

‘Growing up with a Speech and Language Impairment’

Key messages from the Afasic Scotland 40th Anniversary Conference on 6 November 2008 include the need for more dynamic assessment, co-teaching and joint communication and behaviour intervention. Speech & Language Therapy in Practice editor Avril Nicoll reports on an upbeat programme that stressed the possibility of change.

Ann Auchterlonie, Director of Afasic Scotland, is tireless in her commitment to improving life for all children with communication support needs, and to ensuring their voices are heard. She also has a clear vision of the many different groups of people who need to become involved for this to be achieved, and the importance of engaging them at political, strategic and grass roots levels. The theme, programme and mix of attendees at the Afasic Scotland 40th Anniversary Conference gives an indication of her success in bringing people together, with speech and language therapists, parents, teachers from a variety of provisions and stages and psychologists all there in numbers. The programme would also have been very relevant to social workers, people who sit on Children’s Panels, careers guidance officers and those who offer vocational training.

The aim of the conference at Heriot Watt University was to “raise awareness of the long term impact of speech and language impairments on children and young people and of the complex relationships between speech and language development, behaviour, social disadvantage and mental health”.



Robert Brown MSP with Ann Auchterlonie

Afasic Scotland hopes by raising awareness in this way to influence the planning and provision of services so that these young people can be included in “the communication age”.

Basic skills issue

James Law explained how the development of communication as a basic skills issue in society must be making life more difficult than before for anyone who struggles with it. He quoted labour statistics from the United States which showed that in 1900 the vast majority (80 per cent) of jobs depended on manual skills. By 2000 the figure had steadily dropped to 37 per cent, with a corresponding rise in white collar ‘communication’ jobs. As we grow to value communication more as a society, how can we ensure that people with communication difficulties are included and have the opportunity to have their strengths recognised and developed? Or, put another way, if we support and bolster their communication strategies, will this prevent behavioural problems, disengagement with education or even school exclusions and entry into the criminal justice system?

James quoted Redmond & Rice (1998) as suggesting that behaviour problems represent an adaptation to situations in which communication demands exceed the individual's linguistic resources. Further, delinquent behaviour may represent a specific adaptation for language impaired boys, and may be one of the few ways open to them to obtain social status among their peers. James is concerned that, in a Cochrane Review of the effectiveness of speech and language therapy, only one study reported a behavioural outcome. His research and experience convinces him that we need much more integration of behavioural and communication intervention, and he particularly called on speech and language therapists and educational psychologists to do joint studies.

In a highly political address, James also warned society against becoming more punitive as seems to be the case with legislative measures such as ASBOs (Anti-social behaviour orders), perceived vilification of young people and the place of voyeuristic programmes such as 'Supernanny' and 'House of Tiny Tearaways' in



popular culture. He suggested that, although it is perfectly possible to identify children at risk of communication difficulties early on in their development, measures such as removing the health visitor screening mechanism mean only the most motivated parents will access speech and language therapy services at this crucial stage. This is unfortunate as parents are often more engaged at these early stages - and it can be easier to deal with the management of behaviour problems when their children are little and there

are more support services on the ground.

James presented a case example of a 15 year old boy with a history of language impairment who, in spite of having what his parents referred to as "an endless stream of educational psychologists, special teachers and the rest" was, by the age of 10, "completely disengaged from school and this only got worse as he went on to high school." He said this demonstrates that the solution is not just about getting services in place. Amanda Kirby proved this point with an assessment care pathway relating to just one child. The mass of arrows showed how the child and his family were sent from pillar to post and back again as the focus appeared to be on agreeing a diagnosis. Amanda finds the "explosion of terminology" unhelpful. She said it has caused confusion for teachers and rewards a diagnosis with services because we follow a medical rather than social model. I found it very refreshing to hear a doctor challenging that model in such a practical, common sense way.

Dynamic approach

Amanda argued the approach rather than the label is important. We need transdisciplinary teams with a common language and pathway, using key workers who have a number of skills. In reality 'sticky kids' have more than one problem and they don't come in neat boxes, so a straightforward symptom-treatment approach is not appropriate. (I liked Amanda's analogy of the pop-up toy where one bit pops up as another is successfully put down.) As life is a process, we should adopt a more dynamic approach to gathering information around environments, fears, parental experiences, tasks and social settings so we can offer the most effective combined approach. This should include drawing on a child's strengths, which are likely to be their route to employment and independence. Amanda reminded us that whole children become whole adults, and that no one only practises the things they cannot do.



It also makes sense to give particular attention to 'at risk' children as they represent a costly future-risk group. In a study at a Pupil Referral Unit, for example, Amanda found 8 of the 14 pupils referred had unidentified language disorders and very poor reading and spelling ages. Unfortunately they were going back after the 6 week block without any new strategies in place, so the cycle would simply repeat. She argued we should have 'whole child friendly' rather than 'autism-friendly' or 'dyslexia-friendly' schools, and that we need training across disciplines to avoid coming to the same conclusions as the blind men in the old story about feeling different parts of an elephant.

Speech and language therapist Marysia Nash is known for her effective collaborative working with teachers at the secondary stage in Edinburgh. Secondary input is still a relatively under-resourced sector of our profession, but there is growing recognition of the need. Marysia presented a clear case for our involvement then considered the most effective way to go about it.

Marysia was definite that we cannot perpetrate a one-to-one model of therapy at secondary school. Instead, to be realistic, effective and inclusive, our ideas need to be classroom-friendly, timely and lasting. They also have to meet a variety of language and communication needs to help teachers keep up with the very difficult challenge of addressing the individual needs of every pupil.

Collaborative framework

In Edinburgh, speech and language therapy is part of the provision to Secondary Resource schools. The framework of support involves use of educational software, specific support to help pupils write text and differentiation of classroom materials to take account of language difficulties. Marysia explained that linguistic differentiation

is not about dumbing down content but simplifying non-technical vocabulary and modifying grammar to make it more predictable and unambiguous. In addition, specific vocabulary learning opportunities are needed to take account of the particular difficulty children with language and communication needs have with acquisition. Robust vocabulary instruction makes full use of visuals and definitions. Collaborative working where possible is the key to making the most of the speech and language therapy contribution to a pupil's learning experience and Marysia believes co-teaching is vital – we cannot work in an isolated way, or classroom practice cannot change.

In the same way that Marysia is making secondary school subjects accessible to pupils with language and communication needs, consultant child and family psychiatrist Michael Morton emphasised that having a person who cannot use a therapeutic approach because of their communication difficulty is not the same as having a person who cannot be treated. Michael works with a speech and language therapist who is now also a fully trained Family Therapist. This collaboration has seen Boardmaker become embedded in nursing practice, and one residential facility now has all staff trained in its use.



Michael believes that mental health services still need a greater awareness of persistent specific language impairment and its association with cognitive impairments, ADHD, social impairments and emotional disorders. He said that, for example, young people who self-harm are very 'stuck', and have perhaps not had help at the right time with their language development.

Amanda Kirby referred to research which was a comparison between 200 men in prison, 200 in a Young Offenders facility and 200 in a Further Education College. While the FE group was in line with the general population, the other two groups had a very similar profile with a very high number of social and communication problems. The role of speech and language therapy in the criminal justice system is a hot topic, with the Royal College of Speech & Language Therapists lobbying heavily for greater service provision in the rehabilitation of offenders.

Jan Green, who ran one of the five parallel workshops at the conference, is a speech and language therapist at Polmont Young Offenders Prison. She is only funded for two days per week, and is the only speech and language therapist in this field in Scotland. Although the relationship is complex rather than a straightforward cause and effect, a long list of factors are associated with both increased rates of communication support needs and increased rates of youth offending. These include being male, brought up in care, poor engagement with education, a personal history of abuse or neglect, socioeconomic deprivation, prenatal trauma and limited literacy.

Jan referred to research by Karen Bryan which found that many of those in prison lack the language skills required to complete programmes designed to address their offending behaviour, and three quarters of young offenders in custody have communication support needs relating to receptive language.

Waiting too long

Ten per cent of the Polmont population have children, and Jan has some input to the institution's parenting group which hopefully has a preventative function. In general, Jan finds her clients very enthusiastic and keen to try things. This is to the extent that she feels perhaps they have been "waiting too long" for speech and language therapy.

As Co-convenor of the Scottish Parliament Cross-Party Group on Children and Young People and Liberal Democrat Party spokesperson on Education and Justice, Robert Brown MSP was an excellent choice to open this conference and to take away the messages from it. He said that being an MSP is a bit like being a magpie – you pick up lots of nuggets that you can take forward in policy. In an upbeat address he praised the way that Afasic's support for people cuts across health and wellbeing and education, strongly supported the call for a Bercow-type review in Scotland and insisted that "there is nothing inevitable" for young people with communication impairments – change is possible.

Further information

- Afasic (www.afasic.org.uk) is the UK charity representing children and young adults with communication impairments, working for their inclusion in society and supporting their parents and carers. Afasic Scotland is at www.afasicscotland.org.uk.
- Professor James Law is a speech and language therapist who is Director of the Centre for Integrated Healthcare Research at Queen Margaret University, Edinburgh.
- Amanda Kirby is Professor of Developmental Disorders at Newport University, Wales and founder of the Dyscovery Centre (<http://dyscovery.newport.ac.uk>).
- Dr Marysia Nash leads the speech and language therapy service for adolescents with language and communication disorders in secondary schools in Edinburgh. Her 'Top Resources' are in the Autumn 08 issue of Speech & Language Therapy in Practice.
- Dr Michael Morton is a Consultant Child and Adolescent Psychiatrist at the Royal Hospital for Sick Children in Glasgow.
- Jan Green is a speech and language therapist with NHS Forth Valley, where she specialises in mental health and forensics.
- The Bercow Review of Services for Children and Young People (0-19) in England with Speech, Language and Communication Needs (2008) is at www.dcsf.gov.uk/bercowreview/.
- Boardmaker software, see www.mayer-johnson.com.

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NB Correction made to paragraph 'Waiting too long', 2 April, 2009