Awareness of and support for speech, language and communication needs in Children's Hearings

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Abstract

Looked-after children commonly experience speech, language and communication needs (SLCN) (McCool & Stevens, 2011; Department for Education, 2017). Unidentified and unmet SLCN have negative effects on children's educational attainment as well as social, emotional and mental health (Law, Rush, Parsons & Schoon, 2009). In Scotland, the institutional body with primary responsibility to address the needs of looked-after children is Children's Hearings Scotland (CHS). The focal means of decision-making is the Hearing. Previous FOI requests showed very few referrals from the Hearings to SLT services (Clark & Fitzsimons, 2016). Panel Members' and Children's Reporters' views on children's SLCN and on support for these needs in Hearings were gathered using an online questionnaire. 35 responses were received. Findings emphasised the importance of a child's individual needs. Many respondents had concerns over a child's communication during the Hearings process. SLTs rarely attend Hearings. Barriers to effective communication were seen to be intrinsic to the child, but also within the environment. The paper concludes that an increased role for SLTs within the Hearings System would be beneficial, both working directly with children to support their SLCN, and training and supporting decision makers in developing confidence to refer children to SLT services.

Keywords

Speech, language and communication needs, Children's Hearings, participation, awareness

Article history

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Introduction

In Scotland, primary responsibility for addressing the needs of children who have come to the attention of authorities as a result of offending behaviour, care/protection needs or both, is held by the unique care and justice system for children and young people, the Children's Hearings System. The Children's Hearings System works with a number of agencies to provide care and support, including social work, education services, NHS providers, Police Scotland, the Scottish Children's Reporter Administration and Children's Hearings Scotland.

The focal point of the Children's Hearings System is the Children's Panel. Children's Reporters, facilitated by the Scottish Children's Reporter Administration, receive an initial referral of concern which may come from a variety of community sources e.g. police, schools, parents or in some cases, the child themselves. In 2016-17, 15,118 children and young people were referred to the Children's Reporter (1.7% of Scotland's children and young people) (Scottish Children's Reporter Administration, 2017), the majority of referrals (75%) being from the Police (Scottish Children's Reporter Administration, 2017).The Reporter then decides whether grounds exist on which a Panel might place a child on a Compulsory Supervision Order from information gathered from relevant sources named above and/or the child and family. The Reporter then has the authority to require the Children's Panel to hold a Hearing. 34,106 Hearings took place in 2016-17 (Scottish Children's Reporter Administration, 2017). The Hearing is conducted in private. The Panel consists of three trained volunteer lay members. The Children's Reporter and other invited attendees are also present. The child is invited by statute but may not attend, often for safety/protection reasons. Parents/carers and the social worker commonly attend. The Hearing has a limited number of decisions at their disposal: to request more information and defer the Hearing before a decision is made on whether a supervision order is needed; to make a supervision order; or to decide that formal compulsory supervision is not necessary and to discharge the case.

Given its 45-year history, Scotland's Children's Hearings System has changed remarkably little. From its inception in 1971, its ethos has sought to place the child's needs and views at the centre of the decision-making process, within

what is intended to be a fully participatory, transparent procedure (Kilbrandon, 1964). As is well documented, these needs are often heightened due to the child's life experiences. They may have suffered physical, emotional or sexual abuse, been neglected, may be involved with the justice system due to offending; need respite from a difficult family situation, or have complex disabilities that require specialist care. The onus is on the local authority to co-ordinate services to identify and meet these often multiple, continually developing needs.

Long term outcomes for looked-after children and young people

The higher risk of poorer short term and long term outcomes for children who have spent time in care is well documented. They are at significantly higher risk of poorer mental health outcomes (Office of National Statistics, 2004; Stanley, Riordan, & Alaszewski, 2005; Ford, Vostanis, Meltzer, & Goodman, 2007; Tarren-Sweeney, 2008), lower levels of academic attainment (Berridge, 2007; Scottish Executive, 2016), and at greater risk of social, emotional and behavioural disorder (Millward, Kennedy, Towlson, & Minnis, 2006; Ford et al, 2007; Sempik, Ward, & Darker, 2008) than the general population. The associations between looked-after status and these outcomes are clearly complex and placement instability, trauma, abuse, neglect and attachment issues are influencing factors in such outcomes. The wide-ranging negative effects of abuse and neglect on child development are beyond doubt.

Speech, Language and Communication Needs in Looked-After Children and Young People

Although the negative effects of maltreatment on language and communication abilities are well evidenced (Law & Conway, 1992; Veltman & Browne, 2001; Hwa-Froelich, 2012; Lum, Powell, Timms, & Snow, 2015), a far less investigated phenomenon is speech, language and communication needs (SLCN) of looked-after children and young people. This is concerning given that these are highly likely to be a mediating factor in poor short term and long term outcomes outlined above.

SLCN is the umbrella term used to describe the difficulties some children and young people have with listening, understanding and communicating with others. Children with SLCN may have difficulty with only one speech, language or communication skill or with several (Afasic, 2018). For some children, their difficulties may be 'mild and limited to particular situations' (Centre for Youth and Criminal Justice, 2017, p. 9), but, for many children with SLCN, their difficulties are 'persistent, pervasive and complex' (Centre for Youth and Criminal Justice, 2017, p. 9). Children with SLCN are likely to need support to develop the complex and numerous skills involved in communication. Each child also has unique strengths (Afasic, 2018).

Looked-after children with communication needs can have difficulty understanding what is being said to and asked of them. They can also have difficulty making themselves understood. Common difficulties include learning and using complex vocabulary, social communication skills, naming and managing emotions (including self-control), self-awareness, vocabulary, concepts related to time, working memory and the ability to retain, process, recall and sequence information. Communication needs are often hidden and older children in particular may have developed masking techniques for these needs. Some looked-after children communicate through behaviour that may result in offending (Royal College of Speech and Language Therapists, 2017).

In the US, Amster, Greis, and Silver (1997) found language delay in over 50% of over 200 children under 31 months in foster care. Hagaman, Trout, DeSalvo, Gehringer, and Epstein (2010) administered a language skills screen to 80 young people entering residential care, 54% of participants were at risk for language impairment. In the only study of SLCN in looked-after children in Scotland to date, McCool and Stevens (2011) investigated communication impairment in 30 young people in residential care, using a carer-administered questionnaire. Communication impairment was indicated in 19 of the 30, with eight profiles suggestive of Autistic Spectrum Disorder. In nine out of ten available case histories of those demonstrating impairment, no concerns had been raised regarding their communication; in the one remaining case, no referral to SLT had been made, despite recorded concerns.

South of the Border, a recently adopted, well-received, model in Yorkshire (No Wrong Door) which delivers an integrated health and social care service to looked-after children and young people, found that 58.4% of their charges had SLCN, with the majority being previously unidentified (Department for Education, 2017). This indicates a sizeable over-representation of SLCN in this population compared to a rate of 10% in the overall child population (Norbury, Gooch, Wray, Baird, Charman, Simonoff, Vamvakas, & Pickles, 2016).

Both authors are Speech and Language Therapists and the second author has several years of experience as a Panel Member. We were therefore interested in the first instance to investigate integration between the Hearings System, social work and NHS Speech and Language Therapy services. Freedom of Information enquiries to all Scottish local authorities found there were very few referrals from the Hearings System particularly, and social work services more generally, to NHS SLT services (Clark & Fitzsimons, 2016).

Given the complex nature of the decision-making process, and a reliance on oral discussion as the main means of communication, this study aims to investigate the views of Panel Members and Children's Reporters on speech, language and communication needs of children attending Hearings. Specifically:

1. To explore perspectives on the communication skills a child needs to participate fully throughout the Hearings process.

2. To find out whether Panel members and Children's Reporters had had concerns about a child's communication during a Hearing.

3. To explore Panel Members' and Children's Reporters' knowledge of means to support children's communication in the Hearings system.

Within these aims, specific questions targeted the respondents' views.

Method

Ethical approval

Ethical approval was obtained from Queen Margaret University Ethics Committee, the Scottish Children's Reporter Administration and Children's Hearings Scotland.

Data collection

The first author attended by invitation a session of Hearings. An online survey was created and piloted with two Children's Reporters and one Panel Member. A revised survey was then placed by Children's Hearings Scotland and the Scottish Children's Reporter Administration on their respective intranet systems. The survey was also disseminated by the authors using Twitter and Facebook with permission from Children's Hearing Scotland and the Scottish Children's Reporter Administration. The survey was open from January to April 2017. All participants were asked if they would be willing to take part in a follow-up phone discussion. Fifteen phone calls took place. This data is currently under analysis to be presented elsewhere.

Respondents

Twenty-one Panel Members (PMs) and 15 Children's Reporters (CRs) responded. One CR questionnaire was excluded, as information was incomplete, giving a total of 35 completed questionnaires.

Table 1 gives demographic data for all respondents. Six were aged 65+, eight between 55-64 years, nine between 45-54, eight between 35-44 and four between 25-34. None were between 18-24 years of age. Nine out of 21 PMs and 12 out of 14 CRs were women.

Numbers of Hearings the respondents had participated in varied widely. Overall CRs had attended more than PMs, with a range of 14-750 for PMs and 50-4500 for CRs. Individual data on which local authority the respondents were located in is not reported here to maintain confidentiality. A wide area of Scotland was

represented, with the majority in the Central Belt of Scotland, as well as responses from Orkney and Shetland, the Western Isles, the Highlands, Fife, Tayside, Perth and Kinross, Argyll and Bute, and East Ayrshire.

Table 1 – Demographic details of Panel Members and Children's Reporters respondents

Participant	Role	Age	Gender	Number of hearings attended
1	Panel Member	35-44	M	250
2	Panel Member	45-54	M	72
3	Panel Member	65+	M	750
4	Panel Member	65+	M	575
5	Panel Member	45-54	M	180
6	Panel Member	35-44	F	100+
7	Panel Member	65+	F	144
8	Panel Member	55-64	M	14
9	Panel Member	65+	M	150-200
10	Panel Member	45-54	M	120
11	Panel Member	45-54	F	30+
12	Panel Member	55-64	F	220
13	Panel Member	35-44	F	55
14	Panel Member	45-54	M	150
15	Panel Member	55-64	F	300
16	Panel Member	35-44	M	30+
17	Panel Member	65+	F	A lot
18	Panel Member	65+	M	Several hundred
19	Panel Member	55-64	F	30+
20	Panel Member	25-34	F	140
21	Panel Member	55-64	M	20
22	Children's Reporter	-	M	Over 1000
23	Children's Reporter	35-44	F	50
24	Children's Reporter	54-45	F	Over 3000
25	Children's Reporter	55-64	F	Approx 4500
26	Children's Reporter	35-44	M	1600+
27	Children's Reporter	25-34	F	1500
28	Children's Reporter	55-64	F	100s
29	Children's Reporter	25-34	F	500

Participant	Role	Age	Gender	Number of hearings attended
30	Children's Reporter	35-44	F	400+
31	Children's Reporter	45-54	F	Approx 4300
32	Children's Reporter	45-54	F	1200-1600
33	Children's Reporter	35-44	F	100s
34	Children's Reporter	Excluded as information incomplete		
35	Children's Reporter	55-64	F	Over 500
36	Children's Reporter	25-34	F	500

Findings

Aim 1: To explore perspectives on the communication skills a child needs to participate fully throughout the Hearings process

Respondents were asked 'what are the speech, language and communication skills you think a child needs to participate effectively before, during and after the Hearing?'. The written, qualitative responses were analysed and coded using a thematic analysis approach (Boyatzis, 1998; Braun & Clarke, 2001). While the focus was on which communication skills a child needs to participate fully in the Hearings process, related issues arose within the responses. As these provided useful data, where appropriate, they are reported below. PMs' and CRs' responses are considered together as similar themes emerged from the two groups.

The primary skill needed was thought to be a child's ability to express him/herself, with all respondents recognising the importance of these skills at each stage of the Hearings process. Respondents used the following verbs to describe what skills a child needs: talk, explain, verbalise, speak, ask, take part [in conversation], express [themselves] and answer [questions]. Responses largely centred on the ways in which children could effectively make their views known; in these descriptions, children's views were not solely confined to getting across their material needs, but also discuss emotional expression and personal opinion, as the following quotes show:

'ability to talk and explain their wants/needs and their concerns. Ability to ask questions. Ability to […] take part in a conversation';

'Ability to speak clearly and express their hopes and fears';

' […] to be able to answer questions openly and honestly';

'Having the relevant communication skills to articulate their feelings is important, and possibly to agree disagree with what is being said around/about them'.

A number of responses also mentioned 'body language' and 'non-verbal communication', with comments including 'the child's non-verbal communication is also noted by the Panel; listening, talking and body language'; and [I am] 'always aware of their body language'.

Language comprehension skills were also recognised as crucial and were described variously as listening, understanding, being understood, following conversation, concentration skills, processing information and coping with 'inputs':

'The ability to listen to and understand when an appropriate adult shares the information with them. The ability to listen or absorb information';

'After a Hearing it is important a child can understand the outcome, when it is explained to them in the terms relevant for their age/stage';

'Age appropriate understanding given age appropriate communication from adults';

'coping with multiple "inputs" ranging from professional to lay'.

A relatively small number of respondents (5 PMs, 3 CRs) mentioned literacy skills as an important contributing factor to participation. Those who discussed reading and writing focus on two main elements: use of the standard 'All About Me' form that may be filled out by a child to express their views on how they have been feeling, if they understand why they are attending a Hearing, if they have issues with their living situation, with school, or have any other issues they

wish to discuss. This may be filled out either online or in written form. Secondly, respondents contribute views about the importance of reading abilities to understand background reports and other documentation.

An important theme not directly concerned with communication skills per se, concerned the child's understanding of Hearings process and procedures, reasons for attendance and outcome of the Hearing. Many respondents were of the view that prior preparation and an appreciation of the reason for and purpose of the Hearing were important factors affecting the child's successful participation, with several framing their responses in terms of the child's age/development:

'This is about a combination of the age and ability of the child coupled with how well they are prepared for a Hearing by the system which is attempting to support them';

'Depends on the age, but the ability to understand why they are there helps them to communicate effectively';

'They need to have an understanding (suitable to their age) of the purpose of the Hearing, i.e. that it is there to help them and make things better for them';

'Good language skills probably most important if need to understand what being told about the reports and follow proceedings of the Hearing'.

A further theme not questioned directly was confidence in a Hearing. This was seen as a key skill which was a high expectation of the child:

'In terms of communication skills, in my experience it requires a child with a high degree of confidence to put forward their views in front of a group of strangers. This is rare';

'They need to be encouraged to speak to social work or school openly – which is a big ask for a child';

'The confidence to ask questions when they don't understand';

'the confidence to speak to the panel, whether in front of the whole Hearing or by themselves'.

Aim 2: Whether Panel Members and Children's Reporters had had concerns about a child's communication during a Hearing.

Sixteen respondents had often had concerns about a child's communication during a Hearing (8 PM, 8 CR) and a further fifteen (10 PM, 5 CR) had sometimes had concerns. One CR said they had always been concerned. Three PMs said they had rarely been concerned. The respondents were also asked if they would welcome further information about a child's SLCN beforehand. Sixteen said always (9 PM, 7 CR), seven said often (4 PM, 3 CR), eleven sometimes (8 PM, 3 CR) and one said rarely (CR).

Aim 3: Panel Members' and Children's Reporters' knowledge of means to support children's communication in the Hearings

Respondents were asked whose primary responsibility it is to provide information before a Hearing on whether a child has an SLCN. The most common view was the social worker should do this (11 PM, 10 CR), followed by parents/carers (5 PM), Panel Members (2 PM), Children's Reporters (1 PM) or the child's school (1 CR). Three respondents said responsibility was shared by all involved with the child, including the family.

Two PMs had experience of an SLT being at a small number of Hearings (e.g. 4 or 'occasionally'). One commented 'no, it's rare for ANY health professional to attend'.

Five CRs reported SLTs had attended Hearings in their experience. Again, comments reflect that this is unusual: 'maybe 1% of Hearings', 'rarely, but supplied reports when requested', 'yes – very rarely', 'yes – 10 Hearings', '4-5 Hearings', 'once', 'yes, although not directly supporting child – there as submitted report'.

Although this was not targeted directly, many respondents referred to the importance of support and advocacy for the child in the Hearing itself. There is an expectation that an adult should provide support for the child. While a social worker is favoured as the main adult to provide support, this was not the only

view with 'safeguarder', 'advocate', 'an adult', 'class teacher', 'the family', and 'a trusted person' were also given as possible sources.

Respondents were asked what promotes good communication in a Hearing. Themes arising were getting the physical environment 'right' with child friendly seating, mutual respect and setting the 'right tone' at the start. One PM captured the recurring themes in saying:

> relaxed friendly atmosphere. Panel Members speaking the appropriate level for the child. Avoid using complicated language or jargon. Showing an interest in and listening to the child. Being patient allowing the children to gather their thoughts and express them. Encourage and reassure the child. Explain yourself clearly to the child. Be non-judgemental. Stay calm.

Barriers to good communication can be broadly grouped into two themes. The first of these was seen as the formality of the Hearing including seating arrangements, formal and 'difficult' language and too many adults being present. The second theme was around the high levels of anxiety and emotion for the child and the parents/carers before, during and after the Hearing.

Finally, when asked if they are aware that anyone can refer a child to the NHS SLT services, only 10 out of 35 said yes (5 PMs, 5 CRs).

Discussion

It is clear that some Panel Members and Children's Reporters have considerable insight into the communicative demands placed upon a child or young person before, during and after a Hearing. Responses often emphasise the child-centred ethos of the Children's Hearings System, the importance of ascertaining the child's views through a variety of methods and attempting to ensure that the child understands what is happening during what is very often a highly emotive experience for them.

Panel Members and Children's Reporters are physically present for only one stage of this process, the Hearing itself; their perspectives therefore reflect a

view that is heavily skewed towards this setting but they also show an appreciation of the skills required in participating in every stage of the process. What is immediately apparent from the responses is the generally high level of expectation of the language competence of children who attend Hearings, particularly in terms of expressive and receptive language skills. In addition: the high level of demands on literacy in understanding the written documentation sent out to children and carers; understanding of the Hearing procedure — the reason for the Hearing, how it proceeds, and decisions reached; the importance of self-confidence in speaking up before, during and after the Hearing; and the significance of the presence of an adult to provide support and interpret events and decisions made by the Panel. One personal quality in particular — confidence to speak up before, during or after a Hearing — is also viewed as important and there was recognition of how challenging this is likely to be for a child.

Children's Hearing Scotland has emphasised the core importance of gaining the child's views in the decision-making process directly relating to their welfare. The Children (Scotland) Act 1995 aligned this approach more closely with the overarching principles of the UN Convention on the Rights of the Child (1989), in particular Article 12, where a child 'who is capable of forming his or her own views' has 'the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'. Article 12(2) goes on to state that not only does the child have this right, but his or her views must then be afforded consideration 'in any judicial and administrative proceedings affecting the child' (UNICEF, 1989). Most recently, the Children's Hearings (Scotland) Act 2011 has specified that the Hearing must:

> so far as practicable and taking account of the age and maturity
> of the child—
> (a) give the child an opportunity to indicate whether the child
> wishes to express the child's views,
> (b) if the child wishes to do so, give the child an opportunity to
> express them, and

(c) have regard to any views expressed by the child.

(Children's Hearings (Scotland) Act, 2011, s.27, (3))

Griffiths and Kandel (2000) outline the difficult situations reported by children and young people in the Hearings System that may be seen as arising from the often conversational, semi-informal approach taken. Factors such as i) disagreement with a pre-established narrative without becoming confrontational; ii) anxiety/fear about consequences of the Hearing as an inhibiting factor; iii) conflicting loyalties within the Hearing room; iv) sociolinguistic aspects of panel member communication, e.g. accent, use of 'posh' vocabulary and social distance are seen as not only affecting the child or young person's communication in the present, within the room, but also the impression given to Panel Members of that child's willingness to engage or comply with an order. These factors are daunting enough for any child; for a child with an unsupported language or communication disorder, this presents circumstances in which a child's welfare will inevitably be compromised by the Hearings process itself.

In this context, one highly striking feature of the responses is therefore how rarely, if at all, respondents cited pragmatic abilities (e.g. use of narrative skills, evidence of successful codeswitching behaviours, turn-taking, topic introduction and maintenance, facial expression, eye contact) as required skills for effective participation. It is, of course, unrealistic to expect PMs and CRs to use the term 'pragmatic skills', but the absence within the responses of any iteration or description of these skills is striking, and highlights an apparent tension between ethos and practice in the Hearing room, where the discussion is framed as informal, but is often led by the Panel. These are skills that are necessary for meaningful participation in discussions that take place in the room. It could be argued that the ethos of the Hearings System — placing the child at the centre by means of an informal discussion — lends itself to opportunities to exercise these abilities, as they form the backbone of effective and participatory discussion. It is essential that PMs and CRs are trained to recognise and support these particular linguistic skills of children as it is incumbent upon them to safeguard and promote each child's welfare in any decision and in the decision-making process itself.

While written and oral, face-to-face communication take precedence in responses, there is a significant absence of discussion of the ways in which Children's Hearings Scotland and the Scottish Children's Reporter Administration has made significant moves to present relevant information about Hearings to children in a greater variety of modes beyond those mentioned. Online videos and appropriately designed separate All About Me forms for children and young people are featured on the Scottish Children's Reporter Administration website; leaflets about a range of topics, such as attending Hearings, describing the rights of a young person and defining a Compulsory Supervision Order, are available to download. The level of written language in the 'All About Me' form (Scottish Children's Reporter Administration, 2017) is still worryingly high, with lengthy, multi-clausal sentences, and abstract vocabulary: for example 'right' being used, as in: 'You have the right to bring someone along with you to your Hearing to help and support you'. This level of language would be very difficult, if not impossible, for a child with speech, language and communication needs to understand. This difficulty itself would likely lead to increased anxiety and/or frustration for the child before the Hearing itself.

The move to increase participation further — before, during and after the Hearing — contained within the recent Digital Strategy for the Children's Hearings System (Scottish Children's Reporter Administration, 2016), is very welcome. The Strategy aims to achieve greater participation through increased use of electronic means of communication and to extend its existing online presence. Proposed additions include an online introduction that allows a walk-through of the Hearings process, opportunities for children and carers to view Panel Member biographies and chat online to a Reporter. In addition, use of video statements as an alternative or to augment traditional 'All About Me' written forms, and use of videoconferencing software rather than the demand for the physical presence of child and carer, have been proposed. Opportunities for greater use of alternative means of communication such as easy-read documentation and visual support, however, are not detailed within the strategy, and would be welcomed. Care should be taken to ensure both the grammar and vocabulary in new resources are age and developmentally appropriate for the

children using them. Speech and Language Therapists are the professionals with the specific expertise to support these developments.

There is a clear need for urgent action on the following issues: a thorough and more robust evidence base must be developed that examines further the intersection points between looked-after children and young people and their SLCN to better serve their welfare in the decision-making process; to improve the training of Panel Members and Children's Reporters in order to ensure that the SLCN of these vulnerable children and young people are identified and met in the decision-making process more effectively than at present; the routine inclusion of a Speech and Language Therapist to support a child with SLCN in the Hearings System; creation of greater opportunities outside the Hearing room for looked-after children and young people to participate in the decisions made about their welfare in a communication environment appropriately supportive of their needs.

At a local level of service integration, the study has implications for those working directly with the children and families. It is better to err on the side of caution and assume a child will need support with their communication, rather than assume they will not. As one Panel Member commented, 'Every child probably has a speech, language and communication need'.

The Royal College of Speech and Language Therapists has a professional duty to raise awareness of the open referral system operated by NHS SLT services. SLTs should work with social work and child and youth care workers in supporting them to feel more secure in making a referral to NHS SLT services if they are concerned about a child's communication, and themselves supporting parents to do likewise. The Royal College of Speech and Language Therapists (2017) recommends that the team supporting looked-after children has access to specially commissioned speech and language therapy services. This should enable children and young people to be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where the screen has identified this as necessary to support differential diagnosis. The second recommendation is for training: those working with, caring for, and supporting looked-after children should be trained in

awareness of speech, language and communication needs and how to respond to them so that the places where they spend most of their time, school and home, are able to meet their needs (Royal College of Speech and Language Therapists, 2017). Training would also help support those working directly with the children and young people in preparing for hearings, for example, in identifying communication support strategies which are helpful for them. SLCN training should also be integrated into the nationwide advocacy service for Children's Hearings which is intended to be operational by 2019. If an advocate 'might go to a hearing with a child or young person to support them and to help them express their views' (Scottish Executive, 2012), it is essential advocates have a secure knowledge of SLCN and how to support these. Training is likely to be most effective if delivered by Speech and Language Therapists at two points: firstly in initial training/undergraduate education for those involved in working directly with children and young people participating in Hearings; secondly, as part of their continuing professional development requirements. The third recommendation (Royal College of Speech and Language Therapists, 2017) is that SLTs should provide direct support for looked-after children with a SLCN. This should take place before, during and after Hearings in order to ensure their welfare is served throughout the Hearings process.

Lastly, it is important to bear in mind that there is a high likelihood that parents and siblings of looked-after children may have SLCN of their own and that these needs may be unidentified and therefore unmet, as outlined in the Royal College of Speech and Language Therapists' (2016) Intergenerational Cycle of Speech, Language and Communication, Outcomes and Risks. They are therefore likely to require support themselves, in their daily lives and in specific situations, for example, when a parent attends a Hearing.

The study has a number of limitations. Firstly, although the number of Panels the PMs and CRs had participated in was relatively large, the number of respondents was small. While there are around 2,500 Panel Members currently active in Scotland (Children's Hearings Scotland, 2017), and 120 Children's Reporters (Scottish Children's Reporter Administration, 2017), the study captures the views of a small proportion of these groups. Children's Hearings Scotland advised that Panel Members were often asked to take part in research

and so requests for participation were disseminated at an appropriate frequency to accommodate this.

Given the highly qualitative nature of the study and the difficulties with access to larger groups, further planned research in this area will utilise an initial questionnaire and subsequent focus group approach in order to provide further opportunities for greater elaboration on key issues by Panel Members and Children's Reporters.

Further investigation of this topic should involve other key decision makers within the Hearings System to reflect other professionals' involvement in the different stages of the process: the views of social workers on the communication needs of the children and families they work with should be sought. The views of the children and young people themselves should also be sought. At the time of this study, the authors distributed a questionnaire to children and young people in care via social media and also through the Centre for Youth and Criminal Justice. As no responses were received, it may be that a multi-agency approach would prove more successful in gathering the views of children and young people in the future. Evaluation of support in place for SLCN of children and young people and their parents before, during and after Hearings would inform future practice.

Conclusion

Panel Members and Children's Reporters have concerns over the speech, language and communication needs of children they work with in Hearings. It is essential that such children's welfare is safeguarded in a meaningful way during Hearings. We must go beyond the minimum requirements set out in the Children's Hearings (Scotland) Act (2011) (UK Government, 2011) in order to fully enable the child to participate in a full, effective and high quality manner. A strengthened role for Speech and Language Therapists in the Hearings System is vital; firstly, working directly with the children themselves, ensuring timely identification, assessment and management of speech, language and communication needs, and secondly, providing SLT profession-specific training and support to Panel Members, Children's Reporters, social workers and

advocates to enable them to identify where there is concern over a child's communication and be secure in referring the child to Speech and Language Therapy services.

About the author

I am a Senior Lecturer at Queen Margaret University and a Speech and Language Therapist. I am interested in how communication needs are recognised and supported in Scotland's care system, particularly in Children's Hearings. I also work with young adults who have been in care and are now at university and how they view communication skills and how these have affected their education and friendships.

Acknowledgements

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