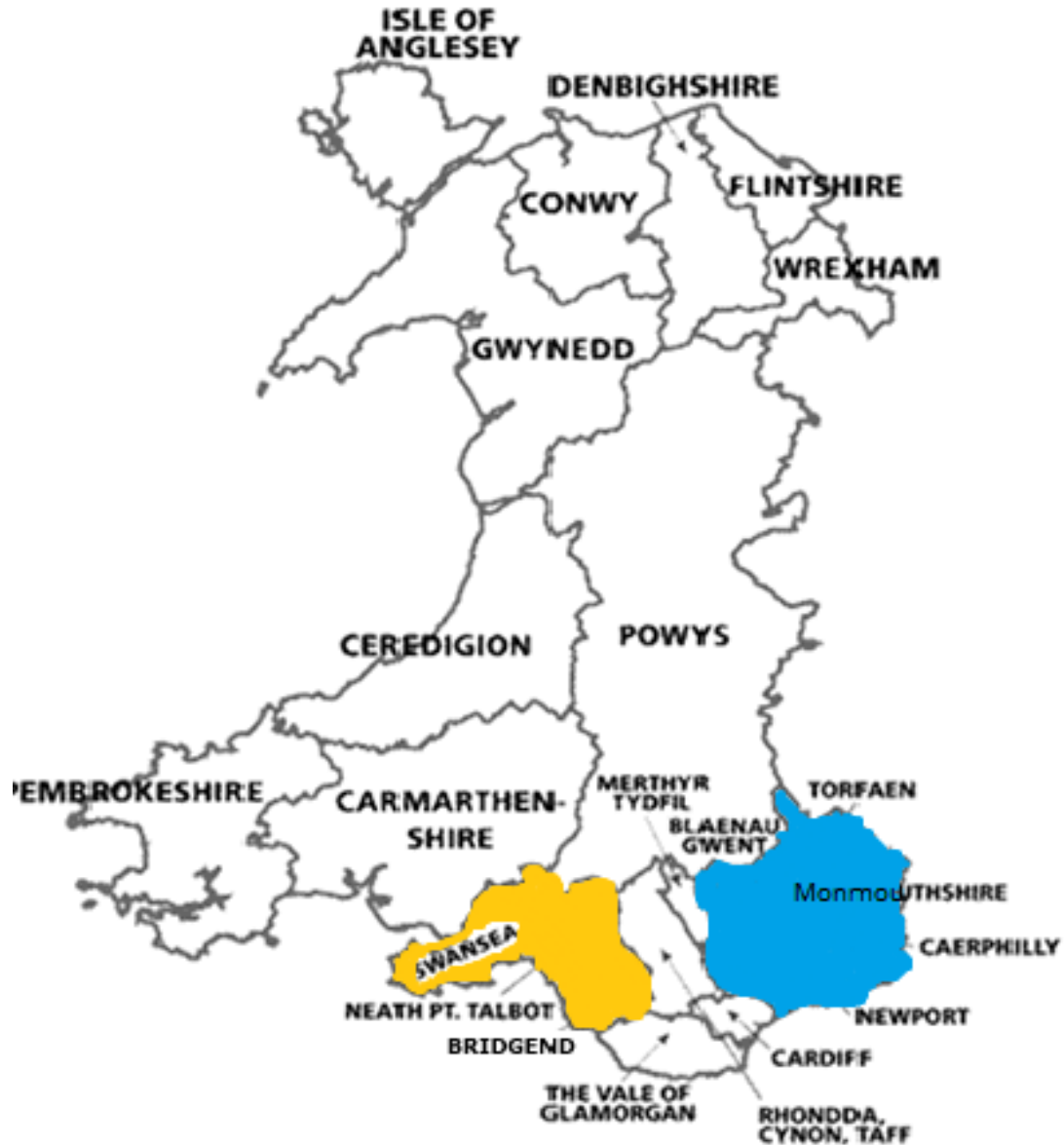


Youth Justice

Kate Parfitt (ABUHB) &
Kim Jenkins (ABMU)



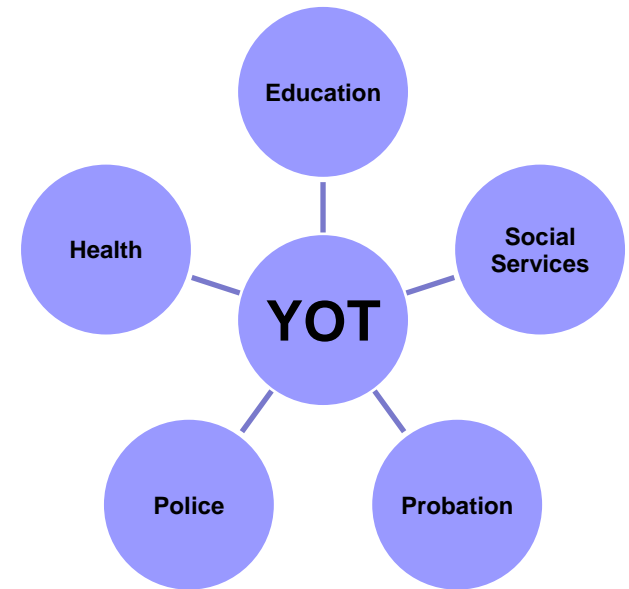


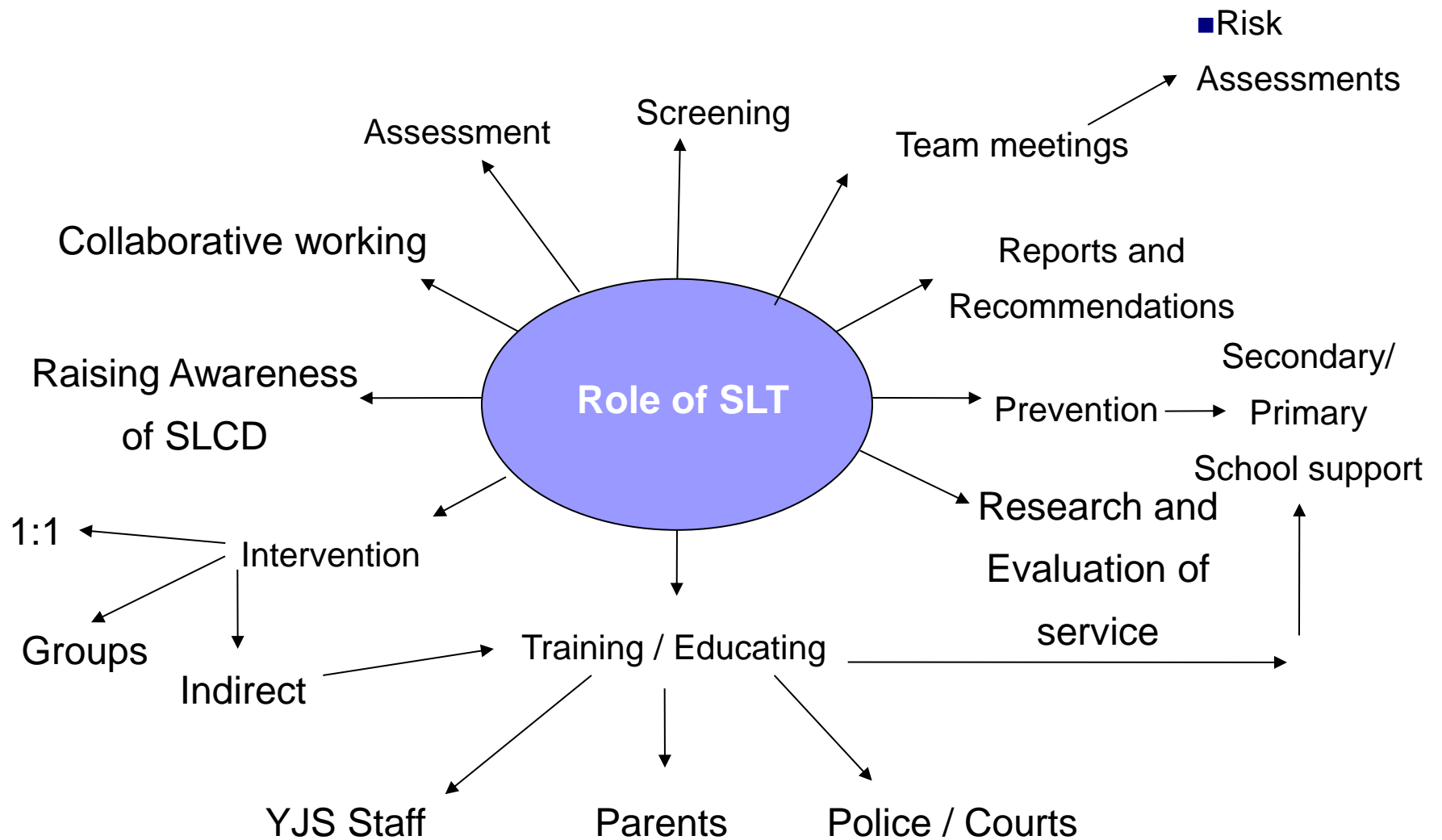
What is a Youth Offending Team(YOT)?



YOTS were set up as a result of the Crime and Disorder Act 1998.

“There is a YOT in every local authority in England and Wales. They are made up of representatives from the Police, Probation Service, Social Services, Health, Education and Drugs and Alcohol misuse agencies...”





Poor communication skills impact on...



Educational Achievement

Vocabulary at 5 is a powerful predictor of GCSE achievement



Behaviour/Vulnerability

2/3 of 7-14 year olds with serious behaviour problems have language impairment



Mental Health

40% of 7 to 14 year olds referred to child psychiatric services had a language impairment that had never been suspected



Employability

47% of employers say they can't get recruits with the communication skills they need



Criminality

65% of young people in young offender institutions have communication difficulties



Disadvantage Cycle

Children from low income families lag behind high income counterparts by sixteen months in vocabulary at school entry

Speech, language, communication and neuro-disability screening tool

The YJB have consulted with the Royal College for Speech and Language Therapists (RCSLT) and the YJ Speech and Language Therapists network (a group of Speech and Language Therapists that work directly in YOTs or secure establishments) and the Offender Health Research Network (authors of the Comprehensive Health Assessment Tool) in order to provide this screening tool for the AssetPlus framework.

The screening tool below should be self explanatory but you will need to familiarise yourself with the supporting guidance in order to better understand what is being asked.

Does the child or young person you are assessing:

| <u>Speaking</u> | Yes | No | Sometimes |
|---|--------------------------|--------------------------|--------------------------|
| Have difficulty thinking of the words he/she wants to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Only use very simple vocabulary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulties explaining things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is their speech difficult to understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Understanding spoken language</u> | Yes | No | Sometimes |
| Have difficulty remembering things people say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulty following spoken instructions or only follow part of them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulty understanding the meaning of words? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Non-verbal</u> | Yes | No | Sometimes |
| Have difficulty using non-verbal communication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulties showing emotions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Social skills difficulties (inc Autistic Spectrum Disorders)</u> | Yes | No | Sometimes |
| Have difficulties initiating and/or maintaining friendships? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is socially awkward and inappropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appear frustrated or anxious when there is no obvious cause? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulty thinking about the thoughts/feelings of others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has been diagnosed with social communication difficulties? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a professional/ family member expressed concerns about social communication skills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Education needs & Learning Disability</u> | Yes | No | Sometimes |
|---|----------------------------|--------------------------|--------------------------|
| Have problems with reading or writing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have difficulties with time concepts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs support in daily living skills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any Special Educational Needs been identified? | <input type="checkbox"/> * | <input type="checkbox"/> | <input type="checkbox"/> |

*Further exploration - please provide details of special educational needs here if the above question is answered "Yes": Tick the 'Identified SEN' and related 'Response', entering details of any 'Other'.

| <u>Identified SEN</u> | <u>Responses to identified SEN</u> | | | |
|---|------------------------------------|--------------------------------|---------------------------------|------------------------|
| | Statement of SEN | Learning Difficulty Assessment | Education, Health and Care Plan | Other (please specify) |
| Specific Learning Difficulty (SpLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Moderate Learning Difficulty (MLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Severe Learning Difficulty (SLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Profound and Multiple Learning Difficulty (PMLD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Behaviour, Emotional and Social Difficulty (BESD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Speech, Language and Communication Needs (SLCN) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Autistic Spectrum Disorder (ASD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Visual Impairment (VI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hearing Impairment (HI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Multi-Sensory Impairment (MSI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physical Disability (PD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

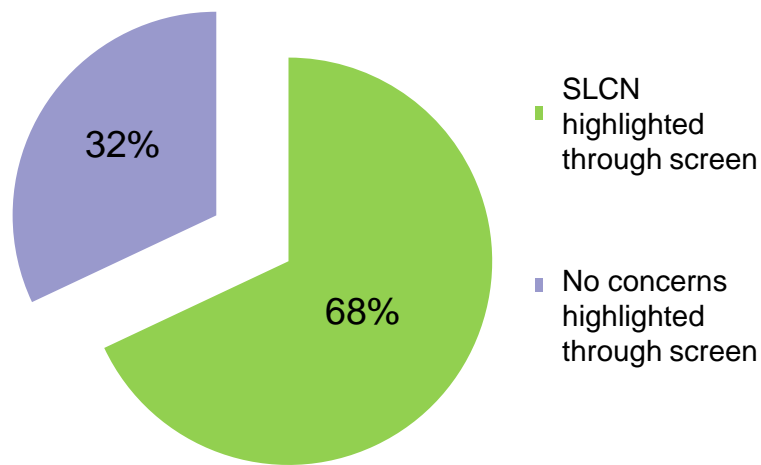
| | Yes | No | Yet to clarify |
|--|--------------------------|--------------------------|--------------------------|
| Has a professional/ family member expressed concerns about learning needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Traumatic Brain Injury</u> | Yes | No | Yet to clarify |
|---|--------------------------|--------------------------|--------------------------|
| Head injury that caused him/her to be knocked out or dazed or confused? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

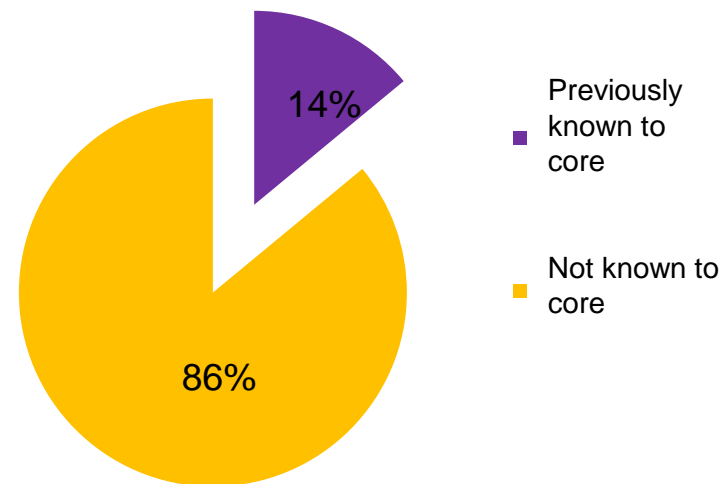
YOT Statistics



No. of YP highlighted as having SLCN



No. of YP previously known to Core



Case Study



- 1) 16 year old female
- 2) In and out of the YJS for last 3 years
- 3) Previous SLT / SEN 2009
- 4) Discharged 2010 due to DNA
- 5) YOS involvement – ASSET+ Screen, SLT Ax
- 6) SLT Findings
- 7) Reoffended – Custody
- 8) Crown Prosecution Services
- 9) Resettlement back to community

Thank you for listening

