Social capital in professionals' connections around digital support for children with DLD: beyond the Covid-19 crisis

UNIVERSITY *of* STIRLING

Elspeth McCartney, University of Stirling, UK (elspeth.mccartney@stir.ac.uk)

Joan Forbes, University of Stirling, UK (j.c.forbes@stir.ac.uk)
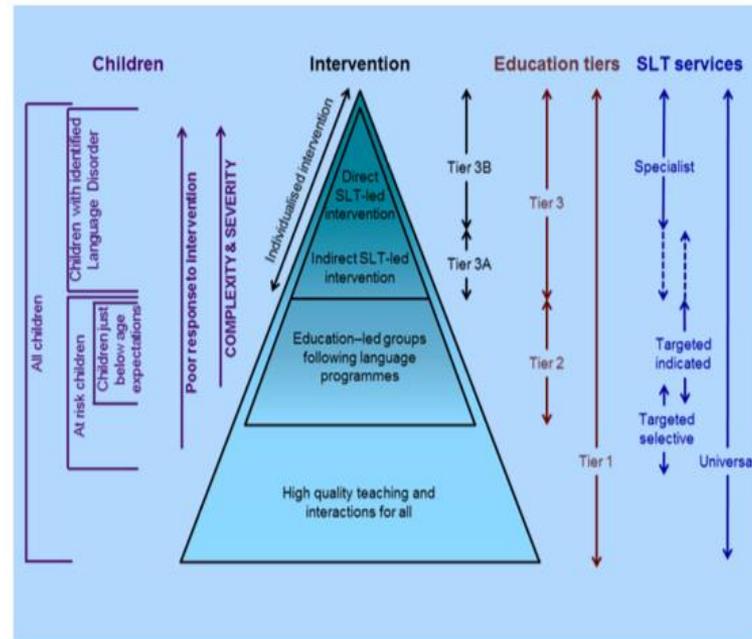
**Professor
Elspeth McCartney**

**Professor
Joan Forbes**

1 Background

- School children with DLD require family engagement, and **close co-professional working** between schools and speech and language therapists/pathologists to provide effective support.

- In Scotland, one of four UK nations, most SLTs work in a **Health Board,** part of the National Health Service (NHS). Most children attend non-selective local schools, run by a **Local Authority** (LA).

- So large, **separate**, health and education organisations must work together so that children with DLD receive **high-quality teaching and** learning appropriate for all; and **school-based language learning** programmes; and **individualised** interventions, planned by an SLT and delivered **directly** by an SLT **or indirectly** by others, including teachers or school-based assistants.

- This model is illustrated in the **next slide** (Ebbels et al., 2019)[1].

2 Model of service for children with DLD (Ebbels et al., 2019)

3 Social capital (SC) relations

- Our previous work [2-7] has used **social capital (SC)** ideas based on those developed by Bourdieu [8,9] to analyse the **co-professional working relationships** that must develop between SLTs and teachers in implementing the tiered model.
- **Bourdieu's SC model** is next described, then applied to recent SLT and school service disruptions caused by COVID-19 precautions.

4 Types of social capital (SC)

- Three **types** of social capital are discussed:

- **Bonding SC** - strong work relationship **within one's own** professional discipline (here, **amongst SLTs**).

- **Bridging SC** - strong relations connecting across to **other professions** underpinned by appropriate intellectual capital (e.g. qualifications,   knowledge and skills). In this presentation, bridging relations with   **teachers** and other educational staff are considered.

- **Linking SC** – good co-practice relations across professional groups' **hierarchies**, underpinned for example by cross-professional working groups; teams and other network structures, and forums set up to deliver coherent 'child at centre' services, to support change towards integrated services.

5 Levels of social capital relations

- Successful co-working requires **bonding, bridging** and **linking** capital developed at **three organisational levels**:

- **Macro-level** – governance and policy level. This includes **Scottish Government** national policy for everyone; **Health Board** policy for SLTs, and **Local Authority** policy for schools and teachers.

- **Meso-level -** institutional level, such as **clinics**, **schools and nurseries**

- **Micro-level** – individual level, including practitioners' **personal/individual** knowledge and skills.

6 COVID-19 disruption

- COVID-19 preventative measures suddenly **disrupted** child services:
- most **schools** **closed:** children learned at home **on-line**, using materials constructed rapidly by teachers;
- the **IT equipment** available in children's homes affected uptake;
- many SLT services were **unavailable**, particularly face-to-face services.

- Three **information sources** **documented** these disruptions:
1. a **survey**[10] commissioned **and published** by the SLT professional body (the RCSLT) outlined disruption to SLT support for children across the UK;
2. an **unpublished survey** of children's services across Scotland by SLT leaders outlined problems due to digital incompatibilities across homes, SLTs, and education services;
3. reports of **rapid actions** taken by an RCSLT Scotland officer to   explain the problems to Scottish Government working parties   set up to tackle digital problems.

7 The RCSLT survey

- The RCSLT **survey**[10] detailed **problems** across the UK.

- 414 responses were received on behalf of child clients aged 0-18 years (**17%** from Scotland). **26%** of the total had been receiving SLT services for **DLD** or another language disorder.

- For 335 of respondents, an SLT had **cancelled appointments** for 67%; 20% had received appointments **online**; 11% by **phone**, and 1% had **cancelled** their own appointments. Some support via printable or online resources was sent by SLTs for home use, but not quantified in the survey.

- Reasons for these changes included **closure** of a premises (school, collegeor health centre) or **redeployment** of SLTs (some SLTs moved to intensive care units dealing with COVID-19 patients).

8 The RCSLT survey of child services cont'd.

- School-based SLT services were **routinely suspended** even after schools reopened. Some children were supported on**line at home**, others **via teachers**, and some **lost** SLT support completely.

- The RCSLT survey also reported that phone and on-line SLT appointments were primarily used to **communicate with a parent or carer,** providing advice and support, but not direct intervention for a child.

- **Inequalities** in home-based IT equipment and **incompatibilities** across public-sector IT systems caused poor communication, wasted time, and negative experiences for educators, SLTs, children and families.

- The rapid commissioning and publication of this RCSLT survey demonstrated **strong bonding social capital** relations at macro (governance and policy) level with the UK professional body (RCSLT); also **bonding** relations within the SLT profession at **institutional** (clinic) and **individual practitioner levels** – amongst SLTs who read and responded to the survey.

9 Impacts of COVID on bridging SC

- However, the RCSLT survey[10] also showed disruption and **breaking** of the habitual contacts and social capital relations that had developed between teachers and SLTs, which are needed to plan and deliver joined-up services. Child service users were **abruptly cut off** from their usual SLT support.

- **Bridging** social capital relations between SLTs and education services that had previously existed may act as a protective factor and be **rapidly re-established** after the pandemic, re-instating previous SLT-school connectivity

- But **re-establishing** previously good co-working SC resources and relationships will need **conscious, focused, confident** efforts built on **mutual trust and confidence**, in order to plan and re-design collaborative practice and collaborative service delivery.

10 The survey of digital problems

- The **second survey** to be discussed was undertaken by SLT lead-practitioners from child services across Scotland (unpublished professional document).

- This reported a **list of barriers** to digital co-working, related to IT policy and practices in and between health and education services

- **Key** points included:

- Remote digital working had been widely used and **valuable**, and will be used in the future, **accelerated** by the demands of the pandemic.

- However, **lack of shared networks** and **practice norms** across health and education digital and technical **resources** and IT policy limits co-working, resulting in unequal service provision for different children.

11 The survey of digital problems cont'd.

- Coherent national **governance and policy level SC** changes across child services are needed to resolve technical and digital-related problems. Problems to be solved include:
- platforms that are accepted by **some, but not all** health or education services;
- differences between education and health services' **IT systems and equipment**;
- difficulties in **sharing reports** recording children's needs;
- variation in acceptability by different services of contact using **social media**;
- technical difficulties in **sending large video files** or pre-recoded talks due to capacity limits;
- security concerns about **sharing child information confidentially** on-line, and indeed agreeing which platforms are secure;
- difficulties for SLTs in securing technical support and **up-to-date IT equipment**.

12 The impact on bridging and linking social capital

- Difficulties in transferring information (such as sharing details of child assessments/progress) was an effect of **inadequate existing SC relations** across child sector services around producing coherent IT networks, norms and trust/confidence relations.

- Cross-organisation IT and inter-personal network breakdowns and difficulties adversely impacted opportunities for strengthening and building-up **bridging SC relations** (i.e. shared knowledge and skills) between SLTs and education services.

- Using and building-up **linking** social capital resources (I.e. connections to/from higher and lower organisational levels) was adversely affected. Safe and secure on-line contact could not be made **across** or **up and down** between health and education service levels.

13 Using the surveys' results

- Results of the RCSLT survey and the SLT child leads' survey were passed to an **RCSLT (Scotland)** national officer, using powerful within-SLT-profession **bonding** SC.

- This officer used her existing **high-level stocks of bridging (across professions)** and **linking (up/down other institutions)** social capital to share both survey's results with relevant health and education decision makers; 'third sector' (i.e. charity) officers; and a Scottish Government working group set up to develop the digital future across public services in Scotland.

- A strategic leader within this working group used it across governance and policy levels, to **inform the content** of a new Scottish government policy document[11].

- Existing **linking social capital** connections were thus employed at all levels to disseminate to partners and decision-makers.

14 Summary

- **Effective use of existing co-professional SC** helped survey and identify IT-related gaps, with opportunities identified for changes and new developments in child agencies' co-working. Notably, dissemination of two SLT surveys **succeeded** in developing linking **SC.**

- However, inter-agency communication processes lacked an established structure, and were inherently uncertain and unstable. Analysis showed the need for built-in, strong, and resilient embedded forms of bridging and linking social networks macro, meso and micro **levels**: governance, institutional, inter-professional and across to families.

- The SC analysis identified that new **IT-related connections** are needed across child services to ameliorate digital challenges.

- Analysis also highlighted that effective within-SLT **bonding** SC was required, and, crucially, high stocks of **cross-agencies' bridging and linking** SC needed to be designed-in and strongly built-up to create more resilient child centred co-practice structures and systems.

- **Non IT-related** shared knowledge and skills relations of **trust** and **confidence**, based on shared networks and co-practice norms, also need to be built-up and embedded for future sector resilience.

15 Conclusions

- This presentation has described rapid and **effective mobilisation** by SLTs to identify COVID-19 related disruptions using survey methods, and to disseminate information to Government and other decision-making bodies.

- However, COVID-19 disruption to services for children with DLD and other language needs was severe, made worse by inadequate IT **within and across** SLT and education services;

- Therefore cross-networks SC disruptions resulted, with communications non-existent or showing **major gaps** and response breakdowns, with confidence in co-practice norms and networks therefore lost.

- If the tiered **model of service** introduced at the start of this presentation is to operate for the benefit of children with DLD, good **co-professional working,** underpinned by **trust and confident engagement,** must be sustained and activated at all levels post-Covid-19.

- Children with DLD and their families require to be put at the centre of coherent, stable and reliable co-professional practice.

- The need swiftly to re-design and build stronger, more certain, more stable **bridging** social capital across professions, particularly between SLTs and teachers/education staff, is clear.

16 Conclusions cont'd.

- Applying **Bourdieusian SC 'thinking tools'** will continue to highlight, inform, and aid new insights and understandings of processes central to creating unified, coherent, ordered and stabilised cross-child sector IT services.

- **Social capital theory**, applied in this small study, has offered tools needed to focus on **relations** (here, **co-work relations**).

- Applying SC theory will also, for example:

  - encourage joined-up **critical reflection** on IT and interprofessional connections and disconnections;

  - reveal cross-sector IT systems **gaps and incoherencies**;

  - inform IT (and other) **connectivity re-design** decisions;

  - and indicate where **coherent coordinated processes** and action post-Covid-19 would benefit all child sector users.

Thank you

17 References

1. Ebbels, S.H., McCartney, E., Slonims, V., Dockrell, J. E., Norbury, C. F. (2019). Evidence-based pathways to intervention for children with language disorders. *International Journal of Language and Communication Disorders*, 54 (1), 3-19.

2. Forbes, J. & McCartney, E. (2010). Social capital theory: a cross-cutting analytic for teacher/therapist work in integrating children's services? *Child Language, Teaching and Therapy*, 26, 3, 321-334.

3. Forbes, J. & McCartney, E. (2012a). Changing children's services: a social capital analysis. In M. Hill, G. Head, A. Lockyer, B. Reid & R. Taylor (eds.) *Children's Services: Working Together*. Harlow: Pearson, pp. 275-287.

4. Forbes, J. & McCartney, E. (2012b). Leadership distribution culturally? Education/speech and language therapy social capital in schools and children's services. I*nternational Journal of Leadership in Education: Theory and Practice*, 15 (3), 271-287.

5. Forbes, J. & McCartney, E. (2015). Educating child practitioners: a (re)turn to the university disciplines. *Discourse: Studies in the Cultural Politics of Education*, 36 (1), 144-159.

6. McKean C, Law J, Laing K, Cockerill M, Allon-Smith J, McCartney E et al. (2017). A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs. *International Journal of Language and Communication Disorders*, 52(4), 514-527.

7. Forbes, J. & McCartney, E. (2015). Educating child practitioners: a (re)turn to the university disciplines. *Discourse: Studies in the Cultural Politics of Education*, 36 (1), 144-159.

8. Bourdieu, P. (1984) *Distinction. A social critique of the judgement of taste*. London. Routledge.

9. Bourdieu, P. (1986) The forms of capital. In J.G. Richardson (ed.) *Handbook of theory and research for the sociology of education* (pp. 241-258). New York: Greenwood.

10. Clegg, J., O'Flynn, P., Just, P. (2021) *Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs*. London: RCSLT.

11. Scottish Government (2018, refreshed 2020). *Scotland's Digital Health & Care Strateg*y. www.gov.scot

12. Rawolle, S. & Lingard, B. (2013). Bourdieu and Educational Research: Thinking tools, relational thinking, beyond epistemological innocence. In Murphy, M. (Ed.) *Social Theory and Education Research: Understanding Foucault, Habermas, Bourdieu and Derrida*. London: Routledge.