**RCSLT NI BRIEFING: The links between speech, language, communication and swallowing needs and people in contact with the criminal justice system**

**February 2024**



The effect of speech, language and communication needs (SLCN) on a person accessing the criminal justice system (CJS) has been visually represented by Professor Karen Bryan in a compounding risk model.

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| **Communication skills are fundamental and foundational.**  They are central to -   * **expression** (our ability to make ourselves understood), * **comprehension** (our ability to understand what is being said) and * **social communication** (knowing how to speak to different people in the right kind of way at the right time) (RCSLT, 2021).   \*Research shows that language paves the way to education and is one of the strongest predictors of quality of life and wellbeing.  14% of children aged three were considered at risk of developing language difficulties. The lifetime economic costs of unsupported language skills in these UK children are estimated to be around **£330 million**.  School-aged children with language needs are often unidentified.  **Severe language difficulties may be associated with** –   * Behavioural problems * School drop-out, expulsion or exclusion (and less likely to advance to further education (Conti-Ramsden et al, 2018)). * Mental health problems * Unemployment (Adults with SLCN are twice as likely to go over a year without employment (Law et al, 2009)). * Criminality (60% of young offenders have a language impairment and males with SLCN are four times more likely to engage in delinquent behaviour with higher rates of arrests and convictions (Brownlie et al, 2004)).   (\*Kerr and Franklin, 2021)  *“There is a wealth of evidence showing that children who have speech, language and communication needs are placed at significant risk of failing to achieve their potential. Poor outcomes for children lead to a risk of higher unemployment, mental health issues and even risk of antisocial and criminal behaviour.” (Sarah Ratcliffe,* [*Help Kids Talk NI*](https://helpkidstalk.co.uk/about/)*, 2024)* |

**Speech, language and communication needs in the Criminal Justice System**

* Speech, language and communication needs (SLCN) are more prevalent in the prison population and people in contact with youth justice services, than the general population (RCSLT, 2017).
* Unless communication needs are identified and appropriately supported, they can leave people without the critical support needed to navigate what is a very complex system with its own rules, regimes and demands (Bradley Report, 2010). They also act as a barrier to assessments and verbally mediated treatment programmes.
* Currently, there is variability in access to speech and language therapy across the justice system (RCSLT, 2017). This means that opportunities to identify and support people’s needs are missed.
* The impact of SLCN on prison staff and the prison environment is huge (RCSLT, 2023). Where individuals cannot understand others and cannot express themselves, this can manifest as: -
* Behaviour that challenges
* Disruptive, aggressive and violent behaviour
* Self-harm
* Increased use of physical intervention and restraint
* Segregation

**Prevalence of speech, language and communication needs (SLCN)**

**SLCN in adults**

* A 2023 screening of a sample population at Hydebank Wood College found that 75% of those assessed had underlying speech, language and communication difficulties (SEHSCT, 2023).
* A study conducted in North-West England found that up to 80% of adults had speech, language and communication needs (McNamara, 2012).
* A project in Pontypridd Probation Service identified that **all** participants had “below average” speech, language and communication ability. It also revealed specific problems with comprehension and expression (Iredale, Pierpoint and Parow, 2010).
* Speech, language and communication needs are associated with a range of conditions including learning difficulties, autism and mental health, as well as conditions associated with ageing, such as dementia. These are all highly prevalent in the offending population (Prison Reform Trust, 2008) which indicates a greater need for access to speech and language therapy.

**Eating, drinking and swallowing (dysphagia)**

* The prison population is ageing, with people over 60 years the fastest growing age group.
* Eating, drinking and swallowing difficulties are prevalent difficulties among ageing adults (Sura, et al, 2012). The swallow mechanism also decreases in efficiency with age (Wakabayashi, 2014), which is of relevance with an ageing prison population (Robbins, 2014).
* Swallowing problems are associated with a range of conditions, prevalent in people in prisons, including learning disability, brain injury, stroke, cancer and progressive neurological conditions including dementia.
* Eating, drinking and swallowing difficulties have potentially life-threatening consequences. Left unsupported they can result in aspiration pneumonia, chest infections and death due to choking (Bryan, 2015).

**SLCN in young people (Youth Justice)**

* Up to 60% of young people in the youth justice estate have communication difficulties with 46-47% of these in the poor or very poor range. Many of these individuals have experienced poverty and adverse childhood experiences (Bryan et al, 2007).
* As outlined in the 2019 [‘Improving healthcare in criminal Justice Strategy’](https://www.justice-ni.gov.uk/sites/default/files/publications/doj/yja-and-rcslt-joint-conference-report.pdf.), the RCSLT and YJA study in the Lisburn area (2012)1 carried out 147 screening assessments in six months and found 54% of young people had some SLCN (79 clients). Of those, 78% could probably have had their needs met by a suitably trained CJS professional and 22% likely needed a specialist SLT (17 clients).
* The majority (74.4%, 2,792) of young people coming into formal contact with the justice system in 22-23 were male (Dept of Justice, 2023).  Gender is associated with the greatest increase in risk for SLCN with boys overrepresented relative to girls 2.5:1 (Dockrell et al, 2012).
* There is also now substantial evidence through the evaluation of the Registered Intermediary scheme in Northern Ireland that significant numbers of individuals, including many children and young people, in the justice system require support with their communication (Dept of Justice, 2015 & RCSLT, 2017).

**Children in care**

* Children who are looked after have a much higher rate of involvement with the Juvenile Justice Centre than the general population (Dept of Justice, 2020)
* Children in care experience SLCN, although, these are often overlooked and not acted on compared to the emotional difficulties these children face, despite the prevalence rates being similar, 26% and 24% respectively. (Chambers et al, 2010).
* 90% of care leavers were found to have below-average language abilities and over 60% met the criteria for \*Developmental Language Disorder (DLD) with difficulties in literacy, developmental disorders, and social, emotional, and mental health concerns (Clegg, 2021)
* A screening of 39 children in a residential setting in the Western Trust (2020) found 75% of children have speech, language and communication needs – of these, none were open to core services and only 2 of these were previously referred to services.

\*DLD = **Developmental Language Disorder** is a lifelong condition characterised by significant and persistent impairment in the understanding and use of language, which results in a significant impact on everyday functioning (Bishop et al., 2016).

In a study of 145 young offenders recruited through the youth justice service, three in five were found to have DLD and **none** had been diagnosed before the study (NIHR,2021). If young people are unable to participate fully because of DLD, they may be more likely to reoffend.

* 62% of people with DLD reoffended.
* 25% of people without DLD reoffended.

The literature and evidence on SLCN across health, education and justice is vast and complex.

**Mental Health**

* Children with SLCN in the preschool, early and primary years are approximately twice as likely to develop social, emotional, and mental health difficulties as children with typical language development when followed up over time (Yew & O ’Kearney, 2013)
* Children with vocabulary difficulties at age five are three times more likely to have mental health problems in adulthood (Botting et al, 2016)
* 81% of children with emotional behavioural disorders have significant language difficulties (Hollo et al, 2014)
* People with SLCN are six times more likely to experience clinical levels of anxiety and three times more likely to have clinical depression (Conti-Ramsden and Botting, 2008)

**Health inequalities**

* It is important to understand that SLCN can, at times, be due to reduced developmental opportunities in the child’s family and educational environment which limit the child’s learning of language. These reduced developmental opportunities are commonly linked to social disadvantage.
* In areas of social disadvantage around 50% of children start school with delayed language and other identified communication needs, indeed, some local studies have found this to be significantly higher in Northern Ireland. (Johnson et al. 2010 & the Institute of Health Equity, 2020)

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| **Benefits of SLT working with in the justice system**    **For staff:**   * Increased knowledge and understanding of the barriers to engagement and how to overcome them, and how to communicate in appropriate ways. * Materials and interventions are tailored to make them beneficial and accessible.     **For people with communication needs:**   * Better understand what is happening to them, the court, their order and what is required of them, with increased participation and engagement. * Their vulnerabilities are better identified. Their increased risk of criminal exploitation and sexual exploitation is better identified. * Increased self-esteem, confidence and self-identify for the individual.     **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 wide range of rehabilitation programmes and subsequently empower them to change their offending behaviour. |

**Speech and Language Therapy Workforce Northern Ireland – an overarching need**

To achieve adequate SLT provision in Prison Healthcare and across the Youth Justice estate, the underlying workforce challenges need to be addressed. The number of trained SLTs has not kept pace with the increasing demand for services.

As of June 2023, there were 103.92 whole time equivalent vacant SLT posts in Northern Ireland. This is a vacancy rate of 18.6%, with rates as high as 28.6% and 28.7% in some areas.

Speech and Language Therapy is a highly sought-after profession in Northern Ireland.  For the 2023/24 intake, there were over 700 applications for the 28 commissioned undergraduate places at Ulster University.

The now out-dated [2019 SLT Workforce Review](https://www.health-ni.gov.uk/publications/speech-and-language-therapy-workforce-review-2019-2029) recommended 40 commissioned training places by 2024, a target which will **not** meet the growing demand for services.

The 2019 review did not account for increasing demand and complexity of need within SLT services. Nor did it take account of transformation, for example, the **Mental Health Strategy which called for an additional 94 SLT**s.

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| To begin to meet the growing demands, **the RCSLT NI are calling for significantly more commissioned undergraduate places. We ask the Northern Ireland Executive to immediately increase the number of undergraduate places to 40, as recommended in 2019 and to undertake an urgent updated SLT workforce review to establish future need.** |

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| **To address SLCN in Justice, the Royal College of Speech and Language Therapists Northern Ireland recommends:**     1. **Access to speech and language therapy** – every prison and youth justice team should have access to speech and language therapy to support the people who need it. This requires addressing the current SLT workforce crisis. 2. **Screening** – young people and adults should be screened for speech, language and communication needs when they come into contact with the criminal justice system. This should happen at the earliest stage. 3. **Training** - All staff, including PSNI, judiciary, legal representatives and prison staff should receive training to recognise and support people with communication and swallowing needs. We recommend The Box “communication help for the justice system” training <https://www.rcslt.org/learning/the-box-training> |

**RCSLT NI further asks -**

1. Introduction of a Professional SLT Advisor across both the Department of Health, Education and Justice.
2. Equal access of SLCN provision across health, justice and education settings.
3. Early years language identification tool for example, ELIM (Early Years Identification Measure and Intervention – used by Health Visitors at 2-2.5year review. More sensitive than ASQ in identifying and providing strategies to parents)
4. Undergraduate, postgraduate and SENco teacher training to include SLCN as mandatory.
5. SLCN provision to be expanded and included in post-primary schools.
6. Development of a regional platform for parents and professionals to include resources and training, (akin to *Engage NI*)
7. Scale and spread of good practice early years interventions across Northern Ireland.
8. The RCSLT NI continue to advocate for SLCN to be embedded in all policies relating to children and young people and strive for organisations and departments to become communication accessible via our [free online training](https://communication-access.co.uk/). (https://communication-access.co.uk).

**Northern Ireland context -**

Co-ordinated Effort Required to Improve Health and Social Care Services for Vulnerable Prisoners in Northern Ireland (RQIA, 2021)  [4a4c538f-32eb-4dd8-8b75-93bbc57d4213.pdf (rqia.org.uk)](https://www.rqia.org.uk/RQIA/files/4a/4a4c538f-32eb-4dd8-8b75-93bbc57d4213.pdf)

Two [Prisoner Ombudsman reports](http://www.niprisonerombudsman.gov.uk/index.php/death-in-custody/reports/) have identified significant shortcomings in prison healthcare In Northern Ireland, concluding that the healthcare received in prison was worse than that available in the community. [what is happening to healthcare in Northern Ireland's prisons (qub.ac.uk)](http://qpol.qub.ac.uk/healthcare-northern-ireland-prisons/)

Since 2019 speech and language therapy has been commissioned within the adult prison estate as part of the Allied Health Professions (AHP) Healthcare in Prison Team. Currently, this is - one 0.8 whole time equivalent (WTE) SLT working with residents in Hydebank and one 1.0 WTE in Maghaberry and recently, one 0.8 WTE in Magilligan.

Youth Justice – Funding was confirmed for a new post within juvenile justice. However, recruitment for the in Lakewood & Woodlands is currently stalled. We met with the Minister for Justice and responded to the 2021 consultation on proposals for a new regional Justice and Care Campus, calling for any new campus to be designed as communication friendly from the outset and including access to Speech and Language Therapy.

NI has the highest cost per prisoner in the UK £55k/ year, which is £14k more than Scotland and £11k more than England & Wales (2020) [Cost of jail-time in Northern Ireland is UK's highest at £55k a year | BelfastTelegraph.co.uk](https://www.belfasttelegraph.co.uk/news/northern-ireland/cost-of-jail-time-in-northern-ireland-is-uks-highest-at-55k-a-year/39004506.html)

**For more information please contact** – [Ruth.sedgewick@rcslt.org](mailto:Ruth.sedgewick@rcslt.org) or [sue.mcbride@rcslt.org](mailto:sue.mcbride@rcslt.org)