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**The Royal College of Speech and Language Therapists Submission to the Welsh Affairs Select Committee: Prison provision in Wales**

1. **Executive Summary**
	1. The Royal College of Speech and Language Therapists (RCSLT) welcomes the opportunity to respond to the Welsh Affairs Select Committee inquiry on prison provision in Wales.
	2. There is a high prevalence of speech, language and communication needs, and swallowing needs, amongst people in the criminal justice system. Given the links between these needs and mental health and a person’s ability to access and benefit from verbally mediated treatment programmes and to eat and drink safely, it is essential that the criminal justice system is able to identify and support communication and swallowing needs.
	3. Current speech and language therapy provision for people in the criminal justice system in Wales is extremely patchy. In comparison, 50 justice services in England have speech and language therapy provision.
2. **Speech, Language and Communication Needs (SLCN) in the Criminal Justice System**
	1. 66%-90% of young offenders have low language skills. 46-67% of these are in the poor or very poor range[[1]](#footnote-1).
	2. Those who enter the criminal justice setting often do so from settings where there is a heightened risk of people having communication needs which may not have been previously identified. For young people, these include being in care, excluded from school, referred to a community youth offending team, referred to Children and Adult Mental Health Services, a drug rehabilitation scheme, or having emotional or behavioural problems. For adults, these include being unemployed, in touch with mental health services, being in care or having a special school history.[[2]](#footnote-2)
	3. People with communication needs can find it difficult to express their emotions and often communicate through behaviour. This can lead to offending behaviour, behaviour leading to restraint and delays to their release from custodial settings.
3. **SLCN associated with other conditions**
	1. A significant number of conditions prevalent amongst prisoners in both the youth and adult estates may also lead to SLCN. These include mental health problems and neurodevelopmental conditions.
	2. 20-30% of people in prison are estimated to have learning disabilities or difficulties that interfere with their ability to cope with the criminal justice system[[3]](#footnote-3).
	3. 80% of prisoners with learning disabilities or difficulties report having problems reading prison information – they also had difficulties expressing themselves and understanding certain words[[4]](#footnote-4).
	4. Prisoners with learning disabilities or difficulties are almost three times as likely as other prisoners to have clinically significant anxiety or depression, and most were both anxious and depressed.[[5]](#footnote-5) These conditions can impact on interpersonal communication and engagement in verbally mediated activity.
4. **The impact of unidentified and/or unmet communication and swallowing needs**
	1. Communication skills are fundamental and foundational. They are not simply expressive skills (our ability to make ourselves understood), but also receptive (our ability to understand).
	2. Communication disorders are often hidden and difficulties with comprehension can be overlooked.
	3. If these difficulties remain unidentified or unmet, they can have negative consequences for both people’s ability to access and engage with the justice system; and for those working in the criminal justice system to be able to recognise and respond appropriately to people’s individual needs.
	4. People with communication needs will have limited understanding of, and participation in, the legal process, and programmes designed to reform and rehabilitate them which are verbally mediated. This has consequences for reoffending. In addition, if their communication needs are not identified and supported, they are also at risk of not being able to participate in verbally mediated physical and medical assessments.
	5. Around 40% of young offenders find it difficult or are unable to access and benefit from rehabilitation programmes that are delivered verbally, such as drug rehabilitation courses.[[6]](#footnote-6)
	6. Approximately a third of young offenders have speaking and listening skills below the tested level of an eleven year old[[7]](#footnote-7) and are unable to access education and treatment programmes due to their poor language skills.
5. **The impact of unidentified swallowing needs**
	1. The prison population is ageing with people over 60 the fastest growing age group in custody[[8]](#footnote-8).
	2. Evidence suggests that prisoners consult healthcare service more often than ‘standard’ populations: For example, three times more frequently asking to see a doctor, 80 times more frequently asking to see a primary care worker, 10 times more frequently accessing inpatient care[[9]](#footnote-9). This suggests the need for a robust healthcare system within prison settings.
	3. Dysphagia (swallowing difficulties) is a prevalent difficulty among ageing adults[[10]](#footnote-10). Swallowing problems are associated with a range of conditions including learning disability, brain injury, stroke, head and neck cancer and progressive neurological conditions including dementia. They can also be associated with the use of anti-psychotic drugs.
	4. Left unsupported, swallowing problems can result in choking, pneumonia, chest infections, dehydration and malnutrition. They can also result in avoidable hospital admission and in some cases, death.
6. **Provision of Speech and Language therapy (SLT) in Youth Offending teams and prisons in Wales**
	1. Evidence on the speech, language and communication needs of youth offenders was presented to the National Assembly for Wales Communities and Culture Committee inquiry into the experience of Welsh children in the Secure Estate in 2010. This led to a committee report recommendation that pilot work be undertaken on the potential benefits of SLT for juvenile offenders: both in custody and on release[[11]](#footnote-11).
	2. Despite strong evidence from the pilots, currently only two youth offending teams (YOTs) in Wales (Western Bay and Gwent) employ speech and language therapists. SLTs have a key role to play in screening, assessment and diagnosis, awareness raising, delivering training and offering support strategies and advice to YOT staff to aid engagement and comprehension.
	3. HMP Berwyn currently employs 1.5 full time equivalent speech and language therapists. There is currently no specialist SLT provision at Cardiff, Swansea, Usk or Prescoed prisons.
	4. The HMP Berwyn SLT service began seeing clients in July 2017.
	5. Clients are referred from a range of stakeholders to be supported for speech, language and communication and swallowing needs.
	6. The speech and language therapists have also provided training to a number of key staff groups such as the integrated healthcare team, the forensic psychology department and college tutors on language processing and strategies for communication
	7. Managing the dysphagia needs of clients at HMP Berwyn without them needing to leave the site has allowed for excellent client care and cost savings to the establishment.
	8. **Case study Client D – speech, language and communication support at HMP Berwyn**

Client D was referred to SLT by mental health nursing colleagues because he was having problems with his social relationships, his interaction style and asserting himself appropriately with other people. He is a man who has a background of disrupted education, being in YOI from teenage years and committing a violent offence in his late teens. He was seen by SLT for initial assessment and the findings were that he has poor tolerance of emotions which impacts on his interaction style.

He has been seen weekly by SLT from September 2017 to current time to work on emotion recognition and early identification of triggers which change the ways that he chooses to present himself in interaction. Client D has made significant progress. He has worked on a safety plan for his interactions so that he understands which triggers increase his risk of communication breakdown, and knows how to minimise / manage these risks and has worked on skills for repairing communication breakdown.

His P-Nomis record and System1 record shows increased engagement with all aspects of care and rehabilitation. He has decreased communication breakdown and increased appropriate assertiveness. These skills will impact positively on staff and other inmates and make him a more effective participant in society in the future.

1. **About the Royal College of Speech and Language Therapists**
	1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has 17,500 members in the UK (670 in Wales). We promote excellence in practice and influence health, education, care and justice policies.
2. **About Speech and Language Therapists**
	1. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.
	2. Speech and Language Therapists (SLTs) are experts in supporting people of all ages with speech, language and communication needs and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.
3. **Further information**
	1. Please contact Dr Caroline Walters, Policy Adviser (Wales), Royal College of Speech and Language Therapists.
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2. Royal College of Speech and Language Therapists (2017). Supporting Social, Emotional, mental Health and Wellbeing Factsheet. May be accessed here https://www.rcslt.org/speech\_and\_language\_therapy/docs/factsheets/mental\_health [↑](#footnote-ref-2)
3. Loucks,N (2007). No one knows: Offenders with Learning Difficulties and Learning Disabilities. Review of prevalence and associated needs. London; Prison Reform Trust. [↑](#footnote-ref-3)
4. Talbot, J (2008). Prisoners’ Voices: Experiences of the criminal justice system by prisoners with learning disabilities and difficulties. London: Prison reform Trust [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Bryan.K (2004). Prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders*;39,391-400. [↑](#footnote-ref-6)
7. Davies E, et al. Exploring the benefits and risks of intermediary models, questioning child witnesses. September 2011. [↑](#footnote-ref-7)
8. Prison Reform Trust (2008). Doing Time: the Experiences of Older People in Prison. Prison Reform Trust: London. [↑](#footnote-ref-8)
9. Marshall T, et al (2001). Use of healthcare service by prison inmates: comparisons with the community. *Journal of Epidemiology and Community Health. 55; 364-365* [↑](#footnote-ref-9)
10. Sura L, et al. Dysphagia in the elderly: management and nutritional considerations. Clinical Interventions in Aging, 2012, 7; 287-98 doi [10.2147/CIA.S23404](https://dx.doi.org/10.2147/CIA.S23404) [↑](#footnote-ref-10)
11. National Assembly for Wales Communities and Culture Committee (2010). Youth Justice: The experience of Welsh children in the Secure Estate. National Assembly for Wales;Cardiff. [↑](#footnote-ref-11)