



A Guide to Youth Justice in Scotland: policy, practice and legislation

Section 9: Speech, Language and Communication Needs in Youth Justice

September 2020



Contents

1. Speech, Language and Communication development - what's typical?.....	3
2. Indicators that someone may have Speech, Language and Communication Needs	4
3. SLCN Development – What Helps and What Hinders?	6
3.1 Speech & Language Therapy Services	7
4. Specific Speech, Language and Communication Needs	7
5. SLCN and Autism Spectrum Conditions	10
5.1 What is autism?	10
5.2 What is Asperger Syndrome?	12
5.3 Autism and Offending	13
6. SLCN and Anxiety-Led Behaviour.....	13
7. SLCN in the Youth Justice System	14
7.1 Children's Rights	16
7.2 The Children's Hearing System.....	17
7.3 Early and Effective Intervention.....	18
7.4 Court Processes	18
7.5 Community Sentences	19
7.6 Secure Care and Custody	19
7.7 Restorative justice	20
7.8 Risk, Need, Responsivity (RNR)	20
7.9 Desistance.....	21
7.10 Vulnerability and SLCN	21
8. SLCN and Resilience	22
9. General Speech, Language and Communication Guidance	23
10. Conclusion	24
11. References.....	25
Appendix 1: Information, resources and support.....	28



“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” Jan Green, Consultant Speech and Language Therapist

1. 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 and guiding 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 (Colic, 2015).

By the time a typically 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 throughout 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 into what can go wrong when conditions for development are sub-optimal (Rogers, Nulty, Aparicio Betancourt, & DeThorne, 2015).

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 (Manwaring, Mead, Swineford, & Thurm, 2017).

2. Indicators that someone may have Speech, Language and Communication Needs

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', 'speech and language difficulties' or 'communication disadvantage'.

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 SLCN 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.

Social interaction skills

- Loud and overbearing manner with poor turn-taking skills
- Quiet individuals who hold back and seem 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 uses 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'
- May appear obstructive, bored or oppositional due to failure to adhere to the rules and social expectations of conversation
- 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 or under-eat as does not register sensations of satiation or of appetite
- 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)

3. 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. Children have the best chance of developing strong communication abilities where a parent is able and prepared to be responsive to their child's attempts at communication, shows a consistent and largely positive attitude towards the child, and seeks, whether intuitively or consciously, to support development of interaction skills. Counter to this, an unstable, unpredictable or critical communication environment curtails development of skills and the required confidence to explore relationships with others (Hardy-Brown, Plomin, & Defries, 1981; Rogers et al., 2015).

Disrupted early relationships are a key marker for SLCN in individuals who do not have an underlying condition affecting communication. Consistent and broadly positive parental responses are critical in supporting neurological development which allows for the development and refinement of communication skills (Rogers et al., 2015).

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.

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 contact 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.

3.1 Speech & Language Therapy Services

Speech and Language Therapists (SLTs) are health professionals with the primary responsibility for working with individuals with SLCN and crucially supporting colleagues across public and other services to work for / 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 has the potential to develop. 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 the capacity or flexibility to do so.

4. Specific Speech, Language and Communication Needs

Learning disability

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 Fragile X Syndrome or Klinefelter's Syndrome, from prenatal or perinatal insult or trauma (such as Foetal Valproate Syndrome, Foetal Alcohol Spectrum Disorder or Cerebral Palsy), or may be of unknown cause. The underlying difficulties will 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, though relatively able individuals may have some pockets of literacy ability. Individuals with learning disabilities 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. It is not appropriate to attempt interventions or risk assessments which have not been adapted, and where applicable validated, for use with people with a learning disability.

Learning difficulties

Learning difficulties are increasingly known as specific learning difficulties (SpLD), distinguishing them from learning disabilities. In international literature the terms learning disability and learning difficulty may be used interchangeably. 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. An individual may have more than one SpLD.

Specific Language Impairment

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)

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 areas 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 Syndrome, Learning Disability and Specific Learning Difficulties.

Neurological differences in learning processes mean that individuals with ADHD will often have difficulty in 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.



Dyslexia

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.

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, as can the use of plain, sans serif fonts such as Arial and Comic Sans.

Dyspraxia

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.

Neurological Trauma

A history of neurological trauma is not uncommon in youth justice populations. Young people involved in offending are at higher risk of brain injury sustained through violence, falls, overdose or accidents (Kennedy, Heron, & Munafò, 2017). 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 core 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 spoken language and comprehension, although there are exceptions to this. 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. Slow, slurred or imprecise speech may be mistaken for signs of intoxication.

Damage to the frontal lobes of the brain and associated structures can lead to a collection of symptoms known as cognitive-communication disorder (Frith, Togher, Ferguson, Levick, & Docking, 2014). Individuals with these symptoms can often 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 appropriate eye contact. Such difficulties can have a devastating effect on family and social relationships. 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.

5. SLCN and Autism Spectrum Conditions

5.1 What is autism?

The term 'autism spectrum' is used for a range of autism presentations 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 difficulties and differences in a number of domains:

Social interaction

People with an Autism Spectrum Condition (ASC) may:

- Have a different communication style to other people
- Have difficulty with, or lack awareness of, the social skills required to interact in a conventional way
- Have difficulties forming and maintaining relationships and friendships
- Appear aloof and indifferent to other people
- Seem socially 'intense' or overinvested in relationships with acquaintances or friends
- 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 ASCs 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 (known as theory of mind)
- 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 even minor 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 ASCs 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
- Lack the instinctual interpretive and communication skills that allow interaction to “flow”, for example managing subtle shifts of topic, introducing new subjects, knowing whose turn it is to speak, have a strong desire to talk about topics which are of interest to them without adaption 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 grammatically perfect 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, whereby stimuli such as light, smells and touch can have an immediate impact on ability to attend to the present. Additionally, they may exhibit 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 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. Executive functioning has an impact upon processing time, decision making and organisational skills. Central coherence helps people to piece information together to see the bigger picture. Theory of mind describes the ability to



recognise the thoughts and feelings of others. More information about these processes can be found in the 'Information, resources and support' section.

Many people with ASCs have significant anxiety which may be heightened when faced with changes to routine, new situations or sensory overload. 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. The differences that people with autism experience can present as strengths, as well as difficulties. The way people respond to 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.

A child or young person with autism may use language competently but not necessarily fully comprehend it. In particular, 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, or be excessively loud or quiet.

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. In addition, they may have difficulty using and interpreting eye contact and gaze patterns.

People with ASCs 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 ASCs are often bullied in mainstream schools and can suffer from severe depression as teenagers.

5.2 What is Asperger Syndrome?

Asperger Syndrome is a form of autism. It is no longer given as a separate diagnosis, but the term is still in common usage and many people will have been given this label when assessed in the past. 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.



5.3 Autism and Offending

The associations between autism and offending are complex. Prevalence rates are difficult to confirm due to issues around diagnosis in criminal justice settings. Signs and symptoms of ASC often overlap with other presentations including personality features and the consequences of early neglect. Various studies have suggested that symptoms indicative of ASCs are higher in those who offend than in the general population (Mouridsen, 2012). This may be linked to vulnerability, due to lack of situational understanding and anxiety led behaviour which may be seen as threatening. Crimes involving stalking, computer hacking, obsessional interests and offences against people have been particularly associated with young people with autism who offend (Mouridsen, 2012; Post, Haymes, Storey, Loughrey, & Campbell, 2012).

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 to:

- Be aware of behaviours which might indicate ASCs
- Make appropriate adjustments to support 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
- Sensitively ask the young people you work with if they may have autism or Asperger Syndrome. They may not think to volunteer this information unless asked directly.
- Keep in mind that not all young people with an ASC have an existing diagnosis
- Seek assistance from Specialist Speech and Language Therapy/Autism Services

6. SLCN and Anxiety-Led Behaviour

There is a high degree of comorbidity between behavioural problems and communication and learning difficulties (Cross, 1998). 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.

Anxiety-led behaviour is often seen as challenging but is regarded as a form of communication which reflects difficulties in understanding environment and stressors within the environment. This means that the young person in question is unable, in their current environment, to meet their conscious or subconscious 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, rather than through attempting to reflect on emotions and negotiate with others. Anxiety-led 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



SLCN. Young people with undetected communication difficulties are far more likely than their peers to have behavioural difficulties involving aggression or antisocial behaviour (Cohen, Davine, Horodezky, Lipsett, & Isaacson, 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.

7. SLCN in the Youth Justice System

SLCN are extremely common in youth justice populations. Major studies to date have focussed on the prevalence of language difficulties in males, with 50% to 70% of this group found to have significant difficulties with language function (Bryan, Freer, & Hanson, 2007; P. Snow, Powell, & D Sanger, 2012). 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 SLCN of young females involved with the criminal justice system. It has been found to be common for young females in custody to report indicators of SLCN, with around a quarter regarded as having language deficits severe enough to indicate a need for direct speech and language therapy intervention (P. Snow et al., 2012).

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

The message which can be drawn from the range of prevalence-related research in youth justice is that SLCN are commonplace in young people who offend. This invites the conclusion that youth justice practitioners must approach their work with young people with the expectation that SLCN will be present, unless there is specific evidence to the contrary. Despite the research indicating that SLCN are extremely common for young people involved in offending behaviour, linguistic and social demands of various youth justice processes and environments are rarely differentiated to accommodate this. At the 2018 SLCN in Youth Justice workshop, hosted by CYCJ and the Improving Life Chances Implementation Group, a wide range of issues and challenges experienced by young people with SLCN were



highlighted. An impact report was completed including a range of good practice examples, tools, strategies and resources that could support young people with SLCN (Nolan, 2018). The report brings together the resources shared and views of those in attendance on the issues and challenges facing young people through their potential journey through justice and the next steps to effect positive impact.

The suggestions for action from this event are detailed in column one of the table below, which have been broken into six areas for action:

- National Governance, Policy and Legislation
- Leadership and collaborative working
- People skills
- People capacity
- Resources
- Research, evidence and performance

To further explore, prioritise and implement these actions, the SLCN Subgroup was established as part of the Improving Life Chances Implementation Group, with membership including CYCJ, RCSLT, NHS, Scottish Government, Scottish Prison Service, and Community Justice Scotland. During 2018 the subgroup completed a mapping exercise to identify the initiatives, activities and opportunities currently available or ongoing in Scotland that aim to have a positive impact on young people with SLCN involved in offending behaviour. This work led to the subgroup organising two strategic leads events, in late 2019, to bring together the Whole System Approach Leads and the Speech and Language Therapy Leads in each local authority. The aim of the events was to work with the strategic leads to ascertain how best to improve the response to young people with SLCN who are in conflict with the law. This work is ongoing.

[The Youth Justice Strategy for Scotland: Preventing offending: getting it right for children and young people](#) provides a five-year framework for building on existing progress in youth justice. The focus on improving life chances, developing partnership working and on service improvement, invites active consideration of how best to integrate the needs of the large numbers of young people with SLCN involved with youth justice services. The strategy sets out an action specifically to “Improve awareness and support of speech, language and communication needs of children involved in offending”.

If SLCN are not adequately addressed it is impossible for services to work effectively and efficiently, and chances for engagement will be lost. Service development and improvement provides the opportunity to integrate staff training and development with processes which can be designed or adjusted to build in more communication-friendly approaches. The core strands of improving life chances have an emphasis on areas of work where SLCN create increased vulnerability. In order to improve educational inclusion, strengthen relationships and engagement, advance opportunities and ease transitions, the impact of SLCN and ways of effectively mitigating the same should be considered at an early stage.

It is recognised that young people are expected to express themselves effectively at all stages of the journey through justice, as well as understand and retain complex information, regarding the systems and processes within which they find themselves. Without adequate support, young people with communication needs will struggle to engage in hearings and



court processes, and appear to be more likely to enter the justice system. Once there, these young people struggle to engage or participate fully in the justice process(es), understand the roles and responsibilities of individuals involved, how the system works, decisions that affect them, or the expectations placed on them. The result being that young people's rights, including those stipulated in the [United Nations Convention on the Rights of the Child \(UNCRC\)](#), are not upheld, and young people may be unnecessarily criminalised and up-tariffed. This has significant implications for the young person, victims and society overall.

7.1 Children's Rights

SLCN present challenges in the context of human rights including an individual's right to a fair trial, participate in matters affecting them, information, freedom of expression and non-discrimination, as well as under equality legislation and in the achievement of positive wellbeing outcomes. Lightowler (2020) highlighted this in her paper '[Rights Respecting? Scotland's Approach to Children in conflict with the law](#)' where she stresses that there is a need for highly trained professionals and child-friendly settings in order to address this.

In order to uphold the rights of children in the youth justice system with speech, language and communication needs, an understanding of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is required. Whilst all articles are important, those of particular relevance are:

- Article 2 (non-discrimination) - The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.
- Article 13 (freedom of expression) - Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.
- Article 23 (children with a disability) - A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence, and to play an active part in the community. Governments must do all they can to support disabled children and their families.
- Article 24 (health and health services) - Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

Furthermore, [Guidelines of the Committee of Ministers of the Council of Europe on Child-friendly Justice](#) set out basic rules that Council of Europe countries should follow when adapting justice systems to meet the specific needs of children. Rules of particular interest when considering needs of those with speech, language and communication difficulties are:

- Rule 5 - Information on any charges against the child must be given promptly and directly after the charges are brought. This information should be given to both the child and the parents in such a way that they understand the exact charge and the possible consequences.
- Rule 54 - In all proceedings, children should be treated with respect for their age, their special needs, their maturity and level of understanding, and bearing in mind

any communication difficulties they may have. Cases involving children should be dealt with in non-intimidating and child-sensitive settings.

- Rule 56 - Language appropriate to children's age and level of understanding should be used.
- Rule 61 - Court sessions involving children should be adapted to the child's pace and attention span: regular breaks should be planned and hearings should not last too long. To facilitate the participation of children to their full cognitive capacity and to support their emotional stability, disruption and distractions during court sessions should be kept to a minimum.
- Rule 64 - Interviews of and the gathering of statements from children should, as far as possible, be carried out by trained professionals. Every effort should be made for children to give evidence in the most favourable settings and under the most suitable conditions, having regard to their age, maturity and level of understanding and any communication difficulties they may have.
- Rule 71 - Interview protocols that take into account different stages of the child's development should be designed and implemented to underpin the validity of children's evidence. These should avoid leading questions and thereby enhance reliability.

More information on the rights of children can be found in [Section 11](#) of this guidance.

7.2 The Children's Hearing System

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 (Clark & Fitzsimons, 2018). Moreover, tools to support young people's engagement with the system may be less accessible to young people with SLCN.

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 an SLCN rather than being indicative of agreement or of a lack of interest or motivation.

It should be anticipated that adjustments to communication will be required as a matter of routine. Work in England by Plotnikoff and Woolfson (2015) in relation to the Intermediaries Scheme suggests that at least 50% of children do not understand questions directed at them in legal contexts, rising to 90% of under-10s. Further information about this work is available on the [Advocate's Gateway website](#). [Guidelines of the Committee of Ministers of the Council of Europe on Child-friendly Justice](#) highlights that language should be used that is appropriate to children's age and level of understanding.

7.3 Early and Effective Intervention

Early and Effective Intervention (EEI) processes exist to support a proactive and strengths-based approach to low-level offending in children and young people (see [Section 4](#) for more information). EEI attempts to divert young people away from statutory systems where appropriate, and provide young people with timely, proportionate support to meet their needs and address behaviour.

Careful consideration must be given to the likelihood that SLCN 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.

7.4 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. As stated above, difficulty understanding questions and language used in legal settings is to be expected amongst young people, whether or not they have a diagnosed SLCN. A communication style which is normal for routine peer interactions may be considered inappropriate or disrespectful in court. Individuals with a limited range of social experience or 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. It is crucial that



specialist communication support and/or special measures to support vulnerable people in court are available and fully utilised (Turner, 2019).

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. The [Advocates Gateway website](#) referenced in the 'Information, resources and support' section of this guidance gives further information on how these issues may be addressed, drawing on experiences from the Intermediaries Scheme in England.

7.5 Community Sentences

When a young person is given a community sentence, it is imperative that they have 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-focussed 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 use of drawing pictures and interactive tasks, avoiding reliance on lengthy verbal interactions or writing on flipcharts.

7.6 Secure Care and Custody

Residential and custodial environments present unique challenges for young people. The high rates of SLCN in secure care and custody mean that young people in these environments have other young people 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 also have an 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.

7.7 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.

In summer 2019 the Scottish Government published the [Restorative Justice Action Plan](#) which sets out the Scottish Government's commitment to have restorative justice (RJ) services widely available across Scotland by 2023. For more information please see [Section 13](#).

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 the feelings of others or to identify and share their own, have very limited vocabulary with which to describe and reflect on feelings or experiences, 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.

7.8 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.

7.9 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.

7.10 Vulnerability and SLCN

Young people with SLCN 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 extremely high incidence 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, SLCN 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
- Employment
- Positive social orientation
- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Involvement in social activities
- Confidence and strong self-esteem
- Problem-solving skills
- Ability to manage stress and cope with adversity
- Access to public services including health, education, youth and community development agencies, social work, employment, leisure and recreation etc.

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.

8. SLCN and Resilience

Resilience is an issue for young people with SLCN, 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, SLCN 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.

9. General Speech, Language and Communication Guidance

The Communication Trust provides general guidelines to support youth justice practitioners. Further information can be [found online](#).

- **Find out what the young person's communication strengths and preferences are** e.g. face to face, phone, texting, written.
- **Use simple language.** "You will be required to attend regular mandated appointments or there will be significant consequences for you" could be changed to "You need to come to all your meetings. If you don't you could go to jail".
- **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 what happens next in four weeks".
- **Speak very slightly more slowly 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 and after 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 beforehand. Offer support to attend. When possible, meet at a familiar place convenient for the young person. Keep in mind that approaching unfamiliar people, activities or locations is likely to be daunting for a young person with any form of SLCN.
- **Give a variety of tasks.** This will help to maintain concentration, interest and information retention.



- **Give positive messages.** “It’s OK to say if you don’t understand”, “it’s important you tell me if you don’t understand”, “this is a bit complicated. Tell me if you need to check anything” or “I’m not sure if I was clear there, do you want me to explain it better?”
- **Give positive feedback** but be sensitive as some people find praise difficult to accept.
- **Ask what would help.** Give examples of things other people find useful, for example visual timetables, using photographs to supplement maps or directions, being given a written summary of key information.
- **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 or Comic Sans. Supplement text with pictures, symbols or photos, with relevance and meaning to individual. Provide support to read through all written materials (see toolkits reference in ‘Information, resources and support’ at the end of this guidance for ideas).

10. Conclusion

Speech, Language and Communication Needs are found to occur with a very high frequency in the youth justice population. Youth justice practitioners should approach their work with the expectation that the young people they encounter will have vulnerabilities in one or more domain of communication, unless there is specific evidence to contradict this. Such difficulties may be related to a wider diagnosis (such as an Autism Spectrum Condition, Learning Disability or Learning Difficulty), may arise from environmental factors or may relate to a specific SLCN diagnosis. There are frequently multiple causative and predictive factors at play, with the relationships with anxiety led behaviours, resilience, vulnerability, protective factors and attachment all explored in this section.

Practitioners are invited to draw upon the advice, guidance, policy information and resources provided and highlighted in this section. By seeking to address the impact of SLCN on the young people they work with, practitioners have the opportunity to foster and develop practice and relationships which are equitable, inclusive and forward-looking.

11. References

- Bryan, K., Freer, J., & Hanson, C. (2007). Language and communication difficulties in juvenile offenders. *International journal of language & communication disorders*, 42, 505-520. doi:10.1080/13682820601053977
- Clark, A., & Fitzsimons, D. (2018). Awareness of and support for speech, language and communication needs in Children's Hearings. *Scottish Journal for Residential Child Care*, 17(4), 69-90.
- Cohen, N. J., Davine, M., Horodezky, N., Lipsett, L., & Isaacson, L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioral characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(3), 595-603.
- Colic, G. (2015). Phonological awareness of children with developmental dysphasia and children with typical language development. 14, 155-168. doi:10.5937/specedreh14-8434
- Cross, M. (1998). Undetected Communication Problems in Children with Behavioural Problems. *International journal of language & communication disorders*, 33 509-514. doi:10.3109/13682829809179477
- Frith, M., Togher, L., Ferguson, A., Levick, W., & Docking, K. (2014). Assessment practices of speech-language pathologists for cognitive communication disorders following traumatic brain injury in adults: An international survey. *Brain Injury*, 28(13-14), 1657-1666. doi:10.3109/02699052.2014.947619
- Hardy-Brown, K., Plomin, R., & Defries, J. C. (1981). Genetic and environmental influences on the rate of communicative development in the first year of life. *Developmental Psychology*, 17(6), 704-717. doi:10.1037/0012-1649.17.6.704
- Kennedy, E., Heron, J., & Munafò, M. (2017). Substance use, criminal behaviour and psychiatric symptoms following childhood traumatic brain injury: findings from the ALSPAC cohort. 26. doi:10.1007/s00787-017-0975-1
- Lightowler, C. (2020). *Rights Respecting? Scotland's approach to children in conflict with the law*. Retrieved from Glasgow: <https://cycj.org.uk/wp-content/uploads/2020/01/Rights-Respecting-Scotlands-approach-to-children-in-conflict-with-the-law.pdf>
- Manwaring, S., Mead, D. L., Swineford, L., & Thurm, A. (2017). Modelling gesture use and early language development in autism spectrum disorder. . *International journal of language & communication disorders*, 52(5), 637-651. doi:10.1111/1460-6984.12308
- Mouridsen, E. (2012). Current status of research on autism spectrum disorders and offending. *Research in Autism Spectrum Disorders*, 6, 79–86. doi:10.1016/j.rasd.2011.09.003
- Nolan, D. (2018). Speech, Language and Communication Needs (SLCN) in Youth Justice: Understanding and addressing the impact,. <https://www.cycj.org.uk/resource/speech-language-and-communication-needs-slcj-in-youth-justice-understanding-and-addressing-the-impact-2/>
- Plotnikoff, J., & Woolfson, R. (2015). *Intermediaries in the criminal justice system: Improving communication for vulnerable witnesses and defendants*: Policy Press.
- Post, M., Haymes, L., Storey, K., Loughrey, T., & Campbell, C. (2012). Understanding Stalking Behaviors by Individuals with Autism Spectrum Disorders and



Recommended Prevention Strategies for School Settings. *Journal of autism and developmental disorders*

44. doi:10.1007/s10803-012-1712-8

Rogers, C., Nulty, K., Aparicio Betancourt, M., & DeThorne, L. (2015). Causal effects on child language development: A review of studies in communication sciences and disorders. *Journal of Communication Disorders*, 57.

doi:10.1016/j.jcomdis.2015.06.004

Snow, P., Powell, M., & D Sanger, D. (2012). Oral Language Competence, Young Speakers, and the Law. *Language, speech, and hearing services in schools*, 43, 496-506.

doi:10.1044/0161-1461(2012/11-0065)

Snow, P. C., & Powell, M. B. (2011). Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech-Language Pathology*, 13(6), 480-489.

Turner, K. (2019). People with Speech, Language and Communication Needs: Are Courts Fair? In A. Fox & A. Frater (Eds.), *Crime and Consequence* (pp. 311-315). Online: The Monument Fellowship.

Turner, K (2019). People with Speech, Language and Communication Needs: Are Courts Fair? *Crime and Consequence*, Ch9, 311-315 SN 9781527248762

Further Reading

Cheeley et al (2012), The Prevalence of Youth with Autism Spectrum Disorders in the Criminal Justice System, *Journal of Autism and Developmental Disorders*, Volume 42, Issue 9, pp 1856-1862

De La Cuesta (2010), 'A selective review of offending behaviour in individuals with autism spectrum disorders'

Hart, B., & Risley, T. R. (1995). Meaningful differences in the everyday experiences of young American children. Baltimore: Brookes.

Hart-Kerhoffs et al (2009) Autism spectrum disorder symptoms in juvenile suspects of sex offenses. *Journal of Clinical Psychiatry*. 70(2):266-72.

Hayes, H., Snow, P.C., 2013, Oral language competence and restorative justice processes: refining preparation and the measurement of conference outcomes, *Trends & Issues in Crime and Criminal Justice* [P], vol 463, Australian Institute of Criminology, Australia, pp. 1-7.

Hopkins et al, 2016, Young offenders' perspectives on their literacy and communication skills, *International Journal of Language and Communication Disorders*, 51(1): 95-109

Mitchell, F, 2012. Using the social work relationship to promote recovery for adolescents who have experienced abuse and neglect. *With Scotland Briefing*.

Plotnikoff, J., & Woolfson, R. (2015), *Intermediaries in the criminal justice system: Improving communication for vulnerable witnesses and defendants*. Bristol:



RCSLT, 2006, Communicating Quality 3: RCSLT's guidance on best practice in service organisation and provision.

Sanger, Dixie, D.; Creswell, John, W.; Dworak, Jaime; Schultz, Lisa, 2000: Cultural analysis of communication behaviors among juveniles in a correctional facility, *Journal of Communication Disorders* 33(1): 31-57

Sanger D, Moore-Brown BJ, Montgomery J, Rezac C and Keller H (2003) Female incarcerated adolescents with language problems talk about their own communication behaviours and learning. *Journal of Communication Disorders*, 36, 465-486.

Snow, P.C., Powell, M.B., Sanger, D.D., 2012, Oral language competence, young speakers, and the law, *Language, Speech, and Hearing Services in Schools* [P], vol 43, issue 4, American Speech - Language - Hearing Association, United States, pp. 496-506.

Sudbery, J (2002) Key features of therapeutic social work: The use of relationship, *Journal of social work practice*, 16(2): 149-162.

Ward T and Stewart C (2003) Criminogenic needs and human needs: a theoretical model. *Psychology, Crime and law*, 9, 125-143

Wing, L (1981) Asperger Syndrome: a Clinical Account

World Health Organization/Fridelli, L (2009) Mental health, Resilience and Inequalities, World Health Organisation Europe



Appendix 1: Information, resources and support

Key policy and legislation can be found in [Section 1](#) of this guidance.

Speech and Language Therapy Services

Speech and Language Therapy (SLT) Services throughout Scotland provide assessment, therapy, training, resources and 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, Consultancy and Support - Scotland

TalkLinks is a Scottish partnership offering specialist training and consultancy in working with people with SLCN, with a focus on youth and criminal justice. Online and in person workshops on issues such as SLCN in Youth Justice; Trauma, Adversity and Communication; Creating Accessible Documentation; Engaging Young People with ADHD and Improving Practice with Offenders with Autism are available, as are consultancy, assessment, advice and accessible resources. Jan Green, lead author of this guidance, is a founding partner and the lead trainer at TalkLinks. Email contact@talklinks.org for more information.

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.

Principles of Inclusive Communication, Scotland (PICS)

PICS is a [self-assessment tool](#) for public authorities, which supports identification of barriers to inclusion of people with SLCN.

Sentence trouble

The Communication Trust offers an [online resource](#) for youth justice practitioners. 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.

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.

The Royal College of Speech and Language Therapists (RCSLT)

The RCSLT is the professional body for speech and language therapists in the UK, providing leadership and setting professional standards. The RCSLT facilitate and promote research into the field of speech and language therapy, promote better education and training of speech and language therapists and provide information about speech and language therapy. Further information and a range of resources are available at www.rcslt.org.

The Royal College of Speech and Language Therapists created **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 free online tool is 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 for more information.

SOLD Network

The SOLD network (formerly Supporting Offenders with Learning Disabilities) aims to reduce offending and improve support for offenders with learning disabilities and difficulties in Scotland. SOLD have developed a range of resources and guides which can be downloaded, including [SOLD Practice Guide for Support Workers - People With Learning Disabilities in the Scottish Criminal Justice System](#). Find out more at www.soldnetwork.org.uk.