SUMMISSION TO IMPROVING HEALTH WITHIN CRIMINAL JUSTICE CONSULTATION DOCUMENT

Please find below, the submission from the Royal College of Speech and Language Therapists (RCSLT) to the above consultation. The RCSLT welcomes this opportunity to comment.

The RCSLT believes that any person with a communication difficulty or disability has a right to expect and receive specialist support whilst within the criminal justice system. We have been proactive in raising these issues within government and within the justice and health sectors and are encouraged that the provision of health services within the justice system are now being considered. We are pleased to see that the prevalence of speech, language and communication have been identified and noted in the strategy and we hope that appropriate support will be commissioned as a result of this work.

Yours sincerely

Alison McCullough MBE
Head of the Northern Ireland Office RCSLT
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41 Arthur Street
Belfast
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Anne Gamble
RCSLT Country Representative
1. **Royal College of Speech and Language Therapists**

2. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has almost 17,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies.

3. SLTs play a major role in working directly with children and adults, as well as supporting other professionals in working with speech, language and communication needs.

4. The RCSLT has previously contributed to the ‘Youth Justice Review’, ‘Special measures an evaluation and review’ and ‘Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, using special measures and provision of pre-trial therapy’.

5. The RCSLT believes that any person with a communication difficulty or disability has a right to expect and receive specialist support whilst they are in contact with the criminal justice system.

6. Moreover, there is significant local and international evidence that individuals in the justice system are more likely to have significant speech, language and communication needs compared to the general population. Many of these individuals have been vulnerable and victims of abuse themselves and this in turn has been linked to a cycle of offending.

7. There is now substantial evidence resulting from the Registered Intermediary scheme in Northern Ireland that significant numbers of individuals in the justice system require support with their communication. Communication difficulty and disability have a great impact upon every process within the legal and judicial system.
HOW TO SUBMIT YOUR RESPONSE

Please return your consultation response via the following email or postal address no later than 20th June 2016. Email: cjhcstrategy@dojni.x.gsi.gov.uk Postal Address: Department of Health, Social Services and Public Safety, GDOS and Prison Healthcare Policy Branch, Room D3, Castle Buildings, Stormont Estate, Belfast, BT4 3SQ

Freedom of information

DHSSPS and DOJ will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request.

CONTACT DETAILS

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THE CASE FOR CHANGE

The scale of the challenge (p.15-19) Have we identified the right issues? Are there any other issues you would like us to consider? Can you highlight any additional relevant research?

The link between SLCN and educational achievement, employment and youth offending is now well documented. Young people with poor communication are more likely to leave school with low qualifications and poorer job prospects and are therefore more at risk of remaining unemployed. Young people with learning difficulties and disabilities are twice as likely to be not in education, employment or training (NEET) as those without1 and more than 60% of young offenders have speech, language and communication difficulties.

In a study of 100 young males completing custodial sentences (Snow & Powell, 2011b)2, the prevalence of language impairment increased to 62 per cent in those who had a history of out-of-home care placement – in itself a marker of extreme vulnerability, but in many cases a missed early intervention opportunity.

Young people who have experienced stressful early social-emotional environments are likely to be hypervigilant to the risk of interpersonal threat and have poorly developed social cognition skills. Coupling these risks with low socioeconomic status (overwhelmingly the case for young people in the youth justice system) creates a set of developmental conditions in which language development cannot flourish.3

In Northern Ireland there are now a number of prevalence studies of speech and language difficulties in areas of social deprivation.

- 1997: ‘Language Matters’ study in Twinbrook and Poleglass evidenced a preschool prevalence of 60% speech and language difficulties, 42% of these children required referral to speech and language therapy service.
- 2010: Colin Study – Dr Julie Ann Jordan using standardised assessment tools found that 41% of the sample had an impairment (scored at or below 16th percentile) in at least one of the following five areas of language: core language, articulation, receptive vocabulary, information conveyed and grammar. (Coulter, Halligan and Jordan, 2009)
- 2013: This study was replicated in Downpatrick area and evidenced 46% of P1 children with speech and language difficulties requiring intervention.
- 2012: The RCSLT and YJA study in the Lisburn area carried out 147 screening assessments in six months;
  - 54% had some communication needs (79 clients)
  - Of those, 78% could probably have had their needs met by a CJS professional suitably trained
  - 22% probably needed a specialist SLT (17 clients)
- 2014: A study evidenced boys in deprived areas of Lisburn were three times more likely to have speech and language difficulties than those in non deprived areas.
- 2014 in Oct /Nov ‘Now you’re talking Fermanagh’ project found that found that 57% of nursery school children had speech and language difficulties. These were pre school children from the four most deprived wards after sure start, who were not in receipt of any early intervention programmes.

Language deficits are not only invisible, but tend to be regarded as low IQ, or as behavioural difficulties such as rudeness, disinterest or poor motivation, all of which may harm a young person’s education and/or passage through the justice system.

Evidence is now emerging that language competence is a modifiable variable for young offenders.

3 Language competence: A hidden disability in antisocial behaviour Snow P 2013
InPsych | The bulletin of The Australian Psychological Society Limited
For the reasons given above, the RCSLT therefore considers that any strategy for the provision of health within the justice system should make a robust assessment of the speech, language and communication competencies of individuals in this population in order to determine the level of need.

 Needs of particular groups (p.20-21) Have we identified the right groups? Are there any other groups you would like to see included? What are their particular issues or needs?

The RCSLT consider that the strategy has correctly identified the appropriate groups but should ensure that under the ‘vulnerable individuals’ section it should also make reference to sensory disabilities and Autistic Spectrum Disorder.

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<thead>
<tr>
<th>2/ A NEW DIRECTION</th>
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<tbody>
<tr>
<td><strong>Overview (p. 25-26)</strong> Do you agree with the proposed scope, purpose, timeframe, aims and objectives of the Strategy and Action Plan? Please explain.</td>
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<tr>
<td>Yes</td>
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<td><strong>Service goals (p. 27-34)</strong> For each stage in the criminal justice journey, have we correctly identified what a good service would look like and who should be involved? Please explain.</td>
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1. **The section titled ‘Police response and prosecution’**

‘Arrangements in place to allow for referral or diversion of vulnerable individuals with severe mental ill health or learning disability into mainstream health and social care services, where appropriate’

The RCSLT suggests that the paragraph above could be strengthened by including a wider definition of vulnerability as you have stated earlier in the document. The intended scope of the vulnerable groups could potentially be limited by referring only to ‘severe mental ill health or learning disability’.

2. **The section titled ‘The courts process’**

‘Defence legal representatives – solicitors and barristers – well informed on health and social care issues that may inform decisions as to prosecution and sentencing
Judiciary well-informed on health and social care issues that may inform sentencing decisions
Relevant information gathered, recorded and shared on health and social care needs to inform care and management in court custody

The RCSLT suggest that the paragraphs above could be strengthened by including communication support in the descriptions as suggested below. This is because professionals may not consider communication difficulties as a separate issue unless it is clearly stated. We now have evidence from the NI RI scheme that communication skills are a significant issue that needs to be considered at the outset in the court process and you have identified RIs as being included under the list of involved groups of people.

Defence legal representatives – solicitors and barristers – well informed on health and social care and communication support issues that may inform decisions as to prosecution and sentencing
Judiciary well-informed on health and social care and communication support issues that may inform sentencing decisions
Relevant information gathered, recorded and shared on health and social care and communication support needs to inform care and management in court custody

Who should be involved?
The RCSLT suggest that you should include Allied Health Professionals (AHPs) in the paragraph as they may also be involved in individual proceedings along with social workers and medical and nursing professionals. AHPs are often required to provide court reports or give evidence particularly in cases of personal injury where the court requires an opinion on the impact of the injuries in relation to functioning post trauma. Also, under the new Mental Capacity Act 2016, speech and language therapists may be called upon to give communication support in the process of the determination of capacity. The omission of AHPs in this section could result in a lack of recognition of the role of the AHPs can play in court proceedings.

3. **The section titled ‘Custody’**

‘Custody staff well-informed on common health and social care issues that can contribute to vulnerability’

‘Relevant information gathered, recorded and shared on health and social care needs to inform care and management and to improve health outcomes’

The RCSLT suggest that the paragraphs above could be strengthened by including
**communication difficulties** in the descriptions as suggested below. This is because professionals may not consider communication difficulties as a separate issue unless it is clearly stated.

‘Custody staff well-informed on common health and social care issues and **communication difficulties** that can contribute to vulnerability’

‘Relevant information gathered, recorded and shared on health, social care and **communication support needs to inform care and management and to improve health outcomes’

**Who should be involved?**
The RCSLT suggest that you should include Allied Health Professionals (AHPs) in the paragraph as they may also be involved in individual cases along with social workers and medical and nursing professionals. AHPs (including speech and language therapists) may be required to provide additional reports and or interventions. Also, as previously stated under the new Mental Capacity Act 2016, speech and language therapists may be called upon to give communication support in the process of the determination of capacity. The omission of AHPs in this section could result in a lack of recognition of the role of the AHPs can play in custody.

4. **The section titled ‘Supervision in the community’**

‘**Early, effective identification of health and social care need to inform management and support**’

The RCSLT suggest that the paragraph above could be strengthened by including **communication support** in the descriptions as suggested below. This is because professionals as you have already acknowledged in earlier sections there is a very high incidence of speech, language and communication difficulties in the populations of individuals within the criminal justice system.

**Early, effective identification of health and social care and communication support needs to inform management and support’**

**Who should be involved?**
The RCSLT consider that AHPs should be referenced in this paragraph as referrals to their services may be improved as a result of better identification and signposting to health and social care services.

5. **The section titled Resettlement**

**Who should be involved?**
The RCSLT consider that AHPs should be referenced in this paragraph as their services may be required as a result of better referrals to health and social care services. In particular the role of occupational therapists in housing support should be considered.

**Strategic priorities (p.34-43)** Have we identified the right strategic priorities? Are there any other areas that you feel should be given priority in the Strategy and Action Plan?
Have we identified the right strategic priorities? Yes

Are there any other areas that you feel should be given priority in the Strategy and Action Plan? NO
2/ A NEW DIRECTION – ACTION PLAN

Please share your views on the actions identified for each strategic priority. Have we identified the right actions? Are there any other actions you would like to see included?

**Service planning and commissioning (p. 2 of action plan)**

The RCSLT propose an addition to the actions under this section of;

1.3 Define the health and social care needs for those in contact with the criminal justice system in Northern Ireland.

This should be a precursor to your existing action of;

1.4 Provide a robust mechanism for determining the level of health and social care need for those in contact with the criminal justice system in Northern Ireland. This may include work to develop the local evidence base.

It is the RCSLT’s experience that because speech, language and communication do not fall within the easily identifiable area of health and social care, they are often overlooked when health and social care needs are being considered. Speech and language therapy services are commissioned by health and social care. For this reason we would like to see a comprehensive list of what the strategy will include as being a health and social care need.

*Re ‘Establish a number of service-user groups to seek feedback throughout the lifetime of the Strategy.’*

The RCSLT would like to suggest that professional bodies are included in any reference groups as they represent individual professions and can comment independently without a conflict of interest unlike professionals working within the health and social care system.

**Continuity of care (p. 3-4 of action plan)**

*Re; 2.2 Develop and implement an integrated risk assessment tool for health and social care needs that can be refreshed and built upon as an individual progresses along the criminal justice journey.*

The RCSLT hopes that this tool will include sections on speech, language and communication. The work already undertaken by the YJA in Lisburn using ‘the Box’ speech, language and communication training programme and screening tool may be helpful in this work. The screening tool has been tested and used by youth justice agency staff in Northern Ireland and consists of a small number of key questions which could easily be included into any screening tool.

**Workforce development (p. 5 of action plan)**

**Diversion of vulnerable individuals (p. 6 of action plan)**
Health promotion and ill health prevention (p.7-8 of action plan)

The RCSLT suggests that in addition to the suicide and self-harm strategy there should also be a communication support needs strategy reflecting the high levels of individuals with speech language and communication needs in the justice sector. This strategy could include advice on developing accessible communication environments, such as presenting information in accessible formats and setting out communication support principles which will benefit the whole justice population and not just those with identified communication support needs.

Accessible Communication or Total Communication, Inclusive Communication relates to all modes of communication including written information, online information, telephone, and face to face. It is an essential element of supporting communication needs and involves sharing information in a way that everybody can understand.

The NI Health and Social Care Board is about to launch accessible communication guidelines. This piece of work in conjunction with our RCSLT five good communication standards would be a very positive step towards addressing communication support needs including those experienced by foreign nationals.

https://www.rcslt.org/news/docs/good_comm_standards

The recent publication of reports criticising the police over their communication with and management of a young eleven year old girl with mental health difficulties, demonstrate that professionals in the justice system may lack the skills and knowledge to enable them to identify and support people with communication difficulties. As a result of this incident, a speech and language therapist has been appointed to work with the justice team in Sussex.
Social care (p. 9 of action plan)

Accommodation (p. 10 of action plan)

3/ DELIVERING CHANGE

(p. 45-47 of consultation document) Please share your views on the proposed approach to resources, governance arrangements, monitoring and evaluation.

Re; 'section on Health Needs Assessment and other quantitative research
The annual Health Needs Assessment process will provide information on trends in the health and wellbeing of the criminal justice population within prison custody and juvenile detention and will be a critical source of evidence to track progress. The work to develop a local evidence base will also provide a resource for monitoring and evaluating progress, and can be used to examine the impact of the Strategy and Action Plan at other stages of the criminal justice journey.'

The RCSLT ask that speech, language and communication needs are included in the Health Needs assessment and are not overlooked.
A preliminary Equality Screening, including a Disability Duties and Human Rights Assessment, has been undertaken and the draft Strategy and Action Plan have been screened out: however, a review of Equality Screening will be undertaken following the public consultation exercise. Responses to the questions below will help to inform this review.

<table>
<thead>
<tr>
<th>EQUALITY CONSIDERATIONS</th>
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<tbody>
<tr>
<td>Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and comment on how these adverse impacts could be reduced or alleviated.</td>
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<tr>
<td>Yes: If these proposals, as they stand, are implemented they may have an adverse impact upon those with a communication disability, those with a sensory disability who use sign language and those from the transgender communities. Without appropriate inclusion and recognition of the need to address communication difficulties within this population, the draft strategy and action plan will result in further inequalities of access to appropriate health and social care in the justice system. Our proposal to include a communication strategy could reduce these adverse impacts.</td>
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<tr>
<td>Are you aware of any indication or evidence – qualitative or quantitative – that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.</td>
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<tr>
<td>Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.</td>
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<td>Are there any aspects of proposals where potential human rights violations may occur?</td>
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</table>
The RCSLT welcome this strategy and consider that there will be significant benefits to individuals and society in appropriately meeting the needs of people in the justice system with speech, language and communication difficulties.

Northern Ireland would also benefit economically from the investment. The economic return on investment in speech and language therapy has already been clearly demonstrated for this population. An NHS service in Derbyshire calculated the cost benefit of providing a speech and language therapy service based on a skill mix of 2.05 (whole time equivalent) Band 7 (.80), Band 6 (.45), and Band 4 (.80). The calculated cost of the full service was £102,891, (including management and travel etc). This was compared to the cost of placing a young person in a range of custodial settings;

Cost per Place per annum in a Secure Children's Home £215,000
(Based on Hansard 15.10.2009)

Cost per Place per annum in a Secure Training Centre £160,000
(Based on Hansard 15.10.2009)

Cost Benefit: Number needed per annum to be avoided to pay for the SLT Service @ £102,890
- Places in a Secure Training Centre 0.64
- Places in a Secure Children's Home 0.48

Findings reported at Law Society House, Belfast, 17th April 2013

‘Communication is the key: unlocking the potential’ The UK Box Pilots Evaluation; Dr Tony Munton, Managing Director, theRTK Ltd, Dominique Lowenthal, Head of Professional Development, RCSLT.

At present Northern Ireland remains the only country in the United Kingdom without a specialist speech and language therapy service for young people in the justice system. By dealing effectively with communication issues and keeping children and young people out of the justice system, Northern Ireland could make significant savings.
The RCSLT hopes that this strategy will provide the incentive and tools for improving the skills and competencies of justice and health care professionals alike. Our work with the Youth Justice Agency in delivering ‘the Box’ E-Learning programme and face to face training in 2012, clearly demonstrated the added value of professionals in both arenas working more closely together.

We look forward to seeing this work deliver better outcomes for all those in contact with the justice system.

Signature:  
Alison McCullough

Date: 15 June 2016

Thank you for taking the time to respond to the consultation.