

## Case Study

# 3. Perth and Kinross Council REACH Team and the involvement of Speech and Language Therapists

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### Background

REACH is an Edge of Care multi-disciplinary team that provides intensive support to families with multiple complex needs, where there is a significant likelihood of the young person (aged between 12 and 18 years) becoming accommodated away from home. This includes young people whose current offending behavior puts them at risk of being placed in secure care or their relationship with their parents/carers breaking down.

Perth and Kinross do not have a designated Youth Justice Team. The needs of young people referred in relation to offending are met by various teams:

- Early and Effective Intervention (EEI) and support and intervention for lower level youth offending outwith EEI is delivered via Services for Young People (Youth Work);
- Young people age 16-17 who are not subject to a Compulsory Supervision Order are supported via Criminal Justice Team;
- Young people aged 12 -16 (up to 18 if subject to compulsory measures) who are referred for sexual, violent or persistent offending and require a specialist risk assessment and/or focused intensive support can be referred to REACH.

Police referrals to REACH are considered at the weekly Services for Young People allocation meetings. These meetings consider referrals from a range of agencies, including Police Scotland, and include representation from the Youth Justice Assessor at Police Scotland, REACH Team Leader and Youth Work Team Leader. Any agreed referral is then discussed at the weekly REACH screening group, which is comprised of all the disciplines within REACH:

- Social Work;
- Clinical Psychology;
- Education;
- Speech and Language Therapy (SLT);
- Performance and evaluation

REACH principles and practice are closely aligned with the Whole System Approach and the current Scottish Government Youth Justice Strategy [Preventing Offending: Getting it right for children and young people](#). Some of the shared aims include:

- Supporting work on school inclusion;
- Strengthening positive relationships;
- Improving health and wellbeing;
- Promoting opportunities for all;
- Supporting transitions, including the rehabilitation of young people who are currently looked after away from home and supporting young people in custody and secure care.

To achieve this, REACH provides evidence based assessment and interventions that support families and young people to:

- Develop resilience;
- Develop problem solving skills;
- Reduce risk to self and others;
- Improve overall family functioning;
- Empower families;
- Reduce re-offending.

#### **Example of Good Practice/The role of SLT**

The REACH team is particularly unique not just in being a multi-disciplinary team but in the inclusion of SLT (see Appendix 1 for staff structure). This inclusion was deemed critical as it is recognised that Speech, Language and Communication Needs (SLCN) are extremely common in youth justice populations, with major studies finding that 50% to 70% of young males in this population have significant difficulties with language function ([CYCJ, 2018a](#)). However, as highlighted in the '[Speech, Language and Communication Needs in Youth Justice: Understanding and addressing the impact Event Report](#)', issues regarding the availability and accessibility of SLT services, lack of specialist SLT roles and dedicated time for young people involved in offending behavior, renders accessing SLT support for these young people difficult ([CYCJ, 2018b](#)). The REACH project board were therefore keen to address this and to implement the recommendation that the inclusion of SLT as a key discipline should be piloted in a Youth Justice team ([CYCJ, 2018b](#)).

In light of the recognition that the majority of the children referred to REACH would have SLCNs ([RCSLT, 2016](#); [CYCJ, 2018a](#)), SLT attend the REACH screening group to gather general information about the Young Person to help ascertain if there are any SLCN which may be negatively impacting on the young person. In line with current good practice, every Young Person involved with the team will then be routinely screened by a SLT to rule out any communication difficulties ([RCSLT, 2017](#)). The development of this screening tool is ongoing. Currently no standardised screening tool exists for this client group; however, there are various tools being utilised by therapists in Scotland and the rest of the UK ([CYCJ, 2018b](#)).

Networking and engaging with other therapists has allowed the SLTs at REACH to begin developing a tool which will give a good snapshot of each young person's communication skills, including their social communication skills and pragmatic understanding. Having such early and ongoing involvement of SLT in the young person's journey with REACH is deemed to be critical and good practice (CYCJ, 2018b).

If a young person is identified as having a SLCN then a range of SLT inputs and approaches will be recommended and implemented to lessen the impact of the SLCN on the young person. This could include:

- Input into a Young Person's Plan (including expected outcomes and strategies to put in place);
- Development of inclusive communication environments;
- Training to parents and relevant disciplines;
- Development of a one page profile to share most appropriate communication strategies unique to that individual;
- Direct therapy input;
- Further assessment;
- Provision of resources to promote effective communication.

More broadly, this information and any recommended approaches will be shared with the team around the child to help guide the communication approach of all of those involved and develop their confidence and competencies. This heavily reflects the suggestions from action as detailed in the event report (CYCJ, 2018b).

The role of SLT also extends beyond individual children. The SLT is available to other members of the REACH team for informal discussions, general advice and phone support. Through a combination of these activities, inclusive communication practice and culture is being promoted. Moreover, a SLCN 'lens' is being applied at all strategic and operational level and joined up multi-agency working is being implemented (CYCJ, 2018b).

### **Benefits and Impact**

The purpose of the SLT service is to reduce the negative impact of SLCN on a young person's life. The gateway to doing so is the identification of need in the first place, with it noted that young people's SLCNs are often unidentified, unrecognised and unsupported (CYCJ, 2018b). The significant implications of this were highlighted in CYCJ (2018b):

"...young people's rights, including under the UNCRC, fail to be upheld; young people may be unnecessarily criminalised; and may be up-tariffed through the justice system. This has significant implications for the young person, victims and society overall, none of whom achieve justice when young people are not supported in respect of their SLCNs".

By adopting a screening out rather than screen in approach, each young person supported by REACH will be screened by a SLT, which is critical as SLCN can be invisible and difficult to identify by other professionals without specialist training.

When SLCN are identified, via the SLT and their support to the team around the child, every child should be provided with tailored, appropriate and quality support.

The benefits and impacts of these supports and interventions will be measured through the monitoring of young people's outcomes and wellbeing. Anticipated outcomes include young people will:

- Be able to make their needs known and clearly express themselves;
- More effectively participate and engage in the process and services around them;
- More autonomous and able to fulfil their desired social, educational/employment, societal and family roles;
- Supported to build, restore and strengthen relationships with their family and community;
- More resilient and able to cope emotionally with most situations.

Some of the impacts identified thus far include:

- Improved accessibility of reports - Young people with identified SLCN have been provided with their own accessible version of their SLT reports. This provides an example and encouragement for all professionals to ensure that reports and correspondence will be adapted to suit the communication styles of our young people. This promotes the inclusion, respect, responsibility, participation and inclusion of the young person.
- Adapted safety plans for parents - It has been identified that some of the parents the team are working with have their own cognitive and communication needs. The REACH SLTs are available for consultations to support staff on producing accessible information for these parents and are currently developing a staff training drop-in session for this. In more complex cases, the SLTs themselves will develop accessible documents. In one recent case the SLT adapted the social worker's safety plan for a parent with communication difficulties. The plan was adapted using simplified language, easy-read fonts and visual support. The social worker admitted that they would never have considered this approach and felt that it suited the parents' needs and would increase the likelihood of success, ultimately reducing risk to the young person and others.
- Diagnosis of Developmental Language Disorder - Developmental Language Disorder can often be difficult to identify in children who might appear to have good verbal skills. These children will often never be referred to SLT. The REACH SLTs have delivered training to the team to emphasise how subtle these difficulties can be. Shortly after introducing the routine REACH communication screen, one teenage boy was diagnosed with Developmental Language Disorder. This came as a surprise to those working with him at REACH and at school. The Social Worker advised that his diagnosis had helped his mum to understand her son's challenges in accessing the school curriculum and she was now more open to alternative education for him.
- Person centred planning - This approach can help to keep the young person at the centre of the planning and creates a meeting where the young person is more empowered to share their views. At a recent Child's

Plan meeting it was noted that the young person had struggled to express any views verbally, giving only the occasional shrug or nod of the head. A Test of Change was carried out to increase the young person's communication within the meeting. A talking mat was used with the young person prior to the meeting to establish what was important to him. A person centred plan meeting was adopted with an informal seating arrangement, flip charts on the wall and the information was written up as the meeting progressed. The young person shared his talking mat at the meeting. Feedback was gained from four of the eight attendees by questionnaire and all was positive. Positive feedback was gained verbally from another two attendees. Information about person centred planning will be shared the rest of the team. We are looking to trialing this further with other young people.

### What makes this work?

Identifiable factors in making the SLT role in the REACH service work include:

- A full-time highly Specialist SLT Post (currently two part time posts), with phone and laptop to allow mobile and flexible working in-line with the rest of the team. A mobile phone has been very successful in allowing us to engage with hard to reach families.
- A full complement of assessments and therapy resources. Some assessments have been purchased in digital formats as this is a more engaging format for this client group.
- A fully resourced therapy room (shared with the wider REACH team).
- Good collaborative working and 'buy-in' from the REACH team at all levels.
- Clear communication with the rest of the REACH team about the SLT role and the best use of time. This has been supported by the development of SLT process map (see appendix 2) and operational guidance.
- As having a SLT embedded in a team like this is quite new, the development of a good support network/clinical supervision system and training for the SLTs has been crucial. The importance of training in respect of social care and youth/criminal justice has been key given SLTs have limited prior experience in this area.
- Having a Performance and Evaluation Officer on the team to support the development of the SLT service within the team and establishing outcome and performance measures.
- SLTs are working at strategic and operational levels as part of a multidisciplinary team. This allows for distributed decision making across the disciplines and support to drive forward a communication inclusive culture.
- A flexible approach to developing relationships, working with and choices between the SLT and the young person, including visiting at time and setting of their choice.
- Sharing information with the Youth Justice Assessor to highlight any SLCN for young people they are involved with which can then inform approaches in any subsequent police contact.

### Challenges and Barriers

Some of the challenges faced have included:

- Initially limited understanding of SLCN and SLT in the REACH team. This was addressed by allowing the SLTs to present to the team at the Service Development Day to start building an understanding and through ongoing dialogue and support.
- While the 'screening out' approach is beneficial, existing cases have not been involved. REACH management are now keen to start discussing existing cases at the screening group to ensure that all children are benefitting from the full REACH model and SLT support.
- Perth and Kinross' population is projected to grow over the next ten years which could in turn mean a growing client base. By careful monitoring of factors which are impacting on young people, we will be able to target early and effective interventions to tackle these areas.

### How could this be improved further?

REACH recognize there are areas that are gaps, which include:

- Appropriate training for SLT (and other clinical staff) to help identify and diagnose ASD quickly and linking in with the Autism strategy in Tayside
- Across Scotland, the SLT professional network is currently quite limited and we are continuing to widen our links with others.

### What has been learnt?

As REACH is still in its infancy we are carefully monitoring our outcomes in addition to keeping a learning log that we can review regularly to ensure others can learn from our journey and we can contribute to the developing research base. We are also committed to reviewing our effectiveness and will be producing annual reports updating others on our progress.

### Further Information

CYCJ. (2018a). [\*A Guide to Youth Justice in Scotland: Speech, Language and Communication Needs in Youth Justice\*](#). Glasgow: CYCJ.

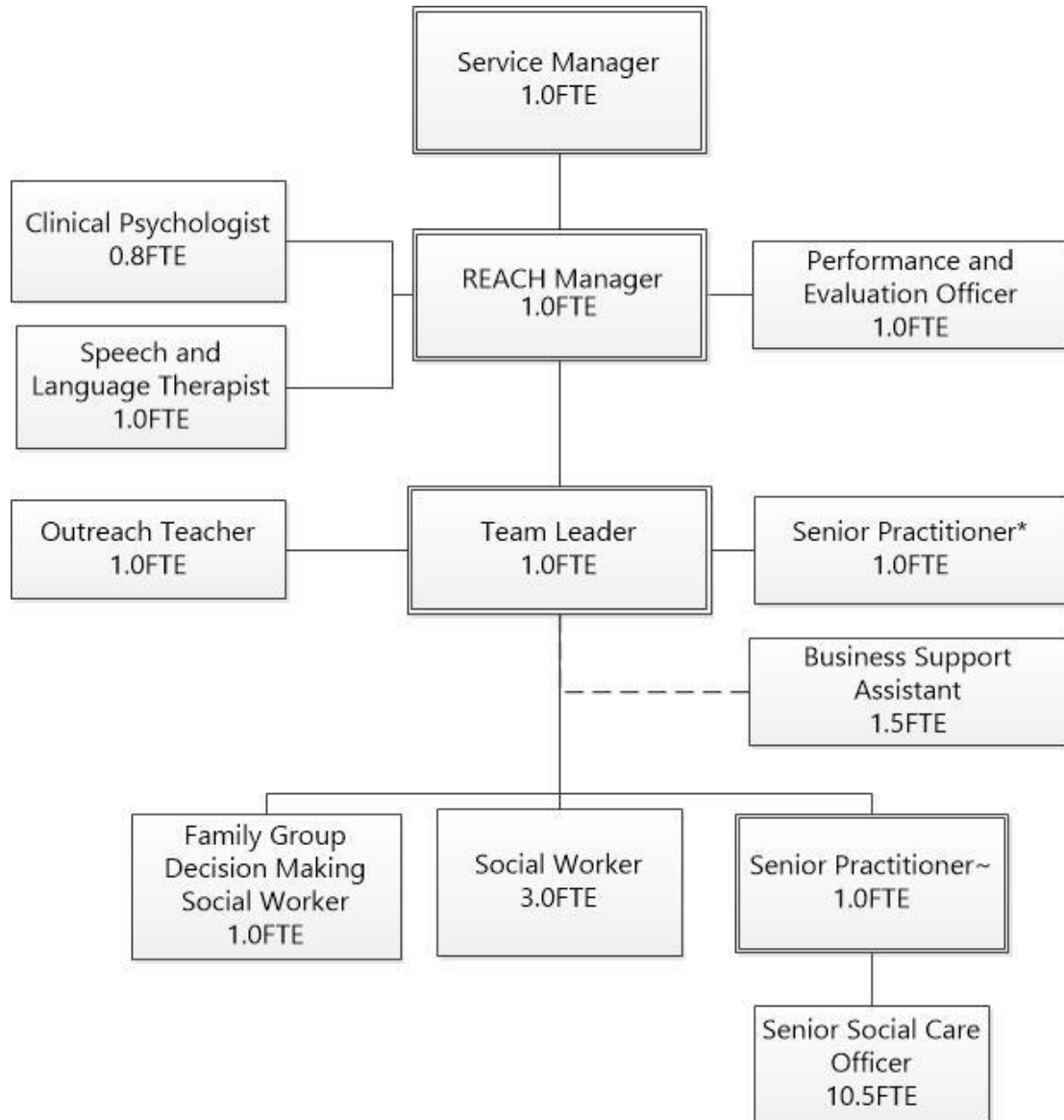
CYCJ. (2018b). [\*Speech, Language and Communication Needs \(SLCN\) in Youth Justice: Understanding and addressing the impact Event Report\*](#). Glasgow: CYCJ.

Royal College of Speech and Language Therapists (RCSLT). (2016). [\*Growing Communication Assets for Scotland's Future\*](#). Edinburgh: RCSLT.

RCSLT. (2017). [\*Justice Evidence Base Consolidation: 2017\*](#). England: RCSLT.

Scottish Government (2015). [\*Preventing Offending: Getting it right for children and young people\*](#). Edinburgh: Scottish Government.

**Appendix 1 – REACH Staff Structure**



**Appendix 2 – Speech and Language Therapy Process Map**

