



# The Royal College of Speech and Language Therapists

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## **Speech, Language and Communication Needs**

Individuals with Speech, Language and Communication Needs (SLCN) have difficulties communicating with others. For some people these difficulties may be minor and temporary, whilst for others their needs will be complex and long term.

**Speech** refers to saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitating, prolonging and repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

**Language** refers to understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill involves putting information in the right order to make sense.

**Communication** refers to how we interact with others; being able to talk to people and take turns as well as change language to suit the situation. It includes non-verbal communication, for example eye contact, gestures and facial expressions. In addition, communication relates to being able to consider another person's perspective, intentions and the wider context.

Research clearly shows that people with speech, language and communication needs are strongly over-represented within the justice system. If problems are not addressed early, the spiral of disadvantage will deepen.

SLCN encompass a wide range of difficulties related to all aspects of communication in adults, children and young people. SLCN can include difficulties with understanding what others say, forming sounds and words, formulating sentences, fluency and using language socially (Bercow, 2008). The various competencies involved in communication are as follow:

- **Attention & Listening skills:** The ability to attend and listen carefully to what is being said. This skill is required in order to have and follow a conversation, as well as retaining information.
- **Understanding of Language:** To understand and interpret what other people are saying. This includes comprehending the individual words as well as the context of the discussion.
- **Spoken language:** The ability for an individual to express themselves effectively through speaking. This involves choosing the right words to say and putting them in the right order to form a coherent and concise sentence.
- **Speech:** The articulation and pronunciation of sounds in words as well as being able to speak fluently.
- **Social Interaction:** The capacity to relate to others in a socially acceptable manner plays a pivotal role in promoting social integration. This also involves expressing emotions and using and decoding non-verbal communication.

It is currently reported that around 10% of the population have difficulties in one or more of these areas (Brooks, 2011). In areas of social disadvantage up to 50% of children can start school with SLCN (Locke, Ginsborg and Peers 2002) with 10% going onto have long term or persistent SLCN (Law et al 2000).

Some examples of the SLCN experienced by young people are:

- Difficulties sequencing information to tell a story
- Difficulties accessing words for use (also known as ‘word finding difficulties’)
- Difficulties in understanding and using abstract language (e.g. idioms, metaphors)
- Poor use of grammatical forms
- Difficulties learning and using new vocabulary
- Difficulties staying on topic
- Understanding non-verbal communication
- Understanding and using words to label emotions

As development of literacy skills is dependent on oral language competency (Palmer 2004), young people with SLCN will also experience literacy difficulties.

The lack of these communication skills results in poor knowledge, processing and application of culturally relevant and often quite subtle behaviour that assists in establishing and maintaining relationships of varying degrees of complexity (Hardin & Conley, 2001). In addition, SLCN may affect the ability to accurately process a face to face interaction - a young person with SLCN may also have difficulties processing non-verbal content as well as verbal content. For example tone of voice, facial expressions and the ability to derive meaning from these. Lack of these skills may result in the incorrect social inference being made which can in turn result in responses that may not be appropriate for the situation.

## **Key Statistics – High Level**

### **Prevalence of SLCN**

- It is estimated that between 1 and 2 % of the UK's population at any one time has a severe speech language and communication disability, requiring specific assistance in order to have their needs met. There is a much larger group; perhaps up to 20% of the population may experience some difficulties with communication at some point in their lives relative to the population as a whole. (Law et al 2007)
- The largest group of children – around 7.58%, or two children in every classroom of 30 children - have a language disorder that affects the way they understand and express language, which is not linked to another condition. In speech and language therapy, this is called 'developmental language disorder'. (Norbury et al, 2016)
- In addition to the 7.58% of children above, an additional 2.34% of children have a language disorder that is associated with another condition. These conditions include: learning disabilities, autism, cerebral palsy, brain injury, sensorineural hearing loss, and Down's syndrome. (Ibid)
- Up to 55% of children in deprived areas experience speech and language difficulties at age five. This figure includes children with the range of SLCN identified at birth or during pre-school, primary and secondary school. (Locke et al 2002)
- Speech, language and communication are the most common type of need in primary-aged children with statements of special educational need. 26.5% all mainstream-educated, statemented children in this age group have speech, language and communication as their primary need. (The Communication Trust)

### **Young Offenders**

- In a Youth Offending Service all new entrants to the Intensive Supervision and Surveillance Programme (ISSP) were screened and 65% (49) required speech and language therapy intervention. A significant number (20%) scored at the 'severely delayed' level on standardised assessment and 6% as 'very severely delayed'. (Gregory, Bryan, 2009).
- In a recent study in a Secure Training Centre 109 young people were screened for speech, language and communication needs (SLCN). Only two of the participants had previously been identified with SLCN. Of those screened only 28% were found to not require any additional support, whilst 14.4% were identified for 1:1 speech and language therapy intervention. (Bryan, Garvani, Gregory, & Kilner, 2015)
- At a southern Young Offender Institution an audit of 38 young people found that only one young person achieved age equivalence on a language assessment whilst 67% could be classified as having a developmental language disorder (-1.5SD). (Turner, 2017)
- Two-thirds of 7-14 year olds with communication difficulties have additional behaviour problems. (Cohen et al, 1998)
- 66-90% of young offenders have low language skills, with 46-67% of these being in the poor or very poor range. (Bryan et al, 2007)

- There is a mismatch between the literacy demands of programmes and skills level of offenders, which is particularly significant with respect to speaking and listening skills. To access education and treatment programmes an offender requires GCSE level English A-C, however around one third of offenders have speaking and listening skills below level 1 (equivalent to age eleven) of the National Framework and are unable to access these programmes due to their poor language and literacy skills. (Davies et al, 2004)
- Evidence shows that around 40% of offenders find it difficult or are unable to benefit from and access verbally mediated interventions such as anger management and drug rehabilitation courses. (Bryan et al 2004)
- It was noted that young people without communication difficulties requested clarification and would persevere with tasks they found difficult, however, those with SCLN rarely indicated that they had not understood or needed help; instead, they gave up. (Lanz et al, 2009)

### **Adult Offenders**

- A project based in Pontypridd Probation Service showed that all participants had “below average” speech, language and communication ability and revealed specific problems experienced with comprehension and expression. (Iredale, Pierpoint and Parow B, 2010).
- A study conducted in north west England found that up to 80% of adult prisoners had speech, language and communication needs. (McNamara 2012)
- Over 44% of women in the criminal justice system have communication difficulties (Wagner et al, 1983). It is important to note that the incidence of communication problems with these females whilst found to be lower than for males in the criminal justice system remains significantly higher than for the general population.

## **Incidence of SLCN**

SLCN is much more prevalent in the offending population than in the general population (Talbot, 2010). It was previously reported that 6% of children in the general population have SLCN in the absence of other developmental problems (Law et al., 2013). The incidence increases in areas of lower socio-economic status (SES), a project completed in Stoke found that over 70% of children in low SES areas started school with delayed language skills (Stoke Speaks Out, 2006). Moreover, for young people in the CJS it has been seen to range between 20-90% (Anderson, Hawes, & Snow, 2016). These difficulties are often undiagnosed; with Bryan and colleagues (2007) reporting only 5% of young offenders had their SLCN identified prior to their entry to the Youth Justice System (YJS). It is important to note that studies suggest the levels of language difficulty experienced are not accounted for by low nonverbal IQ skills (Snow & Powell, 2008).

## **Co-morbidity**

SLCN can occur due to a number of reasons and can exist in isolation, alongside or as part of other disabilities. It is important to note that people diagnosed with neurodevelopmental disorders, primarily Autism Spectrum Disorders (ASD) and learning difficulties will typically have some form of SLCN. There is an increased risk of SLCN within young people with Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorders, Social Emotional Behavioural Difficulties (SEBD) and dyslexia.

## **Developmental Language Disorder**

The largest group of children – around 7.58%, or two children in every classroom of 30 children - have a language disorder that affects the way they understand and express language, **which is not linked** to another condition. In speech and language therapy, this is called ‘developmental language disorder’. (Norbury et al, 2016)

In addition to the 7.58% of children above, an additional 2.34% of children have a language disorder **that is associated** with another condition. These conditions include: learning disabilities, autism, cerebral palsy, brain injury, sensorineural hearing loss, and Down’s syndrome. (Ibid)

## **Safeguarding**

Young people with communication difficulties can be at greater risk of abuse than other disabled children (Snow, 2009; Stalker & McArthur, 2010). People with SLCN are very vulnerable as their difficulties may prevent them from communicating what has happened to them. This can also be a reason why they may be deliberately targeted by some perpetrators of abuse (Westcott & Jones, 1999).

The incidence of looked after children (LAC) in the YJS is also higher. A study showed that three quarters of children and young people in custody had lived with someone other than a parent (YJB, 2007). More recently, Kennedy (2013) reported that 33% of boys and 61% of girls in custody have been a looked after child. Furthermore, 39% of young people in a Youth Offending Institution have been on the Child Protection register and/or experienced abuse or neglect (Jacobson et al., 2010).

## **Implications of SLCN**

Individuals with SLCN are at a disadvantage if they lack the requisite skills to fully comprehend what is happening or to express themselves clearly.

### **Educational attainment**

Language skills are correlated with educational attainment. In the early school years adequate language skills are required for the development of literacy skills as learning how to read is fundamentally a linguistic task (Catts & Hogan, 2003). Consequently, children who enter school with language difficulties are at risk of literacy difficulties (Snow, 2009). Literacy skills are inescapably important for academic success across the entire school curriculum (Dockrell, Lindsay & Palikara, 2011). In terms of prevalence, it is reported by the YJB (2013) that 29% of young people in the CJS have difficulty with literacy and numeracy skills and 46% are under-achieving at school.

Academic success promotes the likelihood that the young person will progress to further education or training post-school, thus in turn emerge with marketable employment skills. Over 80% of individuals not in education, employment or training have SLCN (Lanz, 2009). Thus, research has shown that the presence of early language learning difficulties affects subsequent employment outcomes (Law et al., 2009).

Two of the biggest protective factors against reoffending are employment (MoJ, 2012) and supportive family and friendship networks (Cochran, 2014). Both of these require significant language and communication skills. One of the main issues discouraging employers from recruiting ex-offenders is their literacy skills (Metcalfe, Andersen, Rolfe, 2001) which are closely related to language development. (Snow, 2016)

### **Social, emotional and behaviour difficulties**

SLCN not only affects academic and employment outcomes but also a person's social interaction skills. They can affect a person's ability to accurately process a face to face interaction including verbal as well as non-verbal content (e.g. tone of voice, facial expressions). Lack of these skills may result in the incorrect social inference being made which can in turn result in responses that are impulsive and ill-considered.

Language plays a key role in creating and maintaining relationships. It is used to demonstrate status, cohesion, trust, and entitlement to knowledge (Eckert, 2005). Due to a lack of these skills adolescents with SLCN are vulnerable to problems with peer and family relationships as well as coping with the demands of school (Whitmire, 2000). In turn, difficulties with peer interaction create vulnerability for association with people already involved in crime (Quinton et al., 1993).

The effect of social isolation can also lead to anxiety and depression which can affect a young person's mental health. It has been shown that during the school years, loneliness and peer rejection may contribute to adverse mental health outcomes (Fujiki et al., 1999). A longitudinal study shows that one third of people with SLCN will develop mental health problems if un-treated, with criminal involvement in over half of cases (Clegg et al., 2005).

Individuals with difficulties understanding and using language are at risk of developing behavioural issues. It has often been discussed whether language difficulties lead to behavioural difficulties or the inverse, whilst there are no definite conclusions for this there is stronger evidence for language difficulties influencing future behaviour (Petersen et al., 2013). This can be due to frustration at being unable to understand the language they are exposed to and express themselves, particularly if their difficulties are unidentified. Consequently, communication problems are often interpreted as behavioural problems (Humber & Snow, 2001). A study found that children are typically referred to clinical services with a label derived from the adults' perceptions of their primary condition (i.e. behaviour difficulties) rather than at-risk for unidentified language impairment (Cohen et al., 1998). This often leads to inappropriate management of the case. For example, behavioural difficulties can result in exclusion; over 60% of children facing school exclusion are reported to have SLCN (Clegg et al., 2009). Furthermore, the Youth Justice Board (2013) statistics state that 88% of boys and 74% of girls in custody have previously been excluded from school.

Overall, longitudinal studies have shown that young people with SLCN are a significant risk factor for offending (Brownlie et al., 2004; Snart et al., 2003). Furthermore, research has suggested a positive correlation between the severity of an offence and the presence of an oral language impairment (Snow & Powell, 2012).

### **Implications of SLCN on young people in the CJS**

The implications for a young person with SLCN within the CJS can be profound. Within the CJS, young people with SLCN are faced with situations in which they require the ability to understand and retain complex information in stressful circumstances. They need to understand the processes they are subject to as well as communicate and interact proficiently with a wide range of individuals.

To access the CJS a person needs to be able to listen, understand and process conversation as well as formulate ideas and experiences into words (Humber & Snow, 2001). Thus, language and communication difficulties impact on a person's ability to fully participate in the CJS. For example, young people with SLCN frequently lack the ability to provide narrative information in a logical and sequential manner (Humber & Snow, 2001). This skill is paramount in police interviews and court processes. Crew and Ellis (2008) reason that if a young person misunderstands police or court procedures they may make uninformed choices which may lead to inappropriate admission or sentencing.

### **Case study**

#### **NA**

NA was referred by his Offender Manager due to difficulties in social interaction, the referral stated:-

*NA states that he has a nasty temper which can easily be shown when he feels he cannot get his point across. He also states that he suffers with social and communication difficulties and would like staff to be made aware of this as he may*

*need help understanding certain instructions, applying for education/workshops and completing a canteen sheet.*

I discussed the referral and NA's presentation with his Offender Manager and then arranged a meeting with NA. After assessment it was clear that NA was unable to decode social situations; NA would hear and understand the words but did not look at the environment, body language, context, voice or any other factors and often came to the wrong conclusion. Together we wrote a treatment plan and worked on these deficit areas. NA's behaviour improved on the Unit and he was transferred to an Enhanced Prisoners Unit. NA found these sessions so useful that he requested onwards referral so that he could carry on with these sessions outside of the YOI. NA felt that the sessions helped him to understand himself and others better. NA's mother rang me to thank me for the input and expressed regret that he had not received support earlier.

Often people with SLCN do not know how to alter their type of communication to be used with friends versus that used with the magistrate. These difficulties can also make young people more vulnerable because their engagement style may be misinterpreted as boredom, being rude and general lack of co-operation when, in fact, the opposite may be true (Snow & Powell, 2004). This is significant as 80% of magistrates surveyed said that the attitude and demeanour of a young person influences their sentencing decision to some or a great extent (Audit Commission, 2004).

Additionally, young people with SLCN may not understand the terms of their sentence and what is required of them in their court order. The CJS contains within it many complex processes and technical language, for example words like 'breach', 'remorse' and 'conditional'. These words are difficult for many of us to understand, let alone people with SLCN.

Young people are often provided with interventions as part of their court order which can include education, counselling and those related to their offending behaviour (e.g. weapons awareness, substance misuse). The verbal context of such programmes often disadvantage young people with SLCN, making information and support difficult to access. It also means that the programmes are less likely to be successfully contributing to re-offending. Evidence shows that around 40% of youth offenders find it difficult or are unable to benefit from and access verbally mediated interventions (Bryan 2004; Bryan et al., 2007).

The effect of SLCN on a person accessing the CJS has been visually represented by Professor Karen Bryan in a compounding risk model.



The implications of SLCN in young people known to the YJS are referenced in the Youth Justice Board Full Joint Inspection Criteria (2012). It states under point 4.2.1 that “Action is taken to understand and address barriers to compliance”. As noted above, SLCN can be a barrier to conformity and addressing this may contribute towards supporting engagement.

## The Kim Turner Review: A review of articles on the prevalence of SLCN in the offender population

Turner, K. Table of evidence. Unpublished PhD studies, University of Sheffield, UK (2017)

First Author	Title	Year	Country	Location	Age	Gender	Sample Size	Key Conclusions
Weaver Jones	Taskforce on Speech Pathology and Audiology Service Needs in Prison	1973	USA	Custodial	10-80	Male/ Female	25-4858	Incidence of speech, language and hearing disorders higher in the prison population than in the general population.
Wagner	Communicative disorders in a group of adult female offenders	1983	USA	Custodial	18-44	Female	50	44% of the sample had a communication impairment.
Davis	Language skills of delinquent and non-delinquent adolescent males	1991	USA	Custodial	14-17	Male	24	38% of delinquent adolescents were found eligible for Speech and Language Therapy against 4% of non-delinquent adolescents.
Stattin	Early Language and Intelligence Development and Their Relationship to Future Criminal Behavior	1993	Sweden	Longitudinal	3-17	Male	122	Lower language comprehension at a younger age was found to be linked higher levels of future offending.  This paper also found a link between lower socio economic status and poorer language comprehension.
Sanger	Prevalence of Language Problems Among Adolescent Delinquents: A Closer Look	2001	USA	Custodial	13-17	Female	67	Although the mean score for the group was within normal limits 19.4% scored -1.3SD plus on the CELF 3, making them eligible for local SLT services.
Humber	The oral language skills of young offenders: A pilot investigation	2001	Australia	Community	13-21	Male	15	The juvenile offenders were found to have significantly poorer narrative skills and slower language processing abilities than their peers.
Bryan	Preliminary study of the prevalence of speech and language difficulties in young offenders	2004	UK	Custodial	18-21	Male	30	This paper concluded that based on their language skills around 40% of young offenders' will have difficulties engaging with the verbally mediated programmes.
Linares-Orama	Language-learning disorders and youth incarceration	2005	Puerto Rico	Custodial	?	Male	17	This paper found 70% of offenders in custody to have language learning difficulties, including poorer narration

First Author	Title	Year	Country	Location	Age	Gender	Sample Size	Key Conclusions
								skills, poorer auditory comprehension as well as undiagnosed attention deficit disorders.
Bryan	Language and communication difficulties in juvenile offenders	2007	UK	Custodial	15-18	Male	58	A key piece of evidence which found that up to 66-90% of young offenders have low language skills, with 46-67% of these being in the poor or very poor range. All language skills were affected but vocabulary skills were particularly poor.
Blanton	Comparison of Language Skills of Adjudicated and Nonadjudicated Adolescent Males and Females	2007	USA	Undefined	13-17	Male/ Female	32	This study found that adjudicated individuals had poorer language skills than their non-adjudicated peers even when controlling for IQ. The number of African Americans with language impairment was significantly higher than Caucasian individuals. Over 30% of adjudicated individuals would qualify for SLT services but no non-adjudicated.
Munoz	Verbal ability and delinquency: testing the moderating role of psychopathic traits	2008	USA	Custodial	13-18	Male	100	Offenders with high callous and unemotional traits with high verbal abilities demonstrated a higher violent delinquency, while offenders with high verbal abilities but low callous and unemotional traits demonstrated a reduced violent delinquency.
Snow	Oral language competence, social skills and high-risk boys: What are juvenile offenders trying to tell us?	2008	Australia	Community	mean 15.8	Male	50	52% of offenders were found to have language impairments. Offender's worse on all language tests than controls but not on verbal IQ. Narrative skills were particularly impaired in the offender group.
Mouridsen	A long-term study of offending in individuals diagnosed with a developmental language disorder as children	2009	Denmark	Longitudinal	29-48	Male/ Female	469	Severe expressive language disorder in childhood was a found at an increased rate amongst the males convicted of sexual offences.
Snow	Oral language competence in	2011	Australia	Custodial	17-21	Male	100	46% of offenders were found to be language impaired

First Author	Title	Year	Country	Location	Age	Gender	Sample Size	Key Conclusions
	incarcerated young offenders: Links with offending severity							across all language assessments.
Gregory	Speech and language therapy intervention with a group of persistent and prolific young offenders in a non-custodial setting with previously undiagnosed speech, language and communication difficulties	2011	UK	Community	11-18	Male/ Female	73	This is the first published study of speech and language therapy intervention within community services for young offenders, and demonstrates language improvement detectable on standardized language tests and broader quality of life improvements. A total of 65% of offenders were found to have language difficulties that would benefit from speech and language therapy intervention. As a cohort, their language skills were lower than those of the general population, with 20% at levels considered severe.
Games	A small-scale pilot study into language difficulties in children who offend	2012	UK	Community	11-16	Male/ Female	11	Approximately 90% of the sample displayed some form of language difficulty. YOT staff were also analysed and found to have little understanding of the difficulties presented by the children on their caseloads, despite reporting that they felt confident in this area.
McNulty	Neighborhood Disadvantage and Verbal Ability as Explanations of the Black–White Difference in Adolescent Violence	2013	USA	Longitudinal	12-30	Male	5322	Low verbal ability was found to be a predictor of adolescent violence. Verbal ability was found to negate the over representation of black youths in the YJS. Low verbal ability and low school attainment are seen as criminogenic risk factors.
Bellair	Verbal Ability and Persistent Offending: A Race-specific Test of Moffitt’s Theory	2014	USA	Longitudinal	12-30	Male	8984	Low verbal ability, low socioeconomic status and high peer drug use was found to correlate with an increased risk of recidivism.
Bryan	Language difficulties and criminal justice: the need for earlier identification	2015	UK	Custodial	11-17	Male	118	57% of offenders were found to meet the criteria for a developmental language disorder.
Snow	Language functioning, mental health	2016	Australia	Custodial	15-20	Male/	100	Over one third (37%) meet criteria for stringent

First Author	Title	Year	Country	Location	Age	Gender	Sample Size	Key Conclusions
	and alexithymia in incarcerated young offenders					Female		developmental language disorder cut off (-2SD). The cohort also had increased rates of depression, anxiety, stress and possible alexithymia. There was a significant correlation between depression and alexithymia.
Lount	Hearing, Auditory Processing, and Language Skills of Male Youth Offenders and Remandees in Youth Justice Residences in New Zealand	2017	New Zealand	Custodial	14-17	Male	33	Twenty-one (64%) of the YOs were identified as language impaired (LI), compared with 4 (10%) of controls. Performance on all language measures was significantly worse in the YO group.

## **The Importance of Speech and Language Therapy Assessments and Intervention**

It is vital that young people in the criminal justice system are able to understand what is happening to them and what is required of them. In order for this to happen, the following skills are needed:

- To provide a range of information about the offence and their personal histories for assessments and progress reviews.
- To be able to grasp the requirements of any statutory order and any conditions that are imposed with it.
- To understand vocabulary used within the criminal justice system.
- Attend appointments at pre-arranged times.
- An understanding they will be required to meet and work with a range of individuals delivering different interventions.
- To take part in activities and programmes – either alone or with others where they may be required to reflect on their offending behaviour.
- Read and understand information relating to some or all of the above.

All of the above require good speech, language and communication skills and literacy skills.

Research shows that speech and language therapists input can directly improve a young person's speech, language and communication skills. A study completed in the Leeds Youth Offender Service (YOS) found that 75% of the young people completing a speech and language therapy intervention programme had made a significant improvement in every communication area targeted. In addition, 88% had made significant progress in their ability to understand spoken paragraphs and formulate sentences (Gregory et al 2009).

The Youth Justice Board Full Joint Inspection Criteria (2012), under section 4.4, states that partnership work alongside positive leadership and effective management ensures that the objectives of the YJS are met. Furthermore, a survey of public perceptions in 2011/2012 by the Youth Justice Board (YJB, 2013) found that nearly half (48%) of the people asked felt that 'rehabilitation through help and support' should be the main aim of the YJS.

The Bradley Report (2010) which focussed largely on mental health in prisons emphasised the need for early identification of speech, language and communication needs, describing SLCN as one of the factors that would need to be addressed in order to negate anti-social behaviour but also continued contact with the criminal justice system. The report went on to state how identification of SLCN within a custody setting would help those with learning disabilities or learning difficulties understand and appreciate the complex rules, regimes and demands within a prison environment; the illustrative case study highlights the role of a speech and language therapist in the identification of Asperger's syndrome (Autism). The Carlisle Report (2014) highlighted the need for greater recognition of speech, language and communication needs in the justice sector and the need for greater training to enable

recognition of SLCN. The report went on to discuss contemporary examples of training for the identification of SLCN by District Judges and Magistrates; with District Judges trained on the content of communication and the use of intermediaries.

*“Chief Executive of the YJB, Lin Hinnigan informed the panel that training on speech, language and communication needs had been provided to some magistrates, which was very well received, demonstrating the appetite for such training. However, her comments indicated that such training is not being provided to magistrates systematically. The Standing Committee for Youth Justice argued that without such training ‘the court will compromise its compliance with the Equality Act 2010 and the child’s right to a fair trial’. Increased training of sentencers on communication and engagement with young defendants has been found to contribute to a fall in the use of custody and an increase in conditional and absolute discharge (Allen et al, 2000: 64).”*

This report also discussed at length the role played by speech and language therapists for wider outcomes including the development of both wider social and good family relationships.

The Charlie Taylor Review (2016) acknowledged a disproportionate presence of BAME and white working class offenders, many of whom have been in care or from dysfunctional families and have been diagnosed with mental health problems, learning disabilities and/or speech, language and communication needs. The review goes on to highlight the positive contribution made by speech and language therapists in Young Offender Teams given the prevalence of SLCN in young offender population while noting the struggles of many YOTs to secure the health (speech and language therapist) support they require.

The recommendation for the establishment of secure schools includes that of autonomous head teachers who would have the capability and capacity to include, recruit and train their own staff; this would include the commissioning of health services including speech and language therapy.

The Government response, while acknowledging that *“studies suggest 60–90% of young people who offend may have communication disorders including problems with speech, language and hearing that will significantly impact upon an individual’s functioning”*, it does not commit to a speech and language therapist resource in secure schools; instead that *“pilot secure schools with a strong focus on education and health by attracting a wider range of specialist providers and allowing them the freedom to decide how best to deliver their services.”*

## **Identification & Assessment**

SLCN are not always easily identifiable for various reasons. Young people can become proficient in masking their problems by avoiding engagement or being disruptive since this serves to distract attention from their difficulties. Often when behaviour issues are present, SLCN may not be considered (Gregory & Bryan, 2011). Therefore, SLCN often goes undetected in young people with social, emotional and behavioural difficulties (Ketelaars et al., 2010). This in turn means that the identification of communication difficulties in the youth offending population has been found to be very low, even though its prevalence is high.

It is essential to identify any form of communication difficulty as early as possible and ensure the young person is supported, (directly or indirectly) so that they can engage meaningfully within the justice process, ultimately reducing the risk of re-offending.

### **Screening and Assessment**

All young people may now receive a screen of their SLCN; there is no mandatory requirement for a screen to be conducted with over 18's.

The following assessment tools contain a Speech, Language and Communication Need screening element, used throughout the Youth Justice System of England and Wales:

- **Comprehensive Health Assessment Tool (CHAT):**

A single tool for the screening of health and well-being needs for use across the youth justice system. There is one version for **community settings** and another for **custodial settings**. CHAT has been developed by the Offender Health Research Network as part of the programme of work under the Healthy children, safer communities strategy. This assessment is mandatory for all young people entering custody.

- **ASSET PLUS: Speech, language, communication and neuro-disability screening tool**

The Youth Justice Board has released the speech, language and neurodisability tool from AssetPlus as an Early Practice Change Tool. The SLCN screening tool will help practitioners identify any speech, language and communication needs in young people. It is based on the Royal College of Speech and Language Therapists' (RCSLT) screening tool. This tool is mandatory for all young people in contact with youth offending services.

Youth offending teams (YOTs) with dedicated speech and language therapists have also developed their own additional bespoke tools for SLCN screening and identification.

Although these screening tools may specifically be used to identify SLCN, they do not in any way substitute a comprehensive assessment completed by a speech and language therapist. If a significant speech, language or communication difficulty is identified, referral should be made to a speech and language therapist for a comprehensive assessment.

If the screen identifies areas of SLCN and triggers a referral, a speech and language therapy assessment is vital as soon as possible. This is because if the young person has a lack of

comprehension or spoken language difficulties these can acutely affect outcomes in a court setting. It could mean the difference between finding a young person guilty or innocent and the sentence received (Crawford & Bull, 2006).

A formal and/or informal assessment will be carried by a speech and language therapist (SLT). Formal assessments will ascertain whether the individual has language skills that are within the expected range for a young person of their age by comparing the score they receive against the rest of the population (standardised scores). A comprehensive assessment can identify the specific areas where language is breaking down.

An example of a formal assessment is the Clinical Evaluation of Language Fundamentals 4<sup>th</sup> edition UK (CELF-4). This is standardised on children and young people aged 5 years to 16 years and 11 months. The CELF-4 enables the evaluation of the nature and extent of the person's language difficulties.

Informal assessments may also be used to gain further information on language skills. An example of an informal assessment is the 'Time Concepts Questionnaire' (Dutt & Doran, 2012); a resource developed by SLTs in the Milton Keynes speech and language therapy service. This questionnaire was created in response to consistently identifying that young people across a range of settings (e.g. school, YJS) were unable to make sense of a number of time related words (e.g. telling the time, the use of a calendar, estimating time). In a small research study, nine of the 20 young people (age 13-17) trialled randomly had difficulties with these time concepts. The impact of not knowing the time within the YJS will mean frequently missed or late arrival to appointments and the risk of breaching their order (being sent back to court).

In addition to assessing a person's understanding and use of language, another key role of a SLT is to assess social communication and interaction skills. These are a vital area of communication and will impact on a young person's ability to show remorse and engage in the restorative justice system. There are various reasons a young person may have difficulties with social communication and interaction. Childhood maltreatment or impoverished language development (Snow, 2009) can impact on the development of these skills. A further reason may be due to Autism Spectrum Disorder (ASD), which may be undiagnosed. If a young person is suspected to have ASD they can be supported by the speech and language therapy service to be referred for a Multi-Disciplinary Team (MDT) for an ASD assessment. An MDT consists of a number of professionals and this MDT approach to diagnosis is recommended in the National Institute of Clinical Excellence (NICE) guidelines.

Following an SLT assessment, if a person presents with SLCN a speech and language therapy report can recommend for them to have access to an Intermediary in court. An Intermediary can support 'questions put to the witness, and to any persons asking such questions, the answers given by the witness in reply to them, and to explain such questions or answers so far as necessary to enable them to be understood by the witness or person in question' (section 29 (2) of the Youth Justice and Criminal Evidence Act 1999).

Section 104 of the Coroners and Justice Act 2009 expanded this scheme to encompass defendants. This has yet to be implemented by the Ministry of Justice.

The Full Inspection Criteria by the Youth Justice Board states, under point 1.2.1, the importance of sufficient attention to assessments carried out by other agencies. This will in turn provide a robust framework for work to reduce the likelihood of reoffending.

## **Speech and Language Therapy Provision**

Speech and language therapy may be provided by direct or indirect interventions. Individuals with severe and complex speech, language and communication needs will need direct speech and language therapy intervention. Others with less complex SLCN may benefit from indirect speech and language therapy provision.

### **Direct Speech and Language Therapist Intervention**

This involves a SLT providing direct support by working one to one, in a pair or in a group with young people. These have been shown to be effective methods of intervention. For example, in Leeds YOS young people's language scores and engagement with services was found to improve following intervention (Gregory & Bryan, 2011). Following are examples of direct speech and language therapy interventions:

- **Narrative skills**

Narrative discourse refers to the ability to structure information units so that the story is told to a listener in a logical way. It is sensitive to many cognitive and linguistic skills (Paul, 2001) and therefore, narrative competence is highly implicated with respect to language competence. It has a special significance in relation to young offenders as it is the means by which an accused person can tell their story to law enforcement authorities. Research findings indicate that young offenders struggle to put information together for a listener in this way (Snow & Powell, 2005). Therefore speech and language therapist support may be required to help young people structure their narratives in a logical coherent order (Shanks, 2000; Joffe, 2011).

- **Vocabulary skills**

SLCN can mean that the young person is unable to grasp the jargon, abstract language and complex terminology frequently used by professionals in a variety of criminal justice settings. In Bradford, the YOS carried out some research in which a group of young people were asked to discuss 37 words they were likely to hear in court. The results showed poor recognition and explanation of commonly used words like 'offence', 'comply', 'breach', 'conviction', 'alleged' and 'magistrate'. Furthermore, all of the young people indicated that they struggled to understand the language used in court. Whilst the research cited above relates to court vocabulary, the words described are not significantly different from those which may be used at a police station or when engaging with a young person in a YOS or in the secure estate. If young people are unable to comprehend and respond to information which is being provided to them or requested of them, this could lead to criminal justice outcomes which are more negative than might otherwise be the case.

Direct speech and language therapist intervention can involve teaching specific vocabulary related to a relevant area (e.g. YJS) and/or words associated with everyday living skills, for example money and time, of which the latter was referenced above as an area of difficulty. Vocabulary training is effective in increasing language performance (e.g. Parsons et al., 2004). Overall, targeted support can result in a better understanding of a court order and/or regular punctual attendance at all appointments. These in turn will have a marked increase in the young person's self-esteem and feelings of independence.

- **Time Concepts**

Young people may have difficulties understanding and using a range of time concepts. This is a crucial skill to comply with terms of an order (i.e. attending appointments on the right day and on time). A practical resource called *Time Matters* by Pembery, Doran and Dutt (2015) can be used to develop time concepts and self-organisation skills.

- **Use of Strategies**

The use of strategies involves supporting the young person to identify ways in which they can help themselves when they experience difficulties. For example, asking for repetition of instructions, asking for clarification, asking if they do not know what a word means. These skills can be taught explicitly or within other work.

- **Social Communication Skills**

Individuals with ASD and those experiencing difficulties with social communication will often have problems reasoning their own thoughts, feelings and perceptions as well as the thoughts, feelings and perceptions of others (Hutchins & Prelock, 2008). Furthermore, they may present with a lack of words for emotions (alexithymia). Also, individuals who have experienced emotional neglect and/or been victims or witnesses to trauma may present with alexithymia.

Individuals with social communication and interaction skills can find it difficult to infer or understand the emotions and beliefs of other people. There are a range of interventions used by SLTs aimed at developing these skills in young people.

*Social Stories*, developed by Carol Gray in 1991, are used to help individuals with difficulties with social communication and/or ASD form greater social understanding about a particular event, situation, skill or concept. *Social stories* were originally created for children, but can also be used with adolescents and adults. These stories provide specific information that can help an individual understand what to expect in a situation and why. Furthermore, they also allow others to better understand the perspective of the individual with ASD. *Social stories* can be written for many different purposes including helping individuals identify what will happen next in an activity or event and describing behavioural norms for different social situations. To be successful they should be tailored to the individual and contain information that is clear and concrete.

*Comic Strip Conversations* (Gray, 1994), are also used to support young people with sequencing, problem-solving, planning for an upcoming situation and taking the perspective of others. *Comic Strip Conversations* are visual representations composed of symbols and colours that represent the abstract aspects and emotional makeup of a conversation. More simply, they can represent what people say and think during a conversation. *Comic Strip Conversations* require very few materials (e.g. paper and pencils) and are a piece of work produced jointly between the individual and a support person.

Social skills training which can help young people learn how to initiate and respond in ways that are appropriate in common social situations (Parr, 2010; Howlin & Yates, 1999).

## Indirect Intervention

- **Access to Written Information**

Written information is also provided to young people within the CJS, for example court orders, appointment letters, information posters and leaflets. As highlighted earlier, youth offenders generally have poor literacy skills, with 62% being reported by Bryan and colleagues (2007).

Some of this written material can be inaccessible to the young people with SLCN and literacy difficulties. SLTs can provide support by providing modifications to existing written material. This may include changing wording and including visual supports. This redesign of written information is based on using the Plain English principles.

Access to written information links to the Youth Justice Board Full Joint Inspection criteria (4.4.2) which state that 'Resources for interventions, written and other forms of communication, are suitable for the diverse needs of children and young people'.

- **Consultation**

Speech and language therapists may support other staff working with an individual with SLCN by providing advice on how to communicate effectively and how to modify therapy resources to improve engagement and comprehension.

Offender treatment programmes and other therapeutic interventions are highly verbally mediated and can be difficult for individuals with SLCN to access and benefit from.

Consultation may be provided when the individual declines to engage with speech and language therapy directly or when this indirect approach is felt to meet the individual's needs most effectively.

- **Working through Others**

A high number of individuals in the CJS will have significant trauma issues and may have difficulties building therapeutic relationships. For these individuals it may be more effective for speech and language therapy to be delivered through another staff/family member who has already developed a good working relationship with the individual.

- **Communication Guidelines/Care Plan**

For some individuals it may be sufficient to supply others working with that individual a range of strategies to optimise their communication potential. This is especially important if staff have undertaken communication training.

- **Staff Training**

A key role of speech and language therapists in any setting is to train staff, to raise awareness of SLCN that would enable the development of bespoke and strategies to support the young people they work with on a day to day basis much more effectively. It is

vital for YOS staff to consider the presence of SLCN and the level of communication skills amongst offenders as part of the work that they carry out routinely (Crew & Ellis, 2008).

Thus, supporting staff to identify and alleviate the levels of SLCN within the youth offender population (RCSLT Communication Quality Live) is of vital importance.

The training needs of staff are highlighted through research that has shown that staff in young offender institutions are dealing with young people who may not have age specific language skills on a day to day basis, as well as trying to involve them in verbally mediated interventions that they may not have the language skills to cope with (Bryan et al., 2007).

For example, a study in Leeds YOS showed that after speech and language therapy training, staff made significant gains in their knowledge and confidence working with young people with communication difficulties. This was evidenced by the increase in their confidence ratings from an average of 2.9 up to an average of 7.8 (on a scale of 1 – 10). The staff were able to incorporate communication aims and activities into their sessions (Gregory & Bryan, 2009). This research has been further supported by a study by Gregory and Bryan that demonstrates speech and language intervention can be effectively delivered within a community based youth offending team (Gregory & Bryan, 2013). Staff reported that understanding the nature of the presenting communication difficulties and having strategies to manage these were linked to improvements in wider working practices, which managers linked to culture change. Heritage, Virag and Mccuaig (2011) highlight that supporting the staff working directly with young people is often the most viable intervention option due to difficulties they may have with building relationships with new people and to reduce the number of staff working with the young person.

These highlight the need for staff who work with young people in the criminal justice system (CJS) to have training and support to understand and manage the language limitations that some young people have. This action is also in accordance with The Youth Justice Board Full Joint Inspection Criteria which states (point 4.4.2) “Staff are trained to recognise and respond appropriately to speech, language and communication needs (SLCN), and other diversity or potential discriminatory factors.”

It is likely that many young people within the YOS may have their needs met through staff being adequately trained by the SLT in the use of strategies to support the young person’s SLCN. SLTs can provide training for staff on general strategies to use, for example, simplifying language and using visual supports more deliberately to aid comprehension. Moreover, if a young person has been assessed, the SLT can recommend and model specific strategies.

The Communication Trust survey (2014), reports that Youth Offending Team training is most effective when provided face to face by local SLTs.

## **Outcomes**

### **Benefits for Young People**

It is vital that a young person in the CJS is able to understand what is happening to them and what is required of them. Speech and language therapy has been shown to result in better language and educational outcomes (Conti-Ramsden et al., 2009). Gregory and Bryan (2011) showed that adding speech and language therapy to a Youth Offending Team enabled 75% of young people with SLCN to improve on standardised testing. Moreover, a survey carried out in 2014 by The Communication Trust found that Youth Offending Team staff reported that SLT provision had most changed the service they offer.

### **Benefits for Service**

It was reported from the Patuxent Institution USA, which has a full time SLT provision, that reoffending rates were approximately at 30% from offenders that received speech and language therapy as opposed to the national rates at the time of 60-80% for those that did not. More recently, SLT was rated by 17 out of 19 criminal justice practitioners at the highest level for critical impact on the management and outcome of youth offending cases (Brooks, 2011).

A study in Leeds YOS showed that after SLT training, staff made significant gains in their knowledge and confidence working with young people with communication difficulties. This was evidenced by the increase in their confidence ratings from an average of 2.9 up to an average of 7.8 (on a scale of 1 – 10). The staff were able to incorporate communication aims and activities into their sessions (Gregory & Bryan, 2009). This research has been further supported by a study by Gregory and Bryan that demonstrates speech and language intervention can be effectively delivered within a community based youth offending team (Gregory & Bryan, 2013). Staff reported that understanding the nature of the presenting communication difficulties and having strategies to manage these were linked to improvements in wider working practices, which managers linked to culture change. This was also highlighted in another report in which staff indicated that SLT intervention allowed greater awareness of SLCN in the young offender population which then informed and guided their own practices, which were then also found to be much more effective (Snow et al, 2017).

Heritage, Virag and Mccuaig (2011) highlight that supporting the staff working directly is often the most viable intervention option for the young person due to difficulties building relationships with new people and to reduce the number of staff working with the young person.

Therefore, support from a speech and language therapist is needed in order to provide specialist support to help increase engagement and to reduce antisocial and offending behaviours.

### **Benefits for Society**

A report by the American Speech and Hearing Association (ASHA) found that SLT interventions can reduce the re-offending rate by enabling the individual to access a wider

range of rehabilitation programmes and subsequently empower them to change their offending behaviour.

### **Anonymised case studies**

#### **Community:**

#### **R**

R was a Looked After Child (LAC), physically abused by his father who is well known to the adult prison system. R had a poor education history and had been excluded from mainstream provision. No formal educational qualifications achieved.

R was a young man with a history of serious and multiple offences. His offending behaviours were persistent. R was a chaotic poly drug user. R was 17 when he started his last Court Order. R was not in education or training and had no experience of employment.

R was perceived by Youth Offending Team (YOT) officers as a difficult young man to manage and engage due to his chaotic and volatile presentation compounded by drug use. His engagement with the YOT was extremely erratic.

After consultation with the YOS SLT it quickly became apparent that R might have a complex language disorder which was exacerbating problems with emotional regulation. An SLT assessment was undertaken, which revealed that R was a bright, intelligent young man with a severe specific language impairment (SLI).

R met with the YOS SLT in order to understand the implications of this diagnosis and the impact of the language disorder on his life. Following this R asked the YOS SLT to talk to his mother (with whom he had re-established contact). R's mother explained how she had always thought there was something that made life and learning more difficult for her son and that he was not 'just bad'. She explained that she had repeatedly mentioned this to school when he was young and still in her care but had been told that he had a 'behaviour disorder'. Following the language diagnosis R agreed to work with the YOS Mental Health Social Worker. The aims were to begin to change the way he perceived himself, especially in the light of his Speech and Language diagnosis, and to increase his emotional literacy and capacity to self-regulate his emotions.

The role of the YOS SLT was to support the effectiveness of these therapy sessions by helping overcome any difficulties relating to R's communication problems. For example, initial therapy sessions were often highly charged with R becoming verbally abusive and storming out of the room. Trying to verbally reason with R at these times simply increased his anger. These behaviours were triggered by R's severe difficulties processing spoken information which meant that he frequently misinterpreted what was being said. Due to his extremely negative self-image, this misinterpretation induced feelings of failure, humiliation and shame quickly resulting in anger. Later, when R was calm he was able to revisit the incident and concede that he had misunderstood what had been said due to his language disorder. However this repeated and highly disruptive pattern threatened to prevent the therapy he needed, and wanted. The YOS SLT devised a visual cue – the YOS practitioner would hold up a card saying 'Speech and language'. This visual sign was sufficient to remind

R of his language difficulties which allowed him to manage his emotions long enough for the communication error to be explored and explained in a way he would understand. R's ability to stay in the room and engage with the therapy significantly increased and he was able to move forward successfully.

During this period R's view of himself and his life changed profoundly. He began to believe that he wasn't stupid and that although he had communication difficulties which made learning (and life) more difficult these could be understood and supported. He decided to reduce his drug use with an end goal of being drug free and worked with Y-Smart to achieve this goal. R obtained a full-time, well paid job. Although difficulties with work relationships due to his communication problems did occur, with support, he was able to repair the breakdowns and remained in employment. With his permission information was shared with his employer on the nature of his communication difficulties which helped this process. R went on to achieve the firm's award for their most successful employee in the South West.

Towards the end of R's order the YOS SLT and YOS Mental Health Worker were asked to present their work at a county Child and Adolescent Mental Health Service (CAMHS) conference. R was asked his permission to use his case as evidence of impact. R was invited to speak, to showcase his success in developing his communication skills and in moving his life forward. With the support of his YOT officer, R was able to read out the speech he had prepared to the CAMHS audience.

R continued to engage with the YOT and, very unusually, he returned to Court where his 12 month Youth Rehabilitation Order was ended early due to his outstanding progress. On this final day with the YOT R promised to return to tell us how it was all going.

R did come back to visit us at the YOT offices. He is still employed full-time in his job. He continues to be drug free and has a baby daughter. R said he was happy. This was 12 months post the end of the court order.

## H

H is a 17 year old who has had a previous Caution, is the subject of a Sexual Risk Order, and is now subject to a Youth Rehabilitation Order. H has further offending putting him at risk of a custodial sentence.

H is a vulnerable young man who, when assessed by the YOS SLT, has significant language difficulties. He has also recently received a diagnosis of Autism. H presents as emotionally and socially immature and has struggled to achieve educationally.

The YOS SLT designed and gave a card to H to carry with him, which explains that he has difficulty understanding what is said to him. This has proved important as H will often become angry and aggressive when he doesn't understand what he is being told – this has led to confrontations with the Police and the need for restraint. Now H will show the card if he is in a difficult situation and this has led to change.

For example, H did not understand the terms of his Sexual Risk Order and therefore did not, initially comply. The Police Officer involved informed the YOT that, because of the card, he

had explained fully the details of the Sexual Risk Order to H and worded it in a way that he felt H understood. As a result, H's compliance has improved to the point where he will ask for Police advice to be sought if he is unsure of a situation and is sticking to the terms to the letter.

The SLT assessment has also been used at College, who are now working to ensure that they educate H more effectively, based on the assessment and advice. H's family find it very hard to understand their son's behaviour. The diagnosis of language impairment has helped them to understand why H sometimes behaved in the way that he did.

The diagnosis continues to help those who support H, to improve his understanding of situations.

## C

C is a fifteen year old in mainstream school, who is frequently getting into trouble for difficult behaviour and spends a lot of time in the exclusion area at school. SLT assessment ascertained that C has very good language skills – all aspects of her understanding and expressive language sit well within the average range. When social interaction was investigated it became apparent that C finds it difficult to understand the behaviour of others and therefore to predict how people might react. She also has difficulty in thinking from another's point of view. This difficulty appears to result in C not realising how her behaviour might impact on others and on occasions being surprised at their negative reactions. Her mum confirms that this also happens at home with her family. This information helps her YOT officer to work on appropriate areas of her behaviour, helping C to develop strategies.

### **Custodial:**

## NA

NA was referred by his Offender Manager due to difficulties in social interaction, the referral stated:-

*NA states that he has a nasty temper which can easily be shown when he feels he cannot get his point across. He also states that he suffers with social and communication difficulties and would like staff to be made aware of this as he may need help understanding certain instructions, applying for education/workshops and completing a canteen sheet.*

I discussed the referral and NA's presentation with his Offender Manager and then arranged a meeting with NA. After assessment it was clear that NA was unable to decode social situations; NA would hear and understand the words but did not look at the environment, body language, context, voice or any other factors and often came to the wrong conclusion. Together we wrote a treatment plan and worked on these deficit areas. NA's behaviour improved on the Unit and he was transferred to an Enhanced Prisoners Unit. NA found these sessions so useful that he requested onwards referral so that he could carry on with these sessions outside of the YOI. NA felt that the sessions helped him to understand himself and others better. NA's mother rang me to thank me for the input and expressed regret that he had not received support earlier.

**NY**

NY was referred by the Community Mental Health Team (CMHT) as they found him to have non-fluent speech and was not interacting with peers and staff. I rang the Unit to complete the Communication Checklist (designed to gather information on level of functioning) and they expressed concerns about his level of isolation. NY was seen in Clinic and although he did not give eye contact he fully engaged in assessment. There were behaviours throughout the session that were indicative of an autistic spectrum disorder. NY agreed to engage in therapy to improve his social skills. Throughout this time the speech therapist liaised closely with CMHT and it was decided that joint sessions with psychology were indicated – speech therapist could aid in recognising and labelling emotions whilst psychology looked at how to manage these emotions. NY and Unit staff both reported an increase in interaction and a decrease in anger and aggression culminating in NY receiving enhanced level status.

NY also received an assessment for autistic spectrum disorders and was found to have Asperger Syndrome. This diagnosis allowed NY and his mother to understand his presentation more fully and will permit NY to receive more support in the community. NY was given education around the Aspergers diagnosis and what this meant for him. At NY's discharge meeting his YOT worker suggested that his time on TAG could be reduced from 3 months to 1 month in recognition of the improvement in his behaviour over his time at the YOI. NY said he would like to decline the offer as he recognised that he required the extra time to build new helpful routines to avoid future contact with the criminal justice system.

**AM**

AM was referred by Education staff, he was referred as he had a lisp, although they were sure that he would decline input. I met with AM to offer input and he was initially sceptical, he said that he had been told by the GP when he was younger that he had a short tongue and there was nothing that he could do about this. AM told me that his Mum often laughed at him because of the way he spoke and his treatment goal was to be able to say an /s/ clearly by his birthday when his Mum would visit him. It was explained to AM that it would be down to him to practice in order to make the changes and that it would be difficult after articulating in a different way for 15 or more years. AM showed great commitment to his exercises and within 5 weeks could produce single words clearly and within 10 weeks could pronounce /s/ words clearly 90% of the time during conversation. AM stated that therapy had helped him to feel like a 'proper grown-up' and a 'real man'. He said that this meant he didn't feel the need to start fights to prove himself.

**Impact of speech and language therapy in youth offending institutes and youth offending teams**

[Two-year study examining the effect of speech and language therapy in young offender's institutions](https://www.rcslt.org/speech-and-language-therapy/slt-work-settings/justice-slcns/study-slts-in-yois)

[https://www.rcslt.org/speech and language therapy/slt work settings/justice slcn/study\\_slts in yois \)](https://www.rcslt.org/speech-and-language-therapy/slt-work-settings/justice-slcns/study-slts-in-yois)

This study looked at language and communication difficulties in young offenders and the implications for service provision. Professor Karen Bryan of the University of Surrey (now

Sheffield Hallam University) ran the project which ended in 2004. The study was carried out in partnership with the prison service and local speech and language therapists. The former Chief Inspector of Prisons, Lord Ramsbotham, was on the advisory group and the project was funded by the Helen Hamlyn Foundation.

**BBC Points West Case Study:**

[https://www.youtube.com/watch?v=vl\\_fOZB7qUI](https://www.youtube.com/watch?v=vl_fOZB7qUI)

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