

## **Comments from group discussion and participants' forms**

9/12/2015 Talking Trouble Aotearoa NZ presentation from Dr Judy Clegg:

'Communication Needs of Vulnerable Children and Young People: Are we doing enough?'

### **1) Comments written on forms**

#### **I want to know more about.....**

- Affects of abuse and trauma on language development
- What part auditory processing disorder fits into
- What can we do on a larger population-based scale to
  - 1) Improve communication and language skills of NZ kids
  - 2) Better identify early problems and understand the needs of specific groups and individual kids
  - 3) Tailor provision to specific groups/needs/individuals
- Who is the client? Maybe families are referred, not the individual child singled out and separated in regards to 'the problem'
- How are parents involved and supported? Joint plans for children between all services involved, not separate service plans. It's about the child (not the service) and families
- Work you do with families of children/young people with communication difficulties. Do you do any work in the early years to help parents access the early SLT appointments?
- Early intervention – what can we do to make an impact before the child gets to school/gets into the justice system?
- How we might better explain what laws are, why they work the way they do and basic youth justice practice
- Useful websites and apps for communication, vocabulary development etc

#### **This topic raises these issues for my organisation and the work I do....**

- How can we better identify and provide for adults with speech, language and communication needs, especially those who do not meet the criteria for other services e.g. learning disability services, ASD services, Mental Health services
- MOH and MOE working together. MOH needs 'Communication Champions' to be in liaison with MOE Practice Advisors so top down change occurs, as well as bottom up
- Because we get all the kids when they drop out of education and we have to start from scratch
- It is not a child at risk, it's a system that risks that life of a child
- Involving disability community in research as partners – nothing about us without us
- Speech lobby group needed for more resource to support SLT
- The necessity of oral language skills to be actively taught rather than assuming because they can talk they have these skills. In our NZ primary schools specific oral language skills are not taught in any structured way. Too many boys fight because they don't have the oral language skills to solve upset feelings so they revert to hitting. Vocabulary development is

another seriously lacking area. Reading Together programme run in primary schools is very effectively teaching parents how to listen to their child and talk about books. My experience is that parents really got a lot out of the programme as they felt they had permission to help their child choose their books and the importance of sitting, having a cuddle as the child reads and discusses the book with adults. Worth exploring.

- UK has a lot of Special Education Needs websites which give very good easily accessible descriptor for 'concepts'

## **2) Discussion comments typed up during the session** **discussion**

- Nurses working in Alternative Education with high risk young people. How do we get them assessed and get interventions given that no one will pay for them?
- Involve the disability community in research. There are people in the community who can be an asset. NOTHING ABOUT US WITHOUT US.
- Well Child provider potential to have role supporting families to attend appointments. If SLT services could feed back about non-attendees, the Well Child providers can support attendance
- Well Child provider – there needs to be recognition about needs very early. Nothing available between 1 – 2 years. What can be done at that age?
- 'Talking Matters' is a new multisector community impact project
  - Lack of education capital as important as lack of money
  - A need to strengthen confidence about talking more and talking differently
  - This advantages the whole community
- Different providers are frequently involved – lots of different plans and lack of sharing of information. Hard to support the children and family.
- Wraparound services for health, education, care (and justice) – lack of connections between services. What can we do to connect everything up more effectively?
- Abuse and trauma impact – 'told dumb and stupid from an early age'. If abuse and trauma is still present there will be continued impact
- Perception of professionals on young mothers, Maori, living in South Auckland might impact on how a professional goes about supporting a family
- Police Youth Aid – identifying children at risk and strengthening the relationship with youth justice coordinators so everyone can understand at the FGC. Youth Aid officers to have support about how to explain the FGC outcomes so the young person understands what they have to do.
- "Can you read that?" Judge asked this of a young person about their FGC plan. Even if they can read, the plans can be difficult to follow – hard to figure out where the important information is on the plan
- Pre-planning with an SLT can really help with the FGC – what can be expected, what they want to say, having visual prompts so they can say what they want to say
- Youth Aid – training needed for people who deal with young people – being taught to talk in a 'language and manner that they understand' – what can help? Also for youth workers
- Professionals often have to explain a lot of things to kids who don't have a clue – really big concepts like 'law' – trying to tell kids there is a law that says you're not allowed to do this so that's why you are going to court. How do we get support to get creative ways to explain stuff to kids. Big concept brochures.
- Easy-read – information needs to be provided in this form



- We need something that helps the various professionals involved to form a common understanding and common record of concerns about children– something that will help us to work together as agencies
- SW – ideas of activities we can do with children of different ages to help them engage and extend them. Very quiet at school and talkative at home – how do we get the complexity over to them? Tools that would help newer SW know how to engage children.
- We need to know how to hear the child’s voice – know their views and get real information from them, not just observations and interpretations
- WHERE IS CULTURE in the work to support language development of children? Where is it that a parent comes in? Children are part of a whanau – where is the voice of the parents? Lots of things for children but what about the adults who need the skills? They need these skills so they can support their tamariki. English language is important but English is not the first language of many families. Their first language is vital for their family. In order for the children to be good citizens and make good choices you have to have an adult knowing how to provide them with the support. Professionals come in because there is trouble but we need to getting in before the trouble starts.
- We need services that value and support the first languages of families
- We need to develop the skill bases of the providers – we need professionals skilled in the first language of the families
- We need a lot more Maori and males in speech-language therapy. We also need therapists from many more cultural and language backgrounds
- Identity goes with language
- Importance of the whanau – often doing the best they can with the skills and knowledge they’ve got – but need services – what skills do you need to do the best for your child. NOT an ambulance at the bottom of the cliff. Need teams around the children and whanau – so they can be strengthened before problems start.
- It’s a government policy issue
- Speech language at 2 years related to behaviour at 6 – what do we have in NZ that picks up any needs at 2?
- Children in environments where no one speaks their own language e.g. early childhood settings where there are no speakers of a child’s first language and they are just expected to cope
- Agencies working together is key – we need all the different agencies so the professionals are not in conflict about what the families need. If 5 agencies are involved they probably don’t need yet more.
- Well-child health with at risk children – how do they get services. Even if they have had them when young, there after often no services available for over 8s
- Clarification of well-child – all 2 year olds are screened for language development. B4 Check at 4 years too does include speech screening.

