



29 January 2021

THE ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS RESPONSE to the Regional Justice and Care Campus consultation.

Please find below the response of the Royal College of Speech and Language Therapists (RCSLT) NI to the above consultation. The RCSLT NI welcomes the opportunity to comment and have provided comments on the relevant sections of the consultation document below.

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. There is substantial local and international evidence that young people in contact with the justice system are more likely to have significant speech, language and communication needs (SLCN) compared to the general population. However there remains no commissioned speech and language therapy provision in youth justice in NI.

We have been proactive in raising these issues with government and within the justice and health sectors. We were encouraged that the prevalence of speech, language and communication needs, (SLCN) among people who offend has been recognised in the Improving Healthcare in Criminal Justice strategy (2019) and we hope that the proposals within this consultation will offer an opportunity to address these needs in practice for children and young people.

We appreciate the departments will be familiar with the evidence base regarding the communication needs of vulnerable young people, so we have not reproduced the research in detail in our comments. For further information on the evidence base please refer to the briefing on the communication needs of young people in the justice system attached with this response.

If you would like any further information please do not hesitate to contact RCSLT.

Yours sincerely,

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CONSULTATION RESPONSE

General Comment - the voice of the child and young person and the role of Speech and Language Therapists

“This (SLT training and support) is very positive for residential childcare, supports young people and staff and can be positive for improving outcomes. It helps ensure the young person has their voice heard” Residential staff, WHSCT

The RCSLT support the aims set out in the consultation document and fully endorse the multi-agency and multi-professional approach that is being proposed. We welcome the repeated references throughout the document to the importance of the voice of the child. We note the intention of supporting the child to be able to participate in decisions about them, including by providing the opportunity to attend the multi-disciplinary panel in person, through an advocate, or by providing their written views via the social worker. However the voice of the child may be lost if that child or young person has a communication need, which as we know is high in vulnerable children in care and in the justice system.

Identifying and supporting speech, language and communication needs (SLCN) within the campus, and beyond it, is vital to ensuring that children’s views can be heard and understood. Sufficient awareness raising of SLCN for everyone in contact with the child and their family can help identify difficulties that are often masked by behaviour. This includes on-site staff as well as professionals surrounding the child in satellite, community and voluntary services. Training on what communication difficulties are, how to recognise them, and ways to enable communication to be more accessible would help reduce an often invisible barrier to hearing the child’s voice.

Speech and language therapists (SLTs) are unique in their expertise in assessing language and communication skills and determining the support that children and young people with SLCN require to express their views and recount their experiences. This can include introducing communication strategies or alternative and augmentative communication systems to help children communicate with social workers and care givers. SLTs also provide advice and guidance on modifying the comprehension level of questions being put to them. SLTs can provide expert guidance in producing accessible communication formats. SLTs can also support other professionals working with children with SLCN through training police service, health visiting and social work teams to identify and support children with SLCN.

Where SLCN training and support has been provided by a speech and language therapist (embedded as part of looked after children and young people residential teams), staff have reported that it has helped them to understand and hear the voice of young people in their care, with 100% of staff indicating that they felt the role of communication support worker was vital in their residential setting. (See below for the full case study). Understanding any communication barriers can also help to support effective behaviour de-escalation techniques.

To help improve outcomes for children and young people and hear their voice, within and beyond the campus, we must address their communication and interaction needs. This requires a whole-system approach, one in which communication is everybody’s business and barriers to communication and interaction are removed.

Section 4 THE SECURE CARE CENTRE

Creation of single campus

The young people who spend time in both current secure settings, Woodlands and Lakewood, all have significant risks for speech, language and communication needs. Research shows up to 60% of young people who offend have low language skills, with 46-47% of these being significant. Multiple adverse childhood experiences including poverty and deprivation, abuse, neglect, being looked after and experiencing mental health issues are also risk factors for SLCN:

- In areas of social disadvantage around 50% of children start school with delayed language and other identified communication needs^{1,2} some local studies have found this to be significantly higher in NI – see the attached briefing for more information.
- A 2020 screening of 34 children in secure residential settings in the Western Trust has found 75% of children have speech, language and communication needs – only 2 of these had been previously referred to SLT services³.
- 81% of children with emotional and behavioural disorders have significant language deficits⁴.
- Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems⁵

The implications for a young person with SLCN within the criminal justice system can be profound. Young people with SLCN may not understand the terms of their sentence and what is required of them in their court order or under a licence agreement. Evidence has showed that one of the main reasons for breach of community licence is failure to meet the terms of that sentence due to a lack of understanding of the terms⁶.

A communication-friendly care and justice campus

Unidentified SLCN can prevent individuals from accessing rehabilitation programmes, mental health supports, employment and building relationships which can perpetuate the cycle of offending. Evidence shows that around **40% of offenders** find it difficult to access or are unable to benefit from rehabilitation programmes that are delivered verbally, such as drug rehabilitation and anger management⁷.

¹ Locke, A., Ginsborg, J. & Peers, I. (2002) Development and Disadvantage: implications for early years International Journal of Language and Communication Disorders Vol 37:1.

² Law, J., McBean, K and Rush, R. (2011) Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage International Journal of Language and Communication Disorders, 46, (6) pp 657–664.

³ WHSCT SLT Department: SLCN and Children in residential care, a pilot Study (2019 -)

⁴ Hollo A, Wehby JH, Oliver RM. Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children* 2014; 80(2): 169-186.

⁵ Sadiq FA, Slator L, Skuse D, et al. Social use of language in children with reactive attachment disorder and autism spectrum disorders. *Eur Child Adolesc Psychiatry* 2012; 21: 267.

⁶ RCSLT Justice Evidence Base: Consolidation 2017 available here <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/justice-evidence-base2017-1.pdf>

⁷ Bryan et al 2004: Preliminary study of the prevalence of speech and language difficulties in young offenders 2004 UK Custodial 18-21 Males.

In 2019 work to support the communication needs of the adult prison population in NI began through the creation of the first speech and language therapy post, initially in Hydebank Wood college and soon to be extended to Maghaberry with the creation of a second P/T SLT post in 2021. However, gaps in services remain and where the communication needs of vulnerable young people are not supported, this poses a detrimental risk to the rehabilitation and subsequent life chances of these individuals.

RCSLT recommends that the Departments consider the communication environment of the new campus from the outset and create a communication-friendly campus from its inception, which places the voice of the child at the centre.

The departments may wish to consider how some of the communication training and strategies already being employed in Hydebank Wood College can inform the creation of a communication friendly campus. RCSLT have developed several resources to help support training needs around SLCN. These include [the Five Good Communication Standards](#) which set out reasonable adjustments to support communication in residential settings and [The Box](#), a free e-learning tool designed for professionals working in the justice sector. See the attached briefing for full details.

At Hydebank a model is already being developed to support a more accessible communication environment through the inclusion of SLT in the prison healthcare team – see the below case study. Existing training could be adapted and utilised in the new campus. However, consideration also needs to be given to how best to encourage and support staff to undertake communication training and evidence competencies and adjustments where they are needed.

Speech and Language Therapy in NI Prison Health – a growing service

Scoping the need

In 2017/18 a speech and language therapy scoping project assessed the prevalence of SLCN among a sample population at Hydebank Wood College and considered the need for SLT input in the setting. It found that 75% of woman and 100% of men assessed had speech, language and communication difficulties, these included receptive language difficulties (comprehension) and expressive language difficulties (use of language).

The findings of this study led to the creation of the first full-time SLT post in prison health in June 2019, with a mandate to develop a SLT service within prisons here. A second part-time SLT has been appointed (2021) to expand this service to Maghaberry.

SLT as part of the Healthcare in Prison Team

To provide a baseline and inform the development of the SLT service, a questionnaire conducted with all staff within Hydebank Wood – including healthcare, Personal Development Unit (PDU), Northern Ireland Prison Service (NIPS) staff ascertained confidence levels in understanding, identifying and supporting communication difficulties.

SLT identified several ‘quick wins’ by implementing communication supports. For example, developing communication tips sheets, easy read versions of documents including licence

agreements and the tuck list, and conducting a social communication group jointly with OT for men. An interagency speech, language and communication awareness raising session was also devised and offered to all staff. To date, five training sessions have been delivered.

Mental Health and Disability support

An important area for the SLT service is supporting interventions and provision for people with learning disability and/or mental health needs, working closely with Mental Health Nurses, Forensic Psychologists and other health and prison staff. This includes using alternative communication strategies, such as talking mats and visual aids.

The SLT has used these strategies with individuals who have a diagnosis of Personality Disorder and Autism to help them understand their diagnosis and how it impacts them. The SLT has also assisted Mental Health Nurses administer their initial assessment to people with learning difficulties and/or communication difficulties.

Next steps

- interagency training which will be open to all staff at prison sites, will be a rolling programme with the offer of bespoke follow up training for particular staff groups e.g., PDU staff, Belfast Met. It is essential that the SLT builds the capacity of those most proximal to the people who live in each setting.
- A universal communication screen is also being piloted in early 2021 in Hydebank Wood College with all new committals being screened for communication difficulties within 6 weeks of their arrival.

While progress has been made in employing SLTs in the NI Healthcare in Prison service, as highlighted above, SLTs are still not part of the youth justice service at the point of secure care or as part of satellite services, which is in contrast to many other parts of the UK.

RCLST urge both the Department of Health and Department of Justice to redress the inequity in communication support for young people within the youth justice system in Northern Ireland through commissioned speech and language therapy provision.

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

Lord Ramsbotham, ‘Young Offenders: Speech and language Therapy’ Debate, House of Lords, 2006⁸

Deprivation of liberty

One of the key aspirations outlined in the document is to provide a system where a child or young person is only deprived of their liberty as a last resort, and for as short a time as possible. RCLST fully support this aspiration. We believe that identifying and supporting communication needs is a key part of ensuring that every young person can access and utilise all the supports and opportunities

⁸ Full text available at <https://www.theyworkforyou.com/lords/?id=2006-10-27b.1446.0>

offered to them. A communication-friendly campus with training for all staff and specialised support where needed will help play a part in realising this vision.

We would welcome more detail on how the new integrated therapeutic framework will apply to children and young people whose stay in the new campus may be very short, but may require and benefit from screening and support for unidentified communication needs nonetheless. Will there be a suitable pathway open to providing screening for SLCN for all children and young people?

What consideration will be given to ensuring that communication screening is available within all sections of the care and justice campus? And that any needs identified can continue to be supported in step down care and satellite community services? For example, through the provision of timely screening and a communication profile where needs are identified.

Another important consideration members have brought to our attention is how children who are transferred to Hydebank on their 18th birthday from the new campus will be supported, in terms of continuity of provision and support for communication and other identified needs.

“I feel services could be more joined up which would help ease some anxiety; links could be made earlier in the transition process, with staff in Hydebank and the campus working collaboratively with the young person in the months before the move to help prepare them making it smoother and hopefully less daunting. Then a familiar face from campus linking in with them for an agreed settling in period”. SLT Prison Health.

Section 6 SERVICES IN THE CAMPUS

New Framework for Integrated Therapeutic Care and application with the new campus

RCLST welcome the inclusion of a new framework for integrated therapeutic care to be applied to all children and young people who are looked after including within the regional care and justice campus. The RCLST has developed specific recommendations⁹ around all supporting children and young people who are looked after regardless of setting, which are applicable to the new campus:

The RCLST recommends that the team supporting looked after children and young people has access to specially commissioned speech and language therapy services. This would enable:

- 1. SCREEN** – children and young people should be screened for communication needs when they enter care, including referral to speech and language therapy services for a full assessment where the screen has identified this is necessary to support differential diagnosis.
- 2. TRAIN** - those working with, caring for, and supporting looked after children should be trained in awareness of communication and interaction needs and how to respond to them so that the places where they spend most of their time, school and home, are able to meet their needs.
- 3. SUPPORT** – direct speech and language therapy should be provided to those looked after children who require more specialised support.

RCLST NI have engaged with, and provided evidence to, the PHA / Queens University scoping project examining the therapeutic needs of looked after children and young people to highlight the issues of high prevalence and unmet need of SLCN here in NI. We are hopeful that the framework will provide

⁹ RCLST Factsheet: Supporting Looked After Children available at https://www.rclst.org/speech_and_language_therapy/docs/factsheets/looked_after_children

the basis to improve detection and support of SLCN among our most vulnerable children and young people.

RCSLT recommend that SLT are commissioned as part of the multidisciplinary team responsible for the delivery of the framework and should be viewed as integral to the “identification of specific intervention and support needs” to facilitate the recovery of the child.

The below case study illustrates the unique role and skill set that SLTs bring to the care, recovery and support of looked after children and young people. This pilot project has demonstrated in NI how support and improved communication can enhance and strengthen the work of multiple agencies and professionals working to make a difference for children and young people.

Hidden Need

SLCN and Children in care: A Pilot Project in Residential Care in Western Health and Social Care Trust (WHSCT)¹⁰

This innovative pilot project is currently employing a speech and language therapist on a one-year temporary post (extended for one further year concluding March 2021) as part of the residential team working across six children’s homes with 36 young people.

These young people are often moving between residential care, juvenile justice centre and secure settings and have heavy involvement with the police, courts and youth justice system.

The level of need:

Screening for SLCN is ongoing however results to date have revealed:

- **75% of young people placed in residential care from June 2018 to present have significant and unidentified SLCN**
- of those screened **none were open to core services** and only a **small number had previous referral** to speech and language therapy and then discharged for non- attendance.
- the need for **3 onward referrals** for other assessments including ASD.

Multi-disciplinary working:

In addition to scoping the level of need within residential care, education and training in these settings is vital:

- The SLT is putting communication strategies in place to support the work of the wider team, for example each home now has an identified 'communication champion' and the team are working with the SLT to adapt processes and encourage the young person's involvement in a communication friendly way.
- The SLT has introduced the use of talking mats –picture communication symbols – in every home to support the completion of a young person’s ‘My Views’ report which feeds into their looked after children review to help young people better express their feelings and needs.
- A member of staff in each home has received talking mat training.

Embracing new ways of working and staff confidence:

Prior to the SLT commencing work as a communication worker in residential care, some 40% of staff surveyed felt that there was no need for this post, with feedback including:

“I don’t see how this appointment will benefit our young people at the moment. I feel a councillor would be more beneficial in helping our young people deal with past issues and trauma ...”

“I don’t believe any of our young people at the moment have speech or language needs”.

All staff in residential have attended training on SLCN of looked after children and staff have reported an increase in their confidence in being able to support YP with communication needs from 55%-69%.

Recognised need for specialist SLT:

As awareness of SLCN increases among staff there is also an increase in the percentage of staff who feel specialist SLT support is vital for the YP they work:

- ***100% of staff see SLT as a vital role in residential care.***

NB: Staff have also reported a decline in their confidence levels in identifying SLCN from 71% to 62% feeling confident or very confident. Qualitative data allows us to see that staff are recognising that this is a more complex area and that as their knowledge of what SLCN is increases, then they become aware of how this may be a ‘hidden’ difficulty.

Future goals or embedding

This initial project has highlighted the high level of SLCNs in this population and further highlighted the importance of on-going SLT involvement. With future funding there is scope to:

- Support staff to move from understanding SLCN to embedding communication standards into daily engagement
- Offer YP the opportunity to develop their language skills through direct therapy and that the wider community around these YP will be upskilled to support these communication needs.

The evidence of the on-going risk of offending behaviours, mental health difficulties and involvement in the criminal system for YP with communication needs is well known. It is hoped that with the correct identification, support and multi-agency involvement these risk factors can be reduced.

As the ‘Hidden Need’ case study demonstrates many of the children and young people identified with a significant level of SLCN are not known or open to core health services. This highlights the need to embed SLT within residential teams across NI and to consider how we can better identify and support these young people much earlier in their lives. The evaluation feedback also highlighted that specialised communication support, through a commissioned SLT, has been embraced as enhancing and enabling effectiveness of the work of other professionals across multiple agencies and sectors.

A Hidden Need

SLCN and Children in care: *Feedback from residential staff, other agencies and young people on the role of SLT as communication support worker*

“Having the SLT in residential service has opened a new line of understanding for us into the struggles of our young people. But important it has gone beyond understanding and also gives us tools and interventions to help”, Residential Staff.

“it’s picking up in difficulties we don’t see”, Residential Staff.

“I must say it has been beneficial to PSNI.... It has allowed police to keep our systems updated in terms of specific needs of the YP and has given us a heads up in how to best communicate with them”, PSNI.

“My experience with SLT has been fantastic.... When X was admitted to Lakewood, (communication worker) provided me with a detailed SLT report along with a Powerpoint which adapted interventions that worked well with X.... work and approach is fantastic”, Lakewood, key worker.

A Young Person who was admitted to Lakewood (secure unit) told staff there, “you need to phone my communication worker and get my communication profile. That’s what helps me, when you use that”.

“Thank you, you are really amazing at your job. You actually understand me”. Young Person.

Section 7: A NEEDS BASED APPROACH

The RCSLT support the needs-based approach outlined in the document, particularly the development of a human rights framework. In particular we note that under the UNCRC Article 12 outlines that every child has the best possible health and in relation to the provision of child and adolescent mental health services that measures should be taken to ensure the **accessibility** of these services:

Such strategy should include measures to ensure availability, accessibility, acceptability, quality and stability of such services, with particular attention to children at greater risk, including children living in poverty, children in care and children in contact with the criminal justice system. CRC General Comments 2016.

A significant number of children and young people will have communication needs within the secure centre while many mental health and rehabilitation programmes may be largely verbally mediated and require a reasonable language and literacy level. We believe measures to mitigate communication needs, through a communication friendly approach and the inclusion of SLT as part of multi-disciplinary team would help ensure the accessibility of services.

We support the approach that placement within the centre will be needs led with due regard to the risk to the child / young person and others. Regardless of the legal route through which a child enters secure care, their legal status, or their specific placement within the secure care centre, it will be important to identify communication needs at the earliest possible opportunity. Support for SLCN can help to break the cycle of risky behaviour and/or reoffending through improving access to education, employment and rehabilitation programmes for a significant number of young people in contact with the youth justice system.

Section 8. LEAVING THE SECURE CARE CENTRE – DISCHARGE/ EXIT PLANNING

SLT are well placed to support transition back to community, for example the development of communication passports and ensuring that receiving services in community are communication

informed of that person individual needs. This can help ensure that community services are accessible and give the young person the best opportunity to engage with and maximise the support offered to them.

RCSLT would welcome some additional information on how the identified therapeutic needs of young people transferring to Hydebank Wood College on their 18th birthday will be met and planned for by the new secure care centre.

Section 9: COMMUNITY AND SATELLITE PROVISION

We would welcome more information on the nature and composition of the planned peripatetic teams. Will these teams have access to training or support to screen for and support SLCN? How will children and young people have access to specific therapeutic interventions where a need is identified following discharge?

As outlined above, identifying SLCN at the earliest opportunity can reduce the barriers young people face to accessing supports they are offered and need to recover and thrive, however SLCN can be difficult to spot. RCLST would welcome more information on how the integrated therapeutic care framework and community services can be best utilised and supported to prevent admission to secure care in the first instance? More funded training about and awareness of SLCN for satellite, community and voluntary services could help reach some young people currently falling through the gaps. Equipping those who are closest to, caring for and supporting at risk young people to identify potential communication barriers should also be considered as part of the prevention element of this work.