

A Review of the Speech, Language and Communication Needs of Young People from Wales in the Youth Justice System

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Executive Summary

Following recommendations made by the Communities and Culture Committee (Welsh Government, 2010) the Youth Justice Board Cymru commissioned a report into how young people with Speech, Language and Communication Needs (SLCNs) were dealt with in the youth justice system. A review of literature as well as practice elsewhere in the UK was undertaken and this revealed how SLCNs impacted negatively on a young person's ability to engage effectively with youth justice. Additionally it was evident that SLCNs are extremely widespread among young people who have offended and that these needs often co-occur with other indicators of disadvantage.

A series of interviews and focus groups was undertaken with representatives from the 18 Youth Offending Teams across Wales. A range of individuals were contacted; ranging from YOT Managers to Education Workers and even Speech and Language Therapists already working in the service. The findings of this review revealed that SLCNs are extremely diverse in nature and that these are often accompanied by other complex needs. Consideration of SLCNs is vital to engagement of young people in the work of the YOS but the diversity of the needs suggests access to a range of specialist professions may be necessary to deliver individualised interventions.

Where Speech and Language Therapists are embedded in a service, they provide additional benefits (e.g. delivering training to other professionals in healthcare, education or court settings) as well as support for referrals and ongoing advice/mentoring to staff and we recommend that this continues. However it is not clear that all YOTs would require such specialist services to be embedded and recommendations are made to support YOT Managers in making informed choices about the services they use. For this reason, recommendations are made about the definition of SLCNs, the quality of screening/assessment tools and the training required for YOT staff in developing appropriate interventions with these groups.

As well as discussions about service provision within the YOS, the results of this review revealed some inconsistencies in access to services outside of youth justice. Therefore recommendations are made about the continuity of service provision and the development of early interventions to identify SLCNs. It was clear from our review that there are young people who have a SLCN identified for the first time when they come into contact with a YOT. This is too late for many young people and undermines the efficacy of any intervention. Therefore recommendations are made about how children and young people are screened outside the service and how successful outcomes of interventions should be measured.

Overall the results of this project support the general conclusion that: young people's SLCNs need to be seen in a broader context of engagement with the YOS and as part of a wider set of needs including mental health, family relationships, engagement with school, employment and training and substance use. Specifically, effective communication with young people associated with youth justice is crucial to developing interventions that address the core aim of reducing re-offending.

Speech, Language and Communication Needs (SLCNs) and Youth Justice

Introduction

According to statistics published by the Ministry of Justice/Youth Justice Board (2013), 210,660 of the 1,360,451 arrests made in England and Wales in 2011/12 were of individuals aged between 10 and 17. There were a total of 137,335 proven offences by young people of which 39,118 (28.48%) were given a community sentence and 66,430 (48.37%) a substantive outcome. Closer examination of the data reveals a decline in first time entrants to the youth justice system and while this is a positive finding (suggesting that early intervention and diversionary tactics are proving effective), this does indicate that those remaining are likely to have more complex needs. In addition, this group are likely to have established patterns of offending behaviour that are more resistant to change and require more flexible interventions to address the behaviour. One such group of needs are those connected to speech, language and communication and addressing these has become of increasing importance in youth justice policy, research and practice. This background section will briefly summarise some of these developments; including research that has been commissioned on prevalence, the importance of understanding and addressing SLCNs, definitions provided by organisations supporting those with SLCNs and a review of practice in Wales, elsewhere in the UK and in English-speaking countries elsewhere in the world.

Definition and Prevalence of SLCNs in Youth Justice

Speech, Language and Communication Needs (referred to as SLCNs throughout the rest of this document) can be extremely diverse and can encompass a range of impairments including stammering and other difficulties in speech production, difficulties in understanding linguistic information, learning difficulties and difficulties in social communication (e.g. as a result of autism). The Royal College of Speech and Language Therapists (www.rcslt.org) includes these difficulties as well as hearing impairments, dyslexia and difficulties with swallowing as conditions that would benefit from interventions from a Speech and Language Therapist (SLT). Similarly, the Communications Trust (www.thecommunicationtrust.org.uk) identifies a broad range of communication needs and highlights the impact of these on a child's/young person's development. Their motto "Every Child Understood" indicates the breadth of their work and simply examining a list of their coalition partners (The Communication Trust, n.d.) indicates the number of conditions that can be included under the umbrella of SLCNs. Organisations as diverse as the National Deaf Children's Society, Ambitious about Autism, Action for Stammering Children, and the National Literacy Trust all form part of the Communications Trust coalition; thus illustrating two important points:

1. Individuals with SLCNs can have extremely complex needs. These can include individuals who show deficits in their production of language, those who communicate very well at first sight but whose understanding of complex language may be impaired and those whose written and spoken language is clear in formal situations but who have difficulty interpreting facial expressions or engaging in social conversations.
2. Any definition produced for SLCNs will, by definition, have to be broad and inclusive. This may present some difficulties for assessing prevalence and indeed may present difficulties for professionals in youth justice involved in assessment and screening.

With these points in mind, a definition produced by "I Can" (a children's communication charity that is part of the Communication Trust coalition; 2011) will act as the working definition in this report:

We use the term 'speech, language and communication needs' (SLCN) in relation to children and young people who have difficulty with some aspects of communicating. This difficulty

may be minor and temporary, or more complex and long term. The term 'needs' refers both to the child's or young person's needs and to what society can do to support them, by looking at the child and the environments in which they play, learn, communicate and live. (Retrieved from <http://www.communicationhelppoint.org.uk/da/Glossary.aspx> on 07/11/13).

With this definition in mind, assessing prevalence within the youth justice system is likely to prove somewhat difficult. A pilot project by Crew and Ellis (2008) at Bradford Youth Offending Team identified a prevalence rate of 74% of young people with SLCNs. SLCNs in this project were identified in two stages; initial referral from staff in the Youth Offending Team and then confirmation of the SLCN in an assessment by a Speech and Language Therapist. Therefore the initial identification was likely to be robust and inclusive while the confirmation was also likely to be robust but exclusive of those with mental health difficulties or behavioural problems independent of SLCNs. Taken nationally, the Royal College of Speech and Language Therapists (2012) produced a dossier of evidence indicating that over 60% of young people within the justice system had SLCNs and that this was significantly impairing their ability to engage with interventions provided. These figures suggest that SLCNs are highly prevalent and therefore of key importance for youth justice practitioners to consider.

Impact of SLCNs in Youth Justice

As well as the sheer numbers of SLCNs present in youth justice, this issue is crucial because of the impact that these can have on intervention. Pierpoint, Iredale & Parow (2010; 2011) conducted a study with adults in the criminal justice system and revealed that some offenders with speech, language and communication difficulties did not understand the nature of their sentences, found it difficult to adhere to their sentence plans and experienced issues with self-esteem as a result of feeling "stupid". For young people, this is likely to be exacerbated due to broader feelings of powerlessness. Snow (2013) identifies that young people are likely to be in a cycle where the SLCNs isolate a young person still further from the justice process and that the frustration may be expressed in challenging or anti-social behaviour. She highlights the difficulties for every stage of the criminal justice process; from an initial police interview through to being able to comprehend and engage with the intervention being delivered.

Another element which needs to be considered is the way that SLCNs may co-occur with other risk factors. For example, a study by Jacobson, Bhardwa, Gyateng, Hunter & Hough (2010) identified that Special Educational Needs (18% vs. 3%), drug misuse (31% vs. 8%) and school exclusions (48% vs. 9.8% fixed-term, 0.2% permanent) were significantly over-represented in children in custody (compared to those outside). All of these risk factors have been associated with SLCNs in other research and it is extremely common for children in custody to have multiple indicators of disadvantage. In fact 70% of the children in this study had a combination of at least two psycho-social & educational indicators **and** at least two home & family indicators. These results do apply to children in custody rather than working with the Youth Offending Service in the community. However, the increased trend towards diversion away from custody and the reduction in first time entrants to youth justice both point to multiple indicators of disadvantage alongside SLCNs being increasingly present in clients of Youth Offending Teams.

SLCNs –Practice within Wales

Policy and practice in Wales for children and young people is based on the 2011 "Rights of Children & Young Persons Measure". This formed the basis for a new Children's Rights Scheme, currently under consultation (until 3rd March 2014) which clarifies and extends the ways that children's rights (as enshrined in the United Nations Convention on the Rights of the Child) can be ensured in Welsh Government activity. The Children's Commissioner for Wales works for all young people under the age of 18 in Wales; and those under the age of 25 who have spent time in care. Part of the remit of the Commissioner is to review the effects of policies, proposed policies and the delivery of services to

children in Wales. The Children's Commissioner for Wales' Strategic Equality Plan (2012-2016) identifies the importance of reducing discrimination and places this as a specific goal. While those with SLCNs are not specifically identified in this document, an increased use of Equality Impact Assessments may help to protect the rights of this group.

The Welsh Government has been concerned about those with SLCNs for almost ten years. In 2007, they commissioned work by CRG Research to evaluate pilot projects in Speech & Language Therapy within mainstream health & education services. Interestingly, one of the findings of this report was that Local Health Boards and Local Education Authorities often had different priorities and this added complexity to the treatment of children and young people with SLCNs. As will be seen when we turn to our findings, this was identified by our interviewees as an issue for those within (and leaving) the youth justice system. However before considering this, the following sections will outline Welsh Government's views on young people with SLCNs in youth justice and provide examples of interventions in other locations.

The treatment of young people with SLCNs in criminal justice formed the basis of a series of recommendations made by the Communities and Culture Committee of the Welsh Government in 2010 regarding the position of children and young people in Wales's secure estate. Three of these recommendations are particularly pertinent to this question. One of these specifically talks about interventions to improve communication (including speech and language therapy):

Recommendation 21: We recommend that the Welsh Government enables pilot work to be done on the potential benefits of speech and language therapy for juvenile offenders: both in custody and on release. (p.11)

The other two recommendations do not mention speech and language therapy but support the case for the pilot work:

Recommendation 19: We recommend that the Welsh Government ensure that all Welsh children and young people in custody have an equal entitlement to education, training and employment as those outside it, ensuring that the educational standard of all those entering custody is both assessed and addressed...every young person in custody has an individual learning plan.... (p.11)

Recommendation 22: We recommend the Welsh Government liaise with the Youth Justice Board to ensure there is adequate training for all professionals and support staff working with children and young people in the secure estate, ensuring that services are child-focussed and tailored to individual needs. (p.11)

Following these recommendations, a total of five Youth Offending Teams in Wales have been involved in work directly with Speech and Language Therapists attached to their services. The success of this policy formed part of the discussion with interviewees from those services. However, other interviews specifically addressed the question of embedding Speech and Language Therapy in order to address these recommendations.

SLCNs - Practice outside Wales

Wales is, however, not the only part of the UK where SLCNs are regarded as important. As for Wales, children and young people's rights are based on those in the United Nations Convention and this applies further afield, including the USA, Australia and New Zealand. Within the UK, the Bercow Report (2008) highlighted the variability in access to support for SLCNs and made a number of recommendations to Westminster. Specifically this report highlighted the importance of early intervention with SLCNs and a continuity of service provision. This provision was recommended to be centred on the family and involving joint working from relevant agencies, local authorities and Government Departments. These recommendations were echoed in a recent response to the

consultation on “Transforming Youth Justice” made by the Standing Committee for Youth Justice (April, 2013). Their response calls for a holistic approach to dealing with young people in the justice system; this approach meeting all of the needs that a particular young person has.

The Communications Trust worked closely with the UK Government when the report was published and continue to report on progress towards achieving these recommendations (see e.g. “A Generation Adrift” which focuses on the way that Education services in England are meeting these recommendations). Examples of integrated “good practice” approaches can be seen in a range of locations. For example, Medway Community Healthcare (2013) is integrating Speech and Language Therapy alongside Occupational Therapy, recognising the links between language and physical difficulties. This is being applied within the Medway Youth Offending Team and the Medway Integrated Prevention Service; initial assessments being done by trained Key Workers and being triaged by a Speech and Language Therapist and an Occupational Therapist. This results in referrals to specialist services if a complex need is identified but in the absence of a referral being made, the Speech and Language/Occupational Therapist will provide advice to the Key Worker about how to develop appropriate interventions to support a young person within the Youth Offending Team/Integrated Prevention Service. If accepted for referral, all parties involved will receive details of a “Joint Therapy Report” which includes strategies for intervention and details of how more specialist needs will be met. This will automatically be sent back to the Youth Offending/Integrated Prevention Service and will be seen by the Key Worker and the Health Manager, the young person and his/her parents/carers will receive copies, a copy will be sent to the School/College and a copy will be retained by the Speech and Language/Occupational Therapist. While this currently has the status of a “pilot project”, such an intervention may well provide integrated and continuous service as recommended by the Bercow Report.

Elsewhere in the UK, the Royal College of Speech and Language Therapists (RCSLT) have been extremely proactive in policy development. In Scotland, the RCSLT has created a “Communicating Justice Coalition” to provide advice to the Scottish Government and representatives from the RCSLT have been involved in Northern Ireland. For example, the Northern Ireland Assembly recently (September 2013) received input from the Royal College and the Youth Justice Agency on “Speech, Language and Communication Needs among Offenders, Victims and Witnesses.” This briefing highlighted not only the importance of effective screening and support for SLCNs in youth justice but also pointed to early interventions involving school and healthcare as being vital to preventing SLCNs from having long-term impacts. For example:

...those are often the children and young people who fall by the wayside, are not identified early enough and then go on to suffer exclusion from school, behavioural difficulties or mental health problems (Alison McCullough, RCSLT, verbal briefing to the Committee for Justice, Northern Ireland Assembly).

Therefore it is clear that interventions to support young people with SLCNs in youth justice are being developed across the whole of the UK and that organisations such as the RCSLT and the Communication Trust are heavily involved in the process. When we examine the situation outside the UK, we also see the influence of these organisations; particularly the Communication Trust. Their publication “Sentence Trouble” (The Communication Trust, n.d.) has been adopted by youth justice services in New Zealand (re-named “Talking Trouble”) and is referred to by Speech Pathology Australia as part of their resources for youth justice in that country. Additionally, work on SLCNs in youth justice in Australia has been informed by the work of Dr Pamela Snow from Monash University; work which is often cited by UK-based organisations in their resources.

The picture is less clear in the United States as no over-arching policy and practice is in place. However, organisations such as the National Council on Disability are influential in this process and have advised the White House on evidence-based practice to meet disability needs in the youth justice system. This advice included learning disabilities and some SLCNs. One additional factor that is more pertinent to this question in the United States is that of assessing/supporting SLCNs when a

young person's first language is not English. Although immigration from e.g. Mexico and the Dominican Republic has slowed, the number of unaccompanied minors has increased (e.g. Byrne and Miller, 2012) and this may well create an additional layer of complexity for the treatment of those with SLCNs in the US. This illustrates that wider factors might need to be taken into consideration when intervening with those who have SLCNs as well as highlighting the diversity of organisations which advise an institution as large and complex as the US Government.

Overall, this review of practice outside Wales reveals several key points. First, effective practice/intervention is based on collaboration between different stakeholders. While the Communication Trust operates as an organisation, it is, in reality, an umbrella for a range of different organisations, **all working collaboratively to address the needs of young people with SLCNs.** As these needs are complex in themselves, ranging from language production difficulties through to social communication needs in autistic spectrum disorders. Therefore coalitions between those with specialist knowledge are essential and consideration will be given to training needs for such a diverse population as part of this project. Second, the nature of SLCNs themselves is that they are complex and may be affected by wider issues, including the language of the speaker. Therefore, wider issues such as mental health, physical disability, learning disabilities and language spoken will be considered in this project. Third, while collaborations such as those facilitated by the Communications Trust are important, individual organisations can be extremely powerful in setting an agenda. Any project assessing the impact of SLCNs in youth justice in Wales will need to consider how such organisations are already involved and the effects this is having. Finally, as for Wales, the rights of children and young people are paramount but when it comes to those with SLCNs, the correct way to ensure these rights is not entirely specified. Therefore this project will consider how individual YOTs might be interpreting the implementation of children's rights.

Project Aims

Six project objectives were included in the tender document produced by YJB Cymru and all were addressed in the interview themes. The objectives are listed in Table 1 below along with the correspondence between project aims and broad interview themes. However while the primary aim of the project was to meet the six objectives set by YJB Cymru, questions were also asked which placed the topic of SLCNs into a broader context. As identified in the background section, SLCNs are often associated with other risk factors such as intellectual disability, mental health difficulties, substance misuse and behavioural problems. Therefore the project team felt it was important to explore how a young person's communication needs would link to these other factors as well as to engagement with assessment and intervention in youth justice. Given the context associated with this tender, the recommendations made by the Communities & Culture Committee in their 2010 report (and detailed above) are considered explicitly in the team's recommendations.

Table 1: Summary of Project Objectives

Objective	Interview Themes (see Appendix One for full list of questions)
How young people in the community youth justice system are screened for speech language and communication needs.	Awareness of SLCNs in client group; co-morbid factors with SLCNs; assessment and screening for SLCNs
Where screening takes place, the nature of the speech, language and communication needs identified.	Awareness of SLCNs in client group; co-morbid factors with SLCNs; assessment and screening for SLCNs
How young people in the community youth justice system are assessed for speech language and communication needs where they have been identified and where needs are identified, how these needs are met.	Assessment & screening for SLCNs; planning interventions and services
Is post screening treatment and assessment delivered in-house or referred to external services provision and if so, what is the standard of service delivery?	Planning interventions and services; general perceptions
Identifying examples of potential good practice (this can be from examples gleaned from this review but also from the youth justice system as a whole)	Planning interventions and services; general perceptions
What training do Youth Offending Team staff receive around speech, language and communication needs and what does this enable them to do (e.g. screen young people)?	Training and professional development; assessment and screening for SLCNs; planning interventions and services

Methodology

A broad set of questions/themes (Appendix One) were generated drawing on the project aims as outlined in the tender document. These were approved by the Project Manager at Youth Justice Board Cymru and by the School of Psychology, Early Years and Therapeutic Studies Ethics and Professional Practice Panel; the latter giving overall ethical approval for the project. Youth Offending Team (YOT) managers at every YOT in Wales (n = 18) were approached about the project, initially by email and with telephone calls as follow ups if necessary. All managers were sent details of the project as well as a copy of the questions/themes and were asked if they would participate or would involve one or more of their service’s staff in the interviews. Interviews (21 in total with a total of 29 participants) were conducted in three ways:

- 1) Individual face-to-face interviews; either recorded for later transcription or with notes being taken. Nine interviews were conducted in this way – four with YOT managers, three with other YOT staff (operational managers, case managers), one with a “Communication Champion” attached to young people’s services (including the Youth Offending Service) in the region and one with an accredited Speech and Language Therapist embedded in the YOS (Youth Offending Service) and shared across two regions.
- 2) Group face-to-face interviews; either recorded for later transcription or with notes being taken. Six interviews were conducted with groups comprising a combination of different roles including: YOT Managers, Operational Managers, Case Managers, Education and Training Officers, Healthcare workers and Communication Champions.
- 3) Individual telephone interviews; with notes being taken of the conversations. Six interviews were conducted by telephone, all with YOT Managers.

As well as the interviews, the team were able to gain information from YOT Managers and other staff about screening and assessment procedures and examples of training materials. Additionally the team had opportunities to examine materials used for interventions with young people and were even able to review some examples of case histories (with identifying information removed). Finally the team reviewed existing policy and practice from youth justice elsewhere in the UK, in the USA and in Australasia. Much of this information is presented in the background section above although details of policy and practice are used to illustrate and support themes derived from the interviews.

Regional Characteristics of YOS in Wales

There are a total of 18 Youth Offending Teams (YOTs) spread across Wales (Table 2 presents a list of all 18 grouped by geographical region).

Table 2: Details of Youth Offending Teams in Wales

North Wales			
Wrexham	Flintshire	Conwy and Denbighshire	Gwynedd and Yns Môn
Mid-Wales			
Ceredigion	Powys		
West and South-West Wales			
Carmarthenshire	Pembrokeshire	Neath Port Talbot	Swansea
South-East Wales			
Cardiff	Newport	Torfaen and Monmouthshire	Vale of Glamorgan
Bridgend	Merthyr	Rhondda Cynon Taf	Caerphilly and Blaenau Gwent

These vary in size of geographical area covered, population and position within the local authority. For example, the YOT in Ceredigion covers an extremely rural area, has strong links to the local schools and the Local Education Authority but has a smaller group of service users than some of the teams in South East Wales. This allows for early interventions to be implemented through schools with those “at risk”. The YOT in Gwynedd and Yns Môn is also based in a predominantly rural area but has distinct groups of service users; including those whose first language is Welsh and those who

transfer into the service from other counties or from England. The sheer size of the area covered by this service and the transport infrastructure presents its own challenges in terms of the practicalities of visiting service users. This has implications for group interventions. Surprisingly, however, the question of SLCNs in first-language Welsh speakers was not, however, identified as an issue by the interviewees. In contrast, the YOT in Newport is based in a much smaller and more urban area and the interviewee here was unable to recall an occasion in the past 10 years where an assessment was required in Welsh. However, for Newport, challenges presented by other languages such as Polish and Urdu were more likely to occur and steps have been taken within this service to enhance access to (and training of) interpreters for those whose first language is neither English nor Welsh. Swansea YOT benefits from a Bureau model where young people who meet a set of core criteria can be diverted prior to attending court into a “Bureau Clinic”. This has the benefits of not criminalising those who would benefit from intervention and for whom prosecution would not be the most useful approach. This means that the majority of interventions delivered by this YOT are short-term. Such diversionary measures apply to other YOTs (e.g. Cardiff’s “Triage” model) and this has led to a smaller overall group of service users but an increase in the proportion of those having extremely complex needs.

Regional variations in factors such as client populations have an impact on the approach taken to SLCNs and this has been identified as part of the analysis.

Analysis

Interviews were either transcribed verbatim or notes were made of the conversation. These transcripts and notes were then subject to an inductive thematic analysis (Braun and Clarke, 2006) which involved several stages. First, the transcripts were read and re-read with points of interest being noted. These points of interest were organised into themes which were confirmed by re-reading the transcripts/notes. The themes were then organised into six superordinate themes and quotes or examples were identified for each. The themes were:

1. Definition and assessment of SLCNs;
2. Different approaches and strategies used by YOTs to address the needs of their service users;
3. Embedded services vs. access to external specialists;
4. Continuity of service and access to support for SLCNs outside/beyond youth justice;
5. The impact of SLCNs on wider engagement with intervention;
6. Effective evaluation of outcomes.

These themes are very closely linked with one another and, although discussed separately for the purposes of presentation, should be considered as different facets of the same over-arching conclusion; **that young people’s SLCNs need to be seen in a broader context of engagement with the YOS and as part of a wider set of needs including mental health, family relationships, engagement with school, employment and training and substance use. Specifically, effective communication with young people associated with youth justice is crucial to developing interventions that address the core aim of reducing re-offending.**

Good practice case studies were identified for these themes and are included in boxes throughout the text. These are presented to illustrate the issues identified as well as to provide concrete examples of how such issues might be addressed. They are not meant to represent an exhaustive picture of the practice throughout Wales.

Definition and Assessment of SLCNs

Understanding of the different types of SLCNs was extremely diverse across the YOS. All interviewees had the experience of meeting at least one YOT Manager/Operational Manager who began conversations by saying that their work associated with SLCNs was limited before going on to describe practice that fitted well into addressing these needs. This illustrates that a number of Managers within the YOS in Wales could benefit from clearer guidance as to how their existing practice **does** fit with a goal of meeting SLCNs.

As identified in the background section, SLCNs are incredibly diverse and can encompass issues around autism and intellectual disability in addition to difficulties with language production and comprehension. A good place to start may therefore be with a clear definition of what is actually meant by SLCNs. Speech and language difficulties were identified as relatively rare by our interviewees but communication needs were considered to be much more widespread:

I would perhaps define it as, I think the add-on of communication from my perception is quite new, you know you hear of speech and language therapists and the communication seems to be a bit of an add-on. And I think communication for us is perhaps one of the more significant because if we are not communicating with a young person correctly from the start, how do we know that our intervention is being productive, and how do we know that we are addressing what we want to address? (Participant A, lines 8-13).

The quote above illustrates not only the perceived difference between “speech and language” and “communication” needs but also the centrality of communication needs to the work of the YOS. Inability to communicate effectively with young people hits the prospect of engagement with interventions, the ability to form effective relationships with service users and reinforces the perception that those in authority are unable or unwilling to connect with the young person themselves. For services which had access to, or had embedded, Speech and Language Therapy as part of their interventions, there was a clear awareness that SLCNs were broader in nature and could include difficulties with emotional literacy as well as speech production or comprehension.

Interestingly interviewees from YOTs which either had access to Speech and Language Therapy or had received training from organisations such as Afasic Cymru, the Royal College of Speech and Language Therapists or the Communication Trust tended to give higher estimates of the prevalence of such issues. We were often given an estimate of between 60 and 70%; reflecting the prevalence estimates found in published academic research and cited by the Royal College of Speech and Language Therapists (2012). Other interviewees gave prevalence figures of 10 to 20% although gave higher estimates when asked to reflect on broader communication difficulties; these latter figures were often between 60 and 70%. A distinction was also found between estimates of those **displaying some form of** communication difficulty and those having **formally identified** communication needs. Estimates of identified SLCNs were much lower than the 60 to 70% and were

Box 1: SLCN Screening Questionnaire – Neath Port Talbot YOT

As with services in North Wales, Neath Port Talbot YOT has a Speech and Language Therapist attached to the service on a part-time basis. Upon appointment, this individual helped to develop a detailed screening questionnaire for SLCNs. The tool is designed to be used by case managers to identify issues that are then referred to specialists (including the Speech and Language Therapist) within the service. The screening can be based on an observation of the young person’s communication during their initial interview as well as communications observed in custody and during court proceedings. Members of staff within this service are trained in its use and the tool was also highlighted by managers of two other YOTs as something they would like to incorporate into their own assessments.

in some cases as low as five or 10%. This was highlighted by interviewees as being a weakness of some assessment processes used outside of youth justice, including those applied in educational settings. A number of interviewees cited examples of parents/carers who had struggled to obtain support from mainstream services; whether this included statements of educational needs, confirmed assessments for Autistic Spectrum Disorders (ASDs)/Attention Deficit Hyperactivity Disorder (ADHD) or identified learning styles. This situation is often compounded by difficulties experienced by parents and caregivers in understanding terminology used by professionals:

Yeh and often the parents struggle to understand what is going on in the room at meetings. And for parents to be able to support young people then after... (Participant B, Lines 46-47).

Other interviewees identified differences in terminology used by professionals from different services to describe similar phenomena, potentially causing confusion for case managers within the service. Despite that some extremely good practice was identified around training to raise awareness and this will be returned to when discussing the relative merits of embedding vs. accessing external specialists. Although some difficulties were identified in determining the actual prevalence of SLCNs within youth justice, the team saw evidence of some extremely good practice in assessment and screening and an example is provided in Box 1.

Services with embedded speech and language therapy provision often used more detailed questionnaires developed in conjunction with the speech and language therapist. However without ongoing mentoring and/or access to a speech and language therapist for support, a high level of detail could be counter-productive:

I would like to have a validated tool to say you know...And something that is actually...I think (interviewee mentions name of a tool used elsewhere in the YOS) is quite complex and actually they did a day's training which was like, a presentation. Now I sat down with two members of staff and went through the assessment with them...and um I understood the assessment because of my background but if I hadn't had that background I think I would have been struggling... (Participant C, Lines 395-400).

In contrast to this, interviewees from another service which had received similar training found this extremely useful because they could immediately identify examples from their own case loads that fitted these criteria. However even these interviewees identified that keeping all staff in the YOT up to date with the assessment of SLCNs was an ongoing process and that staff understanding may be at least partially dependent on the ease of identifying specific service users to illustrate the topics discussed.

Additionally, it was clear that assessments were only one element of the process. For example, several YOT Managers expressed frustration if, on having completed a detailed assessment of SLCNs, no services were available within the timeframe of a youth justice intervention or the direction of referral was ambiguous. A number of interviewees, for example, highlighted that they collected data on a young person's learning style but this did not always result in a fully tailored intervention. This suggests that an effective screening tool needs to meet several criteria:

Box 2: Innovation in Screening Tools – Cardiff YOT

At Cardiff YOT work is ongoing to develop an overall screening tool which is fully evidence based. During this development work, questions about SLCNs are being evaluated alongside those to assess other difficulties (e.g. mental health, physical health) and the most effective questions from each topic area are then being included in an overall screening measure. This is currently being developed and will be tested for its reliability and validity in the next three years.

1. Straightforward enough for case managers to implement it effectively.
2. Supported by a training programme that illustrates the utility of the assessment tool for practice.
3. Clearly identified referral routes following assessment.
4. Detailed enough to discriminate between referral routes while not being too onerous to apply on top of screening for other needs.

Part of the discussion about screening and assessment included how SLCNs would be assessed on AssetPlus¹. Currently the Asset screening tool used by the YOS does not include any assessment of SLCNs and interest was expressed as to the way that this would be incorporated into AssetPlus. Opinion was divided about the flexibility of the questions to be included and whether this would put case managers into the position of having to make more “clinical” decisions. While some interviewees welcomed the possibility of being able to “tailor” interventions to the young person in question, others expressed concerns about case managers’ abilities to assess such a wide range of issues. This would reflect Participant C’s concerns; particularly if some training were to be delivered in presentation form without ongoing mentoring and support.

Finally with regard to assessment and screening was the recognition by many interviewees that SLCNs were only one of a number of needs that a young person experienced. Interviewees discussed a range of co-morbid factors ranging from mental health and substance use issues to difficulties with attachment, impairments in cognitive functioning and the experience of trauma such as being a witness to (or victim of) domestic violence. Physical issues, including those with eyesight and hearing were also identified and some interviewees expressed concerns that these had not been addressed sooner; particularly as these were relatively easy to rectify. Further, many young people had already been misclassified as having “behavioural problems” including ADHD or even conduct disorder. For this reason, many services highlighted work they were doing in conjunction with pupil referral units (PRUs) to increase awareness of the links between communication difficulties and challenging behaviours. This reflects work completed by the Communications Trust (“Sentence Trouble”) who themselves linked with organisations such as the Royal College of Speech and Language Therapists, the Dyslexia-SpLD Trust² and the Autism Education Trust. Therefore assessment/screening for SLCNs should consider these within the wider picture of a young person’s needs. An example of how this is being achieved at Cardiff YOT is included in Box 2.

¹ This is the new YJB assessment and planning framework which will ultimately replace Asset. AssetPlus incorporates a set of SLCN questions, based on the Royal College of Speech and Language Therapists screening tool. This is intended to assist YOTs to determine if further action is required, which could be another assessment or referral to a specialist service (such as a speech and language therapist, CAMHS or paediatric services).

² SpLD refers to Specific Learning Difficulties.

Different approaches and strategies used by YOTs to address the needs of their service users

If some variability has been seen in assessment and screening, a range of strategies is in place to address SLCNs in service users in the YOS across Wales. Based on the responses given to the project team, currently five of the 18 YOTs have access to a Speech and Language Therapist embedded at least part-time in their services. Others have access to specialist Speech and Language Therapy in mainstream services in their region. However services which do not have strong links with Speech and Language Therapy make use of other professionals with expertise in SLCNs. For example, several interviewees identified strong working relationships with Educational Psychologists based within their local authorities while others formed clear links with organisations such as Careers Wales to complete work around effective communication for employability. Additionally some services drew heavily on the experience of Community Psychiatric Nurses (CPNs) or Child and Adolescent Mental Health Service (CAMHS) workers. While it was recognised that these two groups of professionals had different skills to Speech and Language Therapists, the experience gained from assessing mental health and substance misuse difficulties was often useful in making initial assessments. Individuals with suspected SLCNs could then be referred to specialist Speech and Language Therapy or Educational Psychology services as appropriate. There were even links with Clinical or Forensic Psychology services or professionals with training/qualifications in Applied Behaviour Analysis; this last group implementing interventions of particular use for clients on the autistic spectrum. Several YOTs were particularly aware of issues around autism (this was highlighted at Caerphilly & Blaenau Gwent, Powys and Bridgend services in particular) and their interviewees talked knowledgeably about these issues:

Autism's a very broad spectrum ... We have had a few Aspergers cases where they take things very literally sort of thing, whereas others might think about it a bit more widely. That's sort of a prime indication in terms of the autism. But we do have a few people here on the autistic spectrum but it depends where they are on the spectrum in terms of how it then affects their communication. (Participant D, Lines 157-161).

Strategies that have been put into place across Wales illustrate the capacity of YOTs to be flexible and creative with their young service users and to tailor interventions to the individuals themselves. While some YOT Managers highlighted that progress was still to be made towards supporting SLCNs, the range of strategies being used suggests a positive direction of travel. For example, one YOT Manager described how addressing SLCNs was an integral part of engagement with the young person and explained that both staff and service users completed learning styles questionnaires. The results of these were, where possible, used to match staff and clients in terms of their own learning styles. This was echoed by interviewees from another YOT:

From my point of view, it's about having a level of understanding and thinking about how we are going to effectively communicate with individuals who have all got different learning styles, and making sure that they understand what we are saying. And that we are able to understand, either directly or indirectly through someone else, what that individual is actually trying to communicate back to us. (Participant E, Lines 8-12).

Further, work by the Speech and Language Therapists in other YOTs includes revising standard communication sent to young people and their parents/caregivers to ensure that these are accessible to those with a range of SLCNs. This work is wide ranging encompassing training for professionals from other agencies/services which improves the quality of other formal communications for those with SLCNs. For example, work done by embedded Speech and Language Therapists in North Wales has included training for magistrates to raise awareness of SLCNs in court and is progressing to training delivery for custody sergeants so that SLCNs are recognised earlier in a young person's contact with the criminal justice system.

Some YOTs (including those who do not have access to Speech and Language Therapists) also include young people and their parents as “assessors” of information leaflets and standard communications to identify any potential communication issues before they are put into practice. Finally, examples of good practice were seen when applying the outcome of learning styles assessments to interventions. For example, Swansea YOT reported the use of iPads during interventions; both to engage young people through different communication modalities and to reflect the increased importance of such technology in a young person’s everyday life. This links to the fifth theme identified from the interviews; namely the importance of engaging young people with assessment and intervention and highlights the links between ability and motivation for those with SLCNs. A further example of good practice around learning styles was noted at Ceredigion YOT and can be seen in Box 3. Crucially it is important to note that all of the existing approaches have merit and the variability in methods may in fact reflect what YOT Managers and Operational Managers have identified as appropriate for the characteristics of their service users. Further, although some interviewees identified that they could be doing more to work with SLCNs the clear majority had a strong rationale for the work being done and evidence of the efficacy of this work such as positive feedback from individual service users and evidence of increased take-up of educational opportunities from cohorts involved in the revised scheme. However, one thing that the team did note was evidence of a lack of confidence among some interviewees that their strategies were appropriate. This links to the first theme identified; if we lack clear operational definitions of what we mean by SLCNs then how can we be clear that we are implementing appropriate strategies to deal with them? Further, even if we have strong definitions and good methods of assessment, staff members in YOTs need to be confident about the referral routes available in their area and when each is appropriate. We found evidence of some very strong links between YOT staff and mainstream services, as discussed in the next theme, but also some confusion about where to refer more complex cases. Again this is discussed in the next theme.

Embedded services vs. access to specialists

As part of this project, a range of practice was identified in terms of embedding specialist services within the YOS. As mentioned above, five YOTs had a Speech and Language Therapist embedded part-time and where this was occurring it was working extremely well in terms of allowing staff to easily obtain advice, conduct assessments and raise awareness of the issues of SLCNs in youth justice. All interviewees from these YOTs highlighted the “added value” of embedding the specialist into the service; both from the perspective of the Speech and Language Therapists themselves and from that of the Case Managers, Communication Champions and Operational Managers. For example, the Speech and Language Therapist attached to Wrexham and Flintshire Youth Offending Teams is currently completing Continued Professional Development in the form of CAMHs (Child and Adolescent Mental Health) training through a local University. This arose as a result of her work with the YOS and recognition on her part that a greater understanding of mental health issues would enhance her own practice. Another interviewee described the importance of

Box 3: Intervention Toolkits Based on Learning Styles – Ceredigion YOT

A member of the project team visited this YOS as part of the study. It was clear that work on learning styles was not just based on assessment. Instead work had begun on translating standard interventions used in the youth justice system to make them more suitable for different learning styles (visual and kinaesthetic in particular). A box of tools for an intervention based on anger management was demonstrated; including mannequins for young people to indicate where they experienced physiological symptoms of anger and exercises using visual representations of concepts. Initial feedback from service users has been very positive, as evidenced by engagement with the activities and progression to employment and training opportunities. Further formal evaluation is underway as is the development of a toolkit for a second intervention.

an embedded service with reference to their frustration about access to the previous (mainstream) service:

...I did find it was really difficult referring them from the communication screen (this service uses a straightforward screening tool for communication issues) to mainstream speech and language... (Participant F, Lines 117-118).

This frustration was compounded by the difficulty of re-referring service users who did not attend initial appointments with mainstream Speech and Language Therapy services. Due to the scarcity of provision and the information required to get a successful referral in the first place, failure to attend first appointment would often result in a significant setback:

...if they didn't turn up, then you had to re-refer those, they were discharged straightaway from mainstream here, which is so frustrating with the clientele that you work with... (Participant F, Lines 129-131).

Similarly, interviewees from the services in North Wales and Neath Port Talbot all described the benefits of having an embedded Speech and Language Therapist as being much greater than they anticipated when the individuals were appointed. While the Speech and Language Therapists were able to conduct referrals and complete interventions with young people themselves, they were involved in far more activity. Benefits ranged from being able to advise informally on the appropriateness of an intervention with a specific young person through to being able to raise awareness of how SLCNs would impact on behaviour in schools, healthcare settings, courts and police stations. Work being undertaken by the Speech and Language Therapist in Gwynedd and Yns Môn/Conwy and Denbighshire on awareness of SLCNs is highlighted in Box 4.

What was clear from our review was that the existing embedded services are working well. These have additional benefits beyond access to assessments, referrals and direct interventions. They provide continuity and a point of contact for the staff in these YOTs and their counterparts in mainstream services. This was reflected in the unanimous positive feedback from those services employing Speech and Language Therapists. Further, other interviewees indicated that sharing Speech and Language Therapy provision with colleagues in neighbouring YOTs would be desirable (e.g. a shared Speech and Language Therapist across the Gwent region). However, just as a range of strategies are also in place, some YOT Managers and Operational Managers expressed concerns that **having** to embed a Speech and Language Therapist within their services would not be the most effective use of their resources.

Some interviewees identified that SLCNs were only one aspect of a young person's complex needs, others that the majority of SLCNs in their service users were straightforward and could be addressed by appropriately trained Education Workers, Careers Advisers (some of whom had been trained as Learning Coaches), CAMHs workers or Community Psychiatric Nurses. Training and information provided by the Communications Trust, Afasic Cymru and the Royal College of Speech and Language Therapists was highlighted by interviewees as a means of enhancing the skills of existing professionals.

Box 4: Training to Raise Awareness of SLCNs: Gwynedd and Yns Môn/Conwy and Denbighshire YOTs.

All of the embedded Speech and Language Therapists in the Welsh YOS are involved in training and an example of how this is being done can be seen in these two services. Delivery of training has taken place within the YOTs themselves, with staff in local schools and pupil referral units, with healthcare professionals, social workers and magistrates.

Training is designed to increase awareness of the different types of SLCNs, the impact these have on a young person's comprehension/engagement and "simple yet effective" ways of addressing SLCN in practice. Feedback on the training has been positive and work is currently underway to deliver training to custody sergeants.

Other interviewees identified that the SLCN itself was part of a broader cognitive or socio-cognitive impairment and that a more formal assessment of dyslexia or autism was required. Access to services was variable across regions, however, and links to Educational and Clinical Psychology services in particular were often characterised by long waiting lists. This was a frustration for many interviewees given the fact that a young person's contact with the YOS is short-term and determined by the requirements of a statutory order. Failure to obtain an appropriate assessment and advice on intervention in a timely manner might well impact on the efficacy of the overall contact:

...if you think about delivering services to young people, you know for example it's not much good doing 20 sessions of a particular offending behaviour programme...if you haven't worked out whether or not the way you deliver that programme is the most appropriate way for that young person...so you can tick the box to say you have done the programme but actually you haven't achieved anything... (Participant G, Lines 16-21)

One aspect which was highlighted by interviewees was the necessity of drawing on both Health and Education services (e.g. Local Health Boards) to provide the best assessment and intervention for a young person. While some interviewees reported that they were able to access both aspects well, this was not always the case. Some interviewees reported that these services were not always well integrated and in some cases the links between a YOT and Health/Education services was determined by the positioning of the YOT within the local authority. If positioned as part of an Education/Employment and Training service, links to local schools, Pupil Referral Units and Educational Psychology services were stronger; if relationships were closer with Health/Social Care were closer, links to specialist services in the NHS were better established.

Given the nature of SLCNs, clear communications between Health and Education services is important and our review revealed that this was not happening consistently. In fact, on further questioning of some of our interviewees, including specialist services within YOTs was a way of circumventing this issue and some participants expressed frustration that the YOS was "having to pick up" issues that should already have been addressed by mainstream Health, Social Care and Education services. Given the responsibility placed in the 1998 Crime and Disorder Act on **all** statutory agencies to co operate in the reduction of reoffending by young people, it could be argued that screening and strategies for intervention should be a responsibility beyond youth justice. Based on our findings, we feel there is a danger of youth justice services having to compensate for inconsistent screening and intervention in mainstream services and that this creates issues for continuity of service outside of the youth justice system.

Continuity of service and access to support for SLCNs outside/beyond youth justice

Participants identified several issues associated with the continuity of service provision. First, and most fundamental to work with young people, was the requirement that existing embedded services needed to be retained. Several YOT Managers/Operational Managers cited examples of breaks in service provision that were beyond their control, unexpected or sudden. Given the importance of engagement in successful treatment completion and the detrimental effects of non-completion on reoffending rates (McMurrin, Theodosi & Sellen, 2006; McMurrin & Theodosi, 2007), continuity of existing services is vital. This was highlighted by interviewees as being particularly important for the type of clients in the YOS as breaks in provision often reinforced a young person's mistrust of adults in agencies/professional organisations (or in some cases of adults in general). Several interviewees highlighted that the client groups in their YOTs were often the more complex cases, were older adolescents or were persistent offenders. Therefore by the time that an SLCN was identified in youth justice, a young person would already have disengaged with school, have experienced frustration in communication in social care settings and have often been misclassified as having a behavioural

problem. For this reason, interviewees who were able to refer to a Speech and Language Therapist or another appropriate professional never regarded this as a “wasted referral.” Sometimes this would result in an SLCN, cognitive need or difficulty in social communication being identified, at other times a behavioural problem would be confirmed. Either way this gave the Case Manager a much clearer picture of a young person’s behaviour – and this could enhance engagement.

The second element of continuity ties in strongly with the previous theme. Some of our interviewees discussed the relative responsibilities of those inside/outside youth justice to provide a continuous service for assessment and intervention. Specifically concerns were raised that SLCNs had not been identified until a young person was being referred to a Youth Offending Team and some interviewees highlighted the different agencies that a person would have had contact with before getting to this point. There was a clear feeling that failure to identify an SLCN at an earlier stage indicated an issue with service provision in Health and/or Education services. At the point of engagement with youth justice, an SLCN is already well established as are an individual’s strategies to cope with the manifestation of the SLCN (for discussion of this see Pamela Snow’s work; e.g. Snow, 2013). Therefore intervention at a much earlier stage is necessary.

Related to this is the question of continuity of service provision once a young person leaves the youth justice system. Some interviewees raised concerns about how well statements of learning needs produced by Educational Psychologists or other requirements identified during assessment would be transferred to mainstream services upon discharge. While many of the interviewees we spoke to had created strong links between their teams and other services (or reported that other staff members had created such links), Case Managers had limited authority to request ongoing service provision after discharge. Interviewees provided examples of young people who had not been able to access mainstream services on leaving youth justice as well as those who had struggled to access this while in the system. For example, a young person who was excluded from school due to behavioural difficulties might have an unidentified SLCN. However we were provided with examples of young people who would not be allowed back into school following a youth justice intervention; even if the YOT had identified an SLCN through assessment.

As another example, the lack of school nurse support was identified; in cases where issues with physical health, eyesight and hearing could exacerbate or explain apparent SLCNs, school nurse support and links to general practice would be a cost effective way of addressing these difficulties. This has proven to be effective in locations where it has been reintroduced (e.g. Swansea and Powys) and a project which has been proposed by Cardiff YOT provides a practical example of how such interventions **could** work. The project is being discussed with a number of external optometrists including the Optometry Department at Cardiff University and concentrates on the links between apparent communication difficulties and short-sightedness. If this project were to be developed, young people would be given eyesight tests and having their difficulties corrected to determine if this is a first step to resolving some SLCNs. While SLCNs cannot in general be explained by these types of difficulties, the ability to see and hear (or to have difficulties corrected/accommodated) has to be an essential precursor to effective communication. However the fact that this project is currently an aim rather than a reality illustrates the need for such relationships to be underpinned by practical means of support and co operation. Other good practice interventions linking youth justice to outside provision would include the links between the Symud Ymlaen project and Newport YOT (providing work experience, opportunities to gain vocational skills/qualifications and pre-work experience preparing young people for work), the links between several YOTs (including Carmarthenshire and Ceredigion) and Careers Wales, work on raising awareness of autism at Merthyr YOT and the multi-agency working implemented by Rhondda Cynon Taf YOT. While this involves (at minimum) a number of agencies attending high risk panel meetings, the quote below illustrates how this relationship is often closer in practice. Specifically the police, case manager, social workers, healthcare workers and education workers can identify issues much faster and can intervene before a single instance of behaviour slips back into an established pattern. Further, this raises the possibility that a consistent message can be presented to a young person with SLCNs; providing a level of continuity that might be present in the past:

...when we have a young person that comes to us for the first time, the police every morning would check the police computer and there would be...flags on there. So if there was any particularly concerning behaviour that the police had flagged up, then that would be highlighted. Now if it's a case where a case manager had been working with a young person for four months and suddenly things don't appear to be quite right...then case managers would have the capacity to go back to the police internally and get some more information. (Participant H: Lines 229-237).

The final issues with continuity related to concerns about age-related transitions. These took two forms; transition from youth justice to adult services and transition within schools (mainly from primary to secondary education but also within secondary education e.g. when moving to GCSE, and from school to college/training after the age of 16). Both were identified as times in a young person's life where additional stressors could be present and where it was possible for a person to get "lost" in a new system. For those with SLCNs, the transition from primary school to secondary school was identified as problematic as it often involves a transition from smaller to larger class groups, fewer personal links with individual teachers and less tolerance of coping strategies appropriate for younger children. It was identified that young people might develop challenging behaviours in classrooms as an expression of frustration at inability to communicate. As schools may have different priorities and capacity to cope with SLCNs in mainstream classrooms, such challenging behaviours would lead to the involvement of a Pupil Referral Unit or, in extreme cases, exclusion from school. While specific questions about school interventions were not asked of all interviewees, those who were questioned about this indicated that their services were heavily involved in work with teachers. This included raising awareness about the links between SLCNs and challenging classroom behaviour, identifying children at primary school who were showing early warning signs of academic disengagement and linking with schools via Education Officers to discuss the impact of learning styles assessments. Additionally, some interviewees identified work that was being done to support young people in the transition to college/employment experience; although others felt this was an area that needed to be developed further. Further, teams such as those based at Wrexham and Flintshire and Neath Port Talbot have been involving their embedded Speech and Language Therapists in such activity.

In terms of the transition to adult services, this was identified as a significant concern by several YOT Managers. Concerns were expressed that older teenagers in the youth justice system not only presented more complex and established needs (making them less responsive to intervention) but were also closer to being transferred to adult services without clearly identified referral routes. For those who have SLCNs, communication is already an issue. For this reason, several YOT Managers referred to work they were doing with adult probation and mental health services in particular to facilitate successful transitions. However even those interviewees who identified this was part of their work indicated that it was a "work in progress" and an area they wanted to develop in the future.

Box 5: Use of Exit Questionnaire to Assess Experiences of the Service – Carmarthenshire YOT

Discussions with the YOT Manager here revealed that Carmarthenshire put the notion of "engagement" at the heart of their practice with young people. This includes the matching of staff and service user learning styles and tailoring group and individual interventions to a young person's needs (including SLCNs). However the team also have young service users complete an exit questionnaire which assesses their experiences within the service. These are then discussed within the team and used to enhance practice in subsequent interventions.

The impact of SLCNs on wider engagement with intervention

Although this was the fifth theme identified in the review, this was the aspect which most clearly united the interviewees. The team received unanimous agreement that SLCNs were a significant barrier to engagement with the YOS as well as to wider engagement with the social world:

I mean generally in social interactions. Um, so interaction with shop keepers, police, when they come into contact with the police and ability to make and sustain friendships is another major one. Young people would struggle in forming effective and positive friendships in the beginning because of inability to sort of read other people and to be able to communicate effectively. And by forming negative relationships with others then, it can be a sort of spiral sometimes. (Participant I, Lines 78-83).

I also think ...it's about their own frustrations at not being able to say what they want to say, so they come across as being really aggressive but it's actually that they are not able to communicate with us. (Participant J, Lines 28-30).

Engaging young people was identified by a number of interviewees as the primary role of the YOTs because it was only through this engagement that the key priority of reducing reoffending could be addressed. Work with SLCNs by Speech and Language Therapists presents an interesting case example here because all interventions including these groups are voluntary. Perceptions from interviewees where Speech and Language Therapists were embedded was that the young people involved could clearly see the benefits if this information was presented to them in the right way. An essential element of this was the assessment that a person had experienced. As the majority of assessments are already completed to identify needs without making a young person feel threatened, the intervention from a Speech and Language Therapist just becomes another way to address this need. However it is unclear from our review what impact there would be if a young person were **compelled** to complete this element of intervention.

Research based on self-determination theory (Ryan & Deci, 2000) indicates that intrinsic motivation is a key driver for behaviour change. If services such as this are offered on a voluntary basis and a young person can see the benefits, this is likely to produce more lasting change than introducing an element of compulsion. Additionally, some YOT Managers expressed concerns about the availability of qualified Speech and Language Therapists to meet demand if this were made a definite service within all YOTs; compelling young people to complete assessment and intervention here is likely to place further pressure on a resource already perceived as scarce.

As well as engaging young people with SLCNs, some interviewees discussed broader aspects of engagement; identifying ways of improving communications and interventions with a view to enhancing engagement overall. Box 5 on the previous page provides an example of how this can be assessed and implemented to enhance service provision. This links to the final theme identified in the project – that of effective evaluation of service provision.

Effective evaluation of outcomes

A number of interviewees were asked how they would measure success of the interventions they were implementing. Responses to this all included a recognition of the key priority for the YOS in Wales; as a means of reducing reoffending. However responses here differed in the extent to which they believed that this was a sufficient evaluation of SLCN services. For some interviewees, success of an assessment tool was based on an increase in “appropriate” referrals although no data were available on when “inappropriate” referrals had been made. This was recognised as an obvious weakness of

such an outcome measure and participants then attempted to identify other methods of evaluation. Examples provided here included:

- Direct feedback measures such as the exit questionnaire in box 5;
- Attendance at and participation in group and individual interventions;
- Take-up of careers advice;
- Enrolment in/successful completion of education and training;
- An improvement in spoken and written communication (based on staff perceptions, perceptions of adults from other agencies or tools such as tests of reading comprehension);
- Observational assessments of social skills when interacting with peers and adults;
- Completion of substance misuse/mental health interventions.

While not all would appear at first to be useful as measures for assessing the impact of SLC interventions, the sheer diversity of SLCNs and the links between these and other variables mean that a wide variety of measures could well be appropriate. As a number of YOTs were also working towards restorative justice agendas, the degree to which a young person successfully engaged in this process and demonstrated understanding/awareness of how it worked was also considered a measure of success. However overall it was recognised that there were some difficulties in obtaining appropriate/comparable pre-intervention measures and difficulties with creating control groups who did not receive specific interventions. Therefore participants sometimes felt they were reliant on idiosyncratic measures of success based on case studies of individual young people. These were considered to be useful as each young person could have a different pattern of needs to be met within their referral order and it was impossible to “control for” or match participants across so many variables. Further, several academic institutions within Wales are working alongside YOTs (e.g. Cardiff, Swansea, Bangor and Aberystwyth Universities all have links with specific YOTs) to evaluate the efficacy of particular programmes. However there is a danger that, unless the right questions are asked and the right criteria are applied for evaluation, some YOTs may well find it difficult to generate an externally justifiable evidence base for their practice.

Recommendations

The results of this project have generated several recommendations for the Youth Justice Board, individual Youth Offending Teams and Welsh Government. These are presented below:

1. A clear definition is needed of what is meant by SLCNs and this should be communicated to all YOTs. This definition should recognise the diversity of conditions that can include SLCNs and how these might be linked to other factors.
2. Assessment and screening tools should not only include questions designed to identify SLCNs but should be linked to clear referral routes in mainstream and youth justice services.
3. Examples of good practice in assessment for SLCNs (e.g. Neath Port Talbot's screening tool) should be disseminated across the YOS in Wales to enable YOT Managers to consider the appropriateness of such tools for their staff and client populations.
4. A review of the questions provided on AssetPlus for the assessment of SLCNs should be undertaken after implementation to determine:
 - a. Ease of understanding and use among YOT staff (linked to recommendation 1 above);
 - b. Efficacy in promoting appropriate referrals to in-house or external services.
5. With reference to the recommendation by the Communities and Culture Committee (2010) about the embedding of Speech and Language Therapists in Youth Offending Teams, we would recommend the following:
 - a. Where Speech and Language Therapy is in place, this has benefits for YOT staff and service users in terms of access to ongoing advice, information about referrals and awareness raising with other professional groups (e.g. social workers and court staff). Therefore this presents clear "additional benefits" for those teams. Therefore we would recommend continuity of service provision; particularly as embedded Speech and Language Therapists are involved in direct interventions with clients.
 - b. Where Speech and Language Therapy is in place, we would recommend to YOT Managers that Continued Professional Development opportunities are made available to Speech and Language Therapists to enable them to enhance their knowledge of youth justice and the complex needs of young people in the system.
 - c. Where Speech and Language Therapy is not already embedded, we would encourage YOT Managers to consider their own client populations and staff resource (including additional skills/training possessed by existing staff) to determine the best way of meeting their clients' needs. We believe that embedded Speech and Language Therapy is one way of addressing SLCNs in young people but there are other professionals that may better support specific clients. Examples of relevant professionals might be:
 - i. Educational Psychologists;
 - ii. Clinical Psychologists;
 - iii. Applied Behaviour Analysts;
 - iv. Careers Advisors;
 - v. Education Officers;

These professionals might be embedded within a service where this is appropriate but this should be determined locally based on client needs and availability of other services.

- d. Where Speech and Language Therapy is not already embedded, we would recommend that relevant staff within YOTs receive training and mentoring to support their interventions with young people who have "straightforward" SLCNs. This

could include training on developing interventions for those with visual/kinaesthetic learning styles or could draw on materials developed by Afasic Cymru, the Communications Trust or the Royal College of Speech and Language Therapists. This will then potentially ease some of the load on more specialist services within mainstream Health or Education authorities. Such training and mentoring needs should be determined locally by Operational, Training or YOT Managers as appropriate.

6. Where specialist assessment and intervention is necessary from mainstream services, it is likely that this will fall somewhere between Health and Education provision. Therefore stronger communication links need to exist between healthcare and education/training professionals in mainstream services and between these professionals and staff in the YOS. Specifically we recommend that attention be given in mainstream services to ensuring:
 - a. Continuity of service provision beyond a young person's involvement in the youth justice system. This is vital to ensuring a young person's well-being and reflects the responsibility of all agencies to co operate to reduce reoffending.
 - b. Support with timely assessments and advice to enable effective interventions to take place within the duration of a statutory order.
 - c. Clear communication of information connected to SLCNs to all relevant professionals inside and outside the youth justice system; within the boundaries of client confidentiality and with the consent of the young person as appropriate.
7. Related to recommendation 6 is a concern that currently the Youth Offending Service in Wales may be compensating for inconsistent practice in mainstream services. While we recognise that there are pressures on all services, we feel that the rights of all children to have health/educational needs identified are fundamental. Additionally, the benefits of early identification of, and intervention with, SLCNs are clearly recognised in research and practice. Therefore we recommend that:
 - a. Screening and assessment for SLCNs is significantly enhanced for children and young people prior to entry to the youth justice system. While screening and assessment tools are useful within the YOS, if an SLCN has not been identified until this point, this is a failure in the mainstream system.
8. All interviewees recognised the central role of recognised and managed SLCNs in the engagement of young people with youth justice interventions. Therefore, and linked to recommendation 4d, detailed guidance about baseline skill in working with SLCNs need to be developed.
 - a. This guidance should cover the level of skills required for a case manager or other staff member to engage young people with "straightforward" SLCNs in intervention.
 - b. The guidance/information should be communicated to staff and should be supported by training and mentoring as appropriate at a local level. Based on our project, we saw clear evidence that such baseline skills were already present in YOTs. However we feel that greater clarity on this would enhance staff confidence about their existing good practice.
 - c. Guidance should also reflect the relationship between SLCNs and other needs that young people may have.
9. Consideration should be given to the most appropriate methods of evaluating any interventions implemented within YOTs. These evaluations should be designed to ensure that YOTs can demonstrate a clear rationale/evidence base for continued use of an intervention. While measures of success should consider reduction in re-offending as a key priority, it should be recognised that the relationship between SLCNs, intervention and re-offending is likely to be a complex one affected by other needs and risk factors.

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Appendix One: Interview Themes/Questions

<i>General Questions</i>	<i>Follow up probes</i>
Theme: Awareness of SLCNs in current client group	
How would you define speech, language and communication issues?	Different types of SLCNs, experience of different types of SLCNs, potential differences in definitions used by different professional groups
What types of SLCNs are there in your current client group?	Previous client groups?
Approximately what percentage of your current client group have identified SLCNs?	Types of identified SLCNs, changes in prevalence over time, non-identified/suspected SLCNs?
Theme: Co-morbid factors with SLCNs	
What, if any, other difficulties do your clients with SLCN experience?	Factors associated with SLCNs. Different types of factors, severity and impact; links with different SLCNs
What challenges do these other difficulties present when assessing/screening & planning interventions for young people with SLCNs?	Illustrative examples.
Theme: Assessment & screening for SLCNs	
How do you assess your service users for SLCNs?	Screening tools used; standardised – actuarial/clinical; who is involved and in what capacity; decision-making process (follow this up after case study too)
What support do you have from other services for the assessment/screening of SLCNs?	Types of support available, links to other professionals, perceptions of efficacy and adequacy of support
What other sources of information do you have available to help you with assessment/screening?	Information from schools, police, courts, healthcare professionals
What do you think are the good points about your assessment/screening process? What are the areas for improvement?	Explain/give reasons for responses.
Theme: Planning interventions & services	
What services are you aware of to help you support young people with SLCNs?	Perceptions of service availability, ease of access, balance of in-house vs. external services, availability of services for those with SLCNs in combination with other factors?
How would you access these services?	
What additional/alternative services do you feel would be useful for your team to access?	Explain/give reasons for responses.
What challenges have you experienced when planning or accessing services and interventions?	
Are there any examples of good practice in services and interventions that you have experienced?	Attributes making these services effective/high quality; how well do these services work with different SLCNs? Specificity of these services to your context/area?
Please can you explain how you communicate/liase with other professionals supporting service users with SLCNs?	Who, how often, when & why; how effective, areas for improvement?
Theme: Training and professional development	
Please can you describe the training you/members of your team have received in this area	Perceptions of the efficacy of the training, how well does this work for assessment/intervention/ dealing with more complex SLCNs/ dealing with factors associated with SLCNs
Please describe any ongoing mentoring/training you receive to support your work with young people who have SLCNs	Examples: Involvement of external organisations in mentoring/training, access to professional forum/network to support CPD
How familiar would you say you were with services and support available for working with those having SLCNs?	
Are there any areas where you feel you need further training/mentoring?	Examples: multiple SLCNs, SLCNs + other physical/psychological issues, SLCNs + familial/ socioeconomic risk factors
Theme: General Perceptions	
Is there anything else you would like to say about your work with young people who have SLCNs?	