

# CHILDREN AND YOUNG PEOPLE IN CONFLICT WITH THE LAW: POLICY, PRACTICE AND LEGISLATION

Section 6: Speech,  
Language and  
Communication  
Needs in Youth  
Justice

June 2023



Children and Young People's  
Centre for Justice

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***“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 is typical?**

Communication development begins in the womb, progressing 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 more than 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 (Čolić, 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. They will be able to recognise, and sometimes use, humour, interpreting, responding to and employing a range of verbal 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; readily distinguish another's mood and intentions; and to shape their own behaviour and responses accordingly.

Higher-level communication skills, such as literacy skills, are developed from early childhood and enable children to learn how to read, write, speak and listen with confidence; this improved communicative ability helps them to gain a better understanding of the world. Core communication skills are developed, defined, and largely established at a very young age. Paying attention to early relationships and environment provides valuable insight into how best to support optimal communication development and shows us 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-reported SLCN is a poor indicator of whether they are present, as many young people with SLCN are either unaware that they have difficulties or are uncomfortable disclosing them. There are, however, several 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' which may be misinterpreted.

### Language skills

- Dialogue seems disjointed or illogical
- Frequently using filler phrases such as 'thingmy' and 'you know'
- Appearing unable or unwilling to follow instructions, or only responding to part of an instruction
- Showing indications of seeming to follow what is being said, such as nodding, but then being unable to respond appropriately
- Lacking credibility or appearing to lie due to hesitation, repetition, or inconsistency in what is said
- Often saying they 'can't remember' or 'don't know'
- Interpreting language literally, e.g. 'What brought your parents to the UK?' 'A plane, it was a long journey'
- Appearing obstructive, bored or oppositional due to failure to adhere to the rules and social expectations of conversation
- Copying what they see others doing, or copying chunks of spoken language
- Seeming to have difficulty with novel information and potentially needing this to be repeated several times.



## Numerical and organisational skills

- Getting dates and appointments mixed up
- Appearing disorganised, forgetting to complete tasks or bring materials
- Not appearing to complete tasks, often with no apparent reason
- Repeatedly asking the time or what is happening next
- Having trouble with abstract mathematical language, such as, 'take away' or 'multiply'
- Seeming disengaged or to be staring into space.

## Speech

- Speech being slurred, indistinct or otherwise difficult to understand
- Stammering, or having fast, 'crowded' speech.

## Literacy

- Potentially avoiding reading and writing tasks, for example, by saying they need glasses or by criticising the task
- Reading very slowly and/or out loud
- Having very messy or immature handwriting
- Only writing in capital or small letters, or mixing these seemingly at random
- Misreading or reversing similar letters
- Managing functional literacy tasks such as reading a television guide with some effort, but struggling to cope with more lengthy, abstract or complex information, like formal letters and reports.

## Sensory issues

- Being particularly sensitive to touch, noise, bright lights, or textures
- Eating a very restricted diet or seeming very sensitive to certain food textures or combinations
- Over or under-eating as they do not register sensations of satiation or appetite
- Wearing unusual or incongruent clothing (e.g., heavy coat or sweatshirt in warm weather), or seeming overly particular about what clothes or fabrics they will wear
- Having difficulty relaxing or having 'down time'
- Not enjoying messy play as a young child or seeming 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 Syndrome, Autism, ADHD, dyspraxia, dyslexia, ODD, OCD, Speech Language Impairment, stammering, learning disability, learning difficulties, Conduct Disorder, brain injury, anxiety, depression, selective mutism, anger, abuse or neglect, disrupted early relationships, care experience, 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 prepared and able 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 the development of interaction skills. Counter to this, an unstable, unpredictable, or critical communication environment curtails the development of both the skills and confidence required 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 experience required to: allow them to develop a nuanced understanding of communication; link emotions with language; and read intricacies in the communications of others.

Working with children and young people with attachment disorders can be extremely challenging as the relationship skills upon 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.

Practitioners should be responsive and sensitive to children and young people's emotional needs, to their drive for emotional development, and to any difficulties they might have in forming, sustaining, and developing relationships. Children and young people need and value consistency, reliability, honesty, and warmth from those providing them with support.

Forming a warm and productive relationship with children and young people with SLCN creates additional challenges. These children and 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 child or young person taking the lead. It may be that the child/young person will reject contact and the practitioner will need to continue to offer contact, without expectation or perceived pressure, to allow the child or young person to build trust that the worker can be relied on.



Many children and young people with SLCN either have difficulty understanding humour and/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 children and 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 children and 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 relationships.

### 3.1 Speech & Language Therapy Services

Speech and Language Therapists (SLTs) are health professionals with primary responsibility both for working with individuals with SLCN, and crucially supporting colleagues across the public sector and beyond to do so. SLT services are provided at universal, targeted and specialist levels. In Scotland, service provision specifically for children and young people in conflict with the law varies across the country, though this has the potential to develop. It should be noted that although speech and language therapy services that are available for the mainstream population have the skills to also provide for those involved in justice systems, 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. Individuals 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 in order to access and engage with justice processes and systems. 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, rehabilitation programmes. It is not appropriate to attempt interventions or risk assessments which have not been adapted, and where applicable validated, for use with individuals 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. An individual 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.

### **Developmental Language Disorder**

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 Developmental Language Disorder (DLD). Individuals with Developmental Language Disorder may have difficulty performing in non-linguistic fields, such as technical activities or mathematics, because strong language skills and ability are often required to learn, share, and reflect on information and ideas in these areas.

Individuals with DLD 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 several times, with visual or written supports. In planning any written activities, it should be acknowledged that literacy skills are often compromised in those with DLD.

### **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 several 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 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 children and 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 in 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. Children and 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 with children and young people in conflict with the law. Children and 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; these are also 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 are 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 detrimental effect on family and social relationships. When working with children and young people with a history of neurological trauma, it is important to give attention to their fatigue and concentration levels, as these can impact significantly on ability to engage. Behaviour or speech features which may give rise to a 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 child/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; they may 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 Appendix 1 at the end of this 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 autism difficulties, the way this affects their life can vary greatly. The differences that people with autism experience can present as strengths, as well as difficulties. The way individuals 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. 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 child or 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. They may also find it hard to understand non-verbal communication 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.

## 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 Conflict with the Law

The associations between autism and offending are complex. Prevalence rates are difficult to confirm due to issues around diagnosis in 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 is 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 and obsessional interests have been particularly associated with children and 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 meet with a child or 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 child or young person (e.g., adapting the way information is presented)
- Develop an enabling environment which takes account of physical, communication and social aspects
- Sensitively ask the child or young person 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 and overlapping symptoms, and a shared 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 child or young person is unable, in their current environment, to meet their conscious or subconscious needs through more socially acceptable means. For example, a child or 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 child or young person's underlying SLCN. Children and 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 child or 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 risk taking or dangerous behaviour may be regarded as a crisis and a focus for professional involvement, if a child or young person does not have the language skills to understand and engage with an intervention, the chances of success are, at best, limited.

Children and 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 child or 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 child or 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 Children and Young People in conflict with the Law

SLCN are extremely common for those children and young people who find themselves within justice systems. Major studies to date have focussed on the prevalence of language difficulties in men, with 50% to 70% of this group found to have significant difficulties with language function (Bryan, Freer, & Hanson, 2007; Snow, Powell, & Sanger, 2012). Less attention has been paid to the SLCN of girls and young women involved in the justice system. It has been found to be common for young women 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 (Snow et al., 2012).

The presence and severity of SLCN appears to have associations with offending severity. Whilst SLCN are relatively common across those children and young people in conflict with the law, they are particularly common amongst more severe and violent offenders (Snow & Powell, 2011). The message which can be drawn from the range of prevalence-related research is that SLCN are commonplace in children and young people who are in conflict with the law. This invites the conclusion that practitioners must approach their work with children and 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 children and young people who are in conflict with the law, the linguistic and social demands of various 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 children and 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 children and young people through their potential journey through justice and the next steps to effect positive impact.



The suggestions for action from this event were broken into the following 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, bringing together the Whole System Approach Leads and the Speech and Language Therapy Leads in each local authority. The aim of these events was to work with the strategic leads to ascertain how best to improve the response to children and young people with SLCN who are in conflict with the law.

[The Youth Justice Strategy for Scotland: Preventing offending: getting it right for children and young people](#) provided a five-year framework for building on existing progress in youth justice which concluded in 2020. In 2021 the Scottish Government published '[The Rights-Respecting Approach to Justice for Children and Young People - Scotland's Vision and Priorities 2021](#)'. An outcome of the new vision is that **speech, language and communication needs** for all children and young people are taken into consideration both when assessing individual needs and adapting information and communication used in formal processes.

The Children's Rights Implementation Group was established under the Youth Justice Improvement Board (YJIB) to take forward priorities and actions in relation to children's rights and participation under the youth justice vision. It agreed to the formation of the SLCN subgroup with the following actions:

- Develop information for the workforce on recognising undiagnosed SCLN and adapting services to meet those needs
- Consider how services working with children and young people with SLCN can support transitions, to prevent ongoing barriers and promote the importance of relationships when working with children and young people.
- Continue to support local areas to recognise and support those with SLCN and work with partners to consider whether therapists should be embedded in local teams through analysis of the benefits of adopting such an approach.

If SLCN are not adequately addressed it is impossible for services to work effectively and efficiently, and chances for support and engagement could potentially 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.

## 7.1 Children's Rights

SLCN present challenges in the context of human rights including an individual's right to a fair trial, their right to participate in matters affecting them and rights to information, freedom of expression and non-discrimination; equality legislation and the achievement of positive wellbeing outcomes are also relevant here. 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 to address this.

In order to uphold the rights of children and young people in conflict with the law with SLCN, an understanding of the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is required. Whilst all articles are important, those of 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, if 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 healthcare, clean water, nutritious food, and a clean environment and education on health and wellbeing so that children can stay healthy.

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 the 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 consider 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.

It is recognised that children and 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, children and 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 children and young people struggle to: engage or participate fully in justice processes; understand the roles and responsibilities of individuals involved; understand how the system works, decisions that affect them, or the expectations placed on them. The result being that children and young people's rights, including those stipulated in the [United Nations Convention on the Rights of the Child \(UNCRC\)](#), are not upheld, and many children and young people may be unnecessarily criminalised or up tarified. This has significant implications for the child/young person, their families/carers, victims, and society overall.

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

## 7.2 The Children's Hearings System

The Children's Hearings System has a unique role in combining justice and welfare functions as it seeks to ensure the safety and wellbeing of vulnerable children who may also present a risk to themselves and/or others in the community. Although children are supported to attend hearings, the formal setting and associations with authority and punishment, can be at odds with the intended perception, and presents communication challenges (Clark & Fitzsimons, 2018). Moreover, tools to support a child's engagement with the system may be less accessible to children with SLCN.

A Children's Hearing should:

- Encourage effective participation by the child 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 and communicate these both orally and in writing
- Ensure that the reasons for decisions, and decisions themselves, are clearly recorded in line with procedural guidance.



The above points have implications for children with SLCN. To support effective participation, those in attendance at the panel must have a good understanding of SLCN in general and the child's particular communication needs. Careful consideration should be given as to how best to communicate decisions to the child, 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 10](#) for more information). EEI attempts to divert children and young people away from statutory systems where appropriate, and provide 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 child/young person's ability to benefit from EEI supports. Exploration of the role of any communication difficulties, whether a diagnosis exists, should take place when considering any child/young person's wellbeing and developmental needs. MacRae and Clark (2020) found that police officers in Scotland report contact with children and young people with SLCN in their roles but are not typically aware of avenues to address these needs, or of access to relevant training and support. Addressing these gaps would allow EEI approaches to be delivered in a more effective and child-centred way.

When accessing support under EEI, the child/young person may not have the vocabulary or descriptive language skills required to fully benefit from verbally mediated interventions. They may have had numerous negative experiences of authority figures, and care should be taken to avoid a classroom feel to any group work. Therefore, the EEI process could provide a valuable opportunity to identify previously missed or misunderstood SLCN, to share information about relevant findings and to plan interventions which are suitably adapted to individual needs.

### 7.4 Court Processes

A court appearance presents communication challenges for any individual, regardless of communication ability. For children and young people with SLCN these challenges are

intensified, impacting on their ability to fully participate in proceedings; this could be detrimental to their rights under the UNCRC.

Children and young people in court settings require additional support to understand procedures and expectations. Difficulty understanding questions and language used in legal settings is to be expected amongst children and young people, whether they have a diagnosed SLCN or not. 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 children and young people in court are available and fully utilised (Turner, 2019).

Further vulnerability occurs at the stage of sentencing. Expectations must be explicitly explained, using visual and/or written supports appropriate to the individual. Consequences of failing to fully comply with court instructions must be outlined, with support provided 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 child or 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 child/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 rehabilitative 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. Rehabilitative interventions should routinely make use of communication supports such as 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 children and young people. The high rates of SLCN in secure care and custody mean that children and young



people in these environments have other children and 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 children and young people will need support or adaptations to meet their needs, custodial environments can go some way towards offsetting the unique challenges of accommodating high-needs children and 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 influence behaviour, engagement and development of relationships.

Care should be taken in managing communication and sharing information at the time of transition. Children and 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/pictorial means or via the use of structured methods such as [Social Stories](#). Residential and detention staff also have an opportunity to improve outcomes by sharing information about a child or young person's communication needs, strengths and preferences with agencies and establishments involved in ongoing care and rehabilitation.

While these universal approaches help to create systems and environments which are more attuned to communication needs, the identification of individual requirements should not be overlooked. Fitzsimons and Clark (2021) found that children and young people in custodial settings reported difficulties throughout their interaction with various systems from education through to detention, and that the identification and tackling of communication needs is fundamental to addressing and managing risk and wider needs.

## 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 respective stories 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 making restorative justice services widely available across Scotland by 2023. For more information, please see [Section 12](#)

Even with a supportive and individualised approach, restorative justice processes can bring many pressures to children and young people with SLCN, risking the success of the intervention. Narrative language abilities appear key to restorative justice, yet these skills for describing and relating events are frequently compromised in children and young people in conflict with the law. The expectation to express emotion and possible empathy is at odds



with the experiences and abilities of some children and 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 child or young person engaging directly with victims of crime shrugs their shoulders, speaks little and is unresponsive to others, this could risk doing more harm than good, or be perceived as such.

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

## 7.8 Risk, Need, Responsivity (RNR)

The Risk, Need, Responsivity (RNR) model of offender management offers a framework for identifying 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.

Children and 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 the possibility that they may impact on the child/young person's ability to engage with, and benefit from rehabilitative interventions.

## 7.9 Desistance

Exploring what leads individuals to move on from offending requires active engagement from children and young people who are in conflict with the law, and an understanding of those factors which support or inhibit engagement with rehabilitative opportunities.

Children and young people with SLCN may struggle to conceptualise and describe factors in offending and in desistance. Any drive to encourage children and 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. To allow children and young people access to rehabilitation strategy, a more individualised approach is required.

## 7.10 Vulnerability and SLCN

Children and 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 crossover between risk factors for SLCN and risk factors for offending goes some



way to explaining the extremely high incidence of children and young people with communication difficulties in the criminal justice system.

The following factors are associated with both risk of offending and with the 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 child/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 children and 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 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 children and young people by providing individualised, structured approaches to emotional reflection, which allow access to an emotional vocabulary and tangible, relatable examples of overcoming adversity, adaptation and positive behaviour choices. Children and 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

Speech and Language UK provide general guidelines to support practitioners - further information can be [found online](#).

- **Find out what the child/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 slightly more slowly than you would normally do.** This will assist listening and understanding.
- **Ask the child/young person to repeat back in their own words what you have said** to check that they have understood what they must 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 child/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 child/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 the 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 children and young people in conflict with the law. Practitioners should approach their work with the expectation that the children and young people they encounter will have vulnerabilities in one or more domains 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 children and young people they work with, practitioners can foster and develop practice and relationships which are equitable, inclusive, and forward-looking.



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## 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](mailto: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](http://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

Speech and Language UK provides online information and resources around improving practice with children and 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 facilitates 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](http://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](http://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](mailto: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](http://www.soldnetwork.org.uk).