

## **Speech, Language & Communication needs of Young people**

### **at Calderdale Youth Offending Team**

#### **Assessing local need using the Youth Justice Board AssetPlus SALT screening tool.**

#### **A follow up comparative study to the pilot study.**

### **Introduction**

Communication disorder is the most common disability seen in childhood (Bryan K, Mackenzie J. 2008). The ability to communicate effectively and understand speech and language is essential. Studies have shown if speech and language therapy is not provided then communication difficulties become more severe and pervasive, this can lead to developmental disadvantage, poor social skills, behavioural problems, emotional difficulties and mental illness, in turn this can result in poor employment prospects, social exclusion and offending behaviour, (Bryan K, Mackenzie J. 2008) all these are at a great cost to society. Failure to address these difficulties contributes to re-offending and adoption of criminal lifestyles (Bryan K, Mackenzie J. 2008). One third of children with communication problems will go on to develop mental illness if untreated, with resulting criminal involvement in over half of cases. At present there is insufficient speech and language therapy provision for this group of children, which means young people with speech, language and communication difficulties are significantly over represented in the young offender and prison populations (Bryan K, Mackenzie J. 2008).

### **Background to the comparative study.**

A pilot study of the Calderdale Youth Offending Team (YOT) caseload was undertaken in December 2014 using the new Youth Justice Board AssetPlus Speech, Language, Communication and Neuro-disability Screening Tool to identify local YOT need, the report of findings from the pilot was completed in April 2015. The speech, language, communication and neuro-disability area in AssetPlus is based on the Royal College of Speech and Language Therapists' (RCSLT) screening tool which has expanded to include other elements of neuro-disability in line with CHAT (Comprehensive Health Assessment Tool) neuro-disability section.

The report from the pilot study identified a high level of need and difficulties experienced with the speech, language and communication of Young People on the Calderdale YOT caseload at that time and this finding was consistent with the national picture. The aim of this study is to provide a comparison of the findings in the earlier pilot study with the current caseload at Calderdale YOT to establish that the needs identified earlier are consistent with the current cohort.

### **Methodology**

The same methodology was used in this study to provide a comparison with the original report. The reasons for exclusion from both studies depended on factors such as whether the young person had engaged with an intervention or if the young person was new into the service and if the YOT Officer felt able to provide a report. The reporting method was the same as before to provide accurate data comparison. However some of the data presented in this study is refined further to provide a

breakdown of the more specific areas of difficulty in sub categories under the main headings used in the pilot study. This is presented separately on the SALT template used by the case manager and demonstrates more qualitative data of specific areas of difficulty which we have now identified as these studies progress.

In addition more robust information that was not available in the pilot study is provided by cross referencing information from this SALT study with the education database.

### **Calderdale YOT – Statistics**

#### **PILOT STUDY -**

<b>Number of Young people screened using the AssetPlus. SALT tool = 77</b>									
<b>Males 68 = 88% Females 9 = 12%</b>									
<b>AGES OF ALL YOUNG PEOPLE IN THE PILOT STUDY</b>									
10yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	<b>Total</b>
0	1	3	8	17	20	19	8	1	<b>77</b>

#### **COMPARATIVE STUDY -**

<b>Number of Young people screened using the AssetPlus. SALT tool = 79</b>									
<b>Males 65 = 82% Females 14 =18 %</b>									
<b>AGES OF ALL YOUNG PEOPLE IN THE COMPARATIVE STUDY</b>									
10yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	<b>Total</b>
<b>1</b>	4	10	8	17	19	16	4	0	<b>79</b>

The age range of the young people on the YOT caseload during the pilot indicates only 29 young people were aged under 16 yrs and the majority 48 young people were above the age of 16yrs. The age range of the young people on the comparative YOT caseload during this study indicates 40 young people were aged less than 16yrs and 39 young people were above the age of 16yrs.

<b>YOT Caseload from the SALT cohort</b>	<b>PILOT</b>	<b>COMPARATIVE</b>
Young people on YOT prevention caseload	15	16
Young people on YOT Pre Court caseload	16	24
Young people on YOT Statutory Orders	46	39
Young people who are a Child Looked After	16	13

Young people in ETE	Pilot	COMPARATIVE
25 hours	49	47
20 hours	2	10
16 hours	2	4
15 hours	2	0
10 hours	2	6
0 hours	20	12

Outcome of screening	PILOT	%	COMP	%
Number of assessments suggesting follow-up required	65	84%	70	89%
Number of assessments suggesting No follow-up	13	16%	9	11%

IDENTIFIED AREAS OF DIFFICULTY*	YES PILOT		SOMETIMES PILOT			YES COMPARISON		SOMETIMES COMPARISON	
SPEAKING	23	30%	13	17%		32	41%	27	34%
UNDERSTANDING SPOKEN LANGUAGE	19	25%	13	17%		20	25%	34	43%
NON-VERBAL	20	26%	11	14%		27	34%	18	23%
SOCIAL SKILLS DIFFICULTIES (including Autistic spectrum disorders)	40	52%	12	15%		40	51%	40	51%
EDUCATION NEEDS & LEARNING DISABILITY	29	38%	8	10%		35	44%	19	24%
TRAUMATIC BRAIN INJURY	1	1%	0	0%		2	3%	0	0%
Total	132		57			154		138	

The following template captures the more specific areas of difficulty reported in the sub categories under the main headings that were reported on in the pilot study and earlier in this study. It is important to note that one young person may have difficulties in just one area but many of the young people in this study were identified with difficulties in more than one area and sometimes in all areas.

## Speech, language, communication and neuro-disability screening tool

The YJB have consulted with the Royal College for Speech and Language Therapists (RCSLT) and the YJ Speech and Language Therapists network (a group of Speech and Language Therapists that work directly in YOTs or secure establishments) and the Offender Health Research Network (authors of the Comprehensive Health Assessment Tool) in order to provide this screening tool for the AssetPlus framework.

As recommended in the Youth Justice Board (YJB) guidance during the pilot the screening questions were completed by the YOT worker who is the allocated case holder. Judgements were made based on their observation of the young person (e.g. how s/he responds in interviews or in everyday interactions) and also on any information provided by parents/carers or teachers in relation to the young people on the caseload.

### Does the child or young person you are assessing:

<b><u>Speaking</u></b>	<b>Yes</b>	<b>Sometimes</b>
Have difficulty thinking of the words he/she wants to say?	18	16
Only use very simple vocabulary?	24	8
Have difficulties explaining things?	24	9
Is their speech difficult to understand?	3	7
 <b><u>Understanding spoken language</u></b>	 <b>Yes</b>	 <b>Sometimes</b>
Have difficulty remembering things people say?	14	14
Have difficulty following spoken instructions or only follow part of them?	15	16
Have difficulty understanding the meaning of words?	13	24
 <b><u>Non-verbal</u></b>	 <b>Yes</b>	 <b>Sometimes</b>
Have difficulty using non-verbal communication?	19	9
Have difficulties showing emotions?	26	12
 <b><u>Social skills difficulties (inc Autistic Spectrum Disorders)</u></b>	 <b>Yes</b>	 <b>Sometimes</b>
Have difficulties initiating and/or maintaining friendships?	23	13
Is socially awkward and inappropriate?	18	18

Appear frustrated or anxious when there is no obvious cause?	20	18
Have difficulty thinking about the thoughts/feelings of others?	30	15
	<b>Yes</b>	<b>Yet to clarify</b>
Has been diagnosed with social communication difficulties?	5	5
Has a professional/ family member expressed concerns about social communication skills?	26	1
<b><u>Education needs &amp; Learning Disability</u></b>	<b>Yes</b>	<b>Sometimes</b>
Have problems with reading or writing?	13	10
Have difficulties with time concepts?	12	5
Needs support in daily living skills?	6	14
	<b>Yes</b>	<b>No</b>
		<b>Yet to clarify</b>
Have any Special Educational Needs been identified?	*20	5

**\*Further exploration** - please provide details of special educational needs here if the above question is answered "Yes": Tick the 'Identified SEN' and related 'Response', entering details of any 'Other'.

#### **Responses to identified SEN**

<b><u>Identified SEN</u></b>	<b>Statement of SEN</b>	<b>Learning Difficulty Assessment</b>	<b>Education, Health and Care Plan</b>	<b>Other (please specify)</b>
Specific Learning Difficulty (SpLD)	1	5	-	Dyslexia x 6
Moderate Learning Difficulty (MLD)	6	23	3	
Severe Learning Difficulty (SLD)	1	-	-	
Profound and Multiple Learning Difficulty (PMLD)	-	-	-	
Behaviour, Emotional and Social Difficulty (BESD)	11	32	5	
Speech, Language and Communication Needs (SLCN)	-	7	3	Dyslexia x 3
Autistic Spectrum Disorder (ASD)	-	-	-	
Visual Impairment (VI)	1	-	-	

Hearing Impairment (HI)	1	1	-
Multi-Sensory Impairment (MSI)	-	-	-
Physical Disability (PD)	-	1	-
Other (please specify)	-	-	-

#### Yes

#### Yet to clarify

Has a professional/ family member expressed concerns about learning needs?

23

2

### **Traumatic Brain Injury**

#### Yes

#### Yet to clarify

Head injury that caused him/her to be knocked out or dazed or confused?

2

0

One outstanding feature identified, was that of multiple difficulties being experienced by the young people. They are caught up in the criminal justice system which will disrupt their lives and sometimes this is the first time the extent of their difficulties has been recognised and identified.

Not all the young people attending the Youth Offending Team have difficulties learning and or communicating and are prospering in a school environment. It has been found that once something begins to go wrong for a young person in one area then it frequently begins to affect other areas as well. This is shown clearly in the education and training figures for those young people where a SALT form was completed.

The percentage of young people who had a SALT form completed out of the entire YOT cohort was 44% however not all of these had multiple problems. When examining their school histories the snapshot data in percentage terms for Special Educational Needs (SEN) and exclusions was:

Those with EHC Plans/Statements of SEN	24%
Those at mainstream school	38%
Those at the PRU/EOTAS/Special schools	49%
Those currently receiving SEN support	54%
Those who have ever received SEN support in school	77%
Those who have been excluded fixed term	75%
Those who have been permanently excluded	15%
The number of school days lost through fixed term exclusions	1276.5

The highest incidence of SEN to have been assessed by schools and the Local Authority was in the category of Behavioural, Emotional and Social Difficulties at 61%, next was Moderate Learning Difficulties at 41%. Usually the young person had more than one category of need.

***The national figures for pupils in schools in England are that 15.4% have identified educational needs, 2.8% have a Statement or EHC Plan and the most common primary need identified is a Moderate Learning Difficulty at 23.8%.***

The number of times these young people experienced periods of SEN support throughout their school career was explored. It was shown that unless an EHC Plan was achieved and there was continuous support that they otherwise experienced between 1 to 7 periods of separate SEN support in school.

A child with these multiple problems of unclear understanding, social inaptitude, excessively poor behaviour, often haphazard attendance not just because of days lost through exclusion and changing learning routines through SEN periods, all experience the attendant loss of learning continuity which contributes to their low educational achievement.

**Another area looked at was the number and type of exclusion these young people experienced to examine if there was any correlation between behaviour and learning difficulties. This is a subjective area and the findings are reported without suggestion which was first identified learning or behaviour as the presenting problem for schools. (The full list of reasons for exclusion can be found in the ETE report).**

**It was established that 76% of the young people who were identified as having SEN also had experienced exclusion from school ranging from one incidence to twenty five and some permanently.**

## **Conclusion**

In conclusion it was found that the high incidence of young people who had SEND was a consistent finding and these are the young people with whom the YOT work with every day. Closer working relationships with the SEND Team in Calderdale are currently being developed including joint training sessions and individual staff consultations.

There are difficulties being experienced referring teenagers into the local SALT services for speech concerns particularly if they are older teenagers or young people who do not attend mainstream school, the referral route appears education biased and recent enquiries made suggested that interventions for speech are generally managed in schools by SENCO and SALT. Recent telephone enquiries with SALT have also identified that there does not appear to be a commissioned service locally to address the communication concerns identified in the YOT AssetPlus assessment. These concerns have already been escalated to health service commissioners and the Consultant in Public Health, local specialist services and are currently being explored to be able to address these identified needs and manage the apparent gap in service provision.

The high percentages could reflect that these young people have sometimes experienced years between assessments and therefore their problems have multiplied and become more complex. Earlier identification, assessments and appropriate interventions can only improve the possibility of better outcomes for these young people.

## **Recommendations**

- All young people entering the YOT should be assessed by SALT and SEND.
- The Calderdale youth offending team need to have access to at least one dedicated specialist speech and language therapist who can provide support for these vulnerable young people (VYP) where communication is problematic.
- Specialist SALT are required to provide training and deliver targeted communication packages to up skill all staff working with VYP to be able to recognise and appropriately support VYP who are assessed to have communication difficulties.
- YOT team can continue to work towards developing new practice for example to work more closely with SENCOs and not just year heads in schools and to work better with the Pupil Referral Unit.
- There are other recommendations which the Board can take forward for example presenting this paper to their Chairs or budget holders, a timely approach to Commissioners should help influence future specialist services.

## **References**

Bryan K, Mackenzie J (2008) Meeting the speech language and communication needs of vulnerable young people. Model of service delivery for those at risk of offending and re-offending. Available from:

[http://www.rcslt.org/about/campaigns/RCSLT\\_model\\_of\\_service\\_delivery\\_offending\\_2008.pdf](http://www.rcslt.org/about/campaigns/RCSLT_model_of_service_delivery_offending_2008.pdf)

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## **Calderdale Youth Offending Team - Education Report September 2015**

Currently there are 136 young people actively engaged with the Youth Offending Team. These are split evenly between those of school age and those above school leaving age, this is unusual as the trend has been that as the number of pre-court decisions has increased so has the number of younger young people of school age.

We are closely working with C&K Careers to help those who have left school continue in education or training as there is very little employment available to them. The levels of ability for this cohort are 18% level 2 and above and the rest below. This is not a good position as the provision for below level 2 is restricted to Project Challenge or some Calderdale College provision. In the past we have had variation of provision for this level but this year it has drastically reduced.

The young people of school age are mostly educated in mainstream schools with the greatest cluster in the Pupil Referral Unit (PRU)-14. This is a period of change for the PRU and we are aware that it can be unsettling for the young people involved.

The experiences of young people working with the Youth Offending Team and attending mainstream schools depends on many factors which impact on their ability to learn, their special needs have been explored in the Health Report and following is the list for fixed term exclusions.

Category	Number of Incidents
Persistent Disruptive Behaviour	104
Verbal Threat to Adults	77
Other	71
Physical Assault on Pupil	64
Physical Assault on Adult	44
Verbal Threat to Pupil	26
Damage	11
Sexual Misconduct	8
Theft	8
Drug and Alcohol Related	5
Racist Abuse	4
Bullying	3

These young people are apparently not able to control their feelings sufficiently to prevent physical assaults or have sufficient command of the language to resolve conflict without verbal abuse. One thing the Youth Offending Team can now offer to aid effective non-violent communication is Rapid English which has been tested through other Youth Offending Teams and found effective.

The Youth Offending Team are now working more effectively with the Special Education and Disabilities (SEND) Team using dedicated consultation time to highlight and manage the education needs of young people who are working with us. In addition the Special Needs specialist in C&K Careers is now attending the specialist meetings to assist those who are transferring to Calderdale College. We are liaising with the SEND Team to ensure that any assessment for special needs will be in consultation with us so we can actively contribute to an assessment.

## **Conclusions**

Using education data in the Health Report it appears that the young people in the Youth Offending Team are disproportionately to the mainstream cohort likely to have unconfirmed special needs which can be easily masked by poor behaviour. The behaviour management systems lead to fractured education and inconsistent learning; this in turn leads to fewer choices in life and costly interventions.

## **Recommendations**

- Officers contact the school Special Educational Needs Coordinators (SENCOs) to discuss how to joint manage young people on entry to the YOT to ask them to consider special learning needs not just to focus on behaviour
- Continue and develop closer working relationship with the SEND Team and with C&K special needs coordinator by taking an active role in pursuing clarity and/or assessment of SEND for young people in the YOT
- Asking Commissioners to fund education or training which the majority of these young people can access
- Asking commissioners to adequately fund or target young people in the YOT for CAMHS intervention ( currently an approximately 12 month waiting list)
- For the Board to consider if these young people need them to show the Health and Education Reports to other influential bodies so that these young people are not always at the bottom of lists of achievement.

**Denise Myers - Calderdale YOT Education.**