A good understanding of child development and seeing children across their home, care and school settings are important when using observation to gain an understanding of relationships, preferences and needs of children with SLCN. It's also important to gather information from the child's parents, carers and others who know the child well.



The Council for Disabled Children's briefing Listening as a way of life: Listening to young disabled children (Dickins & Williams, 2016) offers practical guidance on listening to children by observing.

Developing a 'toolkit' of creative ways to work with children

To help get you started, we set out a range of creative methods and ideas that you can incorporate into a 'toolkit' to use when working with children and young people with SLCN. These strategies and approaches can all be adapted to an individual child's needs, as the children's stories show.

Using these methods and approaches will enable children to experience being involved in making decisions and help them to develop important life skills around making choices. Development of these skills is a crucial element of a lifespan approach. Children need to develop confidence and experience as they progress through stages in life so that they are adequately prepared for major life-choice decisions as they move towards independence (Franklin, 2013).

Some creative ideas and approaches for a communications 'toolkit'

Art and craft materials and illustrations

... are some of the easiest ways to engage children and young people of all ages. Have a selection of pens, pencils, stickers, coloured card and tissue paper handy to facilitate choice. Cartoons and illustrations can help co-create stories and help older young people with SLCN share their feelings. They can also be used to teach social skills (see Social Stories below). Templates can be used to structure conversations around almost any topic, including important decisions about children's lives and where they live.

i Lots of ideas and a range of downloadable resources and templates are available on the Sheffkids website; see also their video showcasing ways to use the resources to communicate with children.

Books, toys, games and play-based activities

... can all be used to open up communication with children and young people with SLCN. To help tailor your approach, find out what the child's interests are and think about their particular needs. For example:

- > Touch and feel books and toys for young children, such as bubble tubes and messy play with water, sand or paint might especially appeal to children with sensory needs or autistic children.
- > A visually impaired child might enjoy listening to audio-books or exploring musical instruments or sand shakers.
- > Puppets and dolls can help build rapport with children with learning disabilities and provide a means for exploring ideas.
- Interactive digital apps can be used on iPads or tablets to engage children and young people with SLCN of all ages.
- While it's not a free resource, all these ideas are explored in chapter 4 ('The child's voice: Exploring their world using good communication') of *Active social work with children with disabilities* by Julie Adams and Diana Leshone (2016, pp. 98–107).

Communication passports

... are a means of telling others important things about the child and what matters to them. Communication passports can be in printed or digital format, and they enable everyone providing care and support to understand how best to communicate with the child. Passports should be easy to understand, written from the child's point of view and include photos and pictures (chosen by the child wherever possible) so that the child will enjoy looking at the passport, adding to it and sharing it with new people.

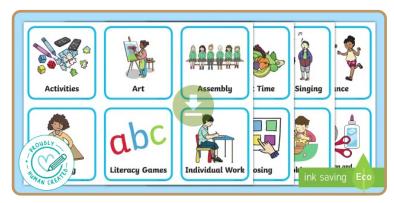
You can read about how to create Personal Communication Passports at: www.communicationpassports.org.uk



Image Used with the kind permission of Communication Matters

Choice books, choice boards and 'first and then' sequence boards

... are visual communication aids that can be developed easily and at low cost. Simple in design, they contain photos of real objects or symbols of different activities or choices on offer. Children can communicate their choice by pointing, eye pointing or gesturing. Personal photos and images that reflect the child's interests can be used to involve them in making decisions about their lives. See Khalid's story (on page 25) for an example of how personalised images were used to support communication.



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The website of Just One Norfolk has clear and helpful advice on how to make use of visual aids, including how to use choice boards and first and then boards.

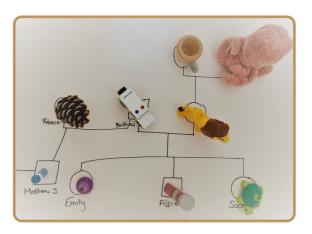
Genograms and ecomaps

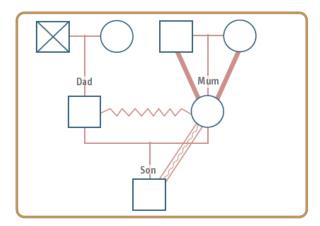
... both provide a structured visual way of exploring a child's understanding of their relationships and who is important to them. Picture cards and photos can be used with either tool to support children to express their views. Whereas genograms focus on helping children understand and express who is in their family, ecomaps provide a way of exploring with the child who is important to them in their wider support network and their feelings about each relationship.

For advice on using genograms, see Using genograms in practice (Scott, 2021).

Guidance and resources on ecomaps can be found at:

www.socialworkerstoolbox.com/ecomap-activity





Social Stories

... are visual learning tools that are developed using personalised text and illustrations. They can be used to help children with autism or learning disabilities to understand social rules and relationships. They can help autistic young people overcome anxiety about attending social events and medical appointments, for example. Social Stories are usually short and simple, and they are developed by following a defined process.



Social Stories were developed by Carol Gray. You can find more information on how to use them on her dedicated Social Stories website.

Person-centred thinking tools

... are easy-to-use templates that help give structure to conversations. They can be used in practical ways to capture information that feeds into a child's care and support plan, and they can help ensure that children with SLCN, even those who use little or no speech, are involved in decision-making. One-Page Profiles (see Page 7) are an example of a person-centred thinking tool. But other templates can be used – for example, to initiate conversations about what or who is important to the child, what's working or not working in their life, or to create a personal communication chart.

For more information go to:



https://helensandersonassociates.com/person-centered-approaches-programs/creating-one-page-profiles

Alice: Using a social story approach to develop a safety plan

Eight-year-old Alice has a diagnosis of autism, a mild learning disability and a respiratory condition that requires mechanical breathing support during the night. Alice's mother has a diagnosis of paranoid schizophrenia. When feeling unwell, Alice's mother sometimes shouts out and swears at her 'thoughts'. Alice has told her social worker that she doesn't like it when her mother shouts and she sometimes feels scared.

Worried at the potential impact on Alice's emotional development, the social worker developed a social story version of a safety plan for Alice.

The story explained what Alice's mother, grandmother and professionals had agreed to do to reduce the risk of Alice hearing her mother shouting out and feeling scared. This gave Alice an important message – the adults in her life are listening to her, they care about her, and they're working together to make things better for her at home.

> Alice's story illustrates how a social story approach can be used by a 'team around the child' to actively involve the child in developing a plan to keep her safe.

My safety plan

I do not like it when my mum gets upset because sometimes she shouts out loud to her mind

This makes me feel not happy and sometimes I feel scared



When my mum starts to feel upset she is going to call Nan on the phone



Nan will talk to my mum and help her feel calm so she doesn't shout out loud to her mind



If Nan is busy and can't talk on the phone my mum will call her support worker for help



If her support worker is busy and can't talk on the phone my mum will call the 24 hour helpline



The support worker and 24 hour helpline can also talk to my mum and help her feel calm so she doesn't shout out loud to her mind



If I am feeling not happy or scared I can tell my teacher who can help me to feel happy and safe again

I can also tell my Social Worker because her job is to help me be as happy and safe as possible



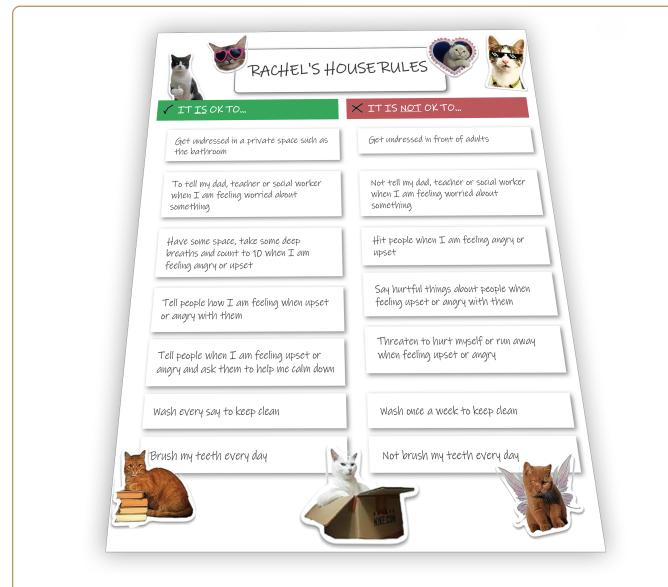
Rachel: Using person-centred planning and visuals to support communication in developing house rules

14-year-old Rachel has a diagnosis of autism and a mild learning disability. Although able to communicate effectively using words, Rachel struggles with social interaction and regulating her emotions.

Rachel's parents separated because of domestic abuse. Rachel now lives with her father because her mother (the non-abusing parent) has additional needs (including depression and autism) and is unable to care for her. Rachel and her father are currently in temporary accommodation – a single room with shared communal facilities.

Having entered adolescence, Rachel is developing physically. She has started menstruating and now wears a bra. Rachel's school told her social worker that Rachel had been getting undressed in front of her father, which they felt wasn't appropriate given her age. Rachel has also been struggling with the changes in her life, including undertaking personal care. Rachel's behaviour can be challenging to manage. On occasion, this has included threatening to hurt herself or her mother, with whom she has a difficult relationship.

Rachel's social worker created a bespoke quiz comprising two columns labelled 'It is ok to...' and 'It is not ok to...' and a series of statements, such as 'Get undressed in front of adults'. Rachel and her father were asked to talk about the questions together before Rachel was asked to place each statement in the relevant column. Rachel and her social worker spent some time together talking about the house rules (making sure she had understood) while decorating them with cat stickers, as they are her favourite animal.



The house rules were placed on the wall as a visual representation for Rachel and her father, and something the social worker could use to monitor progress during home visits.

> Rachel's story shows how creative methods can be adapted to ensure that a young person's voice is heard in planning and decision-making in ways that help safeguard them.

The creative methods and ideas outlined above can be adapted to facilitate communication with any child or young person. Some children with SLCN, especially those with complex disabilities, may need or prefer to use communication aids or specific communication systems to express themselves. A brief overview of some of the more commonly used aids and systems is provided on the following page. Some of these (not all) will require specialist training to use. But as the stories of Farida and Khalid show, creative adaptation of known methods and approaches can often enable the voice of children with complex disabilities to be heard.

Communication aids and communication systems

Picture Exchange Communication System (PECS)

... is a way for autistic people and people with learning disabilities to communicate without having to rely on speech. As the name suggests, it's a system of cards with a series of pictures, symbols, words or photographs that the child exchanges (with their 'communication partner') to request an item, respond to questions, or express their needs and elicit a response. PECS has been shown to increase social interaction and reduce behaviours that challenge autistic people. While almost anyone can use PECS, it does require training for both the child and their communication partner; so if you're not trained in using PECS, you're likely to need to enlist the support of someone who knows the child well to communicate with them.



More information on PECS can be found at: https://pecs-unitedkingdom.com/pecs

Voice Output Communication Aids (VOCA)

... some children and young people who are unable to produce speech (or have difficulty doing so) use a high-tech form of augmentative and alternative communication (AAC) to produce computer-generated synthesised speech. A range of voice output communication apps are available to use via iPad or Android tablet devices that children and young people can use to produce sounds and words by using eye-gaze or touch technology.



You can find out more about the different types of VOCA on the Communication Matters website.

Examples of different VOCA (Images are with the permission of Communication Matters www.communicationmatters.org.uk)





Talking Mats

... is a visual communication framework that can support children with communication needs to express their feelings and views. It can be carried out in person using a physical mat and cards, or digitally via a tablet, laptop or computer. The mat comprises three sets of pictures or symbols to show: the subject being explored; the different options available for the child to choose from; and visual scales for the child to show how strongly they feel about each choice. Talking Mats has been used successfully to involve children in their education and care planning.



More information and resources are available at: www.talkingmats.com

Objects of reference

... are physical objects that have a particular meaning for a child or young person. Many children with SLCN develop a way of communicating that is personal to them, and this often involves attaching their own meaning to particular objects – e.g. a special blanket that the child seeks out when tired or upset or a favourite cup that the child fetches to let you know they're thirsty. These are an important way for children with SLCN to express their needs and preferences. For some children, it may be possible to develop a communication tool using photographs of the child's objects of reference.



You can read more about using objects of reference on the Communication Matters and Just One Norfolk websites.

Resources for children with sensory impairments

... some children with SLCN have a sensory impairment that affects their hearing or sight. Some who are profoundly deaf will use **British Sign Language** as their first language. Visually impaired children and young people may use braille or speech-to-text and text-to speech software to access written communication and to aid their learning. Children who are deaf, blind or have profound multiple learning disabilities that include sensory impairments will have specialist communication needs. They may require support from an advocate to help them express their views and participate in decision-making.

For more information on how to work creatively with children with sensory impairments, see:

- > the National Deaf Children's Society's deaf-friendly communication tips
- > the Royal National Institute of Blind People's advice on helping children communicate
- > a blog by Henshaws (2022) on how to communicate with a visually impaired child
- > information and advice from Sense on different ways of communicating.

Makaton

... is a communication system that uses signs (gestures) and symbols (pictures) with speech to enable people with learning difficulties to communicate. Signs are based on British Sign Language, but Makaton is designed to support hearing children and adults to understand spoken language and express themselves. Signs and symbols are used with speech in spoken word order. Makaton also makes use of facial expression, eye contact and body language to give as much information as possible.



For information and resources visit: www.makaton.org

Signalong

... is a sign-supported communication system based on British Sign Language but adapted to the needs and abilities of children (and adults) who have difficulty understanding and producing spoken language mainly due to learning disabilities. Users sign while they speak using simplified English, and signs are used in spoken word order to support language. Signalong is a total communication approach that uses body language, facial expression and tone of voice alongside speech to slow down communication and so allow more processing time to maximise understanding. The process of developing vocabulary is led by the child themselves.



More information and resources are available at: www.signalong.org.uk

Farida: Using observation and sensory activities to understand the world of a child with complex disabilities

Three-year-old Farida has been diagnosed with a life-limiting neurological condition and is unable to communicate verbally with words. Farida can't move her body without assistance and requires 24-hour care and support. She is from a Bangladeshi-British background.

Farida was made subject to a child protection plan due to parental domestic abuse. She now lives in a new home with her father (the non-abusing parent) who has no recourse to public funds. The social worker was asked to visit Farida's home to assess the environment and the care she was receiving.

When the social worker arrived, Farida was being cared for by her community paediatric nurse who had plaited Farida's hair and painted her nails, an activity Farida always seemed to enjoy. Farida's father explained that Farida had experienced a seizure earlier that day, so he had started to play an audio recording of the Quran, which helped her relax.

While holding her hand and making eye contact, the social worker spoke to Farida in a soft and gentle tone about the seizure and the recent changes in her life. Farida turned her gaze towards the social worker's voice. She appeared at ease and content with the care she was receiving. Farida was no longer responding anxiously to noises in the home as she had done in the past. This indicated that Farida likely felt a greater sense of safety and security living with her father in their new home.

Farida remained living with her father, had supervised contact with her mother, and started attending a specialist school. Farida was removed from the child protection plan.

- > Farida's story shows how the social worker was able to draw on a combination of observation and sensory activities to understand the world of a young child with profound physical and communication needs.
- > This observation contributed directly to the ongoing assessment of Farida's needs and the level of care and support her father provided.

Khalid: Using images to assess capacity to consent to marriage

Khalid, a 16-year-old boy from a Muslim Pakistani-British background, has a diagnosis of autism, a severe learning disability and associated SLCN. Khalid's school reported that his father was planning to take Khalid to Bangladesh to find him a wife who could look after Khalid when his family no longer could. (This was before the legal age of marriage in the UK was raised from 16 to 18 in 2023.) To safeguard Khalid, the social worker needed to assess his capacity to consent to marriage and consider making an application for a forced marriage protection order.

Before meeting Khalid, the social worker met his teacher and enhanced learning assistant to learn about his personality, likes and dislikes, and how he likes to communicate. As Khalid enjoys Bollywood movies, they decided to use images of men, women, husbands, wives and weddings from some of Khalid's favourite films to assess his understanding of what would be expected of him as a husband and his ability to consent to marriage.

They asked Khalid questions about social rules in school and at home in his community. By placing cards onto respective symbols for 'ok' and 'not ok', Khalid communicated that shaking hands, high fives and fist bumps were all ok to do, but grabbing, kicking and pushing people were not ok. When asked if hugging, cuddling and kissing were ok, Khalid communicated that all were ok at home but not ok at school.





Next, Khalid was shown a series of images from Bollywood films. Khalid was unable to correctly identify a man, woman, husband or wife. It was evident that Khalid did not have the mental capacity to understand, retain or weigh up the information needed to make an informed decision and provide his consent to marry in Pakistan.

The local authority was granted a forced marriage protection order and a plan of care and support for Khalid was put in place.

- > Khalid's story shows how important careful planning and preparation are to involving young people with complex communication needs in important decisions about their lives.
- > By working in close liaison with Khalid's teacher and learning assistant, the social worker was able to build a clear picture of Khalid's interests.
- Together, they were then able to devise a highly personalised way of establishing Khalid's capacity to make decisions about his future and to use this information to help safeguard Khalid from potential harm.

AUDIENCE: Involve others, especially advocates, to ensure the child's voice is heard

As we have seen, finding creative ways of involving children with SLCN in decision-making often means enlisting the support of those who know the child well. Sometimes, additional or outside support is required to ensure that children's voices are kept central to assessment and decision-making processes. Independent advocacy represents an important way of ensuring that children with SLCN's views are communicated to those with the power to make decisions.

Use of independent advocates

Independent advocacy is a way of involving neutral others to help ensure that children's views are heard in assessments and reviews. It is particularly used to uphold a child's right to express their views to decision-makers.

Advocates act on the permission and instructions of children and young people. This may be even if the advocate does not agree with the child or does not think that these views are in the best interests of the child.

Certain groups of children and young people, many of whom are very likely to have SLCN, have a legal right to an independent advocate. This includes any child or young person who:

- has special educational needs or disabilities
- > is classified as a child in need
- > is a care leaver or a young carer
- > presents as homeless
- is aged 16-17 and lacks mental capacity
- > is subject to the Mental Health Act 1983.

Children and young people with SLCN may particularly benefit from being supported by an independent advocate, given the additional barriers they face contributing to decision-making. Recognised uses and benefits of advocacy include:

Independent advocacy helps children with SLCN by ...

- > ... improving their understanding and confidence about taking part in decision-making
- ... developing more open and honest relationships with professionals
- > ... challenging professionals' and parents' negative attitudes and assumptions regarding children's participation
- > ... helping to maintain a focus on children's needs and rights while they're living away from their family at residential schools or in care
- > ... significantly increasing their chances of being offered care when presenting as homeless.

(Children's Commissioner for England, 2023; Child Safeguarding Practice Review Panel & Council for Disabled Children, 2023; Franklin & Knight, 2011; Martin & Franklin 2009; VIPER, 2014).

1 At the time of writing, the government is taking forward plans to pro-actively offer advocacy to all children in care unless they 'opt out' (Department for Education, 2023b, p. 96). The government is also updating the National Standards for the Provision of Children's Advocacy Services and the associated statutory guidance (Department for Education, 2023a).

What children and young people say about advocacy

"I can talk to [my advocate]. He's been there for me and helping me. He is a good listener and works hard." "[Having an advocate] makes me feel really, really confident and happy. I feel confident talking to [my advocate]."

"Having an advocate is helpful ... she can get my point of view across, [at meetings] like if I am not invited or I am and I don't want to go."

(Franklin & Knight, 2011; Hernon, 2018a, 2018b)

Non-instructed advocacy

Acting on a child's instructions can pose problems for children with complex communication needs who cannot instruct the advocate directly.

Acting for someone who cannot tell you directly what they think or feel is sometimes called non-instructed advocacy or non-directed advocacy. Typically, this involves observation, questioning and gathering information from those around the child and across multiple settings, clarifying the rights of the child and then presenting this information on the child's behalf (Franklin & Knight, 2011; Greenaway-Clarke, 2020; Knight & Oliver, 2007, 2008; Townsley et al., 2009).



More information on the use of independent advocacy, including non-instructed advocacy with children with SLCN, is available on the Coram Voice website.

Other ways to ensure a child's voice is heard in assessments and reviews

A key reason why independent advocacy is effective in ensuring that children's views are heard by decision-makers is because the involvement of a neutral adult goes a long way towards addressing the inevitable power imbalance between children and the adults involved.

But whether or not the child has an advocate or chooses to be present at meetings where decisions are being made, some very simple strategies can help keep the child's voice central to the process. For example:

- Have a photo of the child or a drawing they've completed visible throughout the meeting.
- > Involve the child in setting the agenda, chairing the meeting or asking questions.
- > If the child is present, use a ball or other object that can easily be passed around to create a system where everyone has a chance to share their views.

All these suggestions can be adapted to ensure they're appropriate for the age of the child and the decisions being taken.



FLARE's (2020b) practice tips for working with children with SLCN online can be adapted for use during any meeting or visit to help redress the power imbalance between children and adults.

INFLUENCE: Check that the child's views are valued

One of the most common barriers to upholding children's right to participate in decision-making is that it's all too easy for adults to be outwardly seen as consulting children only then to disregard their views when final decisions are made (Lundy, 2007). So, in this section, we highlight a small number of key resources that you can use to check that children's views are being valued within decision-making.

While the extent of children's influence on decision-making will vary according to the individual child's age and understanding, the value placed on the views of children with SLCN should always be:

- > monitored to guard against tokenistic participation
- > reviewed regularly to take account of children's evolving capabilities
- > reflected on by practitioners in supervision.

Guarding against tokenistic participation

After being consulted, all children should at the very least receive feedback on:

- what decisions were made
- > how their views were listened to
- > why certain decisions were made
- > what will happen next.

Good practice when feeding back the outcome of assessments and decision-making to children with SLCN involves:

- being consistent by using the child's preferred method of communication
- involving others who know the child well
- > instructing an independent advocate as needed.
- **Easy read versions** of plans agreed by decision-makers can help make adult-led decisions more accessible to children with SLCN. See the Foundation for People with Learning Disabilities' advice on preparing easy read materials. You can also find advice on the CHANGE website.
- The Sorting Important To/For tool is a person-centred thinking tool that can be used to help explain to children with SLCN why certain decisions have been made. It can also be used to check that the issues that are important to the child have been prioritised by decision-makers.

"Contact with father was No.1 on child's agenda but further down SW [social work] team agenda. Due to the importance the child placed on this issue it was given greater time and more detailed planning discussed." (Social worker, study participant – Kennan et al., 2019)

- Government of Ireland, 2021) has a range of resources that practitioners can use directly with children to evaluate the extent of their involvement. These use each of the four domains of Lundy's model. The resources include a feedback form (Government of Ireland, 2021, p. 23) for children to evaluate meetings and other engagements with adult decision-makers.
- Service evaluation checklist: The resources developed by the Irish government also include an evaluation checklist that practitioners and organisations can use to evaluate (internally or externally) how effectively policies, services and day-to-day practice are meeting obligations to involve children in assessments and decision-making.

Reflecting in supervision on how children's views are valued

Finally, all practitioners have an ongoing responsibility to reflect on the steps they have taken to ensure that the views of children with SLCN have been appropriately valued in assessments and decision-making.

In particular, it's important to reflect in supervision on what steps are being taken to build the confidence and skills of children with SLCN to participate in decision-making – and that their evolving capabilities to participate are being taken into account in day-to-day practice.

The 'stop and think' reflective exercise in Part three (Strengthening your listening mindset) of this practice guide can be used as part of practice supervision.

References

Adams, J., & Leshone, D. (2016). Active Social Work with Children with Disabilities (Critical Skills for Social Work). Critical Publishing.

Child Safeguarding Practice Review Panel, & Council for Disabled Children. (2023). Safeguarding children with disabilities and complex health needs in residential settings: Phase 2 report. CSPRP.

www.gov.uk/government/publications/safeguarding-children-with-disabilities-in-residential-settings

Children's Commissioner. (2023). The state of children and young people's advocacy services in England. www.childrenscommissioner.gov.uk/resource/the-state-of-children-and-young-peoples-advocacy-services-in-england

Department for Education. (2023a). Revisions to the National Standards and Statutory Guidance for the Provision of Children's and Young People's Advocacy Services.

consult.education.gov.uk/children-in-need/f-revisions-to-the-national-standards-and-statutor/

Department for Education. (2023b). Stable homes, built on love: Strategy and consultation.

www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love

Dickins, M. (2011). Listening to disabled children. Young Children's Voices Network, National Children's Bureau.

www.ncb.org.uk/sites/default/files/uploads/files/NO17%2520-%2520listening_to_young_disabled_children.pdf

Dickins, M., & Williams, L. (2016). Listening as a way of life: Listening to young disabled children. Council for Disabled Children.

www.ncb.org.uk/sites/default/files/uploads/files/Listening%2520to%2520Young%2520Disabled%2520Children.pdf

FLARE. (2020a, June 5). FLARE's Top Tips For Professionals: Communicating with children and young people online [Video]. YouTube.

https://youtu.be/Sns2qFEJR4I

FLARE. (2020b). FLARE's Top Tips For Professionals: Virtual communication with children and young people. Council for Disabled Children.

https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/flares-top-tips-professionals

Franklin, A. (2013). A literature review on the participation of disabled children and young people in decision making. VIPER.

www.ncb.org.uk/resources/all-resources/filter/inclusion-send/participation-disabled-children-young-people-decision

Franklin, A., & Knight, A. (2011). Someone on our side: Advocacy for disabled children and young people. The Children's Society.

https://doi.org/10.13140/RG.2.1.2528.6806

Government of Ireland. (2021). Participation Framework: National framework for Children and Young People's Participation in Decision-making. Department of Children, Equality, Disability, Integration and Youth.

https://hubnanog.ie/resources/participation-framework-checklists-and-evaluation-forms

Greenaway-Clarke, J. M. (2020). Advocacy and 'non-instructed' advocacy with disabled children and young people with complex communication needs [Doctoral thesis, University of Portsmouth].

https://researchportal.port.ac.uk/en/studentTheses/advocacy-and-non-instructed-advocacy-with-disabled-children-and-y

Henshaws. (2022, July). How to communicate with a visually impaired child.

www.henshaws.org.uk/hints-and-tips/how-to-communicate-with-a-visually-impaired-child

Hernon, J. (2018a). The social worlds of disabled young people and their experience of child protection enquiries and their aftermath [Doctoral thesis, University of East Anglia].

https://ueaeprints.uea.ac.uk/id/eprint/71287

Hernon, J. (2018b). The social worlds of disabled young people and their experience of child protection enquiries and their aftermath [Unpublished transcripts for doctoral thesis, University of East Anglia].

https://ueaeprints.uea.ac.uk/id/eprint/71287

Kennan, D., Brady, B., & Forkan, C. (2019). Space, Voice, Audience and Influence: The Lundy Model of Participation (2007) in Child Welfare Practice. *Practice*, *31*(3), pp. 205–218.

https://doi.org/10.1080/09503153.2018.1483494

Kirby, P., Lanyon, C., Cronin, K., & Sinclair, R. (2003). Building a Culture of Participation: Involving children and young people in policy, service planning, delivery and evaluation. Department for Education and Skills.

https://webarchive.nationalarchives.gov.uk/ukgwa/20130123124929/http://www.education.gov.uk/publications/eOrderingDownload/DfES-0827-2003.pdf.pdf

Knight, A., & Oliver, C. (2007). Advocacy for Disabled Children and Young People: Benefits and Dilemmas. *Child & Family Social Work, 12*(4), 417–425.

https://doi.org/10.1111/j.1365-2206.2007.00500.x

Knight, A., & Oliver, C. (2008). Providing advocacy for disabled children, including children without speech. In C. M. Oliver, & J. Dalrymple (Eds), *Developing Advocacy for Children and Young People: Current Issues in Research, Policy and Practice* (pp. 116–131). Jessica Kingsley Publishers.

Lundy, L. (2007). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927–942.

https://doi.org/10.1080/01411920701657033

Martin, K., & Franklin, A. (2009). Disabled children and participation in the UK: Reality or rhetoric? In B. Percy-Smith & N. Thomas (Eds.), *A Handbook of Children and Young People's Participation: Perspectives from Theory and Practice* (1st ed., pp. 97–105). Routledge.

https://doi.org/10.4324/9780203871072

National Deaf Children's Society. (n.d.). Deaf-friendly communication tips.

www.ndcs.org.uk/get-involved/become-more-deaf-aware/deaf-friendly-communication-tips

Royal National Institute of Blind People. (n.d.). Helping your child to communicate.

www.rnib.org.uk/living-with-sight-loss/supporting-others/parenting-a-child-with-a-vision-impairment/helping-your-child-to-communicate

Scott, H. (2021). Using genograms in practice: Practice Tool. Research in Practice.

www.researchinpractice.org.uk/children/publications/2021/february/using-genograms-in-practice-practice-tool-2021

Townsley, R., Marriott, A., & Ward, L. (2009). Access to independent advocacy: An evidence review. Report for the Office for Disability Issues. Office for Disability Issues.

https://doi.org/10.13140/RG.2.1.1975.3363

VIPER. (2014). Hear Us Out: A VIPER guide to participation in decision making. Alliance for Inclusive Education and Coventry University.

www.allfie.org.uk/inclusion-resources/hear-us-out

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