



# Youth Justice in Scotland:

a guide to policy, practice and legislation

## Speech, Language and Communication Needs in Youth Justice

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All comments were given in a personal capacity so do not necessarily reflect their organisation's perspective. All errors remain our own.

## **Youth Justice in Scotland: a guide to policy, practice and legislation**

Whether you're a practitioner, researcher or educator, you should be familiar with the latest policy and practice legislation in youth justice.

That's why the Centre for Youth & Criminal Justice (CYCJ) has produced a guide to youth justice in Scotland. This is aimed at practitioners and managers who work with children and young people who offend or who are at risk of offending. It is also valuable for academics, educators and anyone else with an interest in youth and criminal justice.

This section of the guide focuses on speech, language and communication needs. An overview to the guide and specific sections focusing on different aspects of youth justice is available at [www.cycj.org.uk/resource/youth-justice-in-scotland-guide](http://www.cycj.org.uk/resource/youth-justice-in-scotland-guide).

To ensure that the information we are providing is relevant, accurate and meaningful, the guide's full sections are being reviewed, and will be available online in autumn 2014. If you have any feedback please get in touch at [cycj@strath.ac.uk](mailto:cycj@strath.ac.uk).

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## Introduction

From the earliest moments of human development, genetic, environmental, physiological and social factors combine to shape the individual as a communicator. As parents meet their new-born child for the first time, a primary relationship, which will influence and shape countless future relationships, is established.

Most of the young people we work with in youth justice settings have not had the opportunity to benefit from optimum support for their communication development. Some have conditions, disorders or injuries which impact upon aspects of their communication abilities. In this section we will explore key issues in communication development, examine difficulties common in the youth justice population and identify the applications of this knowledge to practice.

## Speech, Language and Communication development – what's typical?

Communication development begins before birth, and progresses rapidly through the first year of life and beyond. The first distinct word is produced at around one year of age. In most families, this is a celebrated event, continuing a relationship of reinforcing attempts to communicate. Numerous other words follow soon after, and by the age of two, a typically developing child will use in excess of 50 recognisable words, with many more understood but not yet spoken. In the toddler years, speech is not yet consistently clear, with the ability to produce sounds in isolation and combination developing up to age four or five.

By the time a normally developing child reaches this age and prepares to attend primary school, he or she will be a competent communicator, using and comprehending a wide vocabulary and complex grammatical structures; able to recognise and sometimes use humour; and interpreting, responding to and employing a range of non-verbal signs and signals.

These non-verbal or paralinguistic skills are the sometimes overlooked abilities which give meaning to language. The correct interpretation and application of eye contact, bodily position, gesture, facial expression and tone of voice, allow an individual to negotiate the complexities of human interaction and relationships, to readily distinguish another's mood and intentions and to shape their own behaviour and responses appropriately.

Higher-level communication skills, such as literacy, are typically acquired as an individual moves through education, and vocabulary and social skills are expanded and refined into adulthood. Core communication skills are developed, defined and largely established at a very young age. Attention to early relationships and environment provides valuable insights into how best to support optimum communication development, and what can go wrong when conditions for development are sub-optimal.

Communication development in individuals with developmental conditions, such as autism or specific language impairment, will not necessarily adhere to recognised milestones. There may be an uneven profile of performance, with development in, for example, visuo-spatial tasks exceeding linguistic or social development. Early deviation from developmental norms is an important marker of possible speech, language or communication needs.

## Communication Milestones: Quick Reference Table

	Age 5	Age 11	Age 18
<b>Speech Sounds</b>	Speaks clearly and fluently. Might have difficulty with more complex speech sounds or clusters.	Speaks clearly and fluently.	Speaks clearly and fluently.
<b>Expressive Language</b>	Uses well-structured sentences and a wide range of vocabulary, with some immaturities e.g. "I falled over".	Can confidently explain word meanings and new ideas. Able to modify language and use more formal style with minimal prompting.	Naturally switches vocabulary and sentence structure choices by context.
<b>Sentence Structure and Narration</b>	Can describe a series of events with some detail, but not always in the correct order. Re-tells familiar stories in their own words. Starting to check for listener understanding.	Able to describe a complex series of events, rules or procedures concisely and in the correct order. Aware of listener knowledge and reactions, and able to modify output in reaction to these.	Can produce lengthy and complex narratives with internal stories or instructions. Actively involves the listener and gives cues to key information.
<b>Social Interaction</b>	Confidently initiates and takes part in group and individual interactions. Might be reticent with unfamiliar people, but soon adjusts. Uses language to negotiate, to express emotion and explore ideas and experiences. Able to initiate or join in cooperative play and role play with peers. Enjoys humour but does not always fully understand jokes.	Can develop arguments to persuade others, showing awareness of different viewpoints. Able to make inferences when not all information is stated explicitly. Understands abstract and metaphorical language and able to use language skills to interpret unfamiliar sayings. Understands and uses new and evolving terms in line with popular language amongst peers.	Fully understands sarcasm and irony, and is able to use these appropriately. Able to tolerate and accommodate the needs of less able communicators.

## Indicators that someone may have Speech, Language and Communication Needs

Self-report of Speech, Language and Communication Needs (SLCN) is a poor indicator of whether or not they are present, as many young people with SLCNs are either unaware that they have difficulties, or are uncomfortable disclosing them. There are, however, a number of signs and symptoms which should give rise to suspicion that an underlying communication problem may be present. Reference to these can help to proactively identify individuals who are likely to have communication needs and plan for appropriate support accordingly, for example in Early and Effective Intervention meetings.

### Indicator checklist

#### Social interaction skills

- Loud and overbearing manner with poor turn-taking skills
- Quiet individuals who hold back and seems to look to others to take the lead in interactions
- Over-reacts to, or misunderstands jokes or sarcasm
- Becomes angry unexpectedly
- Avoids situations which require communication using distraction, disengagement or failure to attend
- Struggles with fast moving group “banter” and may easily misinterpret this

#### Language skills

- Dialogue seems disjointed or illogical
- Frequently users filler phrases such as “thingmy” and “you know”
- Appears unable or unwilling to follow instructions, or only responds to part of an instruction
- Shows indications of seeming to follow what is being said, such as nodding, but then unable to respond appropriately
- Lacks credibility or appears to be lying due to hesitation, repetition or inconsistency in what is said
- Often says they “can’t remember” or “don’t know”
- Interprets language literally e.g. “What brought your parents to the UK? “A plane, it was a long journey”
- Copies what they see others doing, or copies chunks of spoken language
- Seems to have particular difficulty with novel information, and may need to have this repeated several times

#### Numerical and organisational skills

- Gets dates and appointments mixed up
- Appears disorganised, forgetting to complete tasks or bring materials
- Does not complete tasks, often with no apparent reason
- Repeatedly asks the time or what is happening next
- Has trouble with abstract mathematical language, such as, “take away” or “multiply”
- Seems disengaged or to be staring into space

## Speech

- Speech is slurred, indistinct or otherwise difficult to understand
- May stammer or have fast, 'crowded' speech

## Literacy

- May avoid reading and writing tasks, for example, by saying they need glasses or by criticising the task
- Reads very slowly and/or out loud
- Has very messy or immature handwriting
- Only writes in capital or small letters, or mixes these seemingly randomly
- Misreads or reverses similar letters
- Manages functional literacy tasks such as reading a television guide with some effort, but cannot cope with more lengthy, abstract or complex information like formal letters and reports

## Sensory issues

- Particularly sensitive to touch, noise, bright lights or textures
- Eats a very restricted diet or seems very sensitive to certain food textures or combinations
- May over-eat as does not register feeling full
- Wears unusual or incongruent clothing (e.g. heavy coat of sweatshirt in warm weather), or seems overly particular about what clothes or fabrics they will wear
- Has difficulty relaxing or having "down time"
- Did not enjoy messy play as a young child, or seems over-sensitive to unusual sensations

## Background information

- Has family members with learning difficulties or disabilities
- Has a past, existing or suspected diagnosis/history of ASD, Asperger's Syndrome, Autism, ADHD, Dyspraxia, Dyslexia, ODD, OCD, SLI, Stammering, Learning Disability, Learning Difficulties, Conduct Disorder, Brain Injury, Anxiety, Depression, Selective Mutism, Anger Issues, Childhood Abuse or Neglect, disrupted early relationships, Looked After or At Risk status, school refusal, suspension or expulsion
- Has previously attended or been referred to Speech and Language Therapy or Child and Adolescent Mental Health Services (CAMHS)

## SLCN development – what helps and what hinders?

Following birth, the most important single influence on development of communication is the child's relationship with the primary caregiver or caregivers, usually, one or both parents. Where a parent is able and prepared to be responsive to their child's attempts at communication, shows a consistent and positive attitude towards the child, and seeks, whether intuitively or consciously, to support development of interaction skills, the child has the best chance of developing strong communication abilities. Counter to this, an unstable, unpredictable or critical communication environment curtails development of skills and the required confidence to explore relationships with others.



As children and young people progress and become involved in their wider communities, it becomes important that education and care staff are aware, skilled and responsive in order that they can best support them in their development.

## SLCN trends and statistics

SLCNs are extremely common in youth justice populations. Most studies to date have focussed on prevalence of language difficulties in males, with 50% to 70% of this group found to have significant difficulties with language function. It is important to note that these individuals may also have other communication difficulties, and that there will be yet more young males in this population with difficulties in non-linguistic aspects of communication.

In common with general findings in youth justice research, less attention has been paid to the SLCNs of young females involved with the criminal justice system. Just under half of adult female offenders are believed to have impairments in one or more aspect of communication. It has been found to be common for young females in custody to report correlates of SLCNs, with around a quarter regarded as having language deficits severe enough to indicate a need for direct speech and language therapy intervention.

The presence and severity of SLCN appears to have associations with offending severity, in particular, violent offending. Whilst SLCNs are relatively common in all youth justice populations, they are particularly common amongst more severe offenders, and amongst violent offenders (Snow & Powell, 2011).

The message which can be drawn from the range of prevalence-related research in youth justice is that SLCNs are commonplace in young offenders. This invites the conclusion that youth justice practitioners must approach their work with young people with expectation that SLCNs will be present, unless there is specific evidence to the contrary.

## Terms and definitions

In this guidance we use the term 'speech, language and communication needs', or 'SLCN' to refer to those who have difficulties or conditions affecting aspects of their communication. Terms used to refer to broadly the same types of difficulties include 'communication support needs', 'communication difficulties' or 'speech and language difficulties'.

Speech refers to spoken sounds, comprising:

- Producing sounds consistently and accurately
- Speaking fluently, without undue hesitation, prolongation, repetition or substitution of sounds or words
- Expression which is intelligible and of a socially accepted volume and quality
- Supporting and enhancing meaning through variation of tone and pitch

Language refers to comprehension and expression.

### Expression

- The ability to consistently identify and produce words and phrases which reflect the intended meaning
- Building words and phrases into more lengthy utterances
- Being able to describe events, emotions and opinions consistently, accurately and coherently
- Monitoring and modifying spoken output to suit context and listener views and responses

### Comprehension

- Comprehending and correctly interpreting what others say
- Understanding abstract ideas and making accurate inferences, when not all information is stated explicitly
- Understanding multiple meanings, humour and sarcasm
- Core skills of linking sounds, ideas and meaning, required for the development of literacy

Communication broadly refers to the unification of a range of skills to allow interaction with others. These skills, which may also be referred to as non-verbal, pragmatic or paralinguistic skills encompass:

- Eye-contact and gaze patterns
- Gesture
- Facial expression
- Body positioning and posture
- Awareness and application of social norms around topic, turn-taking and responsivity
- Interpretation of the non-literal or non-verbal communication of others
- Variation of language choice and social behaviour by context
- Perspective-taking skills, allowing insight into, and adjustment for the views, feelings and expectations of others
- Enhanced language skills, such as using words and non-verbal skills to question, clarify, joke, challenge describe, refute or reassure

Individuals with SLCNs have difficulty in one or more of the above domains. For some, these difficulties may be mild and limited to particular situations. For many, these difficulties are persistent, pervasive and complex.

### SLCN Case Study

Jamie has language and social communication difficulties. He experienced neglect and physical and emotional abuse from a young age. This resulted in him moving between family members' homes and foster care throughout his early life, before being placed permanently with his grandparents. He had difficulties making friends with other children at school and his behaviour was often disruptive.

Jamie stopped attending school at around 14 years of age. He found lessons confusing and demoralising due to his language difficulties. He had no close

friendships as he did not understand what others wanted from him and often fell out with his peers. He started going to his older cousin's house during the day to avoid his grandparents, and as his cousin seemed to accept him as he was. Jamie started using cannabis with his cousin. At first his cousin was happy to provide this for free, but he soon told Jamie that he had to "pay his way". He told Jamie that he could get money easily by taking phones and computers from wealthy people who worked in city centre offices. Jamie started approaching people early in the morning and demanding their valuables. He was gratified to find out how easily they handed over anything he asked for. He did not understand or care that people might suspect he could be violent, and were reacting out of fear.

Aged 16 Jamie was apprehended by the police, who had a lengthy list of charges against him. He was able to identify that he had committed just over half of the robberies suggested by the police, and was willing to admit to these. One of the officers questioning Jamie remarked: "We know you've done all of these, just admit it and we can all go home". Jamie was keen to leave the police station so made a statement, admitting to all of the robberies. He had interpreted what the officer said to him literally and was shocked to find that he would later have to attend court and be punished for all of the offences.

Jamie did not refute his statement in court as he did not want people to think he was a liar and he did not have the language and reasoning skills to explain why he had admitted to offences he had not committed. He entered a guilty plea. As he sentenced Jamie to one year in custody, the trial judge commented negatively on his "emotionless demeanour" but acknowledged the "utilitarian value" of his guilty plea. Jamie did not understand these comments but wondered if he might be able to get some money or some time off his sentence because his plea seemed to have some form of value.

In custody, Jamie was offered the opportunity to take part in an offending behaviour programme. He found the content confusing, and struggled with the difference between thoughts and emotions. The classroom-like environment reminded him of his many negative school experiences. He withdrew from the programme, a decision which later contributed to his application for home detention curfew being refused.

Jamie had difficulty forming relationships with peers while in custody. Although he appeared chatty and sociable, he dominated interactions and was quick to react negatively and disproportionately to anyone who he perceived as making fun of him, even in humour. Jamie initially formed good relationships with his personal officer, youth worker and social worker, but was quick to reject those who were supporting him, if he felt that they had let him down, been inconsistent or showed positive attitudes towards other young people in custody. He argued with his personal officer after she called him "a toerag" and he would not speak to his social worker for four weeks after she missed a scheduled session due to illness and was unable to let Jamie know.

While in custody, Jamie attacked another young person, who had made a joke about his mother. He was temporarily moved to segregation, where he had little contact with others. Jamie found the loss of social contact a relief, and would start fights to return to segregation whenever possible. When not in segregation, Jamie withdrew from all activities, staying in his cell at all times.

Jamie's family took his lack of phone calls and attendance at visits as a statement of rejection and refused to support him when he was eventually liberated.

## SLC and Autism Spectrum Conditions

### What is autism?

The term Autism Spectrum is used for a range of conditions that impact on an individual. The word 'spectrum' is used because of the range of ways in which people can experience autism.

Autism is a lifelong developmental condition and impact will be likely to change throughout the person's lifetime, and in relation to the support they are accessing. Children and young people with autism tend to have a wide range of skill sets including different strengths and difficulties; however, autism is characterised by a triad of impairments.

### Social interaction

People with an Autism Spectrum Condition (ASC) may:

- have difficulty or lack awareness of the social skills to interact in a conventional way;
- have difficulties forming and maintaining relationships and friendships;
- appear aloof and indifferent to other people;
- find it hard to understand non-verbal signals, including eye contact, facial expressions and gestures;
- have difficulty understanding the 'unspoken' rules of social communication and identifying what is appropriate and expected behaviour in different situations

### Social imagination

People with ASC may:

- have difficulty comprehending time and predicting the future or the course and results of actions;
- find it difficult to imagine what other people are thinking or see how their actions might affect another person (also known as theory of mind – see appendices);
- have difficulty imagining what the consequences of their actions might be (and therefore may find it difficult to predict danger);
- excel at learning facts and figures, but find it hard to think in abstract ways;
- find change difficult to manage or upsetting;
- prefer to order their day according to a set pattern. Breaks in routine can cause anxiety or panic attacks or aggressive outbursts;
- have difficulty engaging in pretend play;
- develop an enabling environment which takes account of physical, sensory, communication and social aspects

### Communication

People with ASC may:

- have difficulty understanding verbal and non-verbal communication;

- have difficulty understanding the natural rules of conversation, when and how to interrupt appropriately or how to demonstrate active listening;
- have a strong desire to talk about topics which are of interest to them without adaptation to the social context;
- struggle to move the conversation on from their preferred area of interest;
- take things literally, which can lead to confusion and misunderstandings;
- have perfectly grammatical or repetitive speech;
- have difficulty in understanding that other people see things from a different point of view;
- refer to self in third person;
- make factual comments that may not be in keeping with the social situation;
- have difficulties in generalising or understanding abstract concepts

Children and young people with autism also tend to share common traits such as sensory sensitivity and differences in sensory processing, repetitive and stereotyped behaviours and special interests. Autism can also be associated with physical difficulties and it is recognised that there can be a vulnerability to difficulties with mental health and wellbeing. Research has shown that autism and Asperger Syndrome may be accompanied by psychological and psychiatric disorders and/or other medical conditions. Sleeping and eating disorders are also common. People with autism often have difficulties with a range of cognitive processes including executive functioning, central coherence and theory of mind. More information about these processes can be found in the appendix on page 29.

Many people with ASC have significant anxiety which may be heightened when faced with changes to routine or new situations. Providing structure and routine can help to keep levels of anxiety to a minimum, lessening the chances of what may be perceived as challenging behaviours. Anxiety can present in a variety of ways dependant on the individual and the context. This may range from withdrawal, focus on one area/topic or physical behaviours.

Although people share common difficulties due to their autism, the way that this affects their life can vary greatly from person to person. Peter Vermeulen, in his book 'Autistic thinking: this is the title' (2001) writes about the strengths of people with autism. Autism can create a wide range of barriers in everyday life and these can impact upon an individual to varying degrees. It is important to remember that the autism spectrum is not a linear condition with 'high functioning' and 'low functioning' ends, but rather a condition in which there are also impacts from the environment and sometimes from the stresses of daily life.

### **What is Asperger Syndrome?**

The first accounts of clinicians and researchers writing about Asperger Syndrome (AS) date back to the early 1940s when Austrian Paediatrician Hans Asperger described a group of children whose observed traits eventually came to be named after him. Typically people with AS have average or above average IQ. There are, however, associated difficulties with social communication, interaction and imagination, which can impact on everyday life.

### **How common is autism?**

Autism is a lifelong condition, which is currently understood to be three to four times more common in males than females. Although anecdotally autism is less recognised in women by professionals, recent studies may lead to increased realisation and

recognition of occurrence in females. It is currently suggested that an incidence rate of around one in 88 is the best estimate across the population at large. Scottish reports state that almost every school in Scotland will have at least one child with autism. In 2012, there were 8,650 pupils in Scotland with ASC (1.3% of the total pupil population).

No prevalence studies have ever been carried out on adults thus far: therefore, the figure for the whole population is a very rough guide. It is estimated that over 50,000 people in Scotland have autism – 35,000 of these individuals being adults.

### Autism and offending

The links between autism and offending are complex, and prevalence rates are difficult to confirm due to issues around diagnosis in criminal justice settings. Various studies have suggested that symptoms of ASC are four to 15 times higher in offenders than in the general population. Crimes involving stalking, computer hacking, obsessional interests and offences against people have been particularly associated with young people with autism who offend.

With these findings in mind, it is highly likely that you will work and/or come into contact with a young person with autism at some stage. It is therefore important for all to:

- Make appropriate adjustments to support for the young person (e.g. the way in which information is presented)
- Develop an enabling environment which takes account of physical, communication and social aspects
- Keep in mind that not all young people with an ASC have an existing diagnosis

### Communication

The level of communicative ability of children and young people with autism may vary from non-verbal to using language competently. Some young people with autism may have a better understanding of language as a functional tool (which will help them get their needs met) rather than a full understanding of the use of communication as a social tool. Some young people may talk at others without being aware of or picking up on typical responses. In these situations their expressive language may not be matched by appropriate receptive communication skills.

Difficulties in understanding the natural rules of conversation, when and how to interrupt appropriately or how to demonstrate active listening, may result in an individual finding turn-taking in conversation challenging. Processing spoken language may be challenging and a young person with autism may take up to 10 seconds to process a comment or verbal instruction. The use of visuals and/or written information can support understanding.

A child or young person with autism may use language competently but not necessarily comprehend it. Difficulties may occur in understanding idioms, metaphors, jokes, irony and sarcasm.

In addition, gauging appropriate volume, pitch, tone and intonation when speaking may be difficult for a young person with autism. This can impact on their ability to interpret the subtleties of others' speech and give their own output an unusual



quality. As a result of this, an individual with autism may speak in a monotonous tone of voice.

Echolalia and Echopraxia can also be common features of people with ASC:

- Echolalia: copying speech, often repetitively and non- functionally (i.e. not applying the full meaning)
- Echopraxia: copying movement/posture/gestures

A young person with autism may find it hard to understand non-verbal communications and may experience difficulties 'reading' or interpreting facial expressions, gestures and body language. Furthermore, they may have difficulty using eye contact correctly. (Autism Education Trust, 2009)

People with AS often have very specialist interests that they may like to talk about and this may impact on their ability to make and sustain friendships. Children and young people with AS are often bullied in mainstream schools and can suffer from severe depression as teenagers (see below).

### **Peer victimisation of children with Asperger's Syndrome**

Reports from 411 parents of young people with a diagnosis of AS or NVLD (Little, 2001):

- 11% ate alone at lunch every day
- 30% not invited to friend's birthday party in past year
- 31% always picked last for games
- 75% bullied and/or hit by peers or siblings (peer assault rate x2 higher than others)

### **SLCN and learning difficulties – what's the relationship?**

The presence or suspicion of learning difficulties in a young person should be taken as an indicator that they are likely to have SLCNs. The cognitive dimensions of learning difficulties cannot be separated out from the cognitive functions required for effective and efficient communication. It is not uncommon for an individual with SLCNs to have a diagnosis or symptoms of more than one learning difficulty.

### **SLCN and challenging behaviour**

There is a high degree of comorbidity between behavioural problems and communication and learning difficulties. A combination of psychological, physiological, cognitive, emotional, environmental, and genetic factors, expressed differently in each young person, leads to this association. In many cases there is not a clear causal link, more a finding of shared risk factors, overlapping symptoms and lack of protective factors.

Challenging behaviour can be regarded as a form of communication which reflects a skills deficit, meaning that the young person in question is unable in their current environment to meet their conscious needs through more socially acceptable means. For example, a young person who has limited emotional vocabulary, poor language comprehension and who struggles to read the social signals of others may only be able to gain a sense of control through addressing conflict quickly, decisively and violently, than through attempting to reflect on emotions and negotiate with others.

Challenging behaviour is often a manifestation of fear and anxiety in those who do not have the language skills, confidence and/or emotional awareness to manage these feelings more effectively and appropriately.

The invisible nature of communication difficulties means that behaviour which is problematic, challenging, aggressive or violent can blind professionals to a young person's underlying SLCNs. Young people with undetected communication difficulties are far more likely than their peers to have behavioural difficulties involving aggression or antisocial behaviour (Cohen et al 1993). Once a young person has a label of being "challenging" or "aggressive" it is easy for this to become the focus of intervention and professional judgement, and so for practitioners to miss issues with core significance for appropriate management. While troubling or dangerous behaviour may be regarded as a crisis and a focus for professional involvement, if a young person does not have the language skills to understand and engage with an intervention, the chances of success are, at best, limited.

Young people who exhibit some of the most challenging behaviour will meet the criteria for specific diagnoses such as Oppositional Defiance Disorder or for Conduct Disorder. These are not simply descriptive labels; where a young person has such a diagnosis they must be regarded as having a serious mental health condition. It should, however, be further noted that there is more than one reason why a young person will display the collection of defiant, aggressive and antisocial behaviours needed to gain such a diagnosis, and the key for practitioners is to look at the wider context and individual needs, rather than the presence or absence of a given label for behaviours.

### **ASD Case Scenario**

Claire is 17, has ADHD, and undiagnosed autism. She lives with her grandparents following the breakdown of her relationship with her mother.

On Christmas Eve, Claire was invited to her mother and stepfather's house for a party. She arrived at the busy party wearing a tracksuit, hat and heavy woollen coat, her usual preferred clothing. Claire's mother was upset at Claire's apparent lack of effort and took her by the arm to lead her to the kitchen to discuss this. Claire lashed out at her mother, bruising her face before running from the party.

Claire's mother didn't realise that Claire has sensory issues which make her uncomfortable in many types of clothing. The noisy, busy party with unfamiliar people made Claire agitated, priming her to react aggressively. Claire was unable to conceptualise or express her discomfort or the reasons for her violent outburst.

### **SLC and resilience**

Resilience is an issue for young people with SLCNs, both because they are more likely to be exposed to adverse events, and because they have vulnerability in some of the key attributes regarded as necessary to develop personal resilience.

Language allows us to explore and process our emotions and choices, whether internally or through interaction with others. Where language skills, insight and/or impulse control are limited, the ability to partake in the emotional exploration and reflection - the key to resilience - is also limited. Individuals with SLCN tend to have less of a sense of mastery and control of their lives, further limiting their options for positive choices and for developing self-confidence and self-belief.



Practitioners seeking to promote resilience in SLCN populations can support the young people they work with by providing individualised, structured approaches to emotional reflection, which allow access to an emotional vocabulary and tangible, relatable examples of overcoming adversity, adaption and positive behaviour choices. Young people who have, or may have, SLCNs also need extra support to identify their own skills, to develop self-confidence and to become comfortable with expressing or projecting their beliefs and choices.

## Vulnerability and Protective Factors

Young people with SLCNs involved in the criminal justice system may be regarded as presenting a “perfect storm” of vulnerability and lack of protective factors. The striking cross-over between risk factors for SLCN and risk factors for offending goes some way to explaining the epidemic of young people with communication difficulties in the criminal justice system.

The following factors are associated with both risk of offending and with presence of SLCN:

- History of childhood abuse or violent victimisation.
- Attention deficits, hyperactivity or learning disorders
- History of early aggressive behaviour
- Involvement with drugs, alcohol or tobacco
- Low IQ
- Poor behavioural control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Exposure to violence and conflict in the family
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure
- Socioeconomic deprivation

There is not a simple cause and effect relationship between SLCN and vulnerability, and in many cases the primary association is through common causative factors. Additionally, SLCNs associated with specific syndromes and conditions, such as autism and ADHD, are not associated with social factors such as parental criminality, low parental involvement or childhood abuse.

The presence of SLCN inhibits a young person’s access to protective factors such as:

- High IQ
- High levels of educational attainment.

- Positive social orientation
- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Involvement in social activities

Approaches and interventions which seek to negate vulnerability or promote protective factors can maximise chances of success by taking a pre-emptive approach to identifying and accommodating SLCN.

## Communication and Attachment

Disrupted early relationships are a key marker for SLCN in individuals who do not have an underlying condition affecting communication. The presence of a loving and consistent early attachment figure (usually but not necessarily the mother) provides the developing child with a secure base from which to explore interactions, emotions and relationships. Consistent and broadly positive parental responses are critical in supporting neurological development which allows for the development and refinement of communication skills.

Those who have experienced disrupted attachments may develop basic language skills but lack the consistent experiences required to allow them to develop a nuanced understanding of communication, to link emotions with language and to read intricacies of the communication of others.

Working with young people with attachment disorders can be extremely challenging as the relationship skills on which we often rely may jar with the needs and interaction style of the young person in question. Consistency and openness are essential from the worker and any change of workers should be explained and, wherever possible, planned for.

## Language and Social Deprivation

Young people who grow up in areas of deprivation are far more likely to experience difficulty in developing adequate communication skills than their more well-off peers. Studies have shown that children in the most economically deprived households are exposed to less language early in life, and that the nature and content of the interactions they take part in and are exposed to is less supportive of their own communication development. The difference in typical exposure is known as the 'thirty million word gap', referring to the contrast in amount of pre-school language exposure between the poorest children and their middle class counterparts in one study. In some of the most deprived areas of the UK, 50% to 80% of children start school with impoverished language skills.

Language is the currency which allows access to education, employment, community and relationships. Those young people who have not had the means or opportunity to develop their language skills adequately face lifelong exclusion and disadvantage.

## SLCN in the Youth Justice system

The youth justice system deals with a high number of young people with complex and challenging communication difficulties. Despite this, the linguistic and social demands of various youth justice processes and environments are rarely differentiated to accommodate those with SLCN. By examining various aspects of the

youth justice system, it is possible to identify both areas of vulnerability with reference to SLCN, and opportunities to improve engagement with young people.

### **The Children's Hearing System and Transitions**

The Children's Hearing System has a unique role in combining justice and welfare functions as it seeks to ensure the safety and wellbeing of vulnerable young people who may also present a high risk to themselves and/or the community. Although young people are supported to attend panel meetings, the formal setting of the panel, and associations with authority and punishment, can be at odds with the intended perception and presents particular communication challenges.

A Children's Hearing should:

- encourage effective participation by the child or young person and relevant others
- ensure that their practice in the hearing is fair and that they understand and uphold the rights of everyone at the hearing
- make clear, well-founded decisions in the best interests of the child or young person and communicate these both orally and in writing
- ensure that the reasons for and the decisions themselves are clearly recorded in line with procedural guidance

The above points have particular implications for young people with SLCN. In order to support effective participation, those in attendance at the panel must have a good understanding of SLCN in general and the young person's particular communication needs. Careful consideration should be given as to how best to communicate decisions to the young person, noting that even those with language and literacy skills adequate for day to day tasks may find it difficult to process novel, lengthy or complex spoken or written information. It should be noted that acquiescence or unresponsiveness in interactions may be due to a SLCN rather than being indicative of a lack of interest or motivation.

### **Early and Effective Intervention and Diversion from Prosecution**

Early and Effective Intervention (EEI) processes exist to support a proactive and strengths-based approach to low-level offending in children and young people. EEI attempts to divert young people away from statutory systems where appropriate, and provide young people with timely, proportionate support for their behaviour.

Careful consideration must be given to the likelihood that SLCNs may play a part in anti-social or offending behaviour and impact on the young person's ability to benefit from EEI supports. Exploration of the role of any communication difficulties, whether or not a diagnosis exists, should take place when considering any young person's wellbeing needs.

When accessing support under EEI, the young person may not have the vocabulary or descriptive language skills required to fully benefit from verbally-mediated interventions. They may have numerous negative experiences of authority figures and care should be taken to avoid a classroom feel to any group work.

EEI approaches provide a valuable opportunity to identify previously missed or misunderstood SLCN, to share information about relevant findings and to plan interventions which are suitably pitched to individual needs.

## Court processes

A court appearance presents communication challenges for any individual, regardless of communication ability. For young people with SLCN these challenges are intensified, endangering their ability to fully participate in proceedings.

Young people in court settings require additional support to understand procedures and expectations. A communication style which is normal for routine peer interactions may be considered inappropriate or disrespectful in court. Individuals with social communication difficulties, such as autism, may not understand or be able to comply with expectations of facial expression, tone of voice or expressions of remorse. Individuals who have difficulty constructing a coherent narrative of events may also struggle to answer questions or give a credible account of themselves.

Further vulnerability occurs at the stage of sentencing. Expectations must be explicitly explained with visual and/or written supports appropriate to the individual. In particular, consequences of failing to fully comply with court instructions must be outlined, with support to problem-solve potential obstacles to compliance.

## Community sentences

When a young person is given a community sentence, it is imperative that the young person has a good understanding of what is expected of them, both in the detail of compliance and attendance and in terms of social behaviour. Consequences must also be explicitly stated and adequately explored.

An individual with SLCN in this setting is unlikely to adequately highlight any lack of understanding. Comprehension can be checked through discussion which allows the young person to explain in their own words what is expected of them. This also provides the opportunity to take a solution-focused approach to issues such as difficulty reading instructions and appointment letters and problems with retaining and following spoken or written directions.

Where an individual is required to take part in specified work or a rehabilitation programme, consideration of the communication demands involved should take place. Settings which require accurate processing of verbal instructions, with little margin for error (e.g. kitchen work, more complex decoration tasks) are unlikely to be suitable. Rehabilitation interventions should routinely make use of communication supports such as the use of drawing pictures and interactive tasks, avoiding reliance on lengthy verbal interactions or writing on flipcharts.

## Secure care and custody

Residential and custodial environments present unique challenges for young people. The high rates of SLCNs in young people in custody mean that young people in these environments have others with communication difficulties as their primary source of interaction. Sophisticated communication skills are required to switch between acceptable communication styles for such peers, responding to authority figures and accessing and participating in educational and rehabilitative opportunities.

By pursuing the development of a communication-friendly environment predicated on the expectation that most young people will need support or adaptations to meet their needs, custodial environments can go some way towards off-setting the unique

challenges of accommodating high-needs young people in a high communication demand setting. Careful consideration should be given to avoiding reliance on leaflets, posters and forms for communicating key information or accessing services. Interventions should be flexible and responsive to individual communication needs. Staff groups should have access to appropriate training, information and support to allow them to perform their role effectively, with an appreciation of how different interaction styles can have an effect on behaviour, engagement and development of relationships.

Particular care should be taken in managing communication and sharing information at the time of transition. Young people with SLCN need extra time and support to process and manage even seemingly positive changes. Information may need to be communicated multiple times and supported through written or pictorial means or by using structured methods such as Social Stories. Residential and custodial staff members also have the opportunity to improve outcomes by sharing information about a young person's communication needs, strengths and preferences with agencies and establishments involved in ongoing care and rehabilitation.

### **Restorative Justice**

Restorative justice approaches have gained in profile and popularity in recent years. The emphasis is on an individualised approach that allows the person harmed and the person responsible to tell and explore their story in a safe and supported manner.

Even with a supportive and individualised approach, restorative justice processes can bring many pressures to young people with SLCN, risking the success of the intervention. Narrative language abilities appear key to restorative justice, yet these skills of describing and relating events are frequently compromised in young people who offend. The expectation to express emotion and possible empathy is at odds with the experiences and abilities of young people who may struggle to recognise others' feelings to identify and share their own, and who may have very little experience of empathy in their own lives. If a young person engaged directly with victims of crime shrugs their shoulders, speaks little and is unresponsive to others, this may be seen as risking doing more harm than good.

Restorative justice practitioners need to be able to access creative and flexible ways of helping young people tell their story. Others involved in the process may need information about communication issues which could lead to misunderstanding or breakdown of interactions.

### **Risk, Need, Responsivity (RNR)**

The Risk, Need, Responsivity (RNR) model of offender management offers a framework for identification of risk of offending, what aspects of an individual's life and functioning should be targeted to reduce this risk, and what individual factors might influence the effectiveness of interventions.

Young people with SLCN are likely to be found to have some of the key risk factors in the RNR model due to the association between SLCN and education disengagement/failure, low quality peer relationships, antisocial behaviour and familial stress. Although SLCN and related issues such as low self-esteem are not criminogenic needs, they must be considered as part of a thorough assessment due to their ability to impact on the young person's ability to engage with and benefit from rehabilitation interventions.

## Desistance

Exploring what leads individuals to move on from offending requires active engagement of young people involved in offending behaviour, and an understanding of those factors which support or inhibit engagement with rehabilitation opportunities.

Young people with SLCN may struggle to conceptualise and describe factors in offending and in desistance. Any drive to encourage young people to become active partners in exploring desistance and developing services requires creative approaches to engaging those who may struggle to express, or even form, views.

Rehabilitation approaches themselves have traditionally been based around verbally mediated interventions. In order to allow young people to access rehabilitation approaches a more individualised approach is required.

## Relationship between worker and client

Responsiveness and sensitivity to clients' emotional needs, to their drive for emotional development and to any difficulties forming, sustaining and developing relationships, are key in the social worker role. Young people need and value consistency, reliability, honesty and warmth in their social workers.

Forming a warm and productive relationship with young people with SLCN creates additional challenges. These young people may experience relationships differently, and may find warmth, openness and praise disconcerting if they have not experienced these relationship qualities in their primary attachment relationships. Even those who have supportive families may struggle to interpret intentions due to social cognition deficits.

Relationships must be built gradually, with the young person taking the lead. It may be that the young person will reject contacts and the social worker will need to continue to offer contact, without expectations or perceived pressure, to allow the young person to build trust that the worker can be relied on.

Many young people with SLCN either have difficulty understanding humour or are sensitive to perceived criticism, so humour and even affectionate teasing should be used with great caution. Praise and compliments which relate to specific attributes or actions are preferable to general positive comments, which may be perceived as insincere or worthy of suspicion. Many young people with SLCN will express their views frankly, with little perception of the effect their words and actions have on others; this should not be misinterpreted by professionals. These young people may have minimal experience of positive relationships with adults. The chance to experience consistency, acceptance and approval is a valuable one, which can open the door to more positive relationship styles.

## Speech & Language Therapy Services

Speech and Language Therapists (SLTs) are health professionals with the primary responsibility for working with individuals with SLCN. SLT services are provided at universal, targeted and specialist levels. In Scotland, service provision specifically for youth justice is patchy, though improving. It should be noted, that although speech and language therapy services available for the mainstream population have the



skills to also provide for those involved in the youth justice services, they may not have capacity or flexibility to do so.

## General Speech, Language and Communication Guidance

The Communication Trust provides general guidelines to support youth justice practitioners. Further information can be found online at [www.sentencetrouble.info](http://www.sentencetrouble.info)

- **Use simple language** “You have been remanded in custody” could be changed to “you’re going to stay here in prison until the next time you are in X court on X day, which is X weeks away”
- **Use short chunks of language** Only include the important points: “you’re staying here for now” pause “the court will decide if you are guilty or not guilty” pause “we will find out about that in four weeks time”
- **Speak a little slower than you would normally do** This will assist listening and understanding
- **Ask the young person to repeat back in their own words what you have said** to check that they have understood what they have to do or have to remember
- **Give pointers for what they should listen to** “It’s important you remember X from what I am going to tell you”
- **Give an overview first** Summarise where necessary before you go into detail
- **Give extra time for the young person to listen and process** This will help them to understand what you have said
- **Use visual aids to support understanding** You could draw or number things as you explain something or ask them to picture it in their head
- **Give reminders of appointments** Make contact 24 hours before
- **Give a variety of tasks** This will help to maintain interest
- **Give positive messages** “It’s OK to say if you don’t understand” or “it’s important you tell me if you don’t understand”
- **Give positive feedback** but be sensitive as some people find praise difficult to accept
- **Ask what would help**
- **Say when you have not understood what has been said** “I’m not sure I’ve got that right... did X happen first? Then what?”
- **Make written materials simple and clear** Avoid using complicated terminology and use a clear font such as Arial

## Accessible Communication

Many aspects of the youth justice system are reliant on written materials, from appointment letters, to forms, to service information. Yet the majority of young people involved in offending have literacy difficulties, as do many of their family members. Many will not readily admit to these, will not be aware of the extent of their difficulties or will have given up trying to engage with written material.

Accessible communication approaches to literature involve simplifying the content and presentation of written materials. Bold, simple fonts are used on plain backgrounds. Pictures are used to support key points and extraneous information is removed. Everyday language and simple sentence structures support ease of understanding. Crucially, written information is used to support, rather than replace, other forms of communication. By providing information in accessible formats services can improve inclusion and meet legal obligations around equality. Further information on related resources and training is included in the 'Information, resources and support' section.

## Specific Speech, Language and Communication Needs

SLCNs may occur as part of a wider impairment or illness. In other cases, they appear to be directly related to early experiences impacting on normal developmental processes. Awareness of the terms used helps with identification of individuals who may have SLCN. Whether SLCNs arise from a defined condition or syndrome, or have no identified cause, should not however, be a primary concern in addressing individual needs. It is important to note that many young people in youth justice settings have undiagnosed conditions, or have SLCNs which do not fit a specific label.

An individual with a learning disability has a markedly low IQ (less than 70) accompanied by difficulties in accomplishing age-appropriate basic activities of daily living, such as using transport, shopping or managing personal care. A learning disability may arise from a specific condition, such as Down Syndrome or Foetal Alcohol Syndrome Disorder, or may be of unknown cause. The underlying difficulties will again have been present from childhood. People with learning disabilities are likely to have difficulty processing, comprehending and retaining information and expressing themselves, effectively and coherently. They are unlikely to have functional literacy skills. Individuals with learning disability require individualised support to access and engage with youth justice processes. Careful planning is required, with extra time allowed for each stage of involvement. Ideas should be stated in clear, accessible terms. A referral to a community learning disability team may be appropriate to facilitate joint working around, for example, offender rehabilitation programmes.

Learning difficulties are increasingly known as specific learning difficulties, distinguishing them from learning disabilities. A person with a learning difficulty may have low, normal or high intelligence, but will have difficulties in one or more specific domains such as reading, writing, social skills or memory. Learning difficulties are regarded as developmental conditions, as the underlying mechanism of the condition will have been present from before birth or from early childhood.

If an individual has specific difficulty with language understanding and use, without any other notable deficits in cognitive, social or sensory function, they may be described as having a specific language impairment (SLI). Individuals with specific



language impairment may have difficulty performing in seemingly non-linguistic fields, such as technical activities or mathematics, because relatively strong language skills and ability are often required to learn, share and reflect on information and ideas in these areas.

Individuals with SLI need an individualised approach to any activities with a significant language component. Extra time is required to support processing. Key ideas may need to be repeated a number of times, with visual or written supports. In planning any written activities it should be acknowledged that literacy skills are often compromised in people with SLI.

Attention Deficit/Hyperactivity Disorder (ADHD) is a physiological condition affecting the brain's ability to regulate, adjust, and internally monitor behaviour. It appears to run in families and a number of associated genetic markers have been identified. Those who are diagnosed with the condition have behavioural symptoms that may consist of purely attentional difficulties, purely hyperactivity/impulsivity difficulties or, most commonly, a mixture of both.

There are notable communication issues for individuals who have ADHD. The precise impact on communication will be defined by the nature of the individual's core symptoms. Difficulties in the area of sustained listening, retention of spoken or written information, development of literacy, turn-taking, excessive talking, interrupting conversations and social impulsivity are all commonly observed. Related conditions include anxiety disorder, ODD, conduct disorder, depression, sleep problems, epilepsy, Tourette's and learning difficulties.

Neurological differences in learning processes mean that individuals with ADHD will often have difficulty responding to traditional methods of behaviour support such as reward schemes, punishment and supported decision-making. Environmental adjustments, which minimise exposure to high-risk situations and which accommodate the individual's interests and aptitudes, are more appropriate for behaviour management, learning and personal development. Individuals with ADHD typically have difficulty in sustaining attention and engagement in activities which do not interest and stimulate them. This can lead to the mistaken perception that an individual is making a free choice to reject required activities, while being able to sustain involvement in more personally interesting pursuits.

Young people with ADHD typically need extra support with organisation. Letters and remote spoken reminders are often ineffective as prompts – phone calls and text reminders shortly before the young person needs to prepare or depart are examples of more appropriate approaches. Tasks should be broken down into small stages with clear instructions and support for timetabling.

Dyslexia is another developmental learning difficulty, in this case the highest profile symptoms are those affecting word-reading and spelling. The effects of dyslexia are also felt in the areas of language processing and use, spatial awareness, organisational skills and memory. Individuals with dyslexia will often benefit from the opportunity to use visual approaches to learning and organisation and from the minimisation of noise and distractions when they are required to communicate through spoken or written means. Extra support may be required with organisation, using similar approaches as those recommended for young people with ADHD (above).

Some young people with dyslexia find coloured overlays, tinted papers and coloured glasses help them to read more easily. Individual assessments are required to

identify the most relevant supports, but using off-white or cream background for printing, writing and slide projection can help many dyslexic readers.

Individuals with dyspraxia have difficulties with fine or gross motor movements. This developmental condition is also commonly associated with difficulties with communication. Some individuals have difficulty producing consistently clear speech. Others have impaired social communication, finding it difficult to judge social situations or to organise their spoken language. Young people with this condition may tire more easily, and should be offered frequent breaks. They may not be able to read or write for long periods. Help with organisation for even apparently simple or routine tasks can be beneficial.

A history of neurological trauma is not uncommon in youth justice populations. Young people involved in offending are at higher risk of brain damage sustained through violence, falls, overdose or accidents. A range of communication difficulties can arise from such injuries, and can also occur associated with spontaneous illness such as stroke or aneurysm rupture.

Disruption to language functions due to neurological trauma is known as aphasia. Aphasia can vary in nature and severity from minor errors in expression to the profound loss of all language functions, known as global aphasia. Level of awareness in the individual is dictated by which sites of the brain are affected. Reading and writing is typically impacted on in parallel with speech and listening.

Where production and use of speech sounds is affected, the individual may be diagnosed with dysarthria or apraxia of speech, depending on their precise presentation. Individuals with these conditions may have normal language skills and preserved ability to read and write, unless they also have symptoms of aphasia.

Damage to the frontal lobes of the brain and associated structures can lead to a collection of symptoms known as cognitive-communication disorder. Individuals with these symptoms may initially appear to have preserved communication skills. They do, however, have significant difficulty with social interaction skills such as initiation, turn-taking, impulse control, maintaining topic and displaying and interpreting facial expression and eye contact appropriately. Such difficulties can have a devastating effect on family and social relationships.

A young person with a history of head trauma with loss of consciousness, overdose, or neurological illness, hospitalisation and/or skull fracture should be considered as at risk of associated SLCN. As the symptoms of such SLCNs have sudden onset and occur following a medical emergency there may well be a history of medical involvement and rehabilitation, including speech and language therapy. Advice about individual management can be sought from a past or existing speech and language therapist, and family members may also be able to give useful insights. When working with young people with a history of neurological trauma it is important to give attention to the individual's fatigue and concentration levels as these can impact significantly on ability to engage. Behaviour or speech features which may give rise to suspicion of drug use or intoxication should be viewed in the context of the effects of brain injury, with information shared with others involved in the young person's management when appropriate.

## Key legislation and policy

### Equality Act

Speech, Language and Communication Needs are regarded as disabilities under the terms of the Equality Act (2010), provided the effect of the SLCN is substantial, long-term and negative. Difficulties do not have to be continuously present at the same severity, and it is accepted that people are still disabled if they find ways to cope with their difficulties which impact negatively on their day to day life.

Although many of the young people we encounter would not regard themselves as disabled it is important to recognise that they are still afforded protection from discrimination and unfair treatment under legislation.

The Equality Act provides protection from discrimination in, among other areas, employment, education and access to goods and services. Providers must make reasonable adjustments to accommodate the needs of disabled people. In a youth justice context reasonable adjustments might include simplifying the language and structure of offending behaviour programmes for individuals with language or other cognitive deficits, giving someone with ADHD frequent breaks and opportunities for physical activity and reworking written materials to make them more accessible to people with literacy difficulties.

### The Education (Additional Support for Learning) (Scotland) Act 2004

The Education (Scotland) Act introduced the concept of additional support needs (ASNs) in an educational context, and placed a duty upon educational authorities to identify, meet and review the needs of their students. SLCNs are specifically identified as a category of ASN. There are a variety of formal support plans which may be implemented if a young person is identified as having ASNs, with special provision for times of transition. Support and planning under these measures may help a young person to access more specialist assessment and intervention, and for those involved in their education and care to receive guidance about communication and behaviour management.

### Children and Young People (Scotland) Act 2014

The CYP Act aims to “further the Scottish Government’s ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector”.

The CYP Act makes it a statutory duty for public agencies to improve the SHANARRI (Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible, Included) outcomes for children and young people. A child or young person’s speech, language and communication capacity is fundamental to achieving the SHANARRI outcomes. For example:

- **Respected** is defined as “having the opportunity, along with carers, to be heard and involved in decisions which affect them”
- **Safe** SLCNs are a feature of the symptomatology of abuse and neglect, with the evidence pointing clearly to the effects on expressive ability
- **Included** compared to others, people with communication support needs are more likely to experience negative communication within education, healthcare,

criminal justice and other services and have difficulty accessing information to utilise services

Included in the provision of the CYP Act is the requirement that every person under the age of 18 is allocated a “named person”. The named person acts as a point of contact for support and information sharing. They will help the young person and their family to access required services, will provide information and support and will discuss and address key issues with other agencies, ensuring that information is shared appropriately. This role has great potential for improving practice with youth justice populations, including identification and sharing of information related to SLCN. The named person may be drawn from health or education authorities, depending on the age of the child or young person. How provision for those aged 16 to 18 and no longer in education is not yet clear. This will be an important area for clarification for youth justice, as many young people involved in offending do not have links to education or health.

### **The Scottish Strategy for Autism**

The Scottish Strategy for Autism, commonly known as the Autism Strategy, was published in 2011. It identifies autism as a national priority and seeks to progress the development and delivery of quality autism-related services. It provides a 10 year development timeline, including reference to a number of strategic points with relevance to youth justice. These include equality in access to information, appropriate transition planning and capacity building within services to ensure that the needs of people with autism are met in a timely, appropriate and respectful way.

### **Victims and Witnesses Scotland Act (2014)**

The Victims and Witnesses Scotland Act makes provision for the rights and support of witnesses in court and victims of crime. Under this legislation young people up to the age of 18 are automatically identified as vulnerable witnesses. A range of provisions are made which may aid effective participation for young people with SLCN, with some of these applying to defendants. Further information is available online at [www.scotland.gov.uk/Topics/Justice/law/victims-witnesses](http://www.scotland.gov.uk/Topics/Justice/law/victims-witnesses)

## Information, resources and support

### Speech and Language Therapy Services

Speech and Language Therapy (SLT) Services throughout Scotland provide assessment, therapy, training, resources, support to colleagues working with people with SLCN. To find out what is available from your local SLT service contact them directly via your local NHS Board.

### Training and support for youth and criminal justice

TalkLinks is a Scotland-based organisation offering training and consultancy in working with people with SLCN, with a focus on youth justice, forensic and mental health issues. Workshops on issues such as language for restorative justice, creating accessible documentation, engaging young people with ADHD and improving communication for youth justice are available. Jan Green, lead author of this guidance, is a founding partner and the lead trainer at TalkLinks. Visit [www.talklinks.org](http://www.talklinks.org) for more information.

### The Box

The Royal College of Speech and Language Therapists has launched The Box – What's it like to be inside? This training package brings together the expertise of speech and language therapists working across the UK in the justice sector.

Available for all professionals who come into contact with vulnerable people - both witnesses and offenders - it helps develop an understanding of communication difficulties. The online tool and face-to-face course are designed to help spot warning signs, reduce aggressive behaviour and increase productivity by enabling professionals to make more of an impact. Email [thebox@rcslt.org](mailto:thebox@rcslt.org) for more information.

### Principles of Inclusive Communication, Scotland

PICS is a self-assessment tool for public authorities, which support identification of barriers to inclusion of people with SLCN. More information is available at [www.inclusivecommunicationscotland.org.uk](http://www.inclusivecommunicationscotland.org.uk)

### The Autism Toolbox

The Autism Toolbox is a resource to support the inclusion of children and young people with an autism spectrum disorder in mainstream education services in Scotland. As well as introducing and describing some of the more common challenges a pupil with autism might face, it provides real life case studies and practical examples of supports that you can translate and use in your own setting. It also signposts you to other websites you may find useful. Find out more at [www.autismtoolbox.co.uk](http://www.autismtoolbox.co.uk)

### Five Good Communication Standards

To help providers of specialist hospital and residential services, the Royal College of Speech and Language Therapists recommends five good practice standards around speech, language and communication. These standards, and associated guidance, can be accessed at [www.rcslt.org/news/docs/good\\_comm\\_standards](http://www.rcslt.org/news/docs/good_comm_standards)

### **Talk for Scotland Toolkit**

The Communication Forum Scotland offers an online resource for those wishing to improve knowledge and skills, and access appropriate resources, in relation to SLCN. The toolkit is available at [www.communicationforumscotland.org.uk](http://www.communicationforumscotland.org.uk)

### **Sentence trouble**

The Communication Trust offers an online resource for youth justice practitioners at [www.sentencetrouble.info](http://www.sentencetrouble.info). This site contains information and resources around improving practice with young people with SLCN.

### **Autism Network Scotland**

Autism Network Scotland is a hub of impartial and reliable information about autism services across Scotland. Their website hosts information to signpost professionals, individuals on the autism spectrum, and their families and carers to the range of services available, at both a local and national level. Autism Network Scotland, facilitate professional networks across Scotland, to support knowledge exchange and promote awareness of autism, including a social work network and a criminal justice network. Find out more at [www.autismnetworkscotland.org.uk](http://www.autismnetworkscotland.org.uk)

### **Autistic Spectrum Guidance for criminal justice**

The National Autistic Society has produced free guidance for criminal justice professionals who may come into contact with people with Autistic Spectrum Conditions. The guidance can be downloaded from: [www.autism.org.uk/working-with/criminal-justice/autism-a-guide-for-criminal-justice-professionals.aspx](http://www.autism.org.uk/working-with/criminal-justice/autism-a-guide-for-criminal-justice-professionals.aspx)

### **The Advocates Gateway**

The Advocacy Training Council has produced a range of guidance aimed at advocates working in the criminal justice system in England and Wales. Although not designed for use on Scotland, elements of the content and principles promoted will also have application here. Further information is available at [www.theadvocatesgateway.org](http://www.theadvocatesgateway.org)

## Further reading

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