

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

## **Section 6: Speech, Language and Communication Needs**

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Children and Young People's  
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*Featured artwork created by children and young people with justice experience*

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## A note about terminology

In this guidance we use the term 'speech, language, and communication needs', or 'SLCN' to refer to those who have differences, 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' and 'communication disadvantage.'

The use of the term "SLCN" is not intended to pathologise communication difference within the population. It should be noted that everyone has needs relating to communication, whether they are a typical communicator or not. However, the term "Speech, Language and Communication Needs" is primarily used to here to refer to individuals whose communication differs significantly from typically developed peers, including those who are disadvantaged by the failure of others to accommodate communication difference.

## 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. In typical development, the first distinct word is produced at around the age of one year. 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, they 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 and will interpret, respond to, and employ a range of verbal and non-verbal communication behaviours.

These non-verbal, or paralinguistic, skills are the sometimes-overlooked abilities which give context to language in most interpersonal communication. The interpretation and application of eye contact, bodily position, gesture, facial expression, and tone of voice, support typically developing individuals 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 accordingly.

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 et al., 2015). Understanding of the variety of ways in which communication may develop also aids in communicating and working in a way that is inclusive of communication difference, recognising that typical development is only one way in which a person develops as a communicator.

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 enhanced communicative ability helps them to gain a better understanding of the world.

Communication development in individuals with developmental differences, such as autism or developmental language disorder (DLD), will not necessarily adhere to prescribed milestones. There may be a differing profile, with development. For example, visuo-spatial tasks often initially exceed linguistic development in individuals with DLD, and some autistic children may speak later than peers, but then show rapid escalation in complex language use. Early differences compared with developmental expectations is an important marker of possible speech, language or communication needs (Manwaring et al., 2017).

The restrictions in place during the COVID-19 pandemic could also be considered as potentially having an impact on the communication development of children, given the reduced social interactions and restrictions to childcare and education; all while those around them were wearing face masks (White et al., 2023). Children living in the most deprived areas of Scotland are more likely to have impaired speech, language, and communication development, which the data suggests is likely to have been exacerbated during the pandemic, given that communication concerns trebled at 27–30 month health visitor reviews for those children living in the most deprived areas (Hunter et al., 2022).

## 2. Indicators that someone may have speech, language and communication needs

Self-reported SLCN is a poor indicator of whether they are present, as many children and young people with SLCN are either unaware that they have differences or difficulties or are uncomfortable disclosing them. There are, however, several signs and symptoms which should give rise to suspicion that an underlying communication difference 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

- Differences in social interaction when compared with peers.
- May use or interpret humour differently.
- May appear particularly reserved, allowing others to lead interactions.
- May dominate interaction to an unusual degree.
- Unexpected emotional presentation or responses.
- May avoid interaction, particularly unpredictable/unstructured interaction.
- Perceived as disengaged and/or disruptive.

### Language

- Use of vocabulary and grammatical structures feels “different” or delayed for chronological age.
- Spoken language may be perceived as disjointed or illogical. For example, often changing topics or struggling to sequence a narrative of events in order.

- Increased use of filler phrases such as “thingmy” and “you know”
- Perceived as 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 appearing not to have fully grasped or followed conversation.
- Others regard the individual as lacking credibility, or appearing to lie, due to hesitation, repetition, or inconsistency in what is said.
- Increased occurrence of reporting they “can’t remember” or “don’t know”.
- Interpreting figurative language literally, e.g. regarding the phrase “I’ll only be a minute” as meaning the speaker will be ready in one minute.
- Regarded by others as obstructive, bored, or oppositional due to differences in communication behaviours in conversation.
- Increased emulation of others’ behaviours or copying or repeating their speech.
- 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’.

### **Speech**

- Speech being indistinct, slurred or otherwise difficult to understand.
- Stammering, or having fast, ‘crowded’ speech.
- May appear unable to use speech in certain situations.
- Requiring use of communication supports such as signing, pictures, or voice output aids to be understood.

### **Literacy**

- History of educational difficulties and/or inconsistent school attendance.
- 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 handwriting or handwriting which appears young for chronological age.
- Only writing in capital or small letters or mixing these in an atypical way.
- 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 differences

- Being unexpectedly sensitive to touch, physical pressure, noise, smells, bright lights, or textures, whether avoidant of certain sensations, or being sensory seeking.
- Eating a very restricted diet or seeming very sensitive to certain food textures or combinations not registering sensations of satiation or appetite.
- Wearing unusual or incongruent clothing (e.g., heavy coat or sweatshirt in warm weather), or seeming unexpectedly particular about what clothes or fabrics they will wear.
- Seeming to prefer to be physically or mentally busy, and/or having difficulty relaxing or having 'down time'.
- Not enjoying messy play as a young child or regarded as over-sensitive to unusual sensations.

## Background information

- Family members with Speech, Language and Communication Needs.
- A past, existing, or suspected diagnosis/history of Autism Spectrum Disorder (ASD), Asperger Syndrome (AS), Autism, Attention Deficit Hyperactivity Disorder (ADHD), dyspraxia, dyslexia, Oppositional Defiant Disorder (ODD), Obsessive Compulsive Disorder (OCD), Specific Language Impairment (SLI), stammering/stuttering, learning disability, learning difficulties, Conduct Disorder (CD), Foetal Alcohol Spectrum Disorder, brain injury, anxiety, depression, selective mutism.
- Known or believed to have experienced abuse or neglect; birth trauma, injury or complications; disrupted early relationships; care experience; school avoidance, refusal, suspension or expulsion.
- Self or caregiver report of difficulties with attendance or attainment in education.
- Previously attended or been referred to Speech and Language Therapy and/or Child and Adolescent Mental Health Services (CAMHS).

Often behaviour is the first thing that is noticed when a child has a speech, language and communication need particularly in [schools](#) with older students among the hardest to spot. The Communication Trust's [evaluation report](#) estimated 29% of children with SLCNs go unidentified at primary school level compared to 48% in 11-14 year olds.

## 3. Speech, language and communication 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 (Jethava et al., 2022). Children are given the best chances with regard to communication development where a parent or carer is 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 (Frosch et al., 2019). 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 et al., 1981; Rogers et al., 2015). Therefore, 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 some core interaction skills, but can lack the consistent experience required to allow them to develop a nuanced understanding of communication; to link emotions with language; and to read intricacies in the communications of others (Jethava et al., 2022). Working with children and young people with attachment issues can be challenging, as the relationship skills upon which practitioners often rely may be inconsistent with the needs of the child/young person, therefore responsiveness, consistency and openness are essential, and any changes explained and planned for, wherever possible (Hornor, 2019).

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 (Branagan et al., 2020)

Children and young people with SLCN may experience relationships differently, potentially finding warmth, openness, and praise disconcerting if they have not experienced this in their primary attachment relationships. Even those who have experienced supportive relationships may interpret intentions in unanticipated ways due to social cognition differences. Many children and young people with SLCN may be more direct in their interaction compared with peers, may not recognise intentions of others (particularly where these rely on hidden or implied meanings and expectations), and may use and interpret humour and language in unexpected ways. Professional relationships should be built gradually (Branagan et al., 2020), with attention to what works best for the child or young person in the context of their individual needs and preferences.

Many of the children and young people we work with may have minimal experience of positive relationships with adults, particularly those adults affiliated with justice systems (MacRae & Clark, 2020). Therefore, an opportunity to experience consistency, acceptance and approval is likely to be invaluable for all concerned.

### 3.1 Speech and language therapy services

Speech and Language Therapists (SLTs) are health professionals with primary responsibility in 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, with direct assessment and therapy balanced with other roles such as raising awareness and understanding of communication difference. In Scotland, service provision specifically for children and young people in conflict with the law varies across the country, with there being potential for further service development in many areas.

## 4. Specific speech, language and communication needs

Before looking at specific conditions, it is important to consider the use of language when working with people. As noted at the start of this guidance, care should be taken in the use and interpretation of language that may be attached to the children and young people we support.

Everyone has different thoughts about language and will have words and terms that they choose to use, therefore not everyone gets it right for the individual they are working with all of the time. For example, within the Scottish Government's consultation for the forthcoming Neurodivergent Bill, those taking part were clear that all language needs to be as inclusive as possible, but didn't always agree on terms (Scottish Government, 2023)

When speaking of neurodivergence, the consultation used **identity-first language** such as 'neurodivergent person' or 'autistic person', as this was preferred by the majority of such people who contributed.

Conversely, when speaking of learning disabilities, they use **person-first language** such as 'people with learning disabilities', as this was the preference of the majority of people within this group (Scottish Government, 2023). However, as previously noted everyone's condition and how they want to be referred to, if required, is something that is unique to them, and assumptions or generalised language shouldn't be made/used without checking preferences.

All disabilities are protected under the Equality Act (2010) from direct and indirect discrimination, harassment and victimisation.

### Learning Disability

An individual with a learning disability has a non-verbal IQ of less than 70, accompanied by difficulties in accomplishing age-appropriate basic activities of daily living, such as using transport, shopping, or managing personal care (Scottish Government, 2013).

A learning disability is only regarded as present where difficulties are developmental in nature, recorded from an early age. They 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 (idiopathic). 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 to access and engage with justice processes and systems. Careful planning is required, with extra time allowed for each stage of involvement. It should be noted that extra time alone is not, however, sufficient. Ideas should be stated in clear, accessible terms, with use of visual supports or other forms or augmentative communication. Assistance from a community learning disability team may be appropriate to facilitate joint working around, for example, rehabilitation programmes. It is not appropriate to attempt to implement non-learning disability specific 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, average, 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. Common SpLDs include dyslexia, dyscalculia and dyspraxia.

## **Developmental Language Disorder**

Developmental Language Disorder (DLD) is an under-recognised neurodevelopmental presentation in which individuals experience difficulties with language development despite normal intelligence and hearing. It can affect speaking, understanding, reading, and writing skills. Individuals with DLD may have trouble forming sentences, using accurate grammar, or understanding complex instructions.

A structured and consistent approach to interaction is essential, to reduce language burden and support confidence in interaction. Many people with DLD benefit from extra processing time, delivery of information in stages, and use of visual or simple word supports. Individuals with DLD 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.

## **Attention Deficit/Hyperactivity Disorder**

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental presentation manifesting in differences in the brain's ability to regulate, adjust, and internally monitor activity. 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 many individuals who have ADHD. The precise impact on communication will be defined by the nature of the individual's core symptoms. Individuals may report difficulties in the areas of sustained listening, retention of spoken or written information and the development of literacy and may be perceived as having an interaction style which is at times verbose, tangential or impulsive, relative to neurotypical individuals. Related conditions include anxiety, ODD, conduct disorder, depression, sleep problems, epilepsy, Tourette's Syndrome, Learning Disability and SpLD.

Neurological differences in learning processes mean that children and young people with ADHD often do not find traditional methods of behaviour support, such as "to-do" lists, reward schemes and punishments beneficial. Environmental adjustments, which minimise exposure to high-risk situations, maintain stimulation and active participation, and which accommodate the individual's interests and aptitudes, are more appropriate for support, learning and personal development.

Individuals with ADHD typically have an interest-based attention system. This means that they may be able to sustain involvement in stimulating activities but struggle to engage in those that hold less interest. 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. Short, time-limited activities that incorporate stimulating activities are most likely to suit children and young people with ADHD.

## **Dyslexia**

As noted above, Dyslexia is a developmental learning difficulty, in this case most clearly manifesting in 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.

## **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 display differences in 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, who can be more susceptible to brain injury sustained through violence, falls, overdose or accidents (Kennedy et al., 2017). A range of communication difficulties can arise from such injuries; these are also associated with other medical events such as overdose or 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 primarily 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 et al., 2014). Individuals with these symptoms can often initially appear to have preserved communication skills. They do, however, experience significant changes in social interaction compared to their premorbid state, with areas such as initiation, turn-taking, impulse control, maintaining topic and displaying and interpreting facial expression and eye contact affected. Such changes can have an impact 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 substance use should be viewed in the context of the effects of brain injury, with information shared with others involved in the child/young person's support.

## **Autism**

Autism is a neurodevelopmental presentation that presents lifelong differences in a range of domains, when compared to neurotypical developmental expectations.

Autism presentations may also be recorded using current or historic terminology including "Autism Spectrum Disorder", "Autism Spectrum Condition", "Asperger's Syndrome" or "Semantic Pragmatic Disorder". The term 'autism spectrum' is used for a range of autism presentations. The word 'spectrum' is used because of the wide range of ways in which people can experience autism. Sometimes the use of "spectrum" is misinterpreted as a linear "bad to good" concept. All autistic individuals, like everyone in society, experience a non-linear range of strengths and challenges.

Central to the autistic experience are variations in how individuals perceive and interact with the world. Autistic people may experience differences in social communication, sensory processing, and behaviour. Historically autistic experiences have been pathologised and stigmatised, with a lack of recognition that these differences are part of the natural diversity of human experience. This has led to an inappropriate and damaging focus on "fixing" autistic people or seeking ways to compel them to fit in with neurotypical expectations. Individuals working with autistic children and young people should instead seek to understand the individual's wants and needs, and to adapt their own communication, environments and expectations to be more inclusive of neurodivergent people.

Autistic individuals may have unique strengths, such as attention to detail, creativity, and deep focus in areas of interest. Support that is individualised and respectful of a person's needs and preferences can help them thrive, whether through tailored communication strategies, sensory accommodations, or creating environments that embrace their differences.

Neurotypical professionals working with autistic children and young people should be aware that neurotypical communication often tends towards the indirect, with strong reliance on hints, abstract language and assumptions. Autistic people often favour direct communication, where expectations are stated clearly and language is used consistently and literally. Autistic people often use eye contact and facial expression differently from

neurotypical people, for example not relying on facial expression to interpret emotions and communicating more comfortably and effectively when not expected to make eye contact.

Autistic people often show strengths in focus and absorption within an activity or topic of interest. This can make it harder for autistic people to follow neurotypical expectations around changing activities, and they may miss information if it is not stated clearly that it is intended for them.

### **Allism**

Allism is the term used to describe non-neurodivergent presentations in relation to social communication, sensory experiences and behaviour. Allism is regarded as the majority neurotype in society, with allistic people also known as “neurotypical”.

Recognition of the concept of Allism reflects the diversity of human experience, and the notion that no single way of experiencing the world is inherently “correct”.

Allistic people are often regarded as strong instinctual communicators. Amongst other allistic people this is often the case. Allistic people can, however, find it hard to vary their communication and may rely heavily on conversational routines (e.g. about weather or sport), guessing, hints and indirect communication. Allistic people can struggle to adapt to other styles of communication, for example neurodivergent people who may be more direct in their interactions or who may not seek to participate in sustained “small-talk”. They can lack mental flexibility in such areas and may assume their way of interacting and experiencing the world is superior or “right”.

Allism was originally used to mean “non-autistic”, and included people with other neurodivergent presentations. The term can still be used in this way, so it may be more helpful to use the term “neurotypical”.

## **5. SLCN and anxiety-led behaviour**

There is a high degree of comorbidity between behavioural challenges 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 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 accepted means. For example, a child or young person who has limited emotional vocabulary, reduced language comprehension and/or 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 repertoire to manage these feelings more effectively and appropriately.

The invisible nature of communication difficulties, means that behaviour and how a child or young person presents or responds, can result in the system overlooking the significance of underlying, or more likely, undetected SLCN (Cohen et al., 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.

## 6. 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](#).

Studies have focussed on the prevalence of communication difficulties of boys and men in custodial and community justice settings, with 50 - 70% found to have significant difficulties with language function (Bryan et al., 2007; Snow et al., 2012). Less attention has been paid to the SLCN of girls and young women in conflict with the law, despite studies highlighting it to be common for approximately a quarter of young women in custody to report indicators of SLCN (Snow et al., 2012) and emerging evidence suggests that there is no significant language differences observed (Winstanley M et al., 2019).

Whilst SLCN are commonly experienced by children and young people in conflict with the law, they are particularly common amongst those who present significant harm (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, suggesting that practitioners should consider the likelihood of SLCN being 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. The ‘SLCN in Youth Justice’ workshop, hosted by CYCJ and the Improving Life Chances Implementation Group in 2018, highlighted a wide range of issues and challenges experienced by children



and young people. An impact report (Nolan, 2018) included a range of good practice examples, tools, strategies, and resources and recommended 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, Royal College of Speech and Language Therapists, NHS, Scottish Government, Scottish Prison Service, and Community Justice Scotland. The Subgroup completed a mapping exercise to identify the initiatives, activities, and opportunities available in Scotland, leading to the Subgroup organising two strategic leads events in 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 (CRIG) 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.

## 6.1 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 '[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. 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, more so given the [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) (MacRae, 2025).

Whilst all articles have equal importance, those of relevance are:

- Article 2 (non-discrimination) - 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 5 (parental guidance and child's evolving capacity) – Respect to allow parent's and carers to provide guidance and direction to their child in a way that recognises the child's increasing capacity to make their own choices.
- Article 12 (right to be heard and taken seriously) – Every child has the right to express their views, feelings and wishes in all matters affecting them and to have their views considered and taken seriously.
- 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.
- Article 30 – Children from minority or indigenous groups – Every child has the right to learn and use the language, customs and religion of their family.

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 be disadvantaged in legal processes, and will struggle to engage in hearings and court processes, appearing to be more likely to enter the justice system. Once there, these children and young people might 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 tariffed. This has significant implications for the child/young person, their families/carers, those who have been harmed, and society overall, and will require considerable changes to justice [systems and culture](#) in Scotland.

More information on the rights of children can be found in [Section 3](#) of this guidance as well as within "Giving Voice to all of Scotland's Children: Respecting, Protecting and Fulfilling the Language and Communication Rights of Children" report (MacRae, 2025).

## 6.2 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 individual 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](#)). The [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. Services providing Advocacy to children in the Children's Hearing System should have training to understand communication development and SLCN, as well as access to support from Speech and Language Therapy services to ensure children with SLCN have their right to be heard realised.

### 6.3 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 indirectly 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.

## 6.4 Court processes

It could be suggested that a court appearance presents communication challenges for any individual, regardless of communication strengths, needs or ability. For children and young people with SLCN these challenges are intensified, impacting on their ability to fully participate in proceedings and detrimental to their rights under the UNCRC (1989). Children and young people in court settings require additional support to understand procedures and expectations to reduce distress or the possibility of re-traumatisation (Lightowler, 2020). Children who are required to go to court, where there is suspected or diagnosed neurodevelopmental differences including SLCN, are entitled to a comprehensive multi-disciplinary assessment (United Nations, 2019).

Difficulty understanding questions and language used in legal settings is to be expected amongst children and 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 (Turner, 2019).

Children and young people who have difficulty constructing a coherent narrative of events, may also struggle to answer questions or give a credible account of themselves, therefore it is crucial to consider available support measures including court layout and use of language that can be understood and explained (Brown & Vaswani, 2023).

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.

## 6.5 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 someone 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.

## 6.6 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 accepted communication styles for 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. Speech and Language Therapists are uniquely skilled and trained to provide this training, coaching and support.

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, including Easy Read documents, 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.

## 6.7 Restorative justice

Restorative justice approaches (see [Section 12](#)) have gained in profile and popularity in recent years. The emphasis is on an individualised approach that allows the person harmed and the person who may have caused harm to tell and explore their respective stories in a safe and supported manner.

Even with a supportive and individualised approach, restorative justice processes can bring many pressures to children and young people, therefore, practitioners need to ensure that those with SLCN are able to understand and be informed to fully participate (Chapman, 2021).

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 might:

- 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
- Might have very little experience of empathy in their own lives.

Therefore, should a child or young person engaging directly with those who have been harmed shrug their shoulders, speaks little and is unresponsive to others, this could risk doing more harm than good, or be perceived as such, in terms of the restorative process.

Restorative justice practitioners need to be able to access creative and flexible ways of helping children and young people understand and therefore be able to meaningfully engage in the process. Others involved in the process may need information about communication issues which could lead to misunderstanding or a breakdown of interactions, therefore careful preparation and planning is essential to ensure a rights upholding approach (Chapman, 2021). This level of information about a child or young person's communication strengths and needs should be informed by a detailed Speech and Language Therapy assessment.

## 6.8 Vulnerability and SLCN

Children and young people with SLCN involved in the 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 across justice systems.

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 nicotine
- Low non-verbal IQ
- Poor behavioural control
- Differences or deficits in social cognitive or information-processing abilities
- High emotional distress
- 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
- 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 related to some specific presentations, 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 often inhibits a child/young person's access to protective factors such as:

- High non-verbal 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.

## 7. 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 impacted upon, 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. Care should be taken not to promote resilience which compels children and young people to endure harmful experiences, or to mask distress.

## 8. General Speech, Language and Communication Guidance

Speech and Language UK provide general guidelines to support practitioners - further information can be [found online](#). This guidance will not be suitable for all communication, but can be used when considering what is best for the child or young person you are supporting.

- **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 what's next" pause "we will find out what happens next in four weeks".
- **Explain new words.** Provide a definition if using a complex term or word that is new to the child, including writing this down and giving an example of using it in a sentence.
- **Speak slightly more slowly than you would normally do.** This will assist listening and understanding.

- **Give extra time for the child/young person to listen and process.** This will help them to understand what you have said.
- **Depending on individual needs, it may be useful to ask the child/young person natural questions that allow them to repeat back in their own words what you have said.** This allows checking that they have understood essential information.
- **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.
- **Use visual aids to support understanding.** You could draw or number things as you explain something or look at photographs of an area or activity.
- **Give reminders of appointments.** Make contact 24 hours beforehand and on the day if needed. 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.
- **In most cases it can be useful to give a variety of tasks, incorporating individual preferences wherever possible.** This will help to maintain concentration, interest, and information retention. Some children and young people you work with will prefer routine and repetition, get to know individual needs and preferences.
- **Give positive messages.** “I’m not sure I explained that right, can you tell me if it isn’t clear?”, “It’s OK to say if we need to go over that”, “It’s important you tell me if you don’t understand”, “This is a bit complicated. Tell me if you need to check anything”.
- **Give positive, specific feedback** but be sensitive as some people find praise difficult to accept.
- **Ask what would help.** Give, or show, 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.** Modelling comprehension monitoring and encouraging the child to do the same. “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 a small number of key 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).



## 9. Conclusion

SLCN 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 presentation (such as Autism, 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).