



Engaging for their futures and our society

Improving the life chances of children with speech,
language and communication needs

Report from the **Children's Communication Coalition**

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Children's Communication Coalition Partners:



SAINSBURY CENTRE
for MENTAL HEALTH
removing barriers achieving change



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Foreword

by Lord Ramsbotham

The Children's Communication Coalition (CCC) was recently established to speak out for all children with speech, language and communication needs (SLCN) within the justice pathway. It brings together service users, national experts and organisations who are well placed to advise the Government on how we can work together to improve the life chances of our most vulnerable children.

This report has been developed to explain why early intervention is essential, demonstrate the risks of not identifying children before unmet speech, language and communication needs become detrimental to their social and educational development, and show the benefits to the child, the family and society at large. We all recognise that there are complex emotional, health and economic reasons why some children are born disadvantaged. Research shows that unless children are given appropriate support at the earliest age possible, a high proportion will go on to develop entrenched difficulties.

One area which has been neglected until recently is the strong relationship between a child's ability to communicate and their emotional, intellectual, and social development. If adequate support is not provided, there is growing evidence that SLCN may lead to developmental disadvantages, lower educational achievement and subsequent employability, poor social skills, behavioural problems, emotional difficulties and mental health problems. Speech, language and communication needs disproportionately affect children from deprived backgrounds, thus perpetuating the cycle of deprivation and health inequalities. The Bercow Review of services for children with SLCN stressed the fact that the ability to communicate is a key life skill and fundamental human right; that early identification of problems is essential to avoid social and economic issues later in life; that services should be continuous from an early age; that public sector services need to cooperate more; and that the current system is "patchy".

"The ability to communicate is an essential life skill for all children and young people and it underpins a child's social, emotional, and educational development. Evidence illustrates that there is insufficient understanding of the

centrality of speech, language, and communication among policy makers and commissioners nationally and locally, professionals and service providers, and sometimes parents and families themselves. It follows that insufficient priority is attached to addressing speech, language, and communication needs." (Bercow Report, July 2008)

Speech, language and communication needs are the most common disabilities in childhood, they affect up to 10% of young children in society. Shockingly, when identifying communication difficulty amongst children and young people in contact with youth justice services in England this figure leaps to over 60% (Bryan et al, 2007). This reflects international evidence from Australia, the USA and Canada, showing similar levels of difficulty within each country.

My involvement with the justice system through my former role as HMCI Prisons and my ongoing interest in and engagement with people working in this field underpins my belief in the importance of the system addressing SLCN. There is a pressing demand for speech and language therapy within and outwith the justice system. Outwith: to prevent children and young people ending up in a destructive pattern of offending and deprivation; within: because so many young people already on the justice pathway might be rescued from the cycle of reoffending and deprivation if they had access to adequate support for their SLCN. Having seen for myself the connection between youth crime and lack of communication skills, I firmly believe every child should have their communication skills, or lack of them, assessed before they start primary school, to enable them to engage with their teachers. For that reason I believe this timely and powerful report should be on the desk of everyone in government who has any part to play in bringing that outcome about. People are not things and woe betide any nation that thinks human interaction was made irrelevant by the internet and other electronic wizardry.



Lord David Ramsbotham

Campaign Calls

The Children's Communication Coalition (CCC), calls on Government to:

- **secure early years screening to detect SLCN, such as the Healthy Child programme.**
- **encourage local commissioners and service providers to use 'warning signs' to flag up and trigger input from 'Wrap Around Engagement Teams'.**
- **ensure appropriate screening, specialist assessment and intervention are available to children and young people who are already in the criminal justice pathway.**

In order to secure better outcomes for children and young people with SLCN, the Children's Communication Coalition (CCC), calls on Government to secure early years screening to detect SLCN, such as the Healthy Child programme.

Because some communication disabilities may not be detectable until later in childhood, and may have been missed or may have been misdiagnosed, the CCC also calls on Government to encourage local commissioners and service providers to use 'warning signs' to flag up and trigger input from 'Wrap Around Engagement Teams'. These teams would consist of existing professional staff working together, to ensure more effective communication and efficient use of specialist skills and resources. Their role would be to provide effective screening, assessment and intervention at key points, including when contact is first made with youth offending teams.

The CCC also calls on Government to ensure appropriate screening, specialist assessment and intervention are available to children and young people who are already in the criminal justice pathway.



Introduction

The current economic climate prompts us to sharpen the focus on productivity across public services without losing sight of the need to improve outcomes for people with speech, language and communication needs (SLCN).

This report provides an overview of the issues and makes recommendations to support children and young people with SLCN who are at risk of and may enter the criminal justice pathway.

Two publications from The Centre for Social Justice: 'Early Intervention: Good Parents, Great Kids, Better Citizens' (September 2008) and 'Breakthrough Britain: Locked Up Potential' (March 2009), highlight the importance of early intervention strategies in breaking the 'intergenerational cycle' of offending. The impact of SLCN are identified in 'Breakthrough Britain...'. This reports the findings of the Royal College of Speech and Language Therapists that:

"One-third of children with communication problems will go onto develop mental illness if untreated, with resulting criminal involvement in over half of cases."

An Audit Commission report highlights the costs of keeping children and young people with SLCN within the criminal justice pathway. This report looks at the case of 'James' and what is known of the unsuccessful attempts by different agencies from the age of five onwards to intervene in James' life. The total costs for intervention were more than £153,000, of which almost £103,000 is accounted for by the costs of his two custodial sentences. By contrast, the report offers an alternative scenario in which family support through Sure Start, made available from infancy, could have prevented James from offending and kept him in mainstream education. The cost of this approach, including speech and language therapy at age six, and intensive mentoring and one-to-one support in junior and secondary school, is put at £42,000 (Audit Commission, 2004); a saving of £111,000.

What are speech, language and communication needs?

The term speech, language and communication needs (SLCN), encompasses a wide range of difficulties related to all aspects of communication in children and young people (Bercow, 2008). For children with communication disabilities these may either be:

- primary, such as specific language impairments or a stammer; or
- secondary, for example where SLCN may be a feature of learning disability, autistic spectrum disorders, hearing impairments and cerebral palsy.

Children with SLCN have difficulty:

- Expressing themselves through speaking, writing or non-verbal communication.
- Understanding the spoken or written word, body language and facial expressions.
- Listening to what is being said to them.
- Remembering the information they receive.
- Expressing their feelings and emotions in an appropriate way, eg they may use violence instead of words to express themselves.
- Relating to others in socially acceptable ways.

Approximately 7% of five year olds entering school in England have

significant difficulties with speech and/or language – around one or two pupils in every class. In addition, around 1% of five year olds will have the most severe and complex communication needs, requiring sustained and specialist interventions (Bercow, 2008).

- Up to 90% of children with learning disabilities have speech language and communication needs (Foundation for People with Learning Disabilities, 2000).
- Over 60% of children with diagnosable mental health problems have speech and language difficulties (RCSLT, 2006).

Speech, language and communication needs are strongly linked to deprivation and poverty in the early years. Up to 55% of children in deprived areas experienced difficulties at age five (Locke et al, 2002). The Millennium Cohort study found children from families with incomes below the poverty line had language scores about five months behind those with incomes above it (George, Hansen and Schoon, 2007), which would have a subsequent impact on achievement. Child abuse and neglect also have an effect on expressive communication ability (Law and Conway, 1991) highlighting child protection issues.

The need for early intervention with children and young people with SLCN

The Bercow Report of services for children with SLCN (2008) highlights the costs to society of a lack of appropriate and early intervention for children with these needs:

"If a child does not benefit from early intervention, there are multiple risks – of lower educational attainment, of behavioural problems, of emotional and psychological difficulties, of poorer employment prospects, challenges to mental health and, in some cases, of a descent into criminality."

With research showing that over 60% of young offenders having SLCN, (Bryan et al, 2007; Bryan et al, 2004), there is a compelling case for innovative approaches and more efficient use of resources to divert vulnerable children away from the path to criminality and enable them to play a positive role in society.

Early identification and intervention are critical to enabling a preventative approach to this. Sixty five percent of respondents to the Bercow Review's consultation agreed resources should be directed towards early intervention and preventative work to ensure better outcomes for children and young people with SLCN (Bercow, 2008). There appears to be a 'critical age' for developing speech and language skills. For example, a study found children whose SLCN were resolved by age five and a half were more likely to go on to develop good reading

and spelling skills (Bishop and Adams, 1990).

The benefits of early intervention for children with SLCN were also highlighted in a study carried out at Moor House School. This showed that four-year-old children who received speech and language therapy made significant improvements in language, behaviour, and social skills compared to a control group (Gallagher et al, 2009).

If speech and language therapy is not available then communication difficulties may become more severe and pervasive and may require more complex interventions (Bennett, 1987; Berry, Gunn and Andrews, 1984). However, children with complex SLCN will continue to need support beyond nursery and throughout their educational life.

The Bercow Report (July 2008), recognised that many children with SLCN slip through the net of early identification and intervention. There are a number of reasons for this. One barrier is that many speech and language therapy services continue to be commissioned on the basis of a medical model approach to organising care rather than on the model of working outlined in the RCSLT position paper (Gascoigne, 2006).

The medical model approach is based on outpatient contacts, access criteria and waiting list targets. This can inadvertently result in services not being integrated across health, education and social care.

For example, rather than vulnerable children being discharged due to non-attendance, this should trigger a targeted approach from speech and language therapy and other support services. This would help to prevent vulnerable children from losing out on the support they need.

Evidence shows children who do not have their needs met in the early years or for whom intervention is not available for their SLCN in primary or secondary schools (Bercow, 2008), may go on to have behavioural problems and be excluded from school (Cohen et al 1998; Clegg et al, 1999).

There is a strong relationship between educational underachievement and crime. Evidence from the US suggests social benefits from a 1% increase in the high school completion rate are equivalent to 14-26% of the private return. Applying these estimates to the UK – with strong caveats – suggests this might be equivalent to £2-5 billion of savings for the UK taxpayer (Princes Trust, 2007).

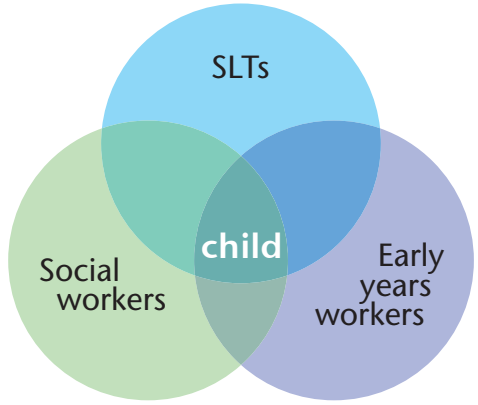
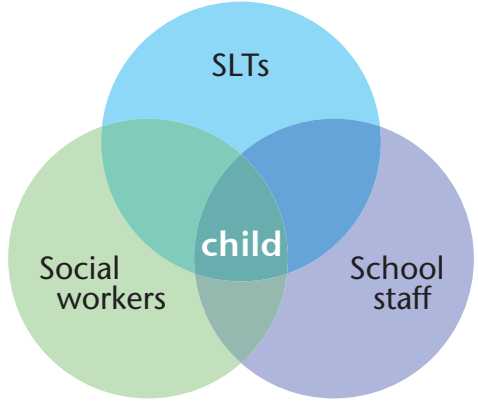
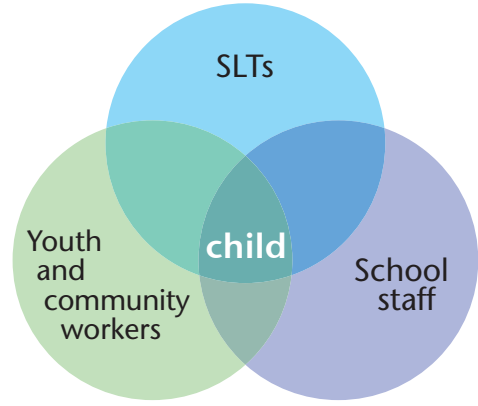
The potential for a positive economic impact from early intervention with children and young people with SLCN is reinforced by the social return on investment (SROI) argument. The true costs of not supporting children with SLCN – above and beyond those that are measurable in direct financial terms –

are very great indeed. The personal and familial costs of poor educational attainment, descent in to criminality and long-term exclusion from the mainstream are hugely significant and potentially corrosive to society at large. Poor educational outcomes often lead to poorly paid jobs or unemployment. In turn, this can lead to a perpetuation of the poverty trap and a vicious cycle of health problems and health inequalities (Marmot Report, 2009).

In order to secure better outcomes for children and young people with SLCN, The Children's Communication Coalition (CCC), calls on Government **to secure early years screening to detect SLCN, such as the Healthy Child programme.**

Because some communication disabilities may not be detectable until later in childhood, and may have been missed or misdiagnosed, the CCC also calls on Government **to encourage local commissioners and service providers to use 'warning signs' to flag up and trigger input from 'Wrap Around Engagement Teams'**. These teams would consist of existing professional staff working together to ensure more effective communication and efficient use of specialist skills and resources. Their role would be to provide effective screening, assessment and intervention at key points as illustrated below, including when contact is first made with youth offending teams.

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MONITORING PERIOD	RISK FACTORS AND TRIGGERS	WORKFORCE ENGAGEMENT TEAM
Early years monitoring	<ul style="list-style-type: none"> ■ SLCN ■ Failure to thrive ■ Did not attend appointments ■ Lack of engagement with core services ■ Social disadvantage 	<p>Early years intervention teams, specialist and wider workforce</p>  <p>A Venn diagram with three overlapping circles. The top circle is light blue and labeled 'SLTs'. The bottom-left circle is light green and labeled 'Social workers'. The bottom-right circle is light purple and labeled 'Early years workers'. The central area where all three circles overlap is shaded a darker teal color and labeled 'child'.</p>
Primary years monitoring	<ul style="list-style-type: none"> ■ Truancy ■ Behavioural issues ■ SLCN ■ Lack of engagement with core services ■ Social disadvantage 	<p>Primary intervention teams, specialist and wider workforce</p>  <p>A Venn diagram with three overlapping circles. The top circle is light blue and labeled 'SLTs'. The bottom-left circle is light green and labeled 'Social workers'. The bottom-right circle is light purple and labeled 'School staff'. The central area where all three circles overlap is shaded a darker teal color and labeled 'child'.</p>
Secondary years monitoring (including not in education, employment or training)	<ul style="list-style-type: none"> ■ Truancy ■ Exclusion ■ Offending ■ Substance misuse ■ Lack of engagement with core services ■ Social disadvantage 	<p>Youth intervention teams, specialist and wider workforce</p>  <p>A Venn diagram with three overlapping circles. The top circle is light blue and labeled 'SLTs'. The bottom-left circle is light green and labeled 'Youth and community workers'. The bottom-right circle is light purple and labeled 'School staff'. The central area where all three circles overlap is shaded a darker teal color and labeled 'child'.</p>

The need for support for children and young people with SLCN along the justice pathway

Over 60% of the young people in custody have difficulties with speech, language and communication (Bryan et al, 2007; Bryan et al, 2004). A 2003 survey at Polmont Young Offenders Institute also found 70% of young men had significant communication problems.

The value of speech and language therapy within the justice system has been given great prominence by former Her Majesty's Chief Inspector of Prisons, Lord Ramsbotham:

"I have to admit that in all the years I have been looking at prisons and the treatment of offenders, I have never found anything so capable of doing so much for so many people at so little cost as the work that speech and language therapists carry out."

For children with SLCN who enter the criminal justice system, their speech, language and communication difficulties are:

"...sufficient to affect their ability to communicate with staff on a day-to-day basis, to prevent them from benefitting from verbally mediated interventions, such as education and offender behaviour work and, if not addressed, to contribute to re-offending". (Bercow, 2008)

The 'Breakthrough Britain...' report describes the challenges faced by Roger, a 28-year-old re-offender. According to the report:

"Roger avoided talking to prison officers if other people were present which was often misconstrued as rudeness. His other coping strategy was to try and force the words out, this was perceived as aggressive both by officers and other prisoners and he had received warnings about his behaviour. He became frustrated and angry when he stammered, which in turn exacerbated the problem."

Since an SLT provided an assessment of Roger's communication disorder, an explanation of the disorder including its impact, and strategies to help:

"The disability officer has gained a good understanding of the nature of the communication problems and has been able to explain these to other staff. Discussion with others working with [Roger] helped to identify a plan to make progress whilst taking into account the effects of the disorder. Roger made significant progress with the pragmatic skills with improved listening, turn taking and eye contact and less repetition of information."

This illustrates the findings of a study by the Learning and Skills Research centre (LRC 2006) which found that re-offending was reduced by nearly half in prisoners who received oral communication skills training. Their re-conviction rate within a year also fell to half the national average in 2001.



Other evidence of the impact of SLCN

Speech, language and communication needs may have a profound impact on many areas of a child's development and affect a child's future life chances if left unsupported and untreated. Areas of impact include:

- Educational attainment and employability.
- Behavioural issues, social skills and esteem.
- Poor mental health and access to healthcare services.
- Offending.

Educational attainment and employability

Educational underachievement affects the relative performance of the UK economy. The UK has between 10 and 25% lower output per hour than France, Germany and the US. Much of this can be attributed to a poorer level of skills and a shortfall of capital investment (The Prince's Trust, 2007).

Delayed speech and language development in infants and young children is a compelling risk factor associated with problems such as illiteracy (with only 6% of children reaching the expected levels in English and Maths SATs at age 11). Without adequate support, between half and 90% of children with persistent communication difficulties will experience subsequent reading difficulties (Stothart et al, 1998). Low education and speech and language and literacy difficulties are risk factors for offending (Tomblin et al, 2000).

A recent study of unemployed young men found that over 88% were described as language impaired, having some degree of difficulty with language. The prevalence of SLCN in this group was considerably above the 1% prevalence of SLCN found in the UK general population.

Behavioural issues, social skills and esteem

Speech, language and communication needs can significantly impact on the life chances of children well into adulthood. Children and young people with SLCN are at risk of bullying and may find it difficult to voice their concerns in a potentially dangerous situation (I CAN, 2007).

The association between speech and language disorders and behaviour difficulties is well established (Humber and Snow, 2001). Studies show substantial proportions of children with specific language impairment experience social and behavioural problems as they reach secondary school age, and that these problems increase over time (Redmond et al, 2002), as they cannot access the curriculum and becoming increasingly frustrated (Tomblin, 2000).

Two-thirds of seven to 14 years olds with severe behaviour problems have communication needs (Cohen et al, 1998). Research in Sheffield has shown that children about to be excluded from



school showed high levels of speech, language and communication needs (Clegg et al 1999). Lindsay et al (2007) found, 'Parents reported that children and young people had low levels of self esteem during secondary school and high levels of emotional distress.'

Poor mental health and access to healthcare services

Up to a third of children with untreated SLCN will develop subsequent mental health issues (Clegg, Hollis and Rutter 1999).

There is evidence that children may be misdiagnosed as having a conduct disorder (Lanz 2009) or mental health problems, where in fact they have an undiagnosed SLCN. Cohen and Lipsett (1991) found even very young children with undiagnosed speech, language or communication difficulties were perceived as being more delinquent/difficult by their mothers than a matched control group.

Offending

Many young people within the criminal justice system (over 60% – Bryan et al, 2007; Bryan et al, 2004) present with complex reasons for their SLCN. Some present with specific communication disabilities, but many have a complex background of developmental problems. These include a lack of social and educational opportunities as well as communication difficulties associated with mental health and emotional problems, and issues around failure and lack of esteem. As they may not have ‘identified’ communication needs it is essential screening, specialist assessment and intervention be put in place to support these children before and as they enter the justice system.

Emerging research and anecdotal evidence indicate the impact of communication disabilities for children and young people with SLCN who enter the justice pathway. In its 2009 report, ‘Chance of a Lifetime’, the Sainsbury Centre for Mental Health shows the strong link between such early starting conduct problems and later offending behaviour.

The Prison Reform Trust’s report ‘Vulnerable Defendants in Criminal Courts’ saw that the evidence for communication difficulties in children within the criminal justice system added to their vulnerability in navigating the court system (Talbot and Jacobsen, 2009).

Many children and young people with SLCN lack the language skills to understand

what is happening to them or the implications of what is being asked of them (Snow and Powell, 2004). For example, many have difficulty understanding commonly used vocabulary within the justice system, including words such as ‘victim’ and ‘breach’.

A lack of awareness of the impact of communication difficulties on a young person’s (or parent’s) ability to understand spoken and written instructions by justice professionals risks jeopardising their compliance with court orders and instructions. This in turn leads to a lack of appropriate support for young people with SLCN and risks persistent misunderstandings between them and staff, which can lead to further experiences of failure, frustration and sometimes escalating behavioural problems (Humber and Snow, 2001).

A reduced ability to communicate with staff on a day-to-day basis also prevents young people from benefitting from verbally mediated programmes, such as educational and offending behaviour programmes. If not addressed this can contribute towards re-offending and adoption of criminal lifestyles (Ward and Stewart, 2003; Bryan et al, 2004). Although Government has provided an estimated £130m for prison education to improve literacy skills and provide anger management and drug rehabilitation courses, studies show nearly two-thirds of offenders are unable to access these programmes because of their poor language skills (Ryan, 2002).

How does speech and language therapy help children and young people?

Speech and language therapists (SLTs) work with approximately 2.5 million children and adults who have communication difficulties in the UK. The specialist role of the SLT working with children and young people includes:

- Assessing and identifying SLCN, diagnosing speech, language, communication and swallowing disorders.
- Designing, planning and delivering intervention programmes.
- Providing communication skills training for other professionals, carers and family members involved with a child/young person to support delivery of the intervention programme.
- Supporting the team around the child/young person, including teachers and nursery workers, Early Years workers, youth and community workers, and social workers.

Speech and language therapists are vital members of the multidisciplinary team,

accessed through GPs, health visitors or self-referral. They work with other clinicians and health and education professionals in a range of settings including early years centres, day nurseries, schools, colleges, youth offender institutes and family homes.

Research shows that initial intensive, specialist input for children with primary speech and language difficulties is cost effective over time, in saving costs associated with low attainment and further health costs outlined above. Offering limited amounts of speech and language therapy is not a tenable alternative (Law, 1992).

For those children and young people with severe and persistent difficulties, or SLCN as a secondary need to learning disability, speech and language therapy can provide essential functional support for children, families and the professionals around them.

Lord Ramsbotham:

“When I went to the young offender establishment at Polmont I was walking with the governor, who told me that if, by some mischance, he had to get rid of all his staff, the last one out of the gate would be his speech and language therapist.”



Case studies

Planned versus crisis intervention

Michael (9), Sarah (8) and Paul (3) are siblings who all have Asperger syndrome. Michael and Sarah were not diagnosed as quickly as their younger brother Paul who has benefited from early intervention.

At the age of two, Michael showed signs of anxiety, anger and frustration at his difficulty to communicate. He suffered from poor speech and was experiencing 'meltdowns' at home. Concerned for Michael, his parents could see a clear difference between his 'behaviour' and his 'personality' and suspecting Asperger syndrome, sought help to have his condition diagnosed.

After initial difficulty finding support, he was referred eventually referred to a speech and language therapist (SLT) when he was three years old. His communication skills improved dramatically. His parents strongly believe that, as an intelligent boy, Michael merely needed the tools, given to him through speech and language therapy, to communicate his feelings more effectively. Within six weeks his speech had transformed. There has since been a noticeable reduction in his anger and frustration.

By seven years of age Michael was diagnosed with Asperger syndrome and was given a multi-support package which included a social worker, an SLT and a special educational needs coordinator (SENCo). Now nine years old, Michael is doing very well at school both

academically and socially. He takes part in several extra-curricular activities shows no problem of making friends.

Sarah, although harder to diagnose, received similar treatment and is now also thriving at school and at home. However, both children still require support due to associated physical symptoms such as stomach pains, headaches and difficulty relaxing and sleeping.

Due to increased levels of support, the children's younger brother Paul was quickly diagnosed with Asperger syndrome and has benefited from early intervention. He was referred to an SLT at 12 months old where he learnt Makaton signing followed by work with Picture Exchange Cards. Through speech and language therapy, he has been taught to come to his parent to have his needs met rather than feel anxiety and anger like his older siblings. His social skill has developed well and he continues to see an SLT to improve his speech.

His mother says that early intervention has benefited Paul because it is the only difference between his and his siblings' treatment. As Michael and Sarah did not receive early intervention she feels they continue to 'catch up' on their communication skills.

Now Peter can communicate his feelings in sign language whereas his siblings can still at times feel angry or become violent out of frustration – traits that may remain into adulthood.

Naveed's story

Having spent much of his childhood in Spain, 'Naveed' started school at Year 8 in England and was constantly blamed for low level disruption – laughing in class, annoying other students, talking when he should be listening. He could also be socially inappropriate and physically rough with other children. He was referred to an SLT by a SENCo as she felt there may be an underlying language difficulty contributing to his alleged disruptive behaviour at school.

The SLT assessment found Naveed did have difficulties with vocabulary, short-term memory and ability to plan his thoughts and ideas. The SLT report resulted in changes to Naveed's teaching. As a result, Naveed began working hard and was no longer in trouble – less referral to the work room and less detentions. He had not had any further temporary exclusions by Easter 2009 and was no longer at risk of permanent exclusion. The cost of placement at a behavioural emotional and social difficulties school would cost £45,000, per student every year.

Although no longer excluded, Naveed's social difficulties and vulnerabilities meant he was at risk of falling in with the 'wrong crowd' – and drug-taking and truancy. The SENCo found Naveed had a profile of cognitive ability scores in the very low range – a level of learning difficulty underpinning his understanding of the world, consequence and action.

Out of desperation Naveed's mother contacted social services who put her in touch with a youth project that works with young people, aged 11-17 years, and their parents and carers, to find

solutions to difficult problems and conflicts. With help from the SLT, he is now supported by a social worker in engaging with youth drugs services, gaining a Saturday job. He hopes to start an apprenticeship soon. This means Naveed will not end up not in employment, education or training – his parent's greatest fear – and his job is already helping build his self esteem.

As Naveed's SLT says, "Our hope is that Naveed will be able to contribute to his society when he could so easily have been a drain on it."

James' story

In its Youth Justice 2004 report, The Audit Commission tracks the life story of 'James', a young offender who, at the age of 15, is excluded from special school and has already served his second custodial sentence. He lives with his mother (who is seldom home) and an older stepsister who is a known drug user. His father only visits occasionally and is violent and disruptive when he does.

Drawing on files from the various agencies involved with James and his family as he grew up, the report notes that just after James had started infants' school, his mother reported difficulties managing his behaviour at home. As he fell behind in primary school, learning and speech difficulties were identified and he began to truant. He was given a special school place, and at the age of 10 received his first police caution for an arson attack (with others) on a secondary school. By the time he was 13, he was regularly truanting and had been convicted of offences including criminal damage, theft and assault on a girl.

At 14 he was sent to a secure unit following breaches of an intensive supervision order imposed for taking a car.

The Audit Commission takes what is known of the unsuccessful attempts by different agencies from the age of five onwards to intervene in James's life and costs them more than £153,000 – of which almost £103,000 is accounted for by the costs of his two custodial sentences. By contrast, it offers an alternative scenario in which family support through Sure Start, made available from infancy, could have prevented James from offending and kept him in mainstream education. The cost, including speech and language therapy at age six, and intensive mentoring and one-to-one support in junior and secondary school, is put at £42,000 (Audit Commission, 2004).

Like thousands of other young people drifting into careers of chronic and violent offending, his life chances could have been transformed had effective support been available from the start, when he and his family first needed it.

Taken from Support from the Start (DCSF 2004)

Speech and language therapists speak

■ **Juliette Gregory** is a senior specialist speech and language therapist at NHS Leeds. She works with the Leeds Youth Offending Service (YOS) and at Wetherby Young Offenders Institution (YOI).

"An important part of my role is to raise awareness of the high numbers of undiagnosed communication disorders among young offenders. I advise staff in both settings on how to communicate

with young people as effectively as they can. I work closely with the Programmes Team within the YOS to create intervention packages that take account of the different language and learning styles of the young people.

"For young people to learn and to access the help that is on offer to them, it is vital that their needs are identified and that interventions are delivered in a format which is accessible.

"Young people entering the YOS and YOI are screened by staff for communication problems and whenever possible appropriate adjustments are made to help them make sense of, and respond to, their situation.

"Early diagnosis and intervention for this vulnerable group is essential. For many reasons, such as an often chaotic lifestyle, very few of the young offenders I have worked with have had any previous SLT involvement, despite having significant language and communication difficulties. However, after individualised, targeted intervention on language and communication, the majority of the young people have made significant improvement.

"Feedback from the young people is positive with many commenting that after intervention they can express themselves better and *'know what people are going on about more.'*"

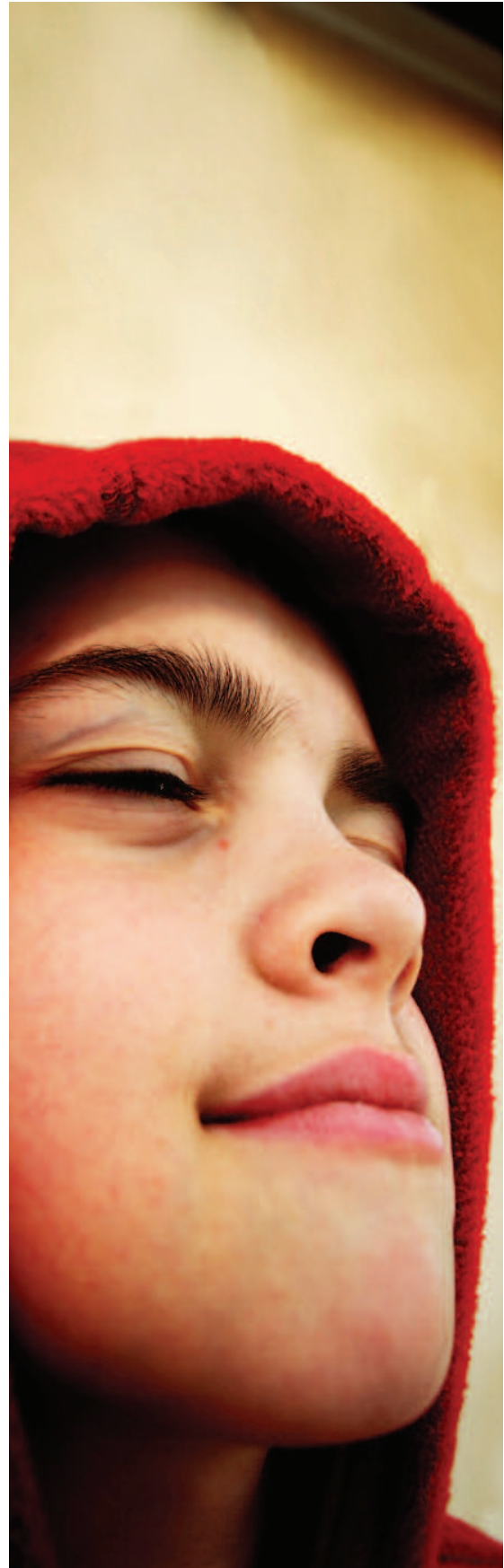
■ **Ian Warriner** is a specialist speech and language therapist at NHS Bolton and is seconded to Bolton Youth Offending Team for three days a week. His role covers assessment, intervention, and awareness raising of communication issues.

"I would describe my job as very interesting and special. It is difficult, intense and thought-provoking with many agencies and individuals requesting my advice and expertise. I work with, and offer support to, a wide range of people from magistrates to the young offenders themselves and their families.

"I am involved in a variety of projects such as fire awareness for young people with learning difficulties, anger management packages for young offenders as well as diverting vulnerable individuals away from the criminal justice system. I also work with inclusion teams in deprived areas of Bolton.

"My special area of interest is young people who have suspected learning difficulties and do not understand the court processes or have limited moral and social understanding. I work to identify and alter court processes which are not young person-centred.

"It has become apparent through my work with inclusion teams that early identification of communication difficulties and prompt intervention are crucial in helping to reduce the possibility of young people entering the criminal justice system."



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