Department of Justice

Calls for Views: Reducing Offending and Reoffending Strategy

August 2026

The Royal College of Speech and Language Therapists is the professional body for speech and language therapists in the UK, representing the profession, supporting workforce development, and promoting excellence in speech and language therapy

Speech and language therapists (SLTs) work with children and adults who have speech, language, communication, eating, drinking or swallowing needs. They work across health, education, social care, justice and community settings.

RCSLT Northern Ireland welcomes the opportunity to contribute to the development of a new Reducing Offending and Reoffending Strategy.

Members working with care-experienced young people and adults in the prison setting informed this response. Additionally, our SLTs held workshops with men in custody to gather their views in a communication inclusive and supportive manner; these responses are included throughout in blue. We have also included best practice examples of speech and language therapy and individual case studies from both young people and adults at the end of our response.

We welcome any opportunity to engage with the Department to ensure that the final strategy includes the needs of those living with speech, language and communication needs. Please do not hesitate to contact us for further information.

Thank you,

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Speech, language and communication needs may include difficulties with:

- understanding spoken or written language
- explaining events and expressing needs
- processing complex or lengthy information
- learning and remembering new vocabulary
- sequencing events and providing a coherent account
- understanding abstract, figurative or legal language
- social communication and interpreting other people's intentions
- emotional vocabulary and communicating distress
- reading, writing and literacy

- participating in interviews, assessments, programmes and restorative processes

These needs may arise through Developmental Language Disorder (DLD), language disorder associated with another condition, intellectual or learning disability, autism, ADHD, hearing loss, acquired brain injury, trauma, mental ill health, dementia or other neurological and developmental conditions.

Speech, language and communication needs do not cause offending and most people with these needs will never offend. However, unidentified needs can interact with poverty, trauma, exclusion from education, family adversity, harmful peer influence, substance use and poor access to support. Across both childhood and adulthood, communication difficulties can create barriers to understanding expectations, seeking help, building positive relationships, regulating conflict and engaging with education, employment, treatment, rehabilitation and justice processes.

Children known to social care services, those receiving intensive family support, children on the edge of care, care-experienced children and care leavers experience disproportionately high levels of speech, language and communication needs. These needs are often hidden and may be mistaken for behavioural, emotional or engagement difficulties. Where communication needs are not recognised and addressed, they can contribute to educational exclusion, family instability, placement breakdown, poorer life outcomes and increased vulnerability to justice-system involvement. Early identification and support for communication needs should therefore be recognised as an important component of offending prevention.

Communication needs are common among adults in contact with the justice system. Many adults have unidentified speech, language and communication needs associated with learning disability, neurodevelopmental conditions, acquired brain injury, mental ill health or dementia. These difficulties can affect understanding of legal processes, engagement with rehabilitation and compliance with justice requirements, yet are often hidden and misunderstood (RCSLT, 2026; RCSLT, 2024)

Research consistently indicates that over 60% of children and young people in justice settings have speech, language or communication needs. Many of these needs have not previously been identified. RCSLT NI therefore recommends that communication accessibility, early identification and access to speech and language therapy are embedded throughout the new Strategy.

SECTION 2: Understanding Offending, Reoffending and Harm

2a. Which factors contribute to, or increase the risk of, offending in Northern Ireland today?

RCSLT NI would also select:

- Other

Other: unidentified or unsupported communication, learning and neurodevelopmental needs

RCSLT NI recommends explicitly including:

"Unidentified or unsupported speech, language, communication, cognitive, learning or neurodevelopmental needs."

Communication needs are currently subsumed within broader categories such as health, education or neurodiversity. This risks making them invisible when services are designed, commissioned and evaluated.

Speech, language and communication skills are central to participation in education, employment, relationships, health services and the justice system. A person may appear verbally fluent while experiencing significant difficulty understanding information, processing questions, explaining events, recognising consequences or expressing emotions.

The impact is often cumulative. Educational disengagement and exclusion can be particularly important pathways through which communication needs influence later outcomes. Children with unidentified speech, language and communication needs may struggle to access the curriculum, participate in classroom discussion, understand instructions and demonstrate their knowledge. Difficulties may be misinterpreted as poor behaviour or lack of motivation, increasing the risk of suspension, exclusion and disengagement from education. Preventing offending therefore requires greater focus on identifying and supporting communication needs before children become disconnected from learning and support services.

Behaviours associated with speech, language and communication needs can also be misinterpreted. Limited eye contact, short answers, apparent indifference, difficulty recalling events, inconsistent accounts or failure to comply may be interpreted as defiance, dishonesty or lack of remorse when they may reflect language-processing, memory, social communication or emotional-regulation difficulties.

2b. What is the main factor contributing to offending in Northern Ireland today?

RCSLT NI does not believe that offending can generally be attributed to one single factor. Offending is more commonly associated with an accumulation and interaction of disadvantage, trauma, unmet health or developmental needs, educational disengagement, poverty and limited access to timely support.

However, from the options provided, RCSLT NI would identify:

Barriers to accessing timely and effective support services as the principal cross-cutting factor.

This is because access to timely support can moderate the impact of many of the other risks identified. Where speech, language, communication, learning, mental health, trauma, substance-use or family needs are recognised early, appropriate support may help prevent difficulties escalating.

Conversely, fragmented pathways, long waiting times, restrictive eligibility criteria and poor coordination between education, health, social care and justice can allow needs to become more entrenched.

Early help must not depend upon a person having the language, literacy, confidence or organisational skills required to navigate complex referral and appointment systems. Services should be proactive, accessible and based on need rather than diagnosis alone.

Lived experience responses–

Main factors leading to the above:

- Intergenerational trauma impacts massively in NI.
- Trauma, Adverse Childhood Experiences (ACEs)
- Not having a safe place to live
- Lack of Mental Health and Addiction support
- Poor engagement in education and exclusion – (majority of men spoken to had been expelled from school at some point)
- Poverty
- Unemployment
- Socio economic background
- Addiction
- "You become what you see."
- "Peer pressure."
- "The son will always pay for the sins of the father."

First time offending vs re-offending:

- Different causes
- "First time offending may be due to circumstance."
- "When you are put into prison you learn all the tricks of the trade, so you go on to reoffend in different ways."
- "You may come in and not take drugs, but you go on to develop an addiction, and this can lead to more offending"
- "You get into debt, and then this leads you into a never-ending cycle."
- "Where you are sent on release, like a hostel, can mean you end up being recalled easily."

2c. Evidence supporting our response to 2a and 2b

There is strong evidence that children and young people in contact with justice services experience a much higher prevalence of speech, language and communication needs than the general population.

RCSLT reports that over 60% of young people in justice settings have speech, language and communication needs. Youth Justice Board's Assessing the Needs of Sentenced Children in the Youth Justice System (2019/20) data have also identified speech, language and communication concerns in 71% of sentenced children. Despite this high prevalence, only a small proportion of communication needs may have been identified before justice involvement (RCSLT, 2024).

A systematic review found substantial evidence that youth offenders perform significantly less well than their peers across receptive, expressive, structural and pragmatic language measures (Anderson et al., 2016). Chow et al. (2022) found that youth offenders demonstrated substantially poorer language skills than non-offending peers and that around half met criteria consistent with moderate language disorder.

Language needs can affect a person's capacity to:

- understand police cautions, legal advice and court proceedings
- provide a clear and chronological account
- understand bail, licence, supervision or court-order requirements
- engage in risk assessments and offence-focused programmes
- understand consequences and identify alternative courses of action
- participate meaningfully in restorative justice
- communicate distress, victimisation or exploitation
- develop and sustain positive relationships
- access education, training and employment

Winstanley et al. (2021) found that young offenders with Developmental Language Disorder (DLD) were more than twice as likely to reoffend as their peers without DLD, identifying language disorder as a significant independent predictor of recidivism. Hobson et al. (2023) found that behaviours associated with DLD can lead observers to make more negative judgements about a young person. This is important because communication-related behaviours may be interpreted as poor attitude, non-compliance or lack of remorse.

Drawing on research conducted in Northern Ireland, McBride (2022) highlighted the impact of DLD on educational participation, attainment and longer-term outcomes for children and young people.

Clinical reports from speech and language therapists demonstrates substantially elevated levels of speech, language and communication needs among children involved with social care services and care-experienced young people. Evidence also backs this up (Clegg et al., 2021; Savi-Karayol et al., 2025). Research indicates that children in care are at increased risk of language difficulties across multiple domains, while

communication needs can be overlooked because behavioural, emotional and mental health concerns often take precedence (RCSLT, 2024; Savi-Karayol et al., 2025). A study of care leavers found that 90% had below-average language abilities and over 60% met criteria for Developmental Language Disorder (DLD), despite many having no prior diagnosis (Clegg et al., 2021). Similarly, research involving looked-after and adopted children found severe and pervasive language and communication difficulties affecting a substantial proportion of participants, with 68% demonstrating language and communication abilities consistent with the lowest 10% of the general population (Maguire et al., 2021).

These findings are particularly relevant in Northern Ireland, where care-experienced children are already known to be at increased risk of poorer educational outcomes and contact with the justice system. Early identification and support for communication needs within social care pathways therefore represent an important opportunity for prevention and improved long-term outcomes (Clegg et al., 2021; Savi-Karayol et al., 2025).

RCSLT Northern Ireland's justice briefing further highlights the over-representation of speech, language and communication needs within youth justice and prison populations and the importance of ensuring that justice processes and interventions are communication accessible (RCSLT, 2024a).

The Northern Ireland Prison Service also recognises poverty, social deprivation, mental ill health, substance use, homelessness, poor educational attainment and limited employment opportunities as factors associated with offending and reoffending. Its strategic approach acknowledges the need for coordinated support across health, housing, education, employment and family services.

Clinical observations from speech and language therapy services

Clinical experience from services supporting care-experienced children and young people suggests that speech, language and communication needs are often under-recognised despite significant levels of need. While many young people have identified social, emotional and mental health needs, communication difficulties are frequently absent from formal plans and assessments. In practice, assessment commonly identifies language needs consistent with DLD or language disorder associated with another condition.

Clinicians report that many young people develop strategies that mask underlying communication difficulties. These can include using vocabulary or professional language that is not fully understood, agreeing with information despite not understanding it, or avoiding conversations altogether. Such behaviours may be interpreted as non-compliance or disengagement rather than indicators of communication need.

Common difficulties identified through assessment include:

- reduced working memory and slower processing of verbal information
- difficulties remembering and retaining spoken information
- limited ability to indicate when information has not been understood
- difficulties with higher-level language comprehension
- reduced expressive vocabulary
- difficulties constructing coherent and detailed narratives, particularly personal narratives
- social communication differences associated with neurodevelopmental conditions, developmental trauma and disrupted early language experiences

Practitioners also highlight that effective assessment often requires information from multiple sources, including developmental histories, consultation with carers and professionals and flexible, relationship-based assessment approaches that account for emotional regulation difficulties and previous adverse experiences.

3a. Are the underlying causes of first-time offending different from the causes of reoffending?

Sometimes

Many of the underlying factors are shared, including trauma, poverty, communication needs, mental ill health, substance use, educational exclusion and limited social support.

Reoffending may, however, be influenced by additional factors created or intensified through contact with the criminal justice system. These include:

- unresolved speech, language and communication needs that continue to affect engagement with services, education, employment and rehabilitation
- loss of housing or employment
- disruption to education and family relationships
- stigma associated with a criminal record
- difficulty accessing services after release
- return to unsafe environments or harmful peer networks
- unmet communication, mental health or substance-use needs
- inability to understand or comply with supervision requirements
- limited continuity between custody and community services
- interventions that are not adapted to the person's communication and learning profile

3b. Other factors that may contribute to reoffending

RCSLT NI recommends including the following contributory factors.

Unidentified speech, language and communication needs

- A person may be expected to comply with complex verbal and written requirements without anyone establishing whether they understand them.
- Failure to attend, complete tasks or follow instructions may then be interpreted as wilful non-compliance.

Communication-inaccessible rehabilitation programmes

- Many offending-behaviour, substance-use, anger-management and relationship programmes rely heavily on complex spoken language, written materials, abstract reasoning, emotional vocabulary and group discussion.
- A programme may be described as evidence based, but it will not likely be effective for an individual who cannot understand, retain or apply its content. Adjusting the language or delivery does not dilute an intervention; it enables the person to access its intended therapeutic content.
- Interventions designed to reduce offending and reoffending should incorporate speech and language therapy expertise from the planning stage onwards. Communication strategies should be embedded throughout programme delivery to ensure that young people can understand, retain and apply key concepts.
- SLTs can support the development of higher-level language skills, including abstract language, emotional literacy, perspective-taking and reflective thinking. Interventions should be delivered within meaningful real-life contexts and include opportunities to develop the language needed to understand emotions, relationships, consequences and decision-making.
- Supporting young people to understand interoception, emotional regulation and their own nervous system responses is also important. Developing the language to describe internal states, emotions and experiences may improve self-awareness, help-seeking and engagement with support, while potentially reducing vulnerability to offending and reoffending.

Lack of screening and specialist assessment

- Speech, language and communication needs can be hidden and cannot reliably be identified through observation alone. Verbal fluency should not be equated with language comprehension. Validated screening, followed by specialist speech and language therapy assessment where indicated, should be available throughout the justice pathway. A 2023 speech and language sample screening of prisoners in Hydebank found 75% to have speech, language and communication needs previously hidden or unidentified.

- The justice system and social care services can benefit significantly from speech and language therapy involvement in understanding a person's developmental profile and the impact of speech, language and communication needs on

behaviour and engagement. Communication difficulties may contribute to challenges such as understanding and complying with bail conditions, participating effectively in court proceedings, attending appointments, or engaging with interventions. Without specialist input, these communication-related factors may go unrecognised and behaviours may be interpreted solely through a behavioural, social or risk-focused lens. Embedding speech and language therapists within multidisciplinary teams can help ensure that communication is routinely considered when assessing needs, understanding behaviour and planning support.

- Social workers and other professionals require awareness of the significance and impact of communication needs so that they can effectively advocate for appropriate support, including referral for specialist speech and language therapy assessment and consideration of Registered Intermediary assessment where indicated. People without a recognised diagnosis such as autism or ADHD may nonetheless present with significant speech, language or communication needs that affect their ability to participate effectively in legal processes. Close partnership working between speech and language therapists, social care, youth justice services and policing agencies is therefore essential.

Structural and Workforce pressures

- prison overcrowding, which can limit access to education, training, rehabilitation programmes and meaningful engagement with staff.
- staff shortages and workforce instability, reducing consistency of support and the development of trusted relationships.
- increasing complexity of need among people in contact with the justice system, including neurodiversity, speech, language and communication needs, developmental trauma, mental health needs and acquired brain injury.
- under-identification of speech, language and communication needs and limited access to speech and language therapy (dependent on funding for service area and location).
- limited workforce understanding of how speech, language and communication difficulties may affect participation, engagement and compliance.

Failure to make reasonable adjustments

- Information is often provided in complex written or verbal formats that include unfamiliar terminology, with limited use of visual supports, checking of understanding, repetition or additional processing time. As a result, people with speech, language and communication needs may not fully understand

information that is critical to their participation in assessment, decision-making and legal processes.

- Communication passports should be considered for all people with identified or suspected communication needs and shared consistently with all professionals involved, including social care, education, health and justice services. Where possible, these should be co-produced with the person to ensure that their strengths, preferences and support needs are accurately represented. Clinical experience suggests that communication passports are often viewed by professionals as more useful than lengthy assessment reports because they provide concise, practical guidance that can be applied in everyday interactions. Responsibility for developing and using communication passports should not sit solely with speech and language therapists; all professionals should acquire the knowledge and skills required to facilitate communication-focused conversations and implement communication-supportive approaches.
- Given the high prevalence of speech, language and communication needs among care-experienced children and young people and care leavers involved in the justice system, professionals should adopt a communication-inclusive approach from the outset. The least risky assumption is that a person may have communication difficulties until assessment indicated otherwise.
- Communication-supportive strategies, including reducing information load, using visual supports, repeating information, allowing additional processing time and routinely checking understanding, should therefore be embedded throughout all justice processes. This includes interactions with solicitors, registered intermediaries, social workers, guardians ad litem, police officers and members of the judiciary.

Fragmented transitions

- Information about a person's communication needs and successful adjustments may not follow them between police, court, probation, custody, healthcare, education, training and community services.

Lack of continuity after custody

- The period immediately following release presents significant risks. People require accessible, coordinated support with housing, health, benefits, identification documents, family contact, education, employment and licence requirements.

Criminalisation of unmet need

- Professionals should recognise that communication competence can fluctuate significantly under stress. A person who appears able to communicate effectively

in a familiar one-to-one environment may experience substantial reductions in comprehension, processing, memory and expressive language when faced with the demands of police interviews, court proceedings, conflict situations or other high-stress environments. Communication support should therefore be maintained throughout the justice process rather than withdrawn on the basis of apparent competence in less demanding contexts.

- Behaviour associated with trauma, distress, communication difficulties or neurodivergence may repeatedly be managed through enforcement rather than assessment and support.

Collectively, these issues highlight the need for communication accessibility to be embedded across social care and justice pathways rather than relying on identification at a single point in the system. Universal communication-supportive practice, routine screening, access to specialist speech and language therapy assessment, communication passports, Registered Intermediary services and communication-accessible interventions can all help to reduce the risk that unmet communication needs are mistaken for non-compliance, poor motivation or offending behaviour. For those on the edge of care, care-experienced children, young people and care leavers in particular, communication should be considered a core component of assessment, planning, participation and rehabilitation.

SECTION 3: Preventing First-Time Offending

4a. Approaches, support or services that help prevent first contact with the criminal justice system

RCSLT would select all the approaches listed, with particular emphasis on:

- early identification of additional support needs, including communication, cognitive, learning and neurodevelopmental needs
- access to appropriate support in school and alternative education provision
- early help for families
- positive relationships and trusted adults
- targeted youth diversion
- youth and community programmes
- mental health and wellbeing support
- safe housing
- structured post-school pathways
- education, training and supported employment
- support to address coercion, exploitation and harmful peer influence.

Other: communication-accessible universal and targeted services

All early intervention and prevention services should be designed so that people with communication, literacy and cognitive needs can access them. Communication should be treated as a cross-cutting issue across prevention, diversion, rehabilitation and resettlement, rather than as a specialist concern affecting a small minority of individuals.

RCSLT recommends:

1. **Early identification of speech, language and communication needs**

Communication needs should be routinely considered and screened for across education, social care, diversion, youth justice, custody and probation pathways. Earlier identification creates opportunities for intervention before difficulties escalate.

2. **Development of a communication-capable workforce**

Staff in education, policing, youth services, social care, healthcare and community organisations should receive training to recognise possible communication needs and adapt their communication. RCSLT have produced this online, free training Understanding communication difficulties in the justice system (core modules) – RCSLT CPD. Given the high prevalence of speech, language and communication needs among care-experienced children and young people, practitioners should adopt the least risky assumption that communication difficulties may be present until assessment indicates otherwise. Communication-supportive approaches, including the use of plain language, visual supports, reduced information load, repetition, additional processing time and routine checking of understanding, should be embedded from the earliest point of contact and across all services. This includes solicitors, police officers, youth justice practitioners, social workers, guardians ad litem and members of the judiciary.

Screening and assessment processes should recognise that speech, language and communication difficulties are often hidden. Verbal fluency, use of sophisticated vocabulary or apparent social confidence should not be assumed to indicate strong language comprehension. Many young people develop masking strategies, including agreeing that they understand when they do not, using language they have heard others use without fully understanding its meaning, or avoiding conversations altogether. Assessment should therefore draw on multiple sources of information, including developmental history, observations across contexts and the views of those who know the young person well.

2. **Routine communication screening**

Validated screening should be available at relevant transition and decision points, including persistent educational disengagement, exclusion, alternative provision, early-stage diversion and entry into justice services.

Screening is not a diagnosis. It should identify when a fuller assessment or specialist referral is required.

3. **Access to speech and language therapy**

Speech and language therapists should be integrated into multi-agency early-intervention, youth justice, justice, custodial and probation pathways. Their role extends beyond assessment and intervention to supporting professionals to understand the impact of communication needs on behaviour, participation and decision-making. Embedding SLTs within multidisciplinary services can help ensure that communication needs are considered alongside trauma, neurodevelopmental differences, learning needs and mental health. SLTs can also support social workers and youth justice practitioners to identify when further assessment is required and to advocate for Registered Intermediary assessment where communication difficulties may affect a young person's ability to participate effectively in legal proceedings.

4. **Support within education**

Educational settings should be able to identify and support speech, language and communication needs before difficulties lead to persistent absence, exclusion, reduced attainment or loss of connection with education. RCSLT continue to advocate for mandatory training for schools staff on speech, language and communication needs.

Educational settings should pay particular attention to higher-level language skills, including narrative abilities, abstract language, inferencing, emotional vocabulary and perspective-taking. Difficulties in these areas may not be identified through attainment data alone but can significantly affect educational engagement, relationships, behaviour and longer-term outcomes.

5. **Family-centred intervention**

Parents and carers should receive accessible information and practical support. Family intervention must recognise that parents and carers may themselves have communication, literacy, learning or neurodevelopmental needs. Family support, safeguarding and edge-of-care services provide important opportunities to identify hidden communication needs before difficulties escalate. Children at risk of entering care often present with behavioural, emotional or relationship difficulties that may mask underlying speech, language and communication needs. Routine consideration of communication needs within these services would strengthen assessments, improve family engagement and support earlier intervention aimed at preventing escalation into care and justice services.

Family interventions should also recognise that communication skills underpin family relationships, emotional regulation, behaviour and participation in decision-making. Parents, carers and professionals may require support to understand how communication difficulties can contribute to misunderstandings, conflict and escalating risk.

6. **Communication-accessible diversion and restorative practice**

Children and adults must understand:

- what has happened
- what harm has been caused
- what is expected of them
- what options are available
- what they have agreed to do
- what will happen if an agreement is not followed

Practitioners should recognise that speech, language and communication ability often fluctuates according to environmental demands and stress. A young person who communicates effectively in a familiar one-to-one setting may have significantly reduced capacity to understand, process and express information during police interviews, restorative meetings, court appearances or other high-pressure situations. Communication support strategies should therefore remain in place throughout diversion and justice processes.

7. **Support for emotional vocabulary and self-advocacy**

Support should develop emotional vocabulary, problem solving, self-advocacy and safe ways of seeking help. Interventions should also help people develop the language needed to understand their own internal experiences, including emotions, body signals and stress responses. Building understanding of interoception, emotional regulation and individual nervous-system responses may strengthen self-awareness, reduce vulnerability to exploitation and support engagement with prevention and rehabilitation services.

8. **Accessible community activities**

Community programmes should be inclusive of people with communication needs, rather than relying on advanced verbal, literacy or social-communication skills as an informal condition of participation.

Lived experience views

Factors that prevent people entering the criminal justice system for the first time-

- Early intervention as a positive approach
- Consistent availability of support, rather than one off type programmes

- Opportunities for youth
- Good youth workers and activities within communities
- Support to help children engage in and remain in education
- Trauma targeted work, to help people process their trauma at an earlier point in their lives, to reduce its ongoing negative impact on their lives e.g. suffering leading to compulsion and addiction
- Trauma informed work to increase resilience
- Tackling poverty
- Increased education around drugs and substance misuse for children
- Speech and Language Therapy availability for children and across the school system; as well as support for parents
- "Speech and language therapy is massive, it affects everything if we can't communicate; at the end of the day, it all comes down to communication. We just need more of you."
- "A focus on improving health rather than punishment may help people turn their lives around."

4b. Evidence supporting our response to 4a

Clinical experience from speech and language therapists working with care-experienced children and young people suggests that communication needs frequently remain hidden despite significant levels of need. Many young people present with complex profiles involving developmental trauma, neurodevelopmental differences, disrupted education and social, emotional and mental health needs. Communication difficulties may therefore be misunderstood as non-compliance, disengagement or behavioural difficulties. These observations reinforce the importance of routine screening, communication-accessible services, multidisciplinary assessment and the integration of speech and language therapy expertise within prevention, diversion and early-intervention pathways.

Primary prevention should be situated principally within effective universal services, supplemented by targeted support for those with greater levels of need. The evaluation of the Northern Ireland Youth Justice Agency's Children's Diversion Forums reinforces the importance of prevention outside the formal justice system and the role of universal and targeted services.

The Youth Justice Agency's diversionary approaches are intended to address concerns at an early stage and reduce progression into more formal justice processes. This is consistent with RCSLT's view that children should be diverted at the earliest appropriate opportunity and connected to services capable of identifying and meeting underlying needs.

There is also evidence that speech, language and communication needs are significantly under-identified before children enter justice services. This means schools, health

services, family support services and community organisations may be missing opportunities for intervention.

Language is fundamental to educational attainment, social relationships, emotional development and behaviour. Children with DLD are at increased risk of academic difficulties and social and emotional problems, although the majority will not offend. Appropriate identification and intervention should therefore be understood as part of wider inclusion and prevention policy, not as a mechanism for labelling children as potentially offending.

RCSLT and the Youth Justice Board have produced joint practice guidance for youth justice practitioners, describing how speech, language and communication needs may affect a young person's engagement with, and compliance with, justice processes and interventions, and outlining practical approaches to support effective participation.

RCSLT believes that Northern Ireland should build on this evidence by developing a regional communication pathway across education, health, policing, diversion and youth justice.

Early identification of communication needs is important not only because it allows access to support, but because it enables children, young people and adults to benefit from education, diversion, restorative approaches and behaviour-change interventions that may otherwise be inaccessible.

Communication should be recognised as a core determinant of child wellbeing, family functioning and participation. Evidence suggests that children receiving family support, social care intervention and care-experienced young people experience elevated levels of speech, language and communication needs, which may affect their ability to understand information, express themselves, regulate emotions, engage with professionals and participate in decisions affecting their lives (Clegg et al., 2021; Maguire et al., 2021; RCSLT, 2024). Early identification and support for communication needs may improve family relationships, educational engagement, participation, wellbeing and longer-term outcomes.

Clinical experience further suggests that communication needs are frequently masked by behavioural, social, emotional or neurodevelopmental presentations, reinforcing the need for routine screening, communication-accessible services and multidisciplinary assessment pathways.

SECTION 4: Reducing Reoffending

5a. Types of support or services that help people stop reoffending

RCSLT would select all the listed options, including:

- health and wellbeing support
- substance-use treatment
- safe and secure housing

- education, skills and employment support
- family and community support
- youth justice interventions and restorative practice
- problem-solving and restorative approaches for adults
- structured supervision and case management
- accredited or offence-specific programmes
- risk assessment and management
- victim-awareness and relationship-based interventions
- support during transitions, including leaving custody
- communication-accessible support and reasonable adjustments

Other: specialist identification and intervention for speech, language and communication needs

RCSLT recommends that the Strategy explicitly commits to:

- validated communication screening; communication assessment and support as part of transition planning for care-experienced young people, care leavers and those leaving custody
- access to speech and language therapy assessment and intervention
- communication profiles/ passports and adjustment plans
- accessible programme materials
- workforce training in speech, language and communication
- information sharing, with appropriate consent and safeguards
- evaluation of whether people understood and were able to participate in interventions.

Lived experience views
Factors that reduce reoffending –

- The need for available, consistent support needed in the community and within the criminal justice and healthcare system.
- A bespoke set of programmes should be provided based on offence and background e.g. offence type, ACEs, neurodivergence, addiction etc.
- Tackling poverty in prison.
- Safe and supportive housing available upon release.
- Long waiting lists for specific treatments and programmes e.g. Community Addictions Team / Opioid Substitution Therapy (OST); Forensic Psychological services; healthcare psychological services
- Timely and effective interventions to support addictions.
- Timely and effective Forensic Psychological services available in prison.
- Interventions being available from the beginning of a sentence rather than being focussed towards the latter part of a sentence.
- Increased opportunities for accessing education regardless of ability.

- Increased opportunities for accessing work and learning new skills regardless of ability or educational status.
- Strengthening of family ties.
- Transitions between services within custody and those in community e.g. healthcare teams or onwards referrals.
- Increased awareness and knowledge of available support within the community
- Focussed through the gate work, helping to prepare and support prior to and through release
- "Where you are sent has a lot to do with it. There should be hostels for specific offences or needs. There should support available in hostels to help people, like addictions."
- "Some hostels are just Maghaberry on the outside. There should be support service in them."
- "People don't understand the licence rules like curfews."
- "Tags aren't always accurate."

5b. Evidence supporting our response to 5a

Rehabilitation depends upon engagement. Engagement depends upon understanding and being understood.

Many interventions used within justice settings make substantial language and literacy demands. They may require participants to understand hypothetical situations, discuss motivation, explain past behaviour, identify emotions, infer another person's perspective and plan alternative responses.

People with language disorders may find these tasks difficult without adjustments. This can affect programme completion, the accuracy of assessments and perceptions of motivation or remorse.

RCSLT evidence demonstrates that speech and language therapists can:

- identify previously unrecognised communication needs
- advise staff on accessible questioning and information
- adapt written and verbal programme materials
- support emotional literacy and social communication
- help individuals understand court orders and licence conditions
- improve participation in education and rehabilitation
- support restorative conversations
- help distinguish communication difficulty from deliberate non-compliance

Research has found that young people with DLD were approximately twice as likely to reoffend within a year of a court order as peers without DLD. This does not establish that DLD causes reoffending. Rather, it demonstrates the importance of identifying

language needs and ensuring that court orders and interventions are accessible (Winstanley et al., 2021).

The Northern Ireland Prison Service recognises that rehabilitation must be connected to housing, healthcare, employability, family relationships and support following release. RCSLT supports this approach but recommends that communication accessibility is included as an explicit condition of effective throughcare.

The success of an intervention should not be measured only by whether it was offered or attended. Evaluation should establish whether the individual:

- understood its purpose and content
- could participate meaningfully
- retained and applied the learning
- received necessary reasonable adjustments
- experienced continuity of support between services

6a. Are there particular groups who may need tailored support?

Yes

6b. In response to your answer to 6a, please tell us which groups and explain why tailored support or prioritisation may be needed.

Groups who may require tailored support, specific communication adjustments, or targeted intervention include:

- children and young people
- care-experienced children and adults and care leavers
- children receiving family support services or identified as being on the edge of care
- people with speech, language and communication needs
- people with DLD and other language disorders
- people with intellectual or learning disabilities
- neurodivergent people
- people with dyslexia or literacy needs
- people with acquired brain injury
- people who use augmentative and alternative communication
- people with hearing loss
- Deaf people who use British Sign Language or Irish Sign Language
- people with mental health needs
- people affected by trauma, domestic abuse, coercive control or exploitation
- women and girls
- young adults transitioning from child to adult services
- young people with persistent school absence, exclusion or educational disengagement

- people experiencing homelessness
- people with substance-use needs
- people from minority ethnic communities
- people whose first language is not English
- people from rural communities
- people leaving custody
- families who have communication, literacy or additional support needs.

Tailored support should not mean developing isolated pathways for every diagnosis. The Strategy should establish accessible universal practice, supplemented by specialist assessment and individualised adjustments.

People frequently experience overlapping needs. For example, an individual may have a language disorder, ADHD, trauma, literacy needs, substance-use difficulties and insecure housing. Services should respond holistically rather than requiring the person to navigate multiple disconnected systems.

6c. Please provide examples/references/evidence links from Northern Ireland or elsewhere or lived experience that supports your views.

Evidence indicates that some groups experience disproportionate barriers to accessing, understanding and benefiting from services. These barriers may arise from speech, language and communication needs; developmental language disorder (DLD); hearing loss; learning disability; neurodevelopmental differences; trauma; mental health difficulties; adverse childhood experiences; language barriers; or wider social disadvantage (RCSLT, 2024; HSE Ireland; Conti-Ramsden et al., 2018).

Care-experienced children and young people, care leavers, people with communication needs, and some neurodivergent and disabled people are particularly likely to require reasonable adjustments to support understanding, participation and informed decision-making (Sanders, 2020; UK Parliament POST, 2026; HSE Ireland).

Research highlights poorer educational, employment, health and wellbeing outcomes for many care-experienced children and for people with persistent communication difficulties when their needs are unidentified or unsupported (Conti-Ramsden et al., 2018; Sanders, 2020; UK Parliament POST, 2026).

Evidence also shows that communication difficulties are often hidden and frequently go unrecognised, affecting an individual's ability to engage with education, health, social care and justice services. Accessible communication and reasonable adjustments can improve understanding, engagement and participation (RCSLT, 2024).

Services should therefore provide accessible universal provision alongside specialist assessment and individualised support where required. People frequently experience multiple and overlapping needs, such as communication difficulties, neurodevelopmental differences, trauma, mental health needs, homelessness or

substance-use difficulties. Coordinated and holistic responses are therefore likely to be more effective than separate diagnosis-specific pathways (RCSLT, 2024; Sanders, 2020).

SECTION 5: Reducing Harm

7a. Effective early help, prevention, intervention and community-based support

RCSLT believes the most effective approaches are:

Multi-agency, community-based, family support and edge-of-care services

Family Support Hubs, safeguarding services and edge-of-care programmes are particularly important opportunities for identifying hidden communication needs before difficulties escalate. Our SLT in prison working in partnership with Help Kids Talk to support fathers to engage with their children and babies during child-centre visits is a great example of partnership working. Barnardos and National Deaf Children Society have great examples of working with our SLTs to support the individual needs of families impacted by a loved one in custody. Strengthening family ties can support individuals as a protective factor against reoffending and causing harm.

People cannot fully benefit from support services if they struggle to understand information, express concerns or participate in intervention programmes. Communication support should therefore be embedded within these pathways.

Communication-inclusive education

Education services should identify and support speech, language and communication needs and avoid interpreting communication-related behaviour solely as defiance or lack of motivation.

Persistent absence, exclusion, repeated behavioural incidents or failure to progress should prompt consideration of unmet communication, learning, mental health and neurodevelopmental needs.

People with communication needs may not always be readily identifiable. Clinical experience suggests that many people, including those with identified social, emotional and mental health needs or neurodevelopmental differences, present as verbally able despite significant underlying language difficulties. Difficulties may be masked with learnt vocabulary, agreeing without understanding, avoiding conversations or relying on adults to fill gaps in understanding. Persistent absence, exclusion, repeated behavioural incidents or failure to progress should therefore prompt consideration of unmet speech, language and communication needs alongside learning, mental health and neurodevelopmental needs.

Trusted relationships and sustained support

Short-term interventions are unlikely to be sufficient for people with complex and longstanding needs. Consistent relationships with trusted practitioners or mentors are particularly important during transitions.

Family support

Families require practical, non-stigmatising and accessible help. Services should recognise the effect of parental imprisonment, family trauma, poverty and inter-generational contact with justice services.

Speech and language therapy within community and justice pathways

Speech and language therapists can support prevention by identifying communication needs, training the workforce and ensuring interventions are accessible. Their role extends beyond direct assessment and intervention to supporting social care, education, youth justice and health professionals to understand the relationship between communication, behaviour, participation and risk. Embedding speech and language therapists within multidisciplinary teams can help ensure communication difficulties are recognised early and not misinterpreted as disengagement, non-compliance or poor motivation.

Trauma-informed and communication-informed practice

Trauma-informed practice must also be communication informed. A person cannot benefit fully from trauma-informed support if they do not understand the language used or cannot communicate their experiences safely. Communication abilities may also fluctuate according to stress and environmental demands. A young person who communicates effectively with a trusted adult in a familiar setting may experience significantly greater difficulties understanding, processing and expressing information in stressful situations involving police, courts, education, safeguarding or social care processes. Communication-supportive approaches should therefore remain in place throughout all stages of intervention. Trauma-informed approaches should be embedded across organisations working with individuals at greatest risk of offending and reoffending and should be accompanied by practical actions, including communication adjustments, workforce training, multidisciplinary support and accessible pathways to intervention.

Accessible mental health and substance-use services

Talking therapies and substance-use interventions frequently place high demands on language, memory and emotional vocabulary. Adjustments and speech and language therapy input should be available where required.

Support at transition points

Particular attention should be given to:

- transition from primary to post-primary education

- movement into alternative education
- leaving school
- transition from children to adult services
- first contact with police
- entry into or release from custody
- the end of a court order or probation supervision

Transitions should include consideration of communication needs, with information shared between services and communication supports maintained to reduce the risk of disengagement, misunderstanding and unmet need.

Co-produced services

People with lived experience, including those with speech, language and communication needs, should be involved in designing and evaluating services. Engagement processes must use accessible formats and supported communication so that participation is not limited to people with strong literacy and verbal skills.

Lived experience views

Factors that reduce harm and vulnerability –

Within the community:

- Youth work
- Education
- Healthcare support
- Support around parenting
- Community-based support and activities through the community voluntary sector
- Social prescribing
- Tackling and reducing poverty
- Support in relation to grief
- Support in relation to historic sexual abuse

Within the criminal justice system:

- Youth work
- Education
- Healthcare support – physical and mental health
- Timely access to medications prescribed in community
- Seamless transition of healthcare from community to custody, and then again at release from custody to community
- Access to addiction services and Opioid Substitution Therapy (OST)
- Support in relation to grief
- Support around parenting
- Community-based support and activities through the community voluntary sector

- Social prescribing
- Tackling and reducing poverty
- Access to meaningful learning and job opportunities for all.
- The physical environment of prison – the lack of space for integrated working within the wings or landings e.g. only one classroom available on many wings, so it is difficult for staff to come onto the landing to work with the men and can be a barrier for people accessing services.
- Individuals who are serving a longer or life sentence feel more services need to be available to them earlier in their sentence.
- Some men felt more work needs to be done to support them prior to release and parole.
- Many spoke about the impact of life in prison on their self-esteem, and how it was eroded through poverty; poorer family interactions and difficulty accessing meaningful services throughout their sentence.
- Peer mentoring roles e.g. Healthcare Ask HIM are positive for the mentor and their mentees in terms of achieving successful outcomes in relation to health.
- Other ways of working are helpful for individuals in custody e.g. art therapy and music therapy.
- Speech and Language Therapy helping individuals access services e.g. rehabilitation, education, healthcare and probation.

7b. Evidence supporting our response to 7a

Evidence from youth justice research indicates that many children entering justice settings have communication needs that were not previously identified. This represents missed opportunities for earlier intervention. Clinical experience from services supporting care-experienced children and young people suggests that communication needs frequently remain hidden despite extensive involvement from education, social care and health services. Many young people already have identified social, emotional and mental health needs, Statements of Special Educational Needs, or neurodevelopmental diagnoses, yet assessment often identifies previously unrecognised language difficulties that meet criteria for DLD or language disorder associated with another condition. Communication needs may be overlooked because they are masked by behavioural presentations, emotional difficulties, trauma histories or apparent verbal fluency.

Communication needs are also associated with educational, social and emotional difficulties. McBride (2022) highlighted the importance of recognising DLD within educational policy and practice and ensuring that young people can participate meaningfully in decisions affecting them.

The RCSLT justice evidence base demonstrates that communication support can improve understanding and engagement across assessment, court, supervision and intervention processes.

Practitioners report that communication support is particularly effective when delivered through multidisciplinary approaches that integrate speech and language therapy with education, social care, psychology, occupational therapy and youth justice services. This can include communication-accessible explanations of legal processes, visual supports, communication passports, adapted intervention materials and coaching for professionals. Such approaches can improve understanding, reduce anxiety, support participation and help young people engage more effectively with safeguarding, diversion and justice processes.

The Youth Justice Agency's diversionary work in Northern Ireland provides an important foundation. However, diversion should include a structured mechanism for identifying unmet communication, learning, health and social needs and connecting children and families to sustainable support.

Community support is most effective when it is not limited to signposting. People with communication, executive-function or literacy needs may require active assistance to:

- understand what a service provides
- arrange and remember appointments
- complete forms
- travel to appointments
- communicate with professionals
- understand decisions and next steps
- transfer between services

Clinical experience also highlights the importance of multidisciplinary approaches. Speech and language therapists, psychologists and occupational therapists frequently identify overlapping factors affecting a young person's participation and behaviour, including communication needs, emotional regulation, sensory differences, trauma and neurodevelopmental needs. Integrated assessment and intervention can improve consistency of support and help ensure that communication strategies are delivered in ways that take account of a young person's capacity for regulation and engagement.

SECTION 6: Structure, Measuring Success and Delivering Change

8a. Strategic Aim 1

Yes

RCSLT NI supports Strategic Aim 1.

Prevention and early intervention must include the early identification of speech, language, communication, learning and neurodevelopmental needs.

We recommend amending the supporting wording to include:

"addressing the underlying drivers of harm, including unmet health, communication, learning, neurodevelopmental and social needs."

The aim should also acknowledge that responsibility for prevention extends beyond the Department of Justice and requires formal commitments from Health, Education, Communities, Economy and other relevant departments.

8b. Strategic Aim 2

Yes

RCSLT NI supports Strategic Aim 2, subject to communication accessibility being explicitly embedded in rehabilitation and resettlement.

People cannot address offending behaviour or stabilise their lives unless they understand the processes, expectations and support available to them.

We recommend that the aim include a commitment to:

"provide accessible, individualised and evidence-informed rehabilitation and resettlement support, including reasonable adjustments and specialist communication support."

The phrase "come into contact with the criminal justice system" should be used consistently.

8c. Strategic Vision

Yes

RCSLT NI supports the vision.

To strengthen the vision, RCSLT recommends referring to inclusion and accessibility:

"A safer, fairer and more inclusive Northern Ireland where accessible support, opportunity and partnership working prevent harm and reduce offending and reoffending."

8d. Themes, outcomes and priorities

Yes, subject to amendment

RCSLT NI broadly supports the proposed themes, outcomes and priorities.

However, communication accessibility must be visible across the framework rather than confined to a reference to neurodiversity or reasonable adjustments.

Communication should be included in:

- prevention and early intervention
- workforce development
- assessment and case planning

- diversion
- restorative justice
- rehabilitation programmes
- transitions and resettlement
- victim and witness support
- participation and co-production
- performance measurement

8e. Further comments on questions 8a–8d

Make communication a cross-cutting priority

The Strategy should recognise communication as an enabling condition for fairness, rehabilitation, public protection and effective service delivery.

A dedicated commitment should state:

"All information, assessment, intervention, supervision and participation processes will be communication accessible, with reasonable adjustments and specialist support provided according to need."

Align the Strategy with existing Northern Ireland policy frameworks, including family support and early intervention programmes, safeguarding services and the 'A Life Deserved: Caring for Children and Young People in Northern Ireland' strategy for care-experienced children and young people

Many of the factors associated with offending emerge long before first contact with the justice system. Successful implementation will therefore require alignment with policy relating to family support, safeguarding, special educational needs, mental health, care-experienced children, youth wellbeing and early intervention. The identification of speech, language and communication needs should be embedded across these policy areas rather than viewed solely through a justice lens.

Establish regional screening and referral pathways

The Strategy should establish or support the development of a regional communication pathway covering:

- police custody and diversion
- youth justice
- courts
- probation
- prisons
- community resettlement

This should include validated screening, referral criteria, access to speech and language therapy and a mechanism for recording and sharing communication adjustments.

Include speech and language therapists in multidisciplinary provision

Speech and language therapists should contribute to:

- service design
- workforce training
- screening and specialist assessment
- intervention planning
- adaptation of programmes
- multidisciplinary formulation alongside psychology, occupational therapy and social care colleagues
- evaluation and quality assurance

Develop a communication-capable justice workforce

All relevant staff should receive role-appropriate training. Training should cover:

- indicators of communication needs
- accessible questioning
- avoiding complex, abstract and figurative language
- visual support
- checking understanding rather than asking only, “Do you understand?”
- allowing processing time
- recognising the limits of yes/no questions
- differentiating communication difficulty from non-compliance
- making and recording reasonable adjustments
- understanding how stress, trauma and dysregulation may affect communication and participation
- Ensure timely access to communication support roles, including Appropriate Adults, Registered Intermediaries and Custody Navigators, where these are required to support understanding, participation and procedural fairness.

Ensure accountability across departments

The Strategy cannot achieve its aims through justice services alone. Delivery plans should identify named departmental responsibilities, funding arrangements, measurable actions and reporting timescales.

Avoid diagnostic gatekeeping

Support and reasonable adjustments should be based on functional need. People should not be required to have a formal diagnosis before information or interventions are made accessible.

Ensure victims are included

Victims may also have speech, language and communication needs. Accessible communication is essential to reporting harm, giving evidence, understanding decisions, accessing support and participating in restorative approaches.

Lived experienced views agreed with the strategic aims and vision.

9a. Outcomes that should be prioritised

RCSLT would agree and also select:

- Other

Other outcome

Improved identification and support for speech, language and communication needs across the justice pathway.

RCSLT welcomes the proposed outcome concerning neurodiversity. However, communication needs should also be explicitly identified.

Not all communication needs are appropriately captured by the term neurodiversity. Communication difficulties may arise from hearing loss, acquired brain injury, mental ill health, trauma, intellectual disability, neurological illness or other causes.

9b. Other outcomes the Strategy should include

RCSLT recommends the following additional outcomes:

1. People understand and can participate meaningfully in justice processes.
2. Reduced educational exclusion and improved school engagement among children and young people with speech, language and communication needs.
3. Improved identification of speech, language and communication needs.
4. Fewer breaches, recalls or programme failures arising from misunderstood information or inaccessible requirements.
5. Improved access to speech and language therapy and other specialist services.
6. All commissioned interventions meet defined communication-accessibility standards.
7. Improved continuity of support and reasonable adjustments between agencies and during transitions.
8. Reduced educational exclusion and improved engagement among children with additional needs.
9. Improved victim participation and access to communication support.
10. A justice workforce that is trained and confident in communication-inclusive practice.
11. Increased involvement of people with lived experience and communication needs in service design and evaluation.

Lived experience views of additional priority outcomes –

All deemed appropriate areas required to be targeted. Additional priority outcomes:

- Trauma work should also be prioritised and integrated through all these outcomes.
- Earlier intervention is key.
- Tackling poverty.

Success would be seen through joint up, holistic cross-agency working

9c. Evidence and measurement supporting 9a and 9b

The Strategy should establish a baseline and publish disaggregated data. This should include:

- the number and proportion of people screened for communication needs
- the number identified as requiring further assessment
- referrals to and waiting times for speech and language therapy
- prevalence of identified communication, learning and neurodevelopmental needs
- reasonable adjustments identified, provided and reviewed
- programme participation and completion, disaggregated by additional need
- breaches or recalls linked to lack of understanding
- access to education, training, employment and housing after release
- participant-reported understanding of interventions and requirements
- victim access to communication assistance
- staff training uptake and demonstrated changes in practice

Measures should examine the quality and accessibility of participation, not only attendance or completion.

The evidence reviewed by RCSLT, Anderson et al. (2016), Chow et al. (2022), Winstanley et al. (2021) and Hobson et al. (2023) demonstrates why communication needs must be incorporated into outcomes and data collection.

The absence of a diagnosis in existing records should not be interpreted as evidence that a communication need is absent. Under-identification is itself one of the principal concerns.

Success would look like:

- People understand what is happening at every stage of the justice process and are able to participate meaningfully in decisions that affect them.
- Speech, language and communication needs are identified early and consistently, with appropriate support and reasonable adjustments available when required.

- Children and young people with communication needs, neurodevelopmental differences or other additional needs receive support before difficulties escalate, reducing educational exclusion and contact with the justice system.
- Services are communication-accessible, trauma-informed and responsive to individual needs, regardless of whether a person has a formal diagnosis.
- Fewer people fail to engage with programmes, breach requirements or experience poorer outcomes because information was inaccessible or misunderstood.
- Victims, witnesses and those accused of offences can access communication support that enables them to understand, participate and be heard.
- Staff across justice, education, health and social care are confident in recognising communication needs and adapting their practice accordingly.
- Information and reasonable adjustments follow people between services, reducing the need to repeatedly explain their needs.
- People with lived experience, including those with communication needs, are actively involved in designing, monitoring and improving services.
- Outcomes improve across education, health, wellbeing, employment, housing and community participation, particularly for those with multiple and overlapping needs.

10 How can Government, communities and the voluntary sector work better together to reduce offending and reoffending and deliver change?

Government, communities and the voluntary and community sector should work together through shared responsibility, shared outcomes and coordinated delivery. Reducing offending and reoffending requires a whole-system approach that recognises the interconnection between communication needs, education, health, housing, poverty, trauma, family support and justice involvement.

Earlier identification and intervention should be prioritised, particularly for children and young people experiencing communication difficulties, developmental language disorder, neurodevelopmental differences, adverse childhood experiences, family difficulties or educational disengagement. Support should be available before difficulties escalate and before contact with the justice system occurs.

Government should provide strategic leadership, sustainable funding and clear accountability arrangements. Statutory services and the voluntary and community sector should be recognised as equal partners in planning, commissioning and delivering support. Funding arrangements should promote long-term prevention and early intervention rather than short-term crisis responses.

Information sharing and joint working between justice, education, health, social care, housing and community services should be strengthened to ensure individuals receive coordinated support. People should not be required to repeatedly explain their circumstances or navigate multiple disconnected systems.

Services should adopt communication-accessible and trauma-informed approaches, with staff across all sectors trained to recognise and respond to speech, language and communication needs. Reasonable adjustments and support needs should follow individuals between agencies and at key transition points.

Communities and voluntary organisations play a vital role in building trust, providing advocacy, supporting families, delivering early intervention, and engaging groups who may be less likely to access statutory services. Their knowledge, local relationships and expertise should be used to inform service design, delivery and evaluation.

People with lived experience, including those with communication needs, should be involved in decision-making at every stage. Success would be reflected in earlier intervention, improved educational engagement, reduced exclusion, better access to support, improved wellbeing, reduced reoffending, and more joined-up, person-centred services that address the underlying causes of offending behaviour.

11a. How best can we meet the needs of specific Section 75 groups and individuals in rural communities, and reduce barriers to support and access to services?

Lived experience views on -

How best to meet the needs of Section 75 groups:

- Increased training for criminal justice staff and associated partners
- Supported routes into education and training
- Accessible and sustainable employment opportunities
- Access to meaningful learning

Additionally -

- Increased opportunities for lived experience to be shared and heard
- Supported pathways from sentence to reintegration into community
- AHP funding for Learning Disability pathway
- Pathway for others who are neurodivergent e.g. Autism, ADHD, ABI

11b. Please provide examples/references/evidence links from Northern Ireland or elsewhere or lived experience that supports your views in 11a.

Evidence demonstrates that people with speech, language and communication needs, learning disabilities, neurodevelopmental differences and other additional needs can face significant barriers to understanding information, engaging with services and achieving positive education, employment and justice outcomes. Research highlights the importance of early identification, staff training, accessible communication, coordinated multi-agency support and effective transition planning. Evidence also

shows that care-experienced children and young people are more likely to experience poorer mental health, educational and social outcomes, reinforcing the need for tailored and holistic support. These findings support the development of accessible pathways, increased lived experience involvement, and joined-up approaches that promote inclusion, participation and successful reintegration. (RCSLT, 2024; Conti-Ramsden et al., 2018; Sanders, 2020; UK Parliament POST, 2026)

SECTION 7: Final Reflections

12 Is there anything else that should inform the new Strategy?

RCSLT Northern Ireland welcomes the development of a new Reducing Offending and Reoffending Strategy and its focus on prevention, early intervention, rehabilitation, resettlement and partnership working.

Our central recommendation is that the Strategy should recognise speech, language and communication as fundamental to every stage of prevention and justice.

Speech, language and communication needs are common among people in contact with justice services but are frequently hidden or misunderstood. A person may speak fluently while having significant difficulty understanding complex information, processing questions, organising an account, identifying emotions or applying learning to a new situation.

Communication needs should not be viewed solely as a justice issue. The evidence demonstrates strong links between communication, educational participation, emotional wellbeing, family stability, safeguarding, social care involvement and later contact with justice services. Many of the factors associated with offending emerge in childhood and adolescence and may be visible years before first contact with the criminal justice system. This creates important opportunities for prevention through earlier identification and support.

Children receiving family support services, children on the edge of care, care-experienced children and care leavers constitute particularly important groups for intervention. These people often experience elevated levels of speech, language and communication need alongside trauma, adversity, educational disadvantage and mental health challenges. Failure to identify and support communication needs may contribute to family breakdown, educational exclusion, placement instability and poorer long-term outcomes.

Clinical experience from services supporting care-experienced children and young people suggests that communication needs frequently remain unrecognised despite extensive involvement with education, health and social care services. Many people already have identified social, emotional and mental health needs or neurodevelopmental differences, yet specialist assessment continues to identify

previously unrecognised language difficulties, including DLD. Communication needs are often masked by behavioural presentations, trauma histories, emotional difficulties or apparent verbal competence.

Without appropriate identification and adjustment, a person may:

- be unable to explain what happened
- agree with information they do not understand
- provide apparently inconsistent accounts
- misunderstand court, licence or supervision requirements
- be unable to access verbally complex rehabilitation programmes
- appear disengaged, evasive or unremorseful
- experience enforcement or breach proceedings for behaviour associated with an unmet need

These are issues of effectiveness, equality, procedural fairness and public protection. Communication demands increase significantly at times of stress. A person who communicates effectively in a familiar environment with a trusted adult may experience substantially greater difficulty understanding, processing and expressing information during police interviews, court appearances, restorative processes and other high-pressure situations. Communication-supportive approaches should therefore be embedded throughout justice processes rather than dependent on the individual's apparent communication ability in less demanding contexts.

RCSLT recommends that the final Strategy include commitments to:

1. recognise speech, language and communication needs as a cross-cutting strategic issue
2. introduce validated communication screening and clear referral pathways at key points across youth and adult justice services
3. provide equitable access to speech and language therapy assessment and intervention through dedicated funding of speech and language therapists throughout all stages of the youth and adult justice system, care-experienced and edge of care teams.
4. include speech and language therapists within relevant multidisciplinary justice teams alongside psychology, occupational therapy, social work and health professionals
5. Communication support roles and specialist communication expertise should be available at key points across the justice pathway, including police custody, diversion, court proceedings, custody, rehabilitation and resettlement. This should include access to Appropriate Adults, Registered Intermediaries, Custody Navigators and speech and language therapy where indicated.

6. strengthen identification and support within family support, safeguarding, social care and edge-of-care services to address speech, language and communication needs before difficulties escalate into care involvement or offending behaviour
7. introduce communication-accessibility standards for information, assessments, court orders, supervision requirements and rehabilitation programmes
8. train the justice and partner workforce to recognise and respond to communication needs via the RCSLT's free online training - Understanding communication difficulties in the justice system (core modules) – RCSLT CPD. Additional training in trauma informed approaches to language development through the Solihull approach (now Togetherness) is recommended - Training for professionals - Togetherness
9. record speech, language and communication needs and reasonable adjustments in a portable communication passport or profile that follows the individual through the system, subject to appropriate information-governance safeguards
10. base support on functional need rather than requiring a formal diagnosis
11. ensure that victims and witnesses with speech, language and communication needs also receive appropriate support
12. co-produce services with people who have lived experience, including those who require communication support to participate
13. ensure that prevention, diversion, restorative justice and rehabilitation programmes are communication accessible and developed with appropriate speech and language therapy input
14. collect and publish data on communication needs, access to specialist support, reasonable adjustments and outcomes
15. establish cross-departmental accountability involving the Departments of Justice, Health, Education, Communities and Economy

Finally, we recommend that the strategy explicitly incorporates **RCSLT's Five Good Communication Standards** for professionals:

I. **Identification of Communication Needs:** All staff should assess whether a person has speech, language and communication needs at first contact and throughout their care.
II. **Accessible Information:** Information must be provided in formats suitable for the individual (e.g., easy-read, visual supports, plain language, or augmented communication systems).
III. **Reasonable Adjustments:** Professionals must implement communication adjustments to enable participation in decisions and interventions, such as additional time, simplified explanations, or support from a specialist SLT.

IV. **Staff Training:** All relevant staff should receive training in communication awareness, including Home - Communication Access UK, to ensure they have the knowledge and skills to support individuals with speech, language and communication needs effectively.

V. **Documentation and Communication Handover:** Communication needs and strategies must be clearly documented and shared across agencies to ensure continuity, safety, and effective multi-agency collaboration.

Investment in speech and language therapy and communication accessible services should be viewed as an invest-to-save measure. Earlier identification and intervention can improve family stability, educational engagement, emotional wellbeing, participation in services and rehabilitation outcomes while reducing future demand across health, education, social care and justice systems. Preventing offending requires investment not only in justice responses but also in the communication skills that enable children, young people and families to engage successfully with support services throughout their lives.

Prevention and rehabilitation services should adopt multidisciplinary, person-centred approaches that address communication needs, trauma, mental health, neurodevelopmental differences, substance use and social adversity together. Services should support not only the individual but also the families, carers and professionals around them to maximise engagement and long-term outcomes. SLTs play an important role in reducing inequities in access to healthcare, education, rehabilitation, family support and resettlement services by ensuring these services are communication accessible.

Communication accessibility should not be viewed as an optional specialist addition. It is necessary to ensure that prevention services reach those who need them, that justice processes are fair, that rehabilitation is effective and that people can understand and fulfil the expectations placed upon them.

A safer Northern Ireland requires people to be heard, to understand what is happening and to have a meaningful opportunity to participate in the services and decisions affecting their lives.

Best practice examples: benefits and impact of speech and language therapy within Northern Ireland prisons

Speech and language therapists are embedded across the three Northern Ireland prison establishments and work collaboratively with prison staff, healthcare professionals and partner agencies to improve communication accessibility, participation and rehabilitation outcomes.

Collaborative and multidisciplinary working

Speech and language therapy provision operates across universal, targeted and specialist levels, supporting individuals, communication partners and the wider communication environment.

SLTs work closely with:

- Northern Ireland Prison Service (NIPS)
- Healthcare in Prison (HiP)
- Probation Board for Northern Ireland
- Barnardo's
- NIACRO
- ADEPT
- Independent Monitoring Board (IMB)
- Chaplaincy services.

Examples of collaborative initiatives include:

- delivery of the Help Kids Talk programme alongside Barnardo's
- communication, play and LEGO-based activities delivered in partnership with NIACRO
- support to NIPS Family and Visits Teams to develop child-centred visits and accessible visiting arrangements for children with additional needs
- sensory story training for fathers in custody and NIPS staff to strengthen parent-child interaction and communication

Creating communication-accessible environments

Embedded SLT services support the development of communication-accessible prison environments through practical adaptations such as:

- accessible written information
- communication tips and guidance for staff
- environmental communication audits
- pictorial tuck-shop lists
- pictorial menus
- accessible signage within healthcare settings
- bespoke low-tech augmentative and alternative communication (AAC) systems for individuals with complex communication needs, e.g. Talking Mats.

Improving access to services and rehabilitation

SLTs work jointly with a range of prison and healthcare teams to support engagement with assessment, treatment and rehabilitation. This includes joint working with:

- Forensic Psychology
- Mental Health Assessment Services
- Psychological Services
- Wellness Within programmes
- Healthcare Engagement teams

Speech and language therapists also support individuals to:

- understand licence conditions, recommendations and other complex documentation

- prepare for release and engage with probation processes
- participate meaningfully in assessments and interventions
- develop communication skills needed for successful resettlement

Supporting participation and wellbeing

Speech and language therapists use a range of specialist approaches to support communication, participation and emotional wellbeing, including:

- Talking Mats® to support assessment, rapport building and decision-making
- Talking Mats® to facilitate sensitive conversations relating to safeguarding, trauma and abuse
- use of Talking Mats® within the NIPS Supporting People At Risk Evolution (SPAR Evo) process to assist communication during periods of crisis
- LEGO®-based communication activities to promote positive interaction and relationship building
- support for parents with communication needs, including fathers using AAC systems to communicate with their children.

Impact

The experience of Northern Ireland prison services demonstrates that embedding speech and language therapists within multidisciplinary teams can:

- improve communication accessibility across prison environments
- increase participation in healthcare, rehabilitation and resettlement services
- support family relationships and parenting capacity
- strengthen staff understanding of communication needs
- improve partnership working across organisations
- help ensure that individuals with communication needs can understand, engage with and benefit from the support available to them

This approach illustrates how communication accessibility can be embedded within custodial settings as a core component of rehabilitation, rehabilitation planning and person-centred care.

Case Study 1: Improved engagement and reduced complaints

Presentation
A man remained in custody beyond tariff due to concerns regarding risk and limited engagement with the Prisoner Development Unit (PDU). He had a complex medical history, poor compliance with medication and healthcare appointments, and submitted multiple lengthy complaint letters each week.

Intervention
The individual participated in LEGO®-based therapy sessions co-facilitated by the SLT and Engagement Lead.

Outcomes

- Attended 8 of 10 planned sessions.
- Demonstrated improved compliance with prescribed medication.
- Ceased submitting recurring complaint letters during and following the intervention.
- Increased engagement with Prisoner Development Unit staff.
- Successfully commenced prison employment.

Case Study 2: Supporting successful release planning

Presentation
A man with a learning disability was working with Probation Services on temporary release and pre-release testing. Previous temporary release opportunities had been unsuccessful, often ending early because he struggled to understand or follow the required processes or requested to return to custody before completion.

Intervention
The SLT developed a range of accessible supports, including:

- Easy Read information explaining the temporary release process.
- Visual guidance outlining expectations and rules associated with release.
- A Talking Mats® framework to explore goals and preferences for release.
- A visual timetable detailing activities for the day of release.

Outcomes

- Successfully completed both accompanied and unaccompanied temporary release placements.
- Developed stronger family relationships.
- Increased confidence in managing activities of daily living independently.
- Established links with community organisations before release.
- Successfully transitioned back into the community and engaged with family members, Probation Services, healthcare providers and voluntary-sector support services.

Case Study 3: Facilitating disclosure and reducing risk

Presentation
A man with post-traumatic stress disorder (PTSD), significant mental health difficulties, polysubstance misuse and suspected learning disability experienced a marked deterioration in wellbeing. This included self-harming behaviour, illicit drug use and a breakdown in relationships with family members, staff and peers.

Intervention
The SLT co-facilitated support sessions alongside Mental Health and Learning Disability Nurses. Talking Mats® was used to explore factors contributing to the individual's distress and to support risk assessment and intervention planning. Initial assumptions within the wider team focused on substance misuse and associated debt as the primary causes of the change in behaviour. Through a series of structured Talking Mats® conversations, the individual used visual symbols to disclose a history of sexual abuse, which emerged as a significant underlying trigger for his crisis and associated risk behaviours.

Outcomes

- Enabled disclosure of previously unreported abuse.
- Supported safeguarding processes and access to appropriate specialist support.
- Self-harming behaviour ceased.
- Illicit drug use stopped.
- Mental health and emotional wellbeing improved.
- Relationships with family members, staff and peers were restored.
- Individual was supported through release planning and transition back into the community.

Case Study 4: Identifying hidden communication needs and reducing future risk

Presentation

A 15-year-old young man had previously received a range of assessments, including cognitive, literacy and numeracy assessments. Despite extensive professional involvement, the network continued to report significant difficulties with his understanding of information.

These communication difficulties were creating increasing risks. For example, he attended medical appointments without fully understanding the information provided but appeared compliant. He also engaged in high-risk situations because of difficulties making inferences and understanding social intentions, often assuming that others were his "friends" when this was not the case.

Professionals were increasingly focused on managing risk and worries about his behaviour. However, information was often delivered inconsistently, with different adults discussing similar issues in different ways, leading to frustration and confusion.

Intervention

The speech and language therapist worked intensively with the professional network to develop communication-accessible approaches. This included:

- identifying significant and persistent language difficulties consistent with Developmental Language Disorder (DLD)
- supporting professionals to adapt how information was presented
- developing consistent narratives around key issues such as safety planning and secure care
- raising awareness of the young person's communication profile during multi-agency meetings, including those attended by police representatives
- planning the development of a co-produced communication passport

The Youth Diversionary Officer also agreed to participate in communication-focused training for the wider professional network.

Outcomes

- Previously unrecognised language difficulties were identified and understood within the wider network.
- Professionals developed a more consistent and accessible approach to communication.
- The young person's communication needs became an explicit consideration in planning and decision-making.

- Increased awareness of communication needs helped professionals better understand vulnerability, risk-taking behaviour and participation difficulties.
- The work established stronger foundations for preventing escalation into further justice-system involvement.

Case Study 5: Supporting participation in police and court processes

Presentation
A young man with autism and significant language difficulties became involved in a police investigation requiring engagement with the criminal justice process.
He experienced high levels of anxiety regarding the police interview process and had difficulty understanding what to expect.

Intervention
The speech and language therapist worked alongside staff to develop a visual and communication-accessible narrative explaining:

- what would happen before the interview
- what would happen during the interview
- what would happen afterwards
- who would be involved
- what his rights and responsibilities were throughout the process

The resource was designed so that staff could use consistent language and explanations when supporting him.

Outcomes

- Reduced anxiety about the police interview process
- Improved understanding of what to expect at each stage
- Increased confidence in asking questions and seeking clarification
- Greater consistency among staff supporting the young person
- Improved ability to participate meaningfully in justice processes

Case Study 6: Supporting engagement with restorative and youth justice processes

Presentation
A young person required support to engage effectively with a Youth Conference process. Professionals recognised that participation would require consideration of communication, regulation and understanding.

Intervention
The speech and language therapist worked jointly with an occupational therapist to support preparation for the Youth Conference. This included adapting communication, supporting understanding and helping key adults consider the young person's communication and regulation needs.

Outcomes

- Improved preparation for participation in the Youth Conference process.
- Greater awareness among professionals of the impact of communication needs on participation.

- Demonstrated the value of multidisciplinary working between speech and language therapy and occupational therapy.

Learning
This case highlighted the benefits of involving speech and language therapists earlier and more systematically in youth justice processes, including planning and delivery of Youth Conferences. It also demonstrated the importance of direct coaching, modelling and support for practitioners to build confidence in communication-supportive approaches.
The case reinforces the value of embedding speech and language therapy expertise within Youth Justice Agency pathways to support staff development, improve communication accessibility and enhance outcomes for children and young people involved in justice services.

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