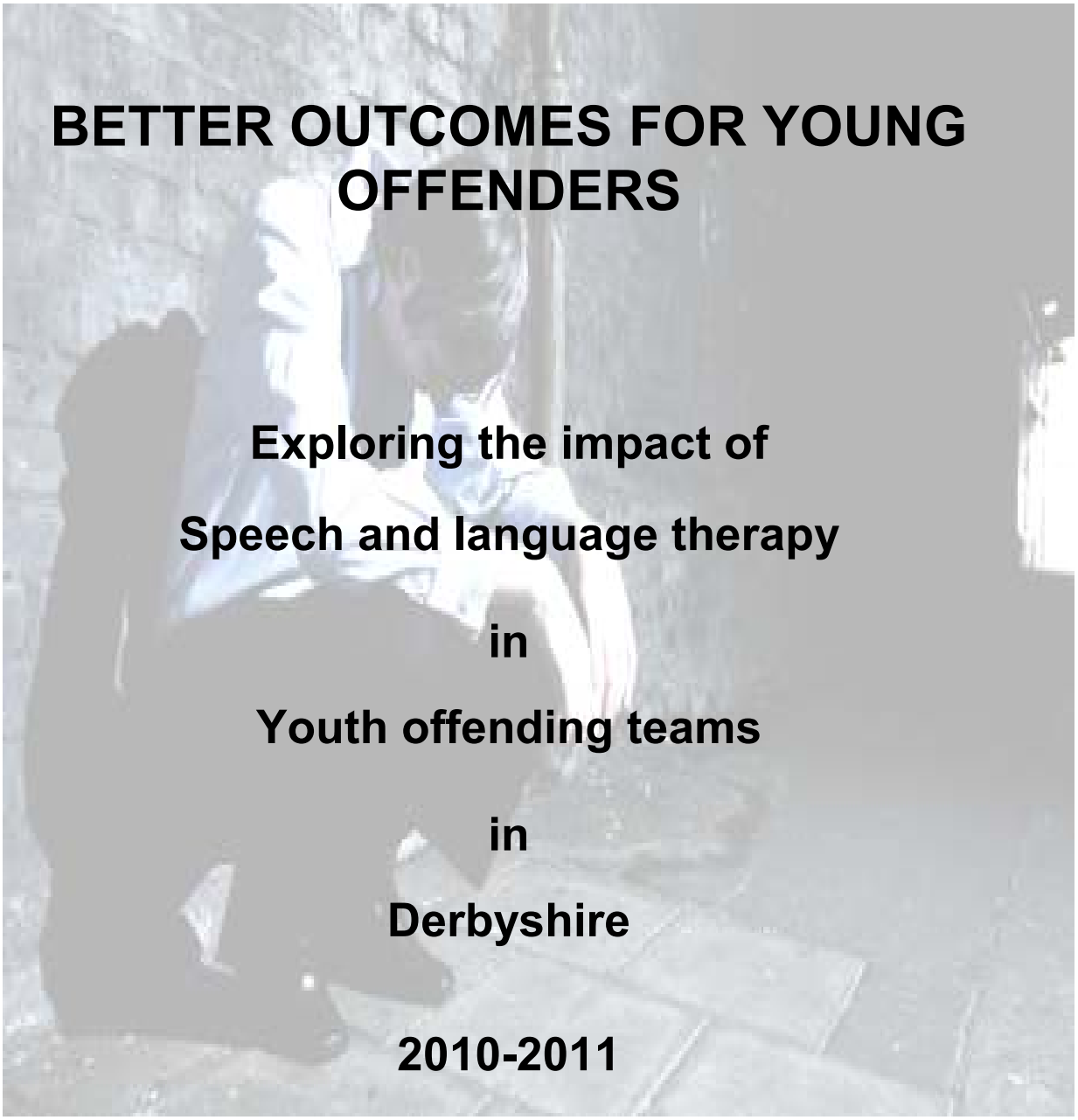
Derbyshire Community Health Services



BETTER OUTCOMES FOR YOUNG OFFENDERS

Exploring the impact of

Speech and language therapy

in

Youth offending teams

in

Derbyshire

2010-2011

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Derbyshire Community Health Services
is responsible for providing NHS Services in
the Derbyshire County area and is hosted by
Derbyshire County Primary Care Trust.

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Executive Summary:

Regional Innovation Funding was used to explore whether the benefits of Speech and Language Therapy (SLT) for Young Offenders in prisons could be replicated in community based services in Derbyshire, and whether investment in SLT represented value for money.

The needs of young people within the justice system for skilled support from the Youth Offending (YO) workforce are very high. The relationship between speech, language and communication needs and offending is well documented and described in full in the report that follows. The expected outcomes if these needs are not met at the earliest point are poor. This project raises the opportunity for Commissioners of Children's Services to invest in SLT services to address the problems of: offending and re-offending rates, breaches of court orders, expensive community or custodial sentences, and longer term mental health problems in this highest risk group in our communities.

SLT in Young Offenders' services has potential to:

- Raise awareness around the high level of Speech Language and Communication Needs (SLCN) within the youth offending population, in community settings as well as in institutions for young offenders.
- Skill up the YO workforce to manage as much as 75-80% of the SLCN amongst their service users.
- Take referrals for those who need specialist input for specific and complex needs
- Enhance the young person's understanding of their order and so support their compliance and prevent breaches in the young people's court orders.
- Build confidence amongst staff in the YO workforce, to develop and strengthen these partnerships between health and social care and the justice system.
- Promote early intervention as an essential way forward in reducing future offending by children with SLCN.
- Inform commissioners of Children's Services, in both primary care and Local Authorities of the long-term costs (financial and human) to society of unidentified and unmanaged SLCN, and of the potential for economic savings through investment in awareness, identification, and management of these hidden disabilities.

In the current economic climate where many services are at risk there must be an awareness of the costs to society and to individuals and families where avoidable and treatable disabilities affecting communication can have devastating outcomes.

The paper makes the case that investment in SLT for young people in the justice system and for children who may go on to offend without appropriate intervention represents value for money.

The Scale of the Challenge

- **There are 9 children in an average primary school with SLCN (Matrix 2010).**

  Without intervention 3 of them will go on to develop subsequent mental health issues and 1 - 2 of these children will have criminal involvement (Clegg et al 99).

- **700 young people receive services within the Derbyshire County Council's youth offending teams each year - population covered approx 750,000.**

  45 of them go on to have at least one custodial sentence (6.5%).

  27 of these young people in custody are expected to have SLCN (60%).

- **A typical detention and training order of 6 months consists of 12 weeks in custody and the remainder served in a supervised community sentence.**

- **The cost of the custodial element is £18,000.**

- **The financial cost of the custodial sentences alone for these 27 young people is £486,000.**

Better Outcomes for Young Offenders
Regional Innovation funding project 2010-11

1 Introduction

Communication – or Freedom of Expression - is a Human Right under UK law (Human Rights Act 1998). Communication is central to our ability to learn, to work, form and maintain relationships and to participate in society. Yet in the UK 1 in 10 young children are affected by communication disability. When identifying communication difficulty amongst young people in contact with youth justice services in England this figure rises to over 60% (Bryan et al, 2007). Our project set out to find out whether the skills of Speech and Language Therapists (SLT), have a contribution to make with children who first find themselves referred to Youth Offending Services (YOS). There is currently no precedent for the provision of SLT in these settings in the UK. We were motivated to find out how we could make a difference to this most vulnerable group of young people whose unmet needs impact on all of society – whether our perspective is that of young person, parent, professional, or indeed victim of crime. The educational, mental health and wellbeing outcomes for the large numbers of children with SLCN are so poor when these needs are not effectively managed, that we set out to explore the costs of providing an effective service, and importantly the costs of not providing such a service.

What is SLCN?
10% of young children are affected by the most common disability of childhood – Speech, Language and Communication Needs or SLCN (Dockrell and Lindsay 2007).

"Children and young people with SLCN have difficulties in communicating with others; it may be that they cannot express themselves effectively or they may have difficulties in understanding what is being said to them. Alternatively those who support them may not understand their way of communicating." The Communication Trust, Explaining SLCN.

Difficulties with developing speech and language are associated with a wide range of factors including: social and environmental causes (including parenting ability, poverty, family relationships); neuro-developmental difficulties (e.g. physical disabilities, learning disability and including specific language disorders and autism) and sensory impairment (for example hearing impairment).

In the East Midlands Region, 14,276 children have specific language impairment (Matrix Evidence 2010). This report calculates that every £1 invested in SLT for these children will generate £6.4 in lifetime time earnings based on better access to education and improved qualifications through formal education. Specific Language Impairment is just one of a range of needs that may be integral to a young person's SLCN.

SLCN, Conduct, Mental Health and Offenders

In 2009, research by Lanz suggests that children may be misdiagnosed as having a conduct disorder or mental health problems, when the true nature of their problems stems from undiagnosed SLCN. There is strong evidence that SLCN are linked to deprivation and poverty in the early years. Up to 55% of children in deprived areas experienced difficulties at age five (Locke et al, 2002). The Millennium Cohort study found that children from families with incomes below the poverty line had language scores about five months behind those with incomes above it (George, Hansen and Schoon 2007), which would have a subsequent impact on achievement. Child abuse and neglect also have an effect on expressive communication ability (Law and Conway, 1991) highlighting child protection issues. This group of young people are extremely vulnerable; with figures obtained by the publication Children and Young People Now showing that in 2009 there were 93 deaths, suicides or attempted suicides among 10 to 17-year-olds under youth offending team (YOT) supervision compared to just nine in 2006. In 2009, a further 19 YO were victims of serious offences such as murder, attempted murder, rape, torture or firearms offences, while 98 were charged with committing serious offences themselves.

There is an evidence base that demonstrates that children with unrecognised and unresolved communication disabilities are likely to develop mental health problems and to offend. In addition to this, evidence suggests that those who begin to offend at an early age go on to become prolific offenders (Loeber & Farrington, 1998). An Education and Skills Committee report (2006), notes a high correlation between children with special educational needs and youth crime. There is an increased percentage of children with statements of special educational needs in Youth Offending Institutions (YOI). Baker, K et al (2003) found that 25% of YO had identified special educational needs of which only 60% had a statement. In addition, Basic Skills Agency in Prisons (1994) reports that 50% of the UK prison population has been identified as having literacy difficulties compared with 17% of the general population. Given the strong link between literacy difficulties and SLCN it is not surprising that initial research indicates that the language levels of offenders are also a cause for concern. Davies, et al (2004) states that around 35% of offenders have speaking and listening skills at a basic level.

Up to a third of children with untreated SLCN will develop subsequent mental health issues (Clegg et al 1999) and two-thirds of 7 to 14 years olds with severe behaviour problems have communication needs (Cohen et al, 1998). A Royal College of Speech and Language Therapist's (RCSLT) report (2009), highlights the importance of early intervention strategies in breaking the 'intergenerational cycle' of offending. This report quotes that: "One-third of children with communication problems will go onto develop mental illness if untreated, with resulting criminal involvement in over half of cases*".*

In view of this, the Children's Communication Coalition (2010) states that, as this population "may not have 'identified' communication needs, it is essential

that screening, specialist assessment and intervention be put in place to support these children before and as they enter the justice system."

SLT for Children in Derbyshire

The current provision is funded mainly by NHS and Local Authority commissioners. Derbyshire Community Health Services is the provider arm of NHS Derbyshire County and provides the full range of SLT services, including those for children and young people. The combined total population of the area covered by this project is 1 million. The area includes areas of both urban and rural deprivation with a small number of pockets of relative affluence. The SLT service is proactive in developing services to the hardest to reach children and those at highest risk and has partnered with both local authorities for Sure-Start, Children's Centres, and Every Child a Talker programmes. While there have been small and time limited agreements for provision of SLT services in a pupil referral unit and to a secure unit for young female offenders (within HMP Foston Hall – unit now closed), there is no history of joint working between YOT and SLT services in this area. SLT provision is very closely integrated into education provision. We know that many young people known to the justice system are disengaged from education, and therefore unlikely to access the services that are provided to meet SLCN.

Policy Drivers

In the current climate there is a need for commissioners to demonstrate value for money in terms of a return on investment as well as effectiveness. Better Communication (DCSF 2008) makes recommendations for raising the profile of Children with SLCN and the role of all professionals in the children's workforce to meet these needs. Every Child Matters (2003) aspires for all children and young people to achieve five outcomes to be healthy, to stay safe, to enjoy and achieve, to make a positive contribution and to achieve economic well being. Policy from central government continues to support early identification of children's needs, especially those from poor and deprived backgrounds (Field 2010; C4EO 2010). The Justice Green Paper (Ministry of Justice 2010) continues to support community sentencing of young people in favour of imprisonment and youth crime remains high on the political agenda. It is adopted practice that SLT provision is targeted at those of highest need for specialist intervention and that the wider workforce are trained and supported to provide universal services such as screening and non-specialist support to underpin it (RCSLT 2006)

Speech and Language Therapy Contribution – the evidence base

Speech and Language Therapists (SLTs) are the lead experts regarding communication (RCSLT 2006) and, as such, play a key role: in terms of identifying children's needs at the earliest possible point, in developing the Children's Workforce to support the children with known needs, as well as working directly with those who need specialist interventions. The role of SLT in the Early Years and with primary school aged children is established in the NHS and in Primary Education. It is however rare for prisons or YOI to provide SLT services.

The emerging evidence for SLT to contribute to better outcomes for YO is impressive, and has been given great prominence by former Her Majesty's Chief Inspector of Prisons, Lord Ramsbotham:

"I have to admit that in all the years I have been looking at prisons and the treatment of offenders, I have never found anything so capable of doing so much for so many people at so little cost as the work that speech and language therapists carry out."

However, such research has been based mainly in prisons and YOI. For example in 2003, a survey carried out in Polmont YOI found that 26 per cent of young men had clinically significant communication impairment and 70 per cent had difficulties with literacy and numeracy. To date there has been no published work relating to a comprehensive SLT provision to YOT in the UK.

Starting point for this project

Although the national policy drivers, national evidence base and local aspiration all pointed to the need for SLT provision within YOT in our area, in order to make a case for SLT services to be commissioned to support young people known to the justice system we lacked:

- Information about actual local need – the number of young people (with SLCN) in YOT in Derbyshire and Derby City
- Established partnerships within YOT
- An evidence base for SLT providing value for money interventions in community based YOS
- A model for how provision would be designed around the needs of the young people and the skills of the existing YO workforce.

Our application for Regional Innovation Funding from Department of Health via NHS East Midlands was successful, and enabled us to recruit a project worker/SLT for 12 months. We aimed to be able to demonstrate that the value of SLT in prison settings could be transferred to community teams where young people first encounter the justice system in order to make a compelling case for future investment in a sustainable service that would meet the needs of some of the most vulnerable young people in our locality. We also aimed to influence commissioning of SLT services beyond Derbyshire within the UK. Our understanding was that YO whose identified SLCN early on, would have better outcomes in terms of their future participation in society and future mental health and wellbeing,

Our project design was informed by the need to involve the full range of YO staff across 5 bases in two local authorities. This would ensure maximum learning about the impact of organisational culture and population differences because of the diverse urban and rural communities covered by our locality. We needed to use methods already trialled in other health or education settings, in other YO settings (i.e. custodial settings) and already used in our own service with other groups of service users. These included combining workforce development with direct and indirect therapy approaches with the young people themselves. So we were using the existing evidence base in

new settings and with a new population. This is the innovation element within our project.

Our three work streams were:

1. Training
2. Identification of SLCN
3. SLT provision of direct and indirect interventions

2. Background

2.1 Early Identification:

In order to look towards a future significant reduction in the number of young people within the justice system with measurable SLCN and a general reduction in YO, it is necessary to look towards prevention and early intervention. The Every Child A Talker (DfE 2010) project, establishes awareness of SLCN within the children's workforce through raising children's achievement in early language, improving practitioners' skills and knowledge and increasing parental understanding and involvement in children's language. Research shows that initial intensive, specialist input for children with primary speech and language difficulties is cost effective over time while offering limited amounts of speech and language therapy is not a tenable alternative (Law, 1992). A large number of YO are excluded from school at some point during their time within the education system and this group go on to have more limited engagement with education providers than their non offending peers. A Sheffield study showed that children about to be excluded from school present with high levels of SLCN (Clegg et al 1999). Clearly, early intervention could significantly reduce both the number of children and young people presenting with SLCN at a later stage during their education and in turn, the number of school exclusions could be reduced.

The Children's Communication Coalition report (2010) recommends that all children should be provided with robust early years screening in order that SLCN, are detected as soon as possible. The potential costs of a failure to provide early detection and intervention strategies are clearly indicated in the following example from an Audit Commission (2004):

"This report looks at the case of 'James' and what is known of the unsuccessful attempts by different agencies from the age of five onwards to intervene in James' life. The total costs for intervention were more than £153,000, of which almost £103,000 is accounted for by the costs of his two custodial sentences. By contrast, the report offers an alternative scenario in which family support through Sure Start, made available from infancy, could have prevented James from offending and kept him in mainstream education. The cost of this approach, including speech and language therapy at age six, and intensive mentoring and one-to-one support in junior and secondary school, is put at £42,000".

The numbers of children entering school with some form of communication difficulty are significant. It is reported that approximately 7% of five year olds

entering school in England have significant SLCN. That equates to around one or two pupils in every class (DCSF, 2008). A programme of early screening and targeted intervention would prevent some of this group of children from falling through the provision net and into offending. The former Chief Inspector of Prisons echoes this view:

”Having seen for myself the connection between youth crime and lack of communication skills, I firmly believe every child should have their communication skills, or lack of them, assessed before they start primary school, to enable them to engage with their teachers.” Lord Ramsbotham (2010).

As well as SLCN, there are a range of other, known and often co occurring ‘risk factors’ which make it more likely that children and young people will find themselves within the Criminal Justice System. These risk factors include:

- Children with SLCN combined with deprivation/social difficulty and/or
- A family history of mental health and/or
- Education placement not being confident about the manifestation of SLCN as antisocial behaviour.
- Deprivation and poverty; with up to 55% of children from deprived areas with SLCN at age 5 (Locke et al, 2002).
- Child abuse and neglect also have a negative effect on expressive communication ability (Law & Conway, 1991).

The Bercow report (DCSF 2008) states that children who miss out on early intervention risk lower educational attainment, emotional, behavioural and mental health problems, psychological difficulties and poorer employment prospects. If speech and language therapy intervention is unavailable during the critical early years then the incidence of longer-term difficulties, including offending behaviour is significantly increased.

2.2 The Issue to Be Addressed:
There is currently no known comprehensive evidence base relating to SLT provision to YOTs in the UK. In view of this Derbyshire and Derby City Council YOT leads, DCHS SLT service managers and The Communication Trust were keen to explore the transfer of learning from institutions into community settings; and to exploit the potential of SLT to further reduce re-offending rates and mental health problems.

Research into this field has been limited to discrete teams within YOS or is restricted to a small caseload (Bryan and Gregory, 2009; Crew, 2008). Much of the research has been carried out in YOI (Bryan 2004). This project has presented the opportunity to develop an innovative and bespoke service to the YOS in Derbyshire and to explore the benefits of and barriers to such a service. Bryan et al (2007) suggest that expected need may be so high that increasing awareness amongst staff would put core services under pressure. By developing a model of service delivery that encompasses staff awareness and empowerment as well as opening access for direct referrals, an opportunity to contain this potential growth has been offered.

SLT targeted at improving the language skills of individuals can significantly reduce the numbers who go on to re-offend. A study described by the RCSLT (2009), showed that recidivism rates fell by as much as 50% for individuals who received targeted SLT in institutions to improve their oral language skills in their first year after release. Investment in identifying and managing SLCN would enable young people to benefit from services more effectively. SLT input into YOT should be focussed on a multi-agency approach. This would increase workforce awareness of SLCN and its impact on the management of YO.

The role of SLT in YOI has been documented and recommendations made by the Royal College of Speech and Language Therapists (RCSLT 2009).

'To improve access to SLT for those in prison and YOT users for the prevention of offending through community provision within mainstream school, inclusion programmes and YOT '

Our project aimed to determine best practice: designing and piloting a service, for Derby and Derbyshire through local authority, NHS and voluntary sector partnership. We aimed to demonstrate that what has been evidenced in prisons can succeed in community settings.

2.3 Project Objectives:

- To develop a community based service model to encompass universal elements (staff awareness and training to enhance existing skills); targeted support for staff (those working with service users with SLCN), specialist assessment and access to SLT interventions. This model mirrors what is successfully provided in the Children's Speech and Language Therapy services we provide. We aim to transfer and adapt this model to integrate with YOS.

- To determine the level of need for specialist services in our communities and to inform future commissioning; locally and nationally. Our communities range from urban to rural; relative affluence to significant disadvantage, and include areas with significant minority ethnic language use.

- To field test a screening tool to identify communication needs.

2.4 Potential Benefits:

Potential benefits of this project:

- Early identification of communication needs
- Enhancing the effectiveness of existing services by tailoring what is available for service users who have communication needs.
- Prevention of later offending and mental health difficulties

The addition of SLT to the partnership that supports YOS users could:

- Reduce incidence of later mental health problems by earlier recognition of communication and the identification of previously undiagnosed

communication difficulties (especially the 'subtle' high level needs that often escape detection in early years or education settings).
- Provide the opportunity to break out of the cycle of offending behaviour and reduce the likelihood of later custodial sentence.
- Provide enhanced opportunities for young people to participate in the full range of educational, recreational and leisure activity in youth and adult life

Through effective integration of SLT into the team, young people can have:
- Their communication difficulties recognised and assessed at an early stage in their involvement with the YOS.
- Assurance that their team and family understand their SLCN and how these needs can be met.

2.5 Derby City and Derbyshire County Youth Offending Services.
The Derbyshire and Derby City YOT were established by the 1998 Crime and Disorder Act. They are statutory partnerships funded by the Youth Justice Board and partner contributions. The service works with young people, their families and local communities to prevent and reduce youth crime. The structure of these teams involves a broad skill mix of staff, working together to provide a broad range of support and intervention for young people and their families/carers. Staff come from a variety of backgrounds including education, social work, general and mental health and areas allied to the justice system, such as probation and the police force. In addition, there is a large cohort of voluntary staff working within and around the YOS structure. Although the cultures and structure of the two YOS within Derbyshire are quite different, for the purposes of this project we are not examining these differences in detail within this report.

Young people enter the service by a variety of routes including at the prevention stage. Here the YOS has a targeted approach to working with the "most at risk" vulnerable young people in society through the development of Youth Inclusion Projects and Youth Inclusion and Support Panels (YISP), as well as through Positive Activities for Young People. This work allows for early identification and referral, followed by targeted intervention work in order to divert and refocus young people into positive and sustainable activity.

A range of work is done at the Pre-Court level, following a first or second minor offence. The young person may receive one of the following instead of being dealt with by the Courts: Youth Restorative Disposal, Police Reprimand or a Final Warning. These disposals are not classed as convictions and are only given to young people who: do not have a history of offending; have accepted responsibility for what they have done and are prepared to address their behaviour in conjunction with the YOS (if that is felt necessary by the police).

Young people committing more serious offences are required to attend court; where in most cases they will receive a Community Order, rather than a custodial sentence. Young people may be given one of the following orders at court: a Referral Order, a Reparation Order or a Youth Rehabilitation Order.

At this stage the YOS becomes responsible for assessing the needs and risks posed by each young person and for ensuring that the young person is adequately supervised and fulfils all the requirements of their order. A programme of intervention will be designed for each young person and will usually include an element of Restorative Justice. It may also include specialist support such as Emotional and Mental Health, Education, Training & Employment, Housing and/or Substance Misuse.

Those young people who have received a custodial sentence may be released back into the community with an Intensive Surveillance and Supervision Order (ISS). Throughout their time within the YOT, a young person will usually interact with a number of different professionals, from a variety of backgrounds. In its recent Green Paper 'Breaking the Cycle: effective punishment, rehabilitation and sentencing of offenders' (2010), the Ministry of Justice states that "Multi- agency working is not new but has received increasing attention in recent years as a way of tackling the multiple problems of offenders". Derbyshire and Derby City Council YOT leads, DCHS SLT service managers and The Communication Trust (all key stakeholders in the project) were keen to explore the transfer of learning from institutions into community settings; and to exploit the potential for SLT to further reduce re-offending rates and mental health problems. Again, Rt Hon. Kenneth Clarke (Ministry of Justice 2010) states that

"Moving the focus from the centre to local areas; creating more opportunities for other providers to deliver services is a key way forward for the support and rehabilitation of offenders.'

There are no secure units for young offenders in our areas, following the closure of the Toscana Unit at HMP Foston Hall. Custodial sentences are therefore carried out in other counties. No YOI were therefore included in this project.

See also Appendix 2.

3 The Better Outcomes for Young Offenders Project

SLT Services within Derbyshire Community Health Services (DCHS) were awarded Regional Innovation Funding (RIF) from NHS East Midlands. The project ran from February 2010 until January 2011, working within the Derbyshire and Derby City YOT, in order to explore the level of need for SLT input and the form that this input should take. This innovative project was designed to foster multi agency working and to explore the potential benefits of such an approach to reducing recidivism within YO.

The proven role of SLT integrated into the institutional workforce where young people are in custody has been piloted in community settings in this project. We have aimed to use the efficacy of SLT to help reduce offending behaviour and reverse the cycle of escalation criminality; although the project period was

insufficient to measure this. Instead this innovation has been undertaken as a service evaluation.

3.1 Governance

The project worker (Gabi Virag) was line managed within SLT services in DCHS, the host organisation. The project was accountable to NHS East Midlands to whom quarterly updates were provided. Within the Derbyshire area a steering group was set up (see appendix 8 for Terms of Reference) established to oversee the operational delivery of the project and to engage key stakeholder organisations.

3.2 Early identification of communication needs: training for the YOS workforce.

It was agreed between all project stakeholders that one of the key deliverables of the project should be a training package; designed to raise general awareness of the communication needs of service users amongst YOS staff. As the Communication Trust, an umbrella organisation covering a number of related charities set up to address the far reaching issues of children's communication difficulties, highlighted in the Bercow Report (DCSF 2008) were already piloting a training resource in a small number of other YOT. It was agreed that the Derbyshire project would feed into this process and become a fourth pilot site for this training package.

In April 2010, a small group of staff from Derbyshire County YO Service attended a 2-day pilot of training on General Communication Awareness. At this stage a screening tool, developed from the Hidden Disabilities Questionnaire Rack, (2005) as part of the Yorkshire and Humberside study into hidden disabilities within the prison population. This training had already been rolled out in the other YOT pilot sites of Milton Keynes, Ealing and Kent.

The package of training, including a revised package of strategies for discussion and implementation was then rolled out to staff in both the County and City Teams. It was hoped that all core staff including those working within prevention and also voluntary staff would be able to access the training. The roles of staff taking up the training offered represented a broad range of staff groups, including education; mental health; prevention; drugs and alcohol; specialist health nurses; seconded police staff and managers (see page 20 & 21).

3.3 Enhancing the effectiveness of existing services

In addition to formal training and advice, a key objective of the project was to make SLT available on a consultative basis, for general advice in supporting young people with SLCN. Consultancy sessions were offered at each of the YOT offices for this purpose. The therapist was also available to be contacted by phone or email during this time.

During the project we have offered formal training to all volunteer and core staff members within the YOS. We trained 29 members of County staff, 17 members of City staff and 3 volunteers from the City in General Communication Awareness.

We have also had 22 one-to-one consultancy sessions with staff either face to face, via email or by phone, which have addressed the needs of up to 50 young people.

Four County Team Champions have been trained on both higher-level communication skills and the Communication Needs Hidden Disability Questionnaire (CNHDQ). This detailed tool enables champions, who have developed more advanced skills in managing SLCN, to support caseworkers and to identify appropriate strategies for the young person. They are also able to identify those young people whose needs require specialist input (i.e. referral to the specialist SLT)

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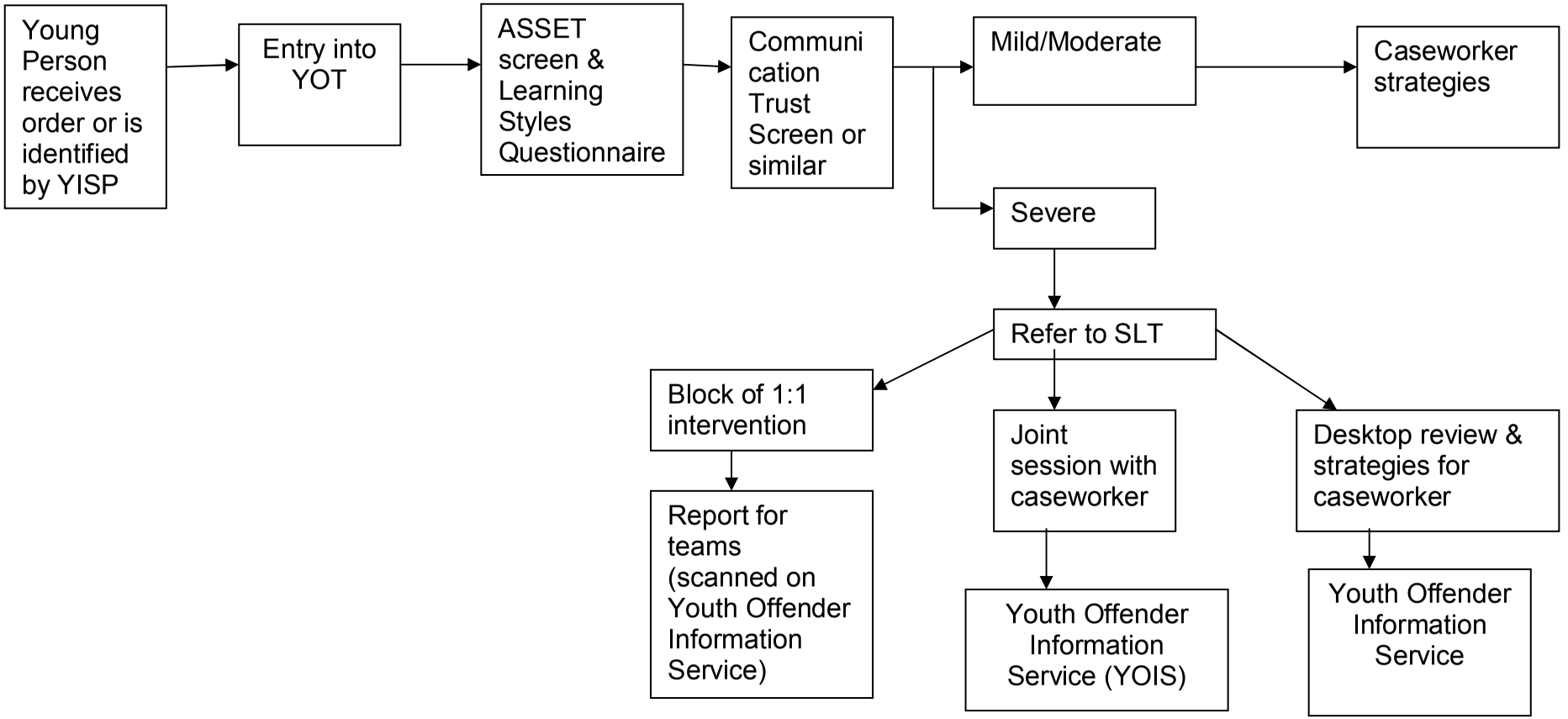
3.4 Referral Pathway (figure 1)
During the project the following referral pathway has emerged



This pathway aimed to allow SLT intervention and support at the correct level for each young person and staff within the YOT, depending on need. It enabled a young person entering the YOS to be assessed on the standard YO Team tools, (ASSET -Youth Justice Board, 2006) and the Learning Styles Questionnaire (Derbyshire City and County Councils own tool).

Young people identified as having mild to moderate need were supported by caseworkers; with advice from Communication Champions as required. The Basic Communication Awareness Training equipped caseworkers with the necessary strategies to provide such support.

For those young people who were identified as being at risk of having more severe SLCN, a direct referral to the Specialist SLT was made. Following this referral there were three intervention options available: joint sessions with the caseworker or work undertaken indirectly through the caseworker were offered. A block of direct one to one therapy was sometimes provided, followed by a report to the referring agent and advice on ongoing support strategies. Alternatively, a joint discussion or review session with the key worker was offered and again accompanied by strategy suggestions and/or a Communication Passport: a document used to present information on a young person's SLCN and their strengths in a practical, easy to access and person-centred way.

3.5 Direct Interventions with Young People:
During the time in which the SLT was available to take direct referrals from the YO Service, 28 young people were referred for direct intervention. Many of these young people were seen for informal discussion sessions and, where possible a self-rating scale (see appendix 5) was administered. In addition, interviews or phone contact with parents/carers was made, as well as meetings with referring agents. In a small number of cases formal assessment was carried out using the Test of Adolescent Language (Hammill et al, TOAL4) or Clinical Evaluation of Language Fundamentals - Fourth Edition UK (. Information on the outcomes of intervention were disseminated via verbal feedback and by reports which were included in individual records on the YO Information System (YOIS).

3.6 Value for Money Exercise
Following the project SLT managers with the support of a senior accountant and consultancy from the Young Foundation, calculated a Return on Investment. Without sufficient longitudinal data on the outcomes for young people with SLCN (with or without SLT intervention) we were unable to calculate a definitive return on investment figure. However, we were able to compare the cost of the proposed SLT service (see recommendations section) with costs for sentences which we believe are avoidable for some young people with SLCN, based on local case studies and national evidence base on the reduction of re-offending following SLT in prison settings (Moseley et al 2006).

3.7 Dissemination of Key Messages:

During the project, sustainability has been a crucial objective, and to this aim, we have endeavoured to identify and meet with key stakeholders in partner organisations throughout the project (see above under 3.1 Governance).

Within YOS management meetings, project presentations and staff meetings were used to update YOS staff and managers. Informal discussions with YOT staff have enabled key issues to be expressed. The training sessions have also allowed for discussion of key information and the sharing of knowledge.

In addition, information and key messages have been disseminated to NHS East Midlands (Strategic Health Authority), Derbyshire Children's Trust and Primary Care Commissioners and to YO Leads across the Region and Nationally (see appendix 3).

An agreed exit strategy is included as Appendix 10.

4.0 Learning from the Better Outcomes for Young Offenders

4.1 Introduction

During this project the proven role of SLT within the institutional workforce where young people are in custody has been transferred into community settings. We have aimed to use the efficacy of SLT to help reduce offending behaviour and reverse the cycle of escalation criminality. To demonstrate that the SLT role is transferable to community settings the following objectives have been met:

- The delivery of a community based service model to encompass whole-system universal elements (staff awareness and training to enhance existing skills);
- Targeted advice for staff (those working with service users with identified SLCN),
- Specialist assessment and access to speech and language interventions.

This model mirrors what is successfully provided in local children's SLT services currently available. We have aimed to transfer and adapt this model to integrate with YOS We have determined the level of need for specialist SLT provision for our communities and to inform future commissioning; locally and nationally.

The City and County YOS have very different organisational cultures and structures, serving very different communities. Future local provision will need to take account of their differing needs. However, for the purposes of this report the data from both services will be viewed together. This project has explored the most effective ways in which this support can be provided in community rather than institutional settings. The following key themes were identified:

4.2. Training the Youth Offending Workforce

All staff working with this group of young people, including volunteers, require training in basic awareness of SLCN. This evidence can be seen when looking at the pre training questionnaires (see appendix 7) where the majority of staff had limited knowledge about both specific aetiologies and the importance of effective communication; what is meant by communication needs and the relationship between language, literacy and behaviour. In the majority of cases, *(*approx 96%) pre and post training questionnaires indicate learning gain following training. Even those staff that began the training with relatively high levels of knowledge of SLCN indicated that they had gained knowledge through the training sessions.

Both written and oral feedback was used as part of an evaluation and redesign process around further development of the training package. One of the main concerns of staff attending the training pilot in Derbyshire was that they wished to see a greater number of strategy ideas and support in informing and changing working practice included within the training package. Of particular concern to YOT staff was the way in which any strategies would link into the Learning Styles Questionnaires, which are carried out on all young people entering the YOT and the outcomes of this screen. During discussions with staff, it became clear that many young people within the YOT have a very visual style of learning. This would fit in with the profile of communication difficulties which many young people within youth justice exhibit, 35% of YO having speaking and listening skills below Level 1 of the National Curriculum, Davies et al., (2004). Therefore, a broad range of visual strategies and resources was included in the updated training package.

During the training, staff were given time to reflect on and share their current practice, as well as looking at how to introduce new ideas and ways of working with young people with a variety of communication needs. It became clear during the training that staff within the YOS were already using a range of strategies and had developed skills in working with young people with SLCN. However, staff were often not confident in why they were using different strategies and what benefit these had for the young people in their care. Through shared discussion and reflection, as well as by making explicit, different types of communication difficulty and highlighting key aspects and co morbidity in a range of disorders such as Attention Deficit and Hyperactivity Disorder (ADHD), Dyspraxia, Dyslexia and Autism Spectrum Disorder, staff were able to see how the use of a range of strategies could effectively support young people.

Many staff already have effective skills in working with young people with significant SLCN but would benefit from having these needs and the issues around them, made explicit. This became clear during the training sessions when staff were sharing their knowledge, experiences and strategies for working with young people. Training needs to include facilitating time for reflecting on current practice and sharing ideas and information with colleagues, as well as on learning new strategies and increasing knowledge of

specific disorders and the overarching links/commonalities between them. During the development of the training it became clear that one size does not fit all. Due to the wide variety of backgrounds and experience of staff a menu of training is needed to offer the YOT flexible and effective training.

During the project it has been demonstrated by the relatively small number of staff able to attend training, that, for training to succeed and reach the widest audience, it should not be viewed as a 'one off' session. This training should be integrated into the service's rolling programme of training, in order to ensure that all staff can access it; particularly in view of staff turnover and other competing training demands.

One of the comments which came out of the Basic Awareness Training (see appendix 7, staff comments) was that staff would like more information relating to specific conditions (e.g. Dyspraxia, ADHD etc). In view of this and following on from the hands-on training, it is envisaged that staff would be encouraged to access further online training around specific communication disorders (For example: www.**sentencetrouble**.info/forum) *Overall*, there was a clear pattern of learning gain demonstrated on the Basic Communication Awareness course. In particular staff found the Crystal Model activity, which looked at different characteristics of a variety of disorders, helpful in understanding the range of difficulties that a young person may face. The nature of the YOS structure and its history of a changing mix of staff from a broad range of professions, means that it offers flexibility in embracing new practices and innovations.

Figures 2 and 3 demonstrate the diversity of staff groups working in Youth Justice. Aspects such as shared, computerised records and the integration of and access to data systems, means that many issues which can be barriers when introducing a new service to an existing team, become much less problematic. See also Appendix 2

4.3 Screening Service Users in YOS

Prior to training on the screening tool, the YOS in Derbyshire had not had a means to formally screen the SLCN of service users and therefore were unable to inform practice within this client group.

Staff attending the training also commented (during informal discussion sessions held with the therapist on training days) on the need to identify young people's levels of communication skill and to highlight any young people with specific or severe SLCN, at an early stage, through effective screening. In this way, the staff felt that practice could be informed in a timely way and their ways of working with a particular young person could be tailored to the specific needs of each young person. Following discussions with managers in the County team, it was agreed that a core group of staff would be trained to use the Communication Trust Screening Tool: Communication Needs Hidden Disability Questionnaire (CNHDQ, 2010) and that this tool would be embedded into a general early screening process for each young person entering the YOT. Until this training was carried out and staff accredited, a generic screening tool, used in the Leeds and Bradford YOS

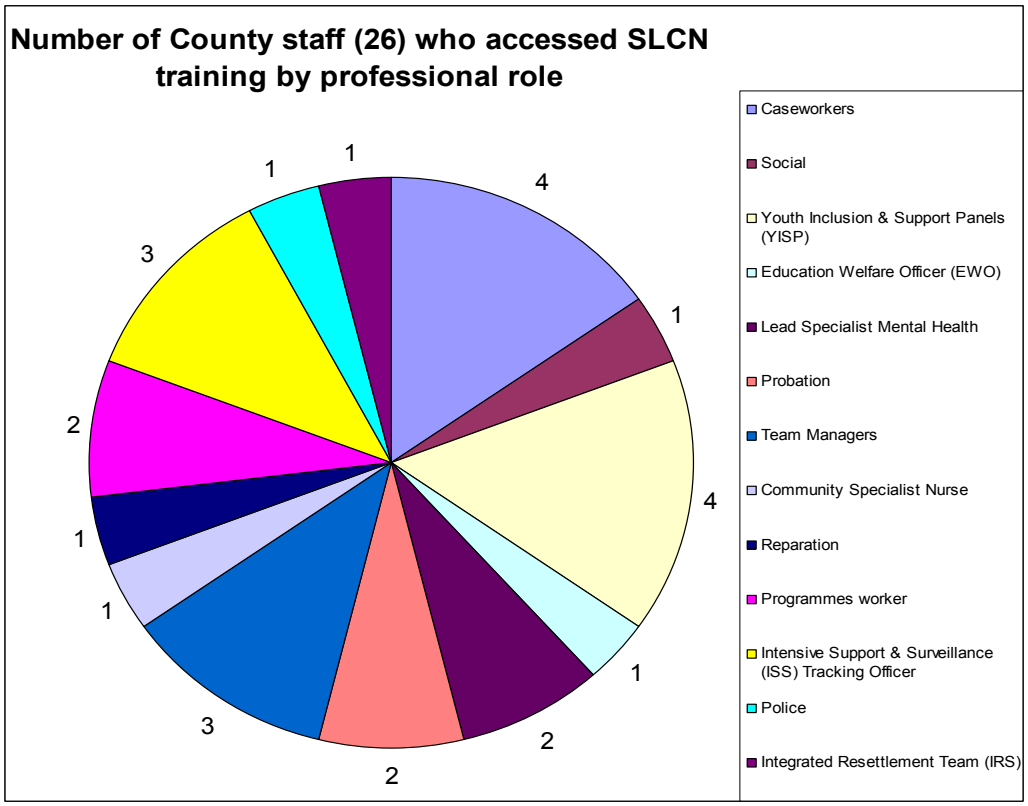
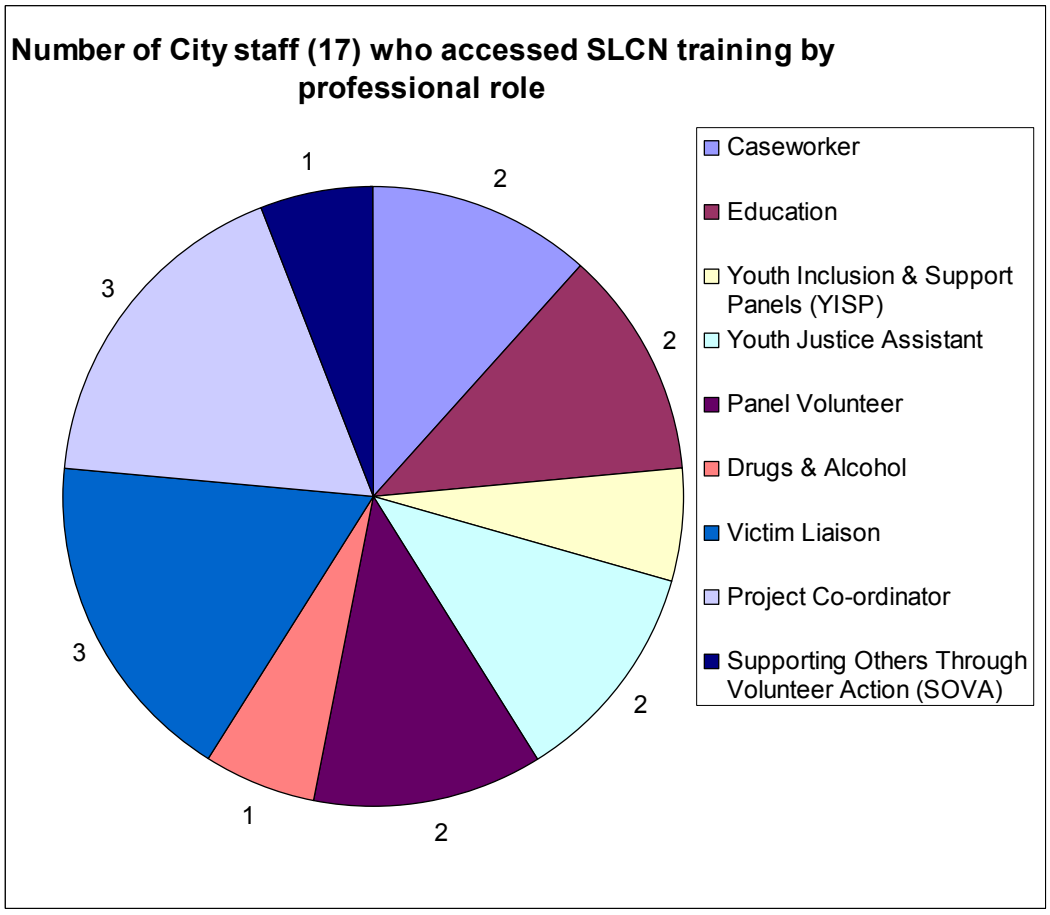


Figure 2

Figure 3



was made available to staff in all YOT offices and was used in both the County and City teams. As the Communication Trust screening tool involves a considerable investment in terms of time and administration, the City team chose to continue to use the generic screen on an ongoing basis, rather than the Communication Trust's tool.

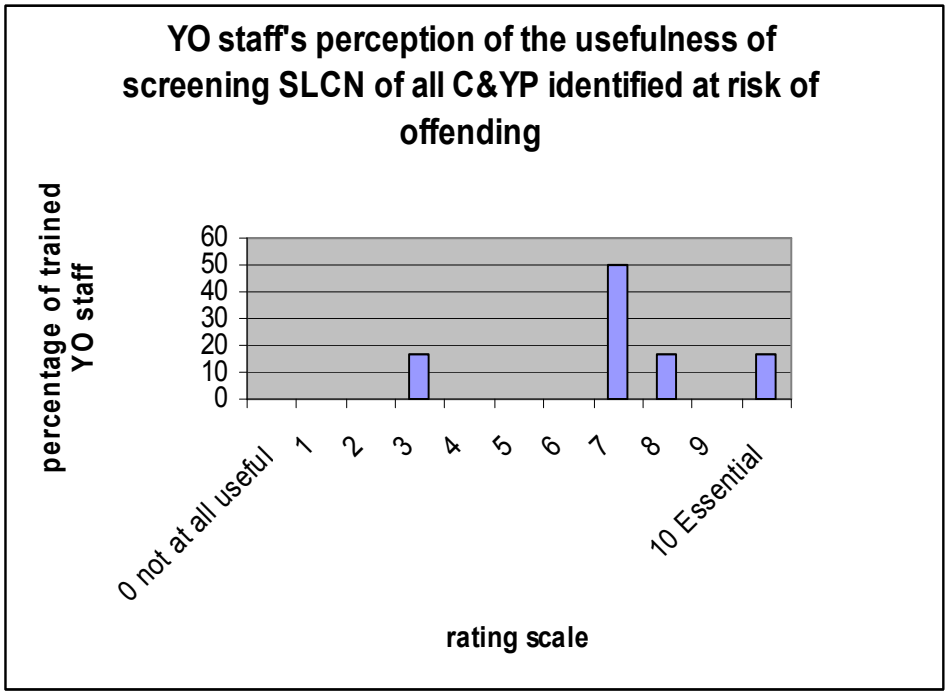
Throughout the project, Derbyshire has played a key role in the development of Communication Trust training and screening tool packages. We have been a pilot site and have informed changes to and the development of a menu of training; with inbuilt flexibility, which will now be rolled out across up to 50% of YOT in England during 2011. Staff within the YOT identified SLCN as a major area of difficulty for young people. 88% of staff felt that between 50% and 80% of young people within the YOT had SLCN (see appendix 7). The number of referrals made to the SLT was relatively low; with only 28 referrals made. Referrals increased as the awareness raising and training activities gathered pace.

Screening of all young people entering the YOS, including those young people who are known to prevention services such as the YISP (Youth Inclusion and Support Project) was recommended by YOS staff during informal discussions at the training sessions and felt to be potentially beneficial in identifying those young people who are most at risk, at an earlier stage.

The benefits of early screening are described in Section 3.2 'Early Intervention'. By embedding a robust screening tool into the initial assessment battery for each young person, it allows staff to inform their practice and target intervention in a more structured and client centred way. A screening tool, such as the Communication Needs Hidden Disability Questionnaire Communication Trust (2010) used during this project is recommended. This looks at a range of SLCN issues and can provide YO staff with suggested areas of difficulty and signpost when onward referral may be necessary.

Around 20% of young people breach the terms of their order. This is a significant challenge for YO Services. Anecdotal evidence from staff suggests that young people breaching their orders often do so due to issues around SLCN. For example, one young person's order stated that they should "refrain from loitering outside retail premises". The young person failed to understand exactly what this order meant in practical terms and was breached for failure to comply. Often simply organising themselves to attend appointments on time and on a regular basis is very challenging for young people who have specific needs around language and communication. Providing support for these young people, which will assist them in complying with the terms of an order, is essential for the young person to move through the Youth Justice system, rather than become trapped in a cycle of repeated breaches.

Figure 4



In addition, to the referral pathway (see 3.4 figure 1) it is proposed that the young person will now be screened on the Communication Needs Hidden Disability Questionnaire (Communication Trust 2010) or similar tool, in addition to the Asset and Learning Styles Questionnaires. Screening at this early stage allows the young person's strengths and needs to be identified

4.4 Consultancy Role within YOTs

A visible SLT presence to reinforce the communication agenda would be advantageous; as conflicting priorities, team culture, reorganisation of services may reduce the effectiveness of the input of SLT in the team. Basic awareness training will enable staff to understand the impact of SLCN and to utilise the SLT within their team.

Due to the complex needs of many of the young people within the YOS and the large number of interventions that many of these young people are expected to have, direct one to one work with a speech and language therapist (SLT) may not always be appropriate or necessary. The difficulties that many of the young people had with engagement in therapy sessions, suggests that where possible and in cases of less severe need, working through caseworkers (Youth Justice Practitioners) in a consultative role, may be the most effective means of intervention. In this way, the caseworkers can take more ownership of the strategies and intervention techniques they are using and become confident in generalising these to the rest of their practice and sharing them with other staff working with a young person, as appropriate. Ideally, the caseworker would have support from both the SLT and the team Champion, as required.

Between 1/10/08 and 30/09/09 approx 1500 young people received a Final Warning or Court Order and between 1/10/09 and 30/09/10 approx 1220 young people received a Final Warning or Court Order. Due to the large geographical area of Derbyshire (1029 square miles), the size of the Derbyshire Youth Offending Service and the 5 offices to be covered, the SLT was unable to be present in offices on days when staff in any office were all available. This meant that some staff did not have direct, face-to-face access to the SLT. In addition, the SLT's visits to each of the offices could not be frequent enough to maintain the high profile, which may have been necessary to generate more referrals. In contrast, other work done in this field by SLTs has concentrated on a discrete part of a YOT, such as the Intensive Support and Surveillance Programme (Gregory and Bryan, 2009) or with a small and defined caseload (Crew and Ellis, 2008) where access to all staff is easier.

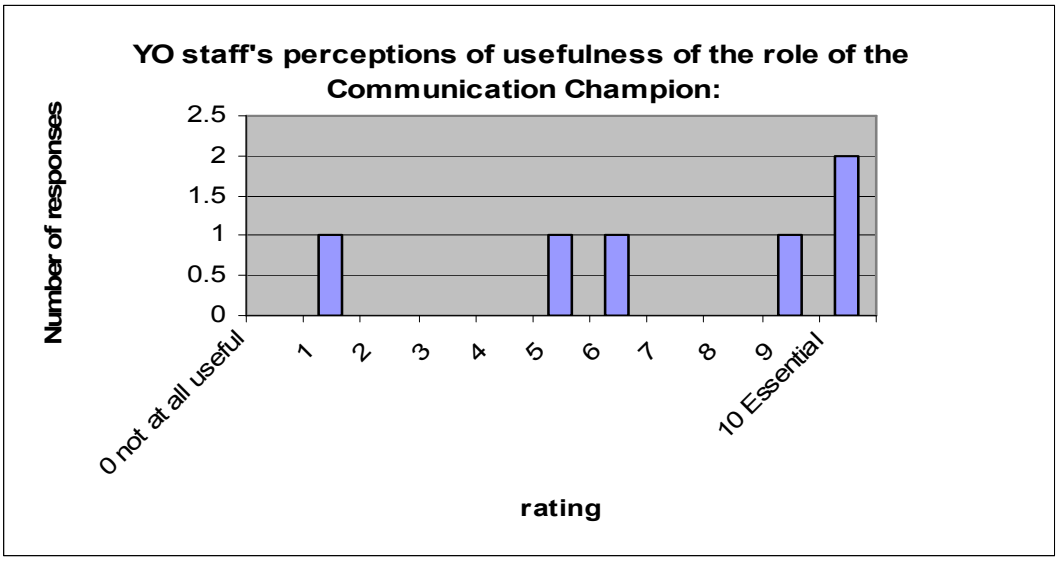
Strong leadership in the SLCN agenda, from both YOS and SLT managers is highly desirable (and has been fundamental in this project); in order to ensure the integration of the new service into the complex structure of the YOTs. Strong leadership has been particularly helpful in accessing meetings, IT support and to release staff for training.

4.5 Developing SLCN champions within YOTs

A number of key staff were identified in each work area, as Communication Champions. The role of this Champion (the Communication Trust 2010) is to act as a catalyst for change, to support YOT staff in identifying hidden communication needs and to encourage the embedding of communication supportive approaches. The Champion is someone with an interest in SLCN, who can support colleagues in changing their approaches and practice, so that awareness becomes embedded within the service. In other YOS, where the role of Champion has been established for some time, there have been benefits for both the staff and young people within those teams. These benefits include enhanced awareness of, and confidence in, working with SLCN and the development of resources, which are more accessible to young people displaying signs of communication difficulties.

The Communication Champions should have access to the national Champions network, via the Communication Trust's website and online forums. Support from and access to the local SLT for individual consultancy sessions, peer group workshops and further training is highly desirable. Further online training from the Communication Trust's training menu is now available via a link with the Youth Justice Board via their Interactive Active Learning Site (YJILS).

Figure 5



4.6 Specialist Input

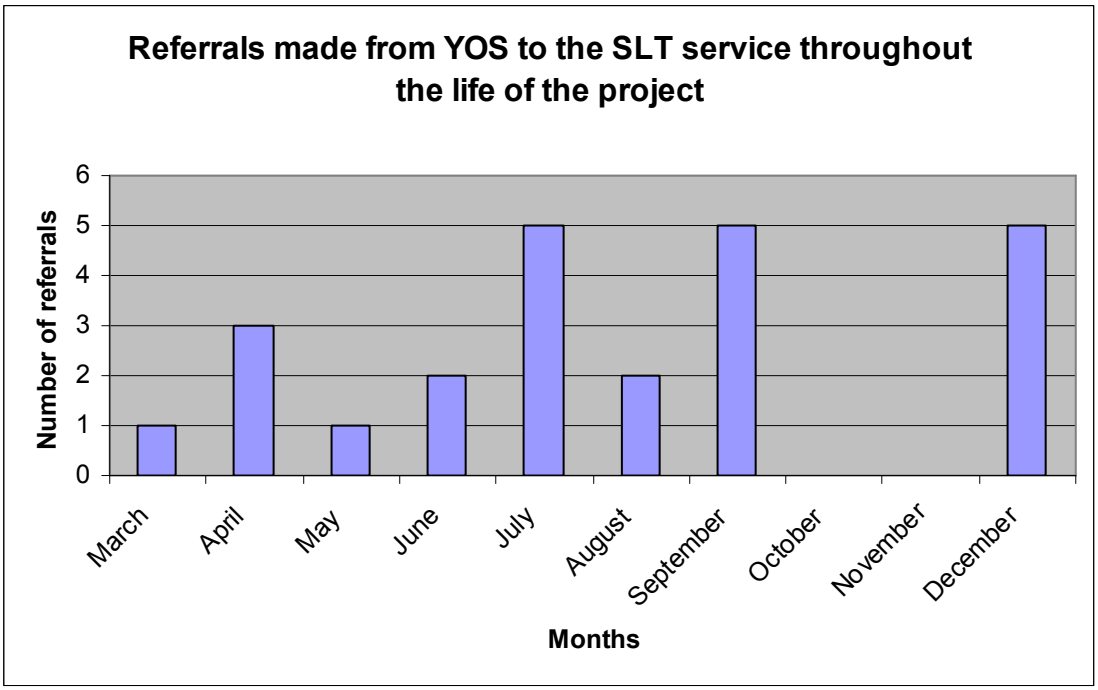
For some young people direct intervention by the SLT may be both necessary and possible. Such intervention can be particularly useful when pre sentencing reports and similar documentation is being prepared, in order to inform the process: this observation was made frequently by YOT staff during discussions on the training days. Working directly with young people, in order to encourage the development of functional strategies and increase self-esteem are also key roles for the SLT in these circumstances.

Several reasons for this are suggested:

Familiarity with the availability of the service was low in both the City and the County Teams, as no referrals from either YOS had ever been made into community SLT within Derbyshire prior to this project. As the awareness raising work around SLCN began to reach a greater number of staff, the rate of consultations and referrals both began to increase as staff became more familiar with the service offered. Referral rates were higher amongst staff that were more familiar with the SLT service.

The YOS comprise a large number of different professionals, working either alone, (e.g. specialist health nurses or specialist mental health workers) or in small teams (e.g. training and education, restorative justice and addictions work). There is also a number of agency staff within the YOS. In view of this, it can take time for a new lone worker, such as SLT, to become established across a number of different offices

Figure 6



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There was some uncertainty from staff as to whether a referral may or may not be appropriate. Some staff discussed this with the SLT prior to making a referral. During the life of the project, however, no inappropriate referrals were made. In one case, a referral was made for a young man with very complex needs; where it was not clear whether mental health issues, family environment or complex communication were at the root cause of his difficulties. After detailed assessment, it became clear that SLCN were not the cause of his difficulties and no further SLT intervention was indicated.

Of the 28 referrals made to the SLT service during the project period, 4 were withdrawn by YOT staff prior to contact being made by the therapist. In these cases, the referral was withdrawn as the young person had acute issues, which needed to be addressed as a matter of priority (such as mental health, social or general health concerns) before the commencement of SLT input:

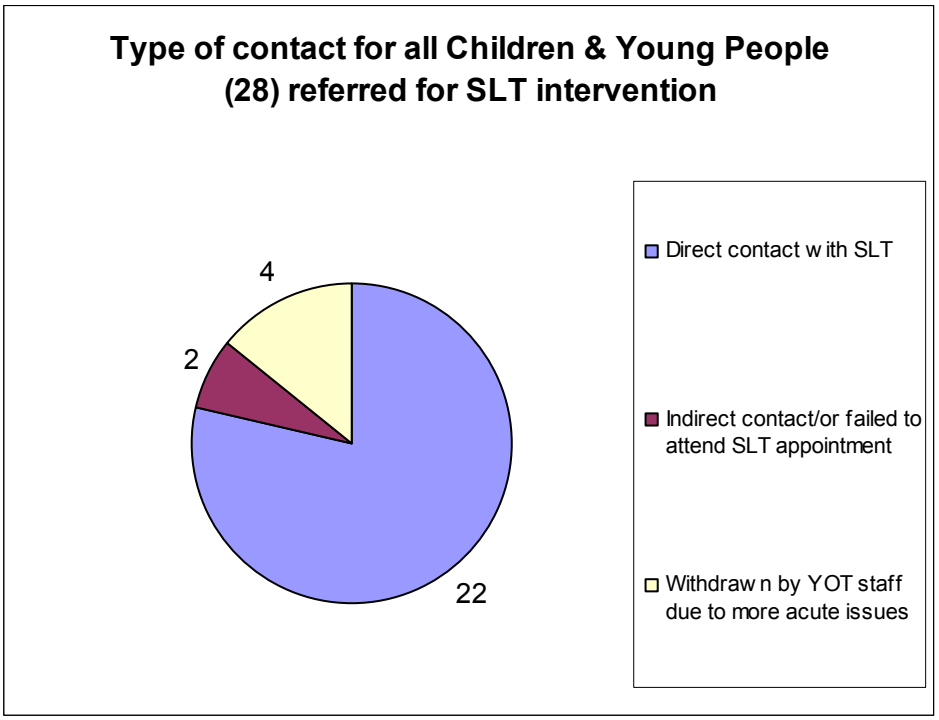
- 2 young people had no direct contact with the therapist, as they felt unable to participate in a planned session.

- 22 young people had one direct contact with the SLT.

- Of the above 22, 20 young people went on to have more than one direct contact with the therapist. The average length of an episode of care was 4 sessions; with a range from 1 to 8 sessions per episode.

- Of the 20 young people who received at least one direct SLT contact, 18 exhibited some anxiety and concern around being referred to a SLT and the majority of young people found the process of exploring their language skills challenging; with 2 young people disengaging after the second session.

Figure 7



Early sessions with those referred were very informal in structure in order to manage the young person's anxiety levels - these were noted through SLT observation and discussions with YOT staff and parents/carers where possible.

Of those who were willing to engage with informal assessment, self-rating scales (see appendix 4) 100% of the young people assessed indicated difficulty with social skills and with understanding language. In addition, 60% of young people rated themselves at a 4 or lower (where 1 is very poor and 10 is good) for memory and organisation skills.

Of the 7 young people who were able to complete more than one self-rating scale, over the course of intervention, 6 were able to demonstrate positive changes in the area of social skills. These scales were generally administered during the first session and then repeated at the third or fourth sessions where possible. Those that felt able to complete a second self rating, were the young people for whom SLT intervention was regarded as positive: young people who were finding the intervention challenging or intrusive, were not able to complete a second self rating scale. The outcomes of self-ratings can be seen in Figure 6:

Figure 8

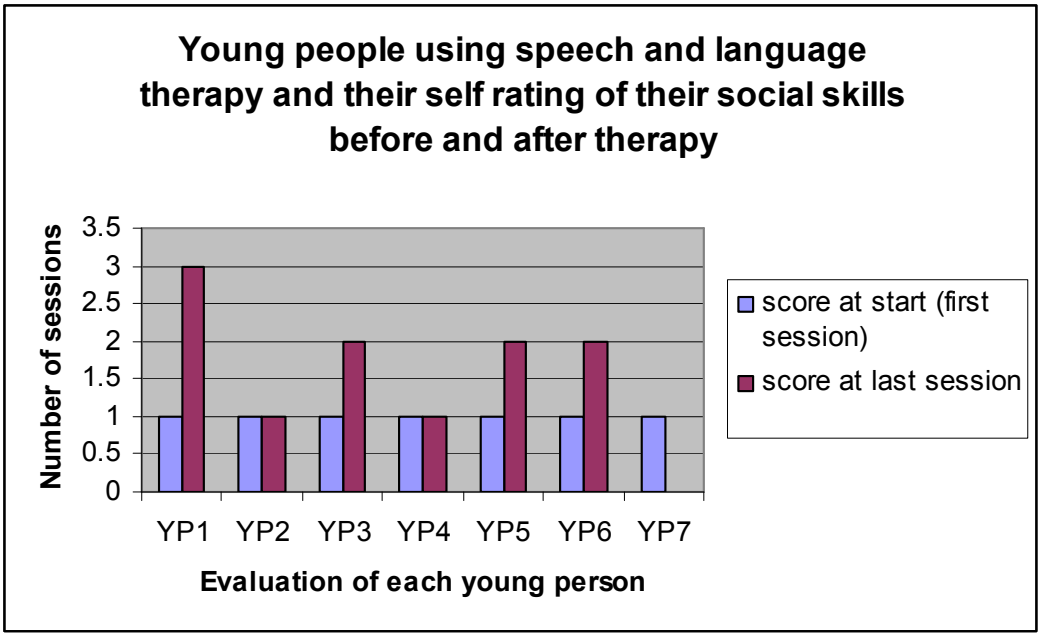
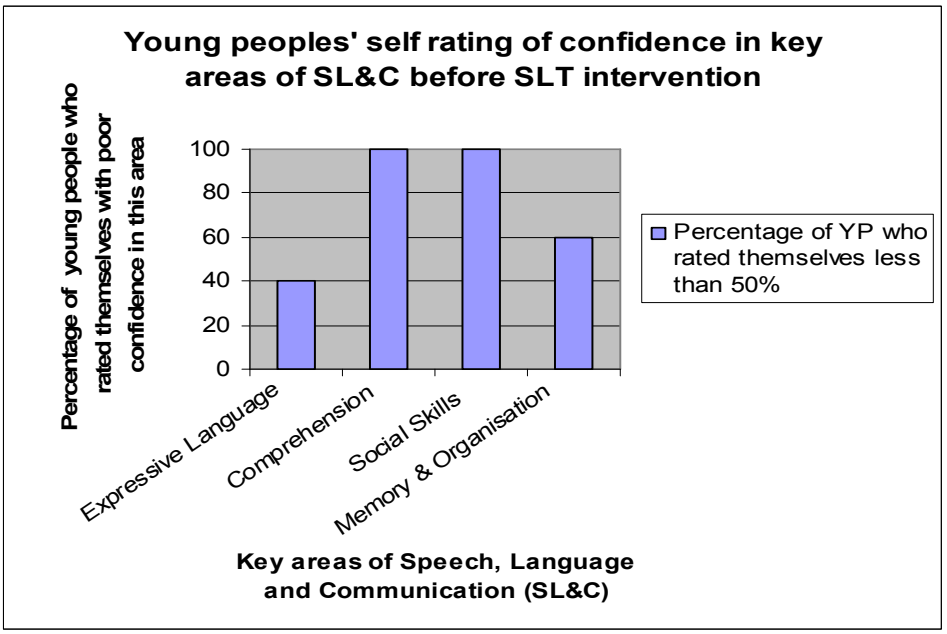


Figure 9



Appendix 1 illustrates through three case studies, how speech and language and communication needs have made a significant impact on the lives of some of the people engaged in this project.

Reece's story highlights how, making communication skills explicit and providing positive strategies can impact on a young person's self esteem, motivation and ability to change negative patterns and experiences.

Conversely, Mark's story illustrates how other issues can often get in the way of speech and language intervention. We have discussed in earlier sections how many young people within the YOS have very complex needs. In many cases, although the young person may have significant SLCN; these needs cannot be addressed until more acute issues have begun to be resolved.

We have had no inappropriate referrals during the life of the project. All those referred have met the criteria for referral at Tier 3 of the Commissioning Framework (Figure 12 page 40) and have followed the Referral Pathway (3.4 figure 1) on p15

2 young people were unable to engage from the outset and 2 more young people disengaged after the second session. In these cases the young people reported feeling that SLT intervention was too challenging, as they were concerned that it would reveal difficulties or issues that they were not ready to face at that point in time.

In 4 cases the recommendations of the SLT could not be followed up. In these cases, this was primarily due to the young person feeling that things were looking much more positive for them and as such, they would not need to act on SLT recommendations. In two cases, the recommendations were not followed up by the key worker; due to issues with the young person's mental health and/or compliance (see Mark's story appendix 1) In such cases, ongoing consultation sessions with the caseworker helped to address some of these issues by providing knowledge and confidence for the caseworker to address SLCN where possible.

4.7 Early Identification of SLCN and Prevention of Offending

The role for SLT services to contribute to the prevention of criminality amongst the large number of children with SLCN through earlier and more effective identification was not part of our project. However the potential for SLT staff to have a more proactive role in this respect became increasingly evident as the project progressed. Within the project only 2 young people were referred who had been previously known to local SLT services. Many of the young people referred came from backgrounds of deprivation or abuse and neglect. If their SLCN had been identified and a referral made to SLT services, it is possible that these young people would not have attended for appointments or engaged with services. We know the risk factors for criminality and for SLCN, and it was clear that existing systems for identification of SLCN in many children have not picked up the majority of those who were referred to us or discussed with us during the project.

Staff and managers within YOS were convinced that identification and appropriate management of SLCN had potential to reduce the number of court orders that were breached and for SLT contribution to pre-sentencing reports would be advantageous. One would expect therefore that repeat offences and further sentences could be avoided if the Justice workforce at all levels had a better understanding of the specific needs of a young person at an earlier point in time.

In the past YOS had not had sufficient awareness of SLCN or access to the SLT service to make referrals where a multi-disciplinary team approach was not essential. For example where the young person had a speech sound difficulty or a stammer, that had not been previously identified or managed by existing SLT services. At the end of the project YO staff know how to refer, who to refer and can access the mainstream children's SLT services in Derbyshire, provided by two provider organisations. However the proportion of children where a multidisciplinary team approach is not required is small. The majority of children and young people using YOS who have SLCN have severe or complex difficulties and require input from SLT within the context of a team approach.

5 Conclusions

5.1 The Level of SLCN need in YOTs

Before the project, there was no access to SLT services for YOT who identified SLCN amongst their service users. There was no history of referral of YO to local services. There were no referral pathways to link SLT service provision with the needs of YO. There was no previous evidence base for SLT within YOT in the community, and no precedent for commissioning of SLT for offenders until they reached sentences in YOIs.

Staff accessing training during the project estimated that over 60% of service users have SLCN. This proportion mirrors what previous studies in YOIs have identified.

5.2 Role of Speech and Language Therapy in Youth Offending Teams:

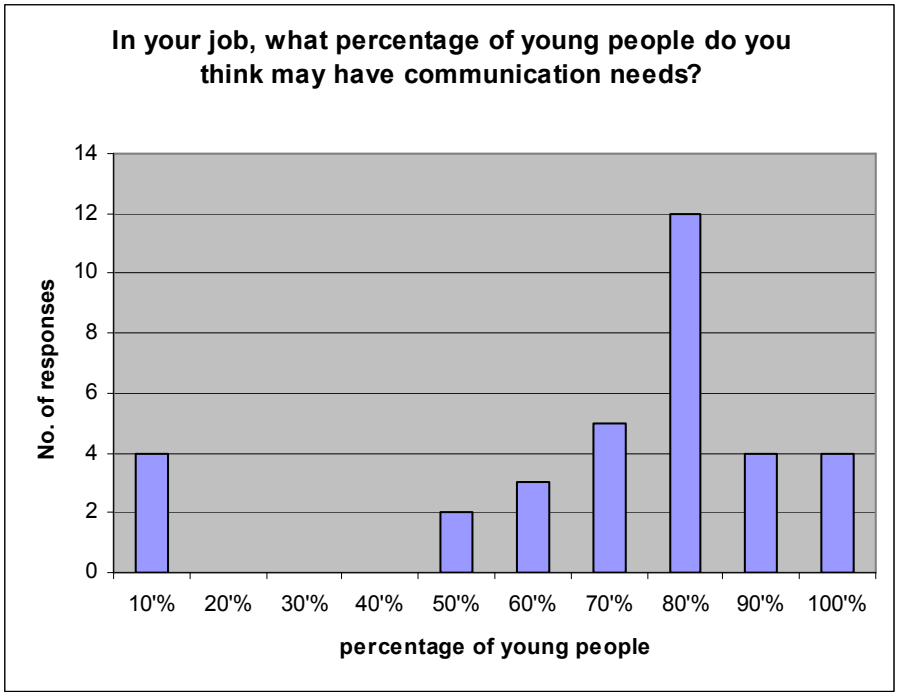
This project has shown that there is a need for SLT within the YOS based on:

1. The experiences and reflections of the SLT in the project.

2. Views of the staff teams/managers taken in the final weeks of the project. (See appendix 4 for the BOYO questionnaire and responses) The outcome of this questionnaire indicates that a significant number *(*83%) of YOS staff consider having awareness of SLCN and being able to discuss a Young Person with a SLT or make a referral is essential.

3. Confidence building around caseworkers and YOS staff. Following on from the training given, post-training questionnaires (see appendix 7) indicate that staff have made quantifiable learning gains and therefore increased in confidence.

Figure 10



4. Consultancy sessions (informal discussions) with the SLT have made an impact on the types of referrals made and confidence in making referrals. 25 out of 28 referrals were made with prior consultation with the SLT. The outcomes of this project and the quantifiable pre and post training comments (see appendix 6) suggest that consultancy should be prioritised as a way of consolidating staff knowledge and increasing confidence.

5. Young people within the service are often disengaged from formal education and therefore are not referred to current SLT provision, which is usually accessed through education. In some cases, this is because the school do not feel able to meet the needs of the young person, or because there are issues around attendance of the young person at a named school. Staff within the YOS receive early notification of those young people at risk of or about to be excluded from an educational setting. One of the key indicators around the risk of offending, according to the Youth Justice Board (YJB) is a lack of engagement with education. One of the National Standards (B420) for Youth Justice Services Youth Justice Board. (2010) is to have 80 – 90% of young people within their care, engaged in education by the end of their order. The YOS supports a variety of educational pathways. This may be via placement in a Pupil Referral Unit, a mainstream placement or other individual arrangements; such as on line programmes of work.

SLTs could be effectively engaged in supporting educational placements to best meet the needs of the young people within such placements. A model for intervention within educational settings already exists within the

local Mainstream Speech and Language Therapy Service and this model could be adapted to support young people within the YOS

5.3 Levels of Knowledge Amongst YOS Staff

YOS staff have valued the input of SLT and are able to see how it fits into and enhances their patterns of working. Quotes from pre and post training questionnaires and comments made on the end of project survey by YOS staff include:

"Awareness and/or increased knowledge of how to communicate with young people with SLCN could provide invaluable information and improve communication with the young people, thus enhancing the chance of a positive working relationship."

"Every young person should be assessed for SLCN when first starting to work with the YOT"

It is clear from baseline knowledge and the measures of learning gain that staff within the YOS have positively benefited from the inclusion of SLT within their service. When asked, 'which aspects of the training were particularly successful for you and why?" staff responses Included the following:

"For me, the topic was interesting, I was eager to learn more about communication needs, to be honest, I would have enjoyed learning in more detail about each 'area' that are involved in communication for young people more, e.g. dyslexia."

"A couple of the exercises were useful to highlight how frustrating & embarrassing communication difficulties can be. Lots of useful written info to take away."

"All of it as no prior knowledge or understanding"

5.4 Impact on Prevention of Ill Health

During meetings with some staff to discuss specific young people, advice was given regarding where to find resources, information and strategies to support certain health conditions; including sexual health and safeguarding.

Staff feedback indicated that this was helpful and the information was used with girls 14 –16 years with Learning Difficulties, who were engaging in inappropriate relationships with older men and risky sexual behaviour. In our area recently there have been successful prosecutions of men who have been convicted of sexually exploiting vulnerable young girls. Many of the young girls involved with the YOT are at risk in terms of safeguarding issues, unwanted pregnancies and Sexually Transmitted Infections as well as other types of exploitation. As Chloe's story (see appendix 1) indicates, although SLT is not the sole answer to such issues, by training and supporting staff within the Justice, YO and Education systems to identify and support SLCN and actively engage them in educational placements, some of the risks for

these young people may be reduced. As a service provided by the NHS, SLT could form a useful bridge between YOS and healthcare provision.

5.5 The Case for Future Funding:

Central Policy: Over recent years the profile of SLCN and young people within the Justice System has been recognised. The Bercow Report makes reference to this issue within the review of Children's SLC Services. It states that children with SLCN entering the justice system are reported to have speech, language and communication difficulties, which are:

"…Sufficient to affect their ability to communicate with staff on a day-today basis, to prevent them from benefiting from verbally mediated interventions, such as education and offender behaviour work and, if not addressed, to contribute to re-offending". (Bercow Report, 2008)

In addition
"A significant number of young people who find themselves within the criminal justice system present with complex reasons for their SLCN. Juvenile offenders also often face a range of social and health problems, some of which are different to adult offenders". (Ministry of Justice 2010).

These reasons include a lack of social and educational opportunities and a background of complex developmental problems, as well as communication difficulties associated with mental health, emotional and low self esteem issues (Children's Communication Coalition, 2010).

National Evidence Base: It is recognised that SLCN are the most common disabilities in childhood, affecting up to 10% of young children in society. However, the incidence of communication difficulty amongst children and young people in contact with Youth Justice Services in England sees this figure rising rapidly to over 60% (Bryan et al, 2007).

A recent economic evaluation of SLT in terms of value for money, looked at specific language impairment as well as autism and concluded:

'The net benefits of SLT – which can be defined in terms of cost savings for health and social care service, improved quality of life and productivity gains – exceed the costs of its provision' (Matrix Evidence 2010).

Local Evidence Base: this project has enabled staff working within the Derbyshire YOS to comment on their perception of need, via pre training questionnaires (see appendix 7). In the County Team the majority of staff questioned felt that between 60 % and 100% of young people in the YOT had SLCN. In the City team, the majority of staff felt that between 50% and 100% of young people they worked with exhibited SLCN.

The evidence base for a high percentage of YO suffering from significant communication difficulties is very strong (identified at least at 70% in all current research findings). The Public Accounts committee (Feb 2011) recommends that:

' Where such difficulties are identified, speech and language therapy should be considered as part of the sentence plan '

5.6 Cost of Future Service Provision

A cost breakdown of the proposed service model designed to meet the full needs of prevention, consultancy, workforce training and direct interventions (see Recommendations) for young people in our area (bordered by Derby City and Derbyshire County council boundaries) has been calculated (see appendix 9). The service includes:

- A community based service model (also includes early intervention in Local Authority Pupil Referral Units (PRUs)
- A training package: awareness raising resources for workers and volunteers within the YOS and wider Justice System
- Development of SLC 'Champions' within YOTs
- A Screening Tool to identify SLCN
- A referral Pathway

The proposed service is based on what was provided during the project with some additional SLT capacity to build relationships with each YOT and input at Tier 1 for Prevention and Universal Awareness (see Recommendations), which was not included in the original project.

The full cost (2011 pay rates) to provide this service is £102,890 per year
The costing is based on feedback from piloted training initiatives, feedback from senior YOT managers and analysis of the referral rates to the specialist SLT working with City and County YOTs for the period of this project.

5.7 Economic Benefits of the SLT Service

In a 12 month project it was not possible to track the longitudinal outcomes for the young people using the services to which SLT contributed, their future offending patterns, health well being or any future sentences. Therefore, we have expressed potential savings as the number of custodial sentences that would need to be avoided in order to offset the annual investment in a SLT service. Evidence from Bryan's research in YOI, suggests that SLT has a significant impact on re-offending rates (reduced in that study by up to 50%). Local YO leads and the experiences of our project indicate that the young people who would be referred to SLT are those with the highest level of complex needs and those who are at highest risk of custodial sentences (i.e. the highest financial cost to the system).

Therefore the theoretical benefits of SLT for Young people in YOS are:

- Prevention of re-offending rates
- A reduction of custodial sentences
- Reduced costs to Mental Health services

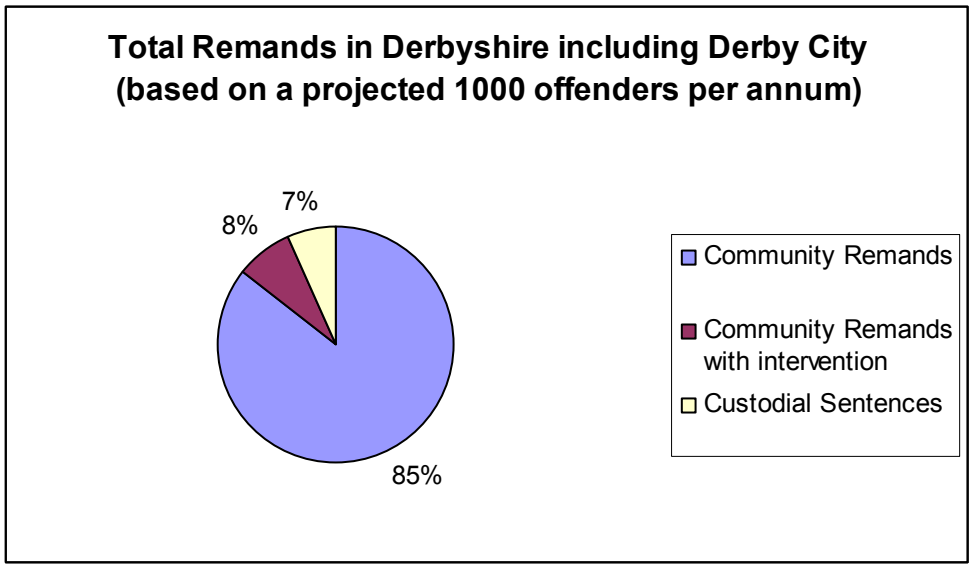
In order to illustrate what investment in this service represents in terms of potential savings (value for money) we have focussed on the impact of intervening in the SLCN of YO on community and custodial remand.

Cost Avoidance/Benefit -based on

Custodial Sentence Costs per annum (Based on Matrix Evidence: The Economic Case for and against Prison 27.2.2009)	**£**	**75,750**
Cost per Place per annum in a Young Offenders Institution (Based on Hansard 15.10.2009)	**£**	**60,000**
Cost per Place per annum in a Secure Training Centre (Based on Hansard 15.10.2009)	**£**	**160,000**
Cost per Place per annum in a Secure Children's Home (Based on Hansard 15.10.2009)	**£**	**215,000**

Based on information from YOS colleagues, the sentencing patterns for YO in Derbyshire were broadly concurrent with the UK average distribution with approximately 15% of YO receiving community remand with intervention or a custodial sentence: (Youth Justice Annual Workload data 2009)

Figure 11



With an annual investment of £103K in SLT services, it is expected that there are costs in the Youth Justice System, which will subsequently be avoided. For example, if 68 weeks of Youth Custody for offenders aged 14-15 years (Matrix Evidence, The Monument Trust, 27th February 2009) could be avoided by earlier effective management of SLCN, and then the saving would offset the entire cost of the proposed SLT service for our area.

An Example from Derbyshire County Council:

- 700 young people use the YOS every year.
- Of these 6.5% move on to at least one custodial sentence. A typical detention and training order of 6 months consists of 12 weeks in custody (and the remainder in the community).
- The cost of the custodial element is £1500 per week (i.e. 12 weeks in custody costs £10,000).
- We expect 60% of young people in custody to have SLCN.
- The proposed SLT service for the Derbyshire County council area costs £68,000 per year.
- The cost would be offset if the service saved:

Either:
4 x 12 week sentences
OR
1 x 12 month sentence (£75,750)
by earlier identification and management of the SLCN of a young person like Reece (see appendix 1).

Return on Investment

Return on Investment = Number needed per annum to be avoided to pay for the S&LT Service @ £102,050	
Custodial Sentences	**1.36**
Places in a Young Offenders Institution	**1.71**
Places in a Secure Training Centre	**0.64**
Places in a Secure Children's Home	**0.48**

The anticipated Return On Investment shows the numbers of avoided sentences (12 months) that would offset the annual SLT service costs for YO.

6.0 Recommendations

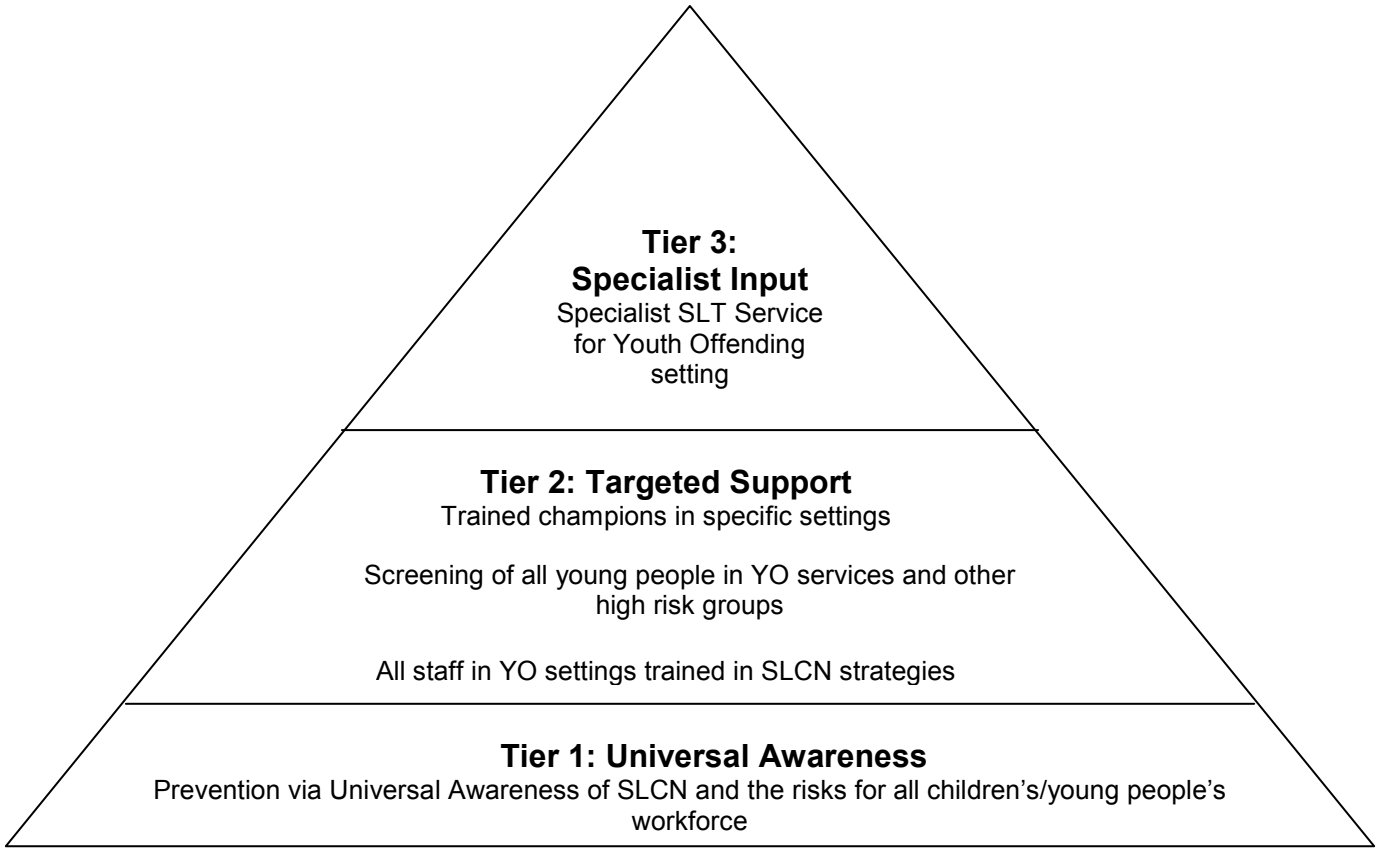
During the duration of the BOYO project, a commissioning framework for the provision of SLC services for YO has been developed. The emerging service model takes the form of a pyramid and the following descriptions relate to

each tier in turn. This mirrors the model recommended for Children's SLT provision in integrated teams (RCSLT 2006), which addresses the relationship between specialist, targeted and universal elements of a comprehensive service model.

Our recommendation is that the model that has been developed is funded and adopted by local commissioners.

Figure 12

Commissioning Framework for Speech and Language Therapy for Young Offenders (under 18's)



Tier 1: Universal Awareness

This level relates to increasing awareness of SLCN Needs and the risks for young people within the justice system. In raising awareness of need at this stage, we are aiming to work at a preventative/early intervention level where, it is envisaged that a rolling programme of awareness and strategy training will be delivered to all local authority YOS staff. This one-day training should comprise Day 1 of the Communication Trust's training package or a similar course. In addition, all volunteers working in the youth justice sector should have access to either the Day 1 training or to a shorter bespoke package, aimed to fit into a rolling programme of training for this key group. We also envisage providing basic awareness training and input to staff groups such as:

- Special Educational Needs Coordinators (SENCOs), via twilight meetings.
- SENCO networks via workshops and conferences.
- Health workers such as school nurses.
- Members of the police force.
- The wider criminal justice system (e.g. magistrates).
- Due to the large number of young people within the youth justice placed in some form of residential care, staff from residential and secure settings would also be targeted here.

Providing basic awareness training beyond the YOS and into the wider children's workforce is an investment in prevention. Staff trained will be provided with the confidence to identify characteristics of SLCN in the young people they work with, to modify their practice in relation to this group of young people and to implement strategies learnt. Comments on learning gains at the end of the basic awareness training by a staff member (see appendix 7) reflect this: "better able to identify communication needs and useful strategies to use." By training as many staff as possible at this stage, a focus on SLCN can be maintained within the Justice System.

As a logical extension of training for staff within the YOS, training for the wider workforce would be beneficial for the young people who find themselves in the justice system. In 2004 the Audit Commission produced a report into youth justice which states "Some magistrates have more difficulty than others in effectively engaging with young defendants, with 61% of those surveyed saying they have some or a lot of difficulty in getting young people to engage in discussion". Clearly, young people with SLCN are a vulnerable group within this scenario, as they may present as unfeeling, unrepentant and/or unable to present a clear and consistent description of their behaviour to a court (due to difficulties with processing information, sequencing, structuring and producing responses or difficulties with understanding the rules around social communication). In many cases those finding themselves in front of a magistrate or sentencing panel may be unable to understand the legal process and the implications of the outcome of that process. Research suggests that 25 % of YO in the community and custody have an IQ less than 70; with a further 33% having an IQ between 70 and 80 (Harrington et al, 2005). Davies et al (2004) find that 35% of offenders have speaking and listening skills below level 1 of the National Curriculum: i.e. the level expected for a 5 year old. It is expected that some members of the young person's family may also have limited understanding of the legal process and the implications of this. By providing awareness training to staff within the legal system, it is hoped that better outcomes might be achieved for this vulnerable and often disadvantaged group of young people.

We also strongly recommend that investment in awareness raising for SLCN across the children's workforce will enable children's needs to be identified and managed at the earliest point by the Early Years, Education or Justice workforce.

Tier 2 Targeted Support
At this level, our model identifies a cohort of YO staff who require more advanced training and support in order to fulfil the role of Communication Champions, to use a detailed SLCN screening tool which informs the team on practical strategies to use; within the general screening for all young people entering the YOT. These Champions would have a role in ensuring the development of 'communication-friendly environments' and in keeping communication needs high on their team's agenda, as has been the case in other areas where such Champions are in situ. This training could comprise Day 2 of the Communication Trust's training package and look in more detail at many of the disorders around SLCN, as well as training on how to administer the screening

Young people supported at this level are anticipated to have been identified by the screen as having mild to moderate needs and as being supported by their caseworkers, with liaison from the Communication Champions and access to consultation with a Specialist SLT as required.

Tier 3:Specialist Input
In our project all direct intervention was provided by specialist SLTs with experience of older children's complex SLCN and specifically of working within the YOT setting.

At Tier 3, a service will be provided by a Specialist SLT to assess and work directly with young people who are referred to the service. In the first instance, the Specialist SLT will support staff within the teams in working with children and young people who are referred via identification of need on the Communication Needs Hidden Disability Questionnaire (CNHDQ) Where second opinions or more specialist intervention is required, the Specialist SLT will carry out this work. During the project, it became clear that many of the young people referred had complex needs; which required the assessment and intervention skills of a SLT with experience within YOS. In some cases direct intervention was indicated but on many of these occasions it became apparent that the smaller the number of staff working with a young person the better, as the young people took time to build up relationships with YO staff and often found building new relationships challenging. Working with caseworkers is often the most viable option for intervention.

In the longer term, one would expect the spread of young people identified as having SLCN and the type of intervention they receive for this to be distributed in such a way that the specialist SLT sees only a small number of those identified as being in need; with 75 – 80% of young people with SLCN being supported by their case worker, in conjunction with Communication Champions.

7.0 Project Impact on SLT Services Nationally:

The project team has successfully bid for and been awarded a contract with RCSLT to develop a model for SLT within the justice system for under 25s

across England, Wales, Scotland and Northern Ireland by consensus with RCSLT membership to be completed between January and May 11. We were able to use our experiences in the Better Outcomes for Young Offenders project to secure and deliver this contract, to influence the national agenda using the learning from this project as a 'local pilot'.

The progress made within this project has enabled us to influence the national development of services for young people with SLCN who are known to the Justice System.

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10.0 Appendices

Appendix 1. Longitudinal Impact:

Reece's Story

Reece is 17 and was referred to the SLT in the YOS that he has been using for over a year.

Reece's parents separated when he was younger and both have new partners. Reece has spent time living with each family and has also been in foster care. He was educated in mainstream school until he was 15, but since then has had one to one tuition for a few hours each week. He has recently begun to do some supervised small group sessions and has enjoyed these.

He has convictions for assault and sexual offences and receives a high level of supervision from the staff in the YOT.

Reece was referred to SLT, as staff in the YOT felt that communication difficulties might be contributing to his violent behaviour.

SLT spent 5 sessions with him in informal discussion and during this time he realised that he had a problem. She was able to support Reece's understanding of how he uses social communication. He was able to identify that there is a constant theme of anger. The SLT recognised signs of high functioning autism (Asperger's type) and discussed these observations with the team. Her specialist knowledge and experience of the links between unmet communication needs and behaviour issues was essential in quickly identifying Reece's difficulties. Reece can become very violent, very quickly and little things set him off. A key theme in our sessions was Reece's anger and his inability to manage this. Over time it became clear that the anger was due to frustration at difficulties with social communication and Reece's perception of other people and their motives.

During our sessions Reece described how he had always felt like an outsider, especially at school and even at home. He explained that he couldn't interact with other people in the way he would like to and that this made him feel misunderstood. He spoke of feelings of great anger and frustration at the way staff at school treated him and the way other people behaved towards him. This anger would often result in Reece reacting violently towards others, as he didn't know how else to behave or what else to do.

Through working with a SLT Reece began to see that he could change the way he interacted with others and that he wanted this change to happen. Reece was able to identify triggers for his aggressive

behaviour and work on different ways of dealing with his emotions and expressing his feelings. His outlook to life has begun to be more positive. Reece moved on to an out of county secure setting.

Reece said of Speech and Language Therapy:
"It's made me see where the problems are and how I can change things and make them better. It's been really helpful".

Mark's Story:

Mark was initially referred to the SLT service in June '10; quite early on in the life of the project. However, the referral was withdrawn again before he could be seen; as the caseworker felt it was necessary for a mental health assessment to be done as a matter of some urgency before any further types of intervention were tried.

Mark was re referred to the SLT service again following the completion of the mental health assessment and was, by this time living in a secure unit, as his family felt unable to cope with his behaviour at home. Mark had been involved with the YOT for over 6 months due to violent offences and YOT staff had been trying to engage him in a range of programmes of work. Mark had a diagnosis of ADHD and was on medication for this, although he did not always take his medication on a regular basis.

The caseworker commented that engaging Mark in conversation during sessions, in an attempt to discuss issues raised, was extremely difficult. Mark was much happier completing worksheets and struggled to participate in or understand the purpose of discussion. Interaction with others was generally difficult and Mark had struggled with work placements, often only staying a short time in one place. It was felt by the caseworker that communication difficulties might be a significant issue for Mark. This was reinforced by staff at the secure unit, who described Mark as volatile and prone to misunderstanding others. He was also reported as easily upset when communicating with others and also able to upset others very easily during interaction.

On meeting Mark for the first time, it was clear that social interaction and conversation were challenging for him and he tended to communicate in very short sentences or with single words. Mark was very defensive during my first visit and stated that he did not feel that he needed SLT intervention. However, during my second visit he began to talk openly about difficulties with communication; particularly around understanding what was being said to him. He also described feelings of confusion relating to other people's interaction and behaviour; which often led to negative experiences. Both Mark and I felt that our second meeting had gone well and we were able to plan for further sessions.

At my third visit, Mark was very irritable and unable to concentrate on anything for more than a few minutes. He had returned to using very short or single word responses and his attitude and demeanour were very different from the

previous visit. The session had to be abandoned. Shortly after this session, Mark was again withdrawn from therapy by his key worker. It transpired that Mark had not been taking his medication and mental health issues had led to self harming and hospitalisation a few days prior to my last visit. Mark's story illustrates the fact that even when there are clear issues around Speech, Language or Communication Needs, there may be barriers to a young person accessing the help and support that they need.

Chloe's Story:

Chloe was referred to the SLT service by a worker in the prevention team; who became involved when she began failing to attend school. Chloe had a diagnosis of Learning Disability and presented as a very vulnerable girl. Her literacy difficulties were so severe that her grandma had to read out the text messages, which Chloe received on her phone. The caseworker felt that Chloe had difficulties understanding much of what was said to her and was unable to effectively predict the consequences of her actions or the actions of others. Chloe was reported as being very promiscuous and had a number of different partners at any one time. Some of Chloe's partners were significantly older than her 15 years and it is likely that she was being exploited in some way within these relationships. Chloe is known to the local police due to her disappearances from both home and school.

On the day of my first visit, Chloe had been reported as missing by her grandmother; with whom she lived. This was not the first occasion on which Chloe had gone missing and at times, she stayed out overnight. Grandma was the primary carer for Chloe; who had suffered neglect in the early years of her life.

When I arrived at the house, Chloe had just returned, having been out all night at an unknown location. Whilst Chloe was in the shower I was able to talk to grandma about her concerns around SLCN. Grandma felt that Chloe had significant needs around comprehension and that this put her at significant risk of harm.

Chloe was willing to work with me for a short time during this meeting and we were able to complete a self-assessment rating scale. Chloe scored herself as 4 out of 10 for listening skills, understanding and social skills and 10 out of 10 for expressive language. Chloe reported that she frequently didn't understand what people were saying to her and that, at these times she would "try to interrupt or change the conversation…talk loads of jibber, jabber. Sometimes it makes me cross when I don't understand and it makes me kick off". Chloe described a great deal of frustration at school: both at a perceived the lack of support and at her own inability to understand much of what was being taught in the classroom.

We agreed to meet again and look in more detail at Chloe's communication needs. However, on my second visit grandma reported that Chloe had requested further speech and language intervention be stopped and she had

left the house shortly before I arrived. I have not been able to do any further direct work with Chloe.

Supporting and training staff within the YOT, Education and the police force may be the only way, or the most effective way, to provide a service to young people like Chloe, who find themselves within the justice system.

Appendix 2 Youth Offending Teams

Youth Offending Team in Derby City:
Derby City YOT is the smaller of the two services with approx 80 members of staff plus volunteers making up this team. Staff are based within one central office in Derby City. During this project:

- Key staff have attended a presentation of the project in its early stages, during a staff meeting.
- Managers have been part of the project steering group.
- The Head of Service has attended a feedback session, towards the end of the project.
- A further presentation will be given during a team meeting, at the conclusion of the project.

Youth Offending Team in Derbyshire County:
Derbyshire County YOT is the larger of the two services at 130 members of staff plus 125 volunteers. County staff are based within four main offices in Buxton, Chesterfield, Ilkeston and Swadlincote, with additional outreach bases.

During this project:

- Key staff have attended a presentation of the project in its early stages, during staff and management meetings.
- Managers have been part of project steering group.
- Head of service attended a feedback session.
- Presentation at team meetings x 3
- At the conclusion of the project a presentation of the project findings will be given at the Senior Manager team meeting and at locality staff meetings.

Appendix 3 Engagement with Stakeholders:

During the project, the SHA/PCT and commissioners have been engaged as follows:

- Presentation to PCT and LA commissioners in November.
- Regular feedback to SHA leads throughout project.
- Engagement with an action learning set via NHS Clinical Innovation Leads Network (East Midlands).
- Presentation to Derbyshire SLC strategy group (DCC) in November.
- Presentation to SLC strategy group in Derby City (Feb 11).
- Poster presentation at Celebrating Success Sept 10 (DCHS event) and workshop.
- Poster presentation at East Midlands EXPO Nov 10.
- Influencing negotiations with PCT commissioners in Dec 10
- East Midlands SLT Managers Group Jan 11.
- Derbyshire SLT Managers Group Jan 11.
- Speech and Language Therapy Adult Learning Disabilities Team for North Derbyshire, Derbyshire Community Health services Jan 11
- Speech and Language Therapy Adult Learning Disabilities Team for Southern Derbyshire, Derbyshire Mental health service Trust (including Derby City) Jan 11
- Derbyshire Community Health Services March 11
- Department of Health EXPO London March 2011
- Rampton Hospital SLT team (March 2011)
- Feedback on Final BOYO report to YO services' staff and managers in county and city teams – to be arranged.

.

Appendix 4 Youth Offending Team Exit Questionnaire and Responses

How useful do you think SLT input is in the following areas?

1.Awareness training on speech, language and communication needs is:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

2. Being able to discuss a young person with an SLT is:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

3. Being able to refer young people to the local National Health SLT Service:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

4. Developing the role of “champion” for SLCN for a small number of YOT staff:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

5. The use of a screening tool for SLCN for every young person referred to YOT:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

Would this be used by some staff? ❒
All staff? ❒

6. More in-depth training on Communication needs for YOT staff:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

7. Receiving specific written recommendations on communication strategies for a young person written by an SLT:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

8. Having an SLT working within your team:

0	1	2	3	4	5	6	7	8	9	10
Not at all useful										Essential

Do you have any comments or feedback on the role of SLT within Youth Offending services based on the project during this year?

Do you have any suggestions about how the SLC needs of young people could be better met?

Name: (optional)……..

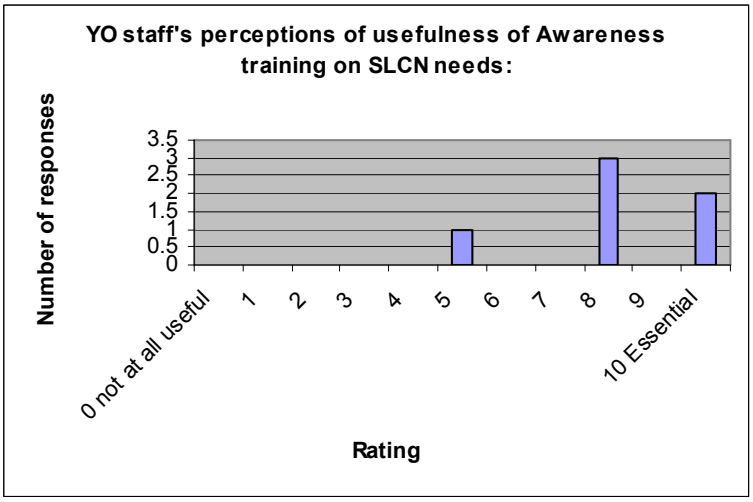
City ❒ Buxton Ch ❒ Ilkeston ❒ Swadlincote ❒

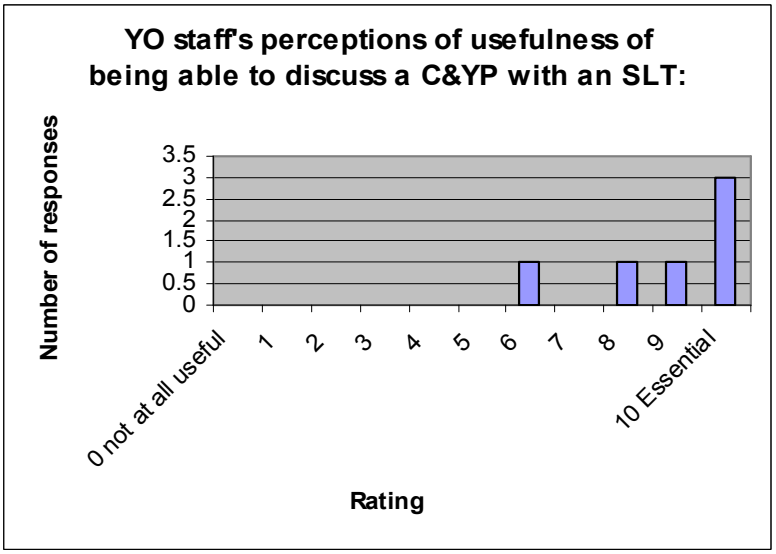
Can you give any examples of how training/support from SLT this year has enhanced your practice?

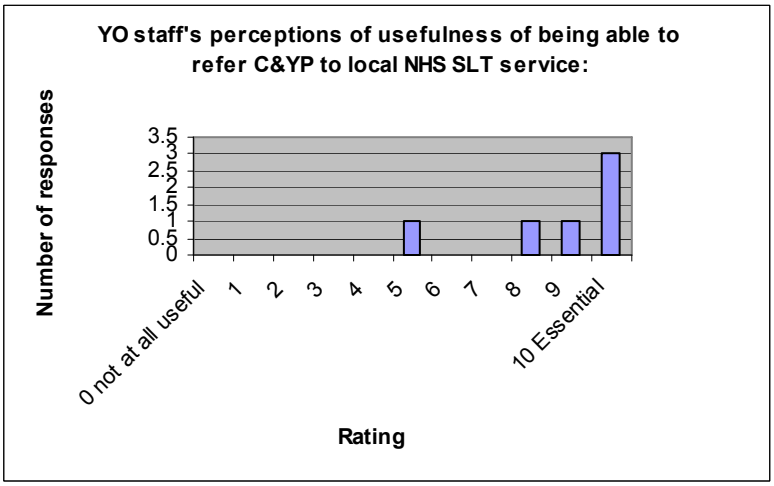
Can you give any examples of how training/support from SLT this year has improved the outcome/opportunities for specific young people?

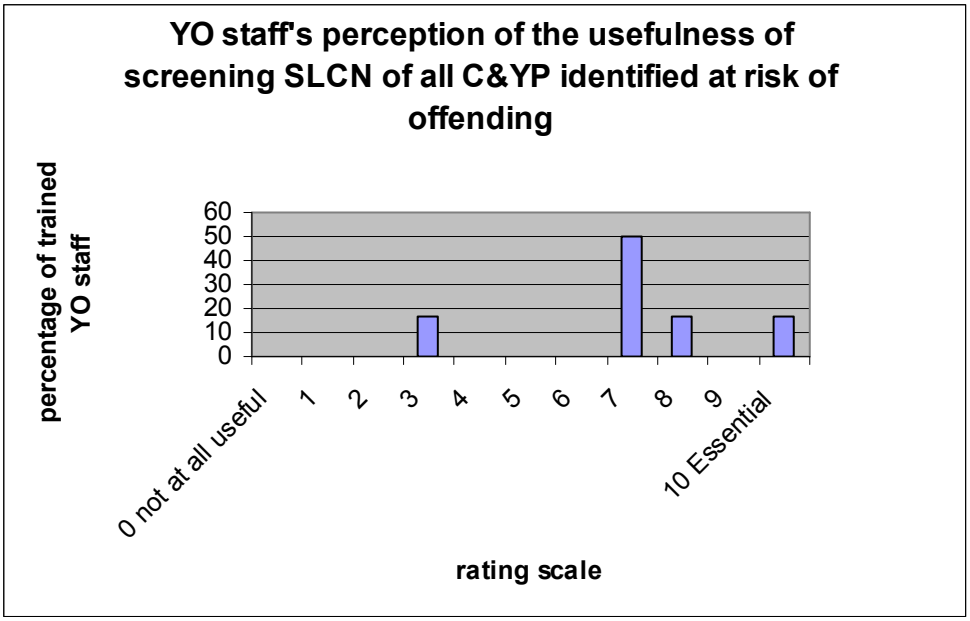
Return to: Helen.mccabe@derbyshirecountypct.nhs.uk or
Helen McCabe, SLT Dept, Hannage Brook Medical Centre, Hannage Way, Off Water Lane, Wirksworth, Matlock, Derbyshire. DE4 4JG
By: **17th December 2010**

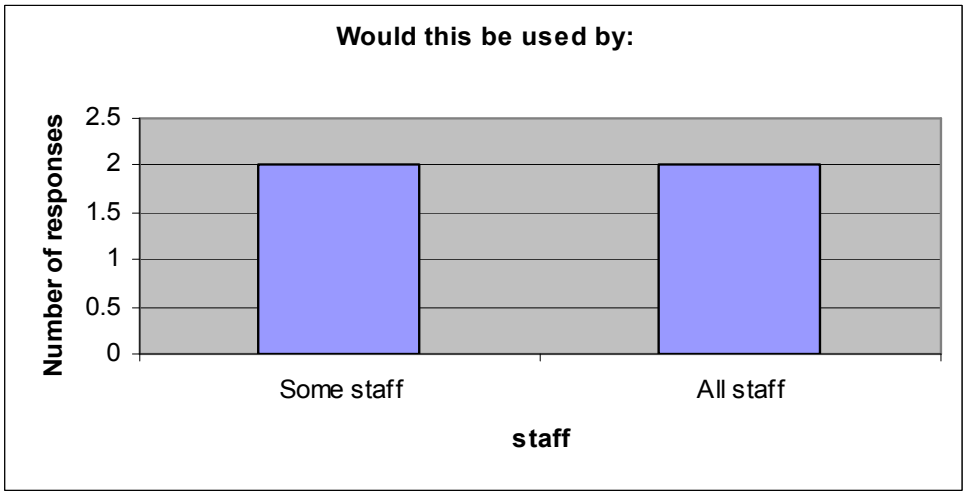
Youth Offending Team Questionnaire (end of project) Responses:

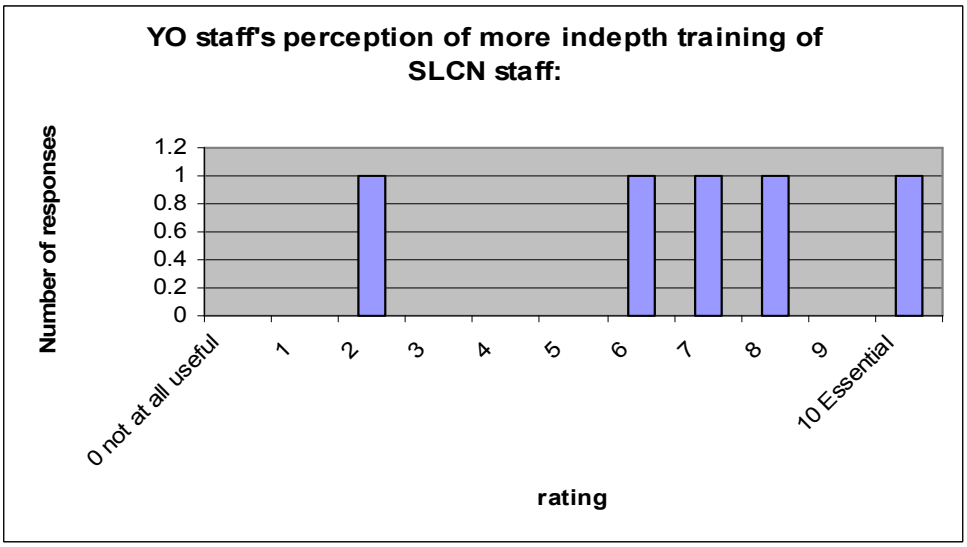


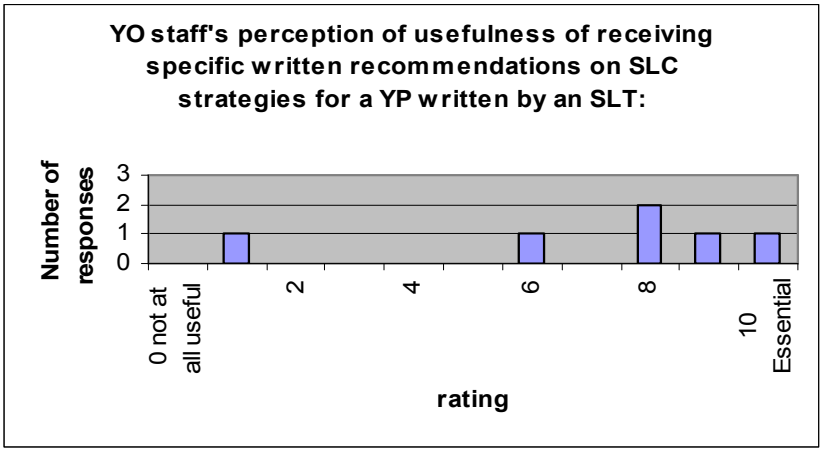


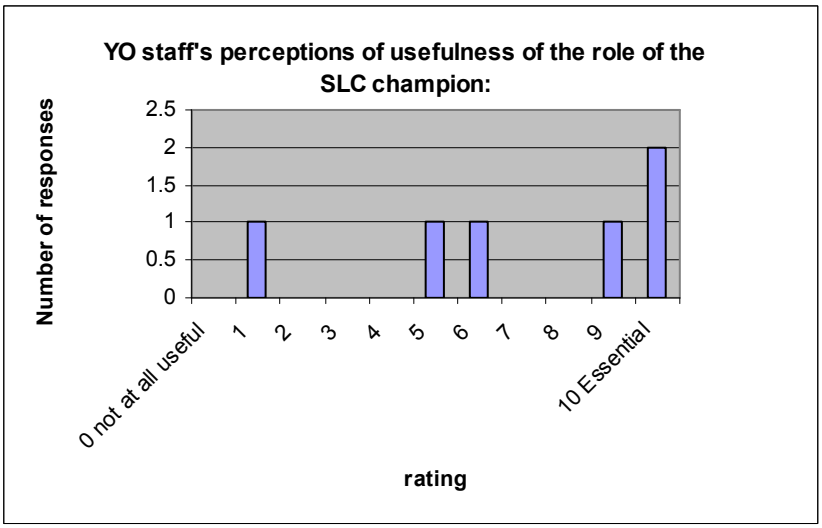



YO staff's perception of the usefulness of screening SLCN of all C&YP identified at risk of offending
percentage of trained YO staff
60
50
40
30
20
10
0
0 not at all useful
1
2
3
4
5
6
7
8
9
10 Essential
rating scale


Would this be used by:
Number of responses
2.5
2
1.5
1
0.5
0
Some staff
All staff
staff


YO staff's perception of more indepth training of SLCN staff:
Number of responses
1.2
1
0.8
0.6
0.4
0.2
0
0 not at all useful
1
2
3
4
5
6
7
8
9
10 Essential
rating


YO staff's perception of usefulness of receiving specific written recommendations on SLC strategies for a YP written by an SLT:
Number of responses
3
2
1
0
0 not at all useful
2
4
6
8
10 Essential
rating


YO staff's perceptions of usefulness of the role of the SLC champion:
Number of responses
2.5
2
1.5
1
0.5
0
0 not at all useful
1
2
3
4
5
6
7
8
9
10 Essential
rating

Appendix 5

Young Person's Self-Rating Scale

Q1: How do you feel about your talking?

☹ 0	1	2	3	4	5	6	7	8	9	10 ☺
Not very good										Very Good

Q2: How well do you understand what people are saying to you?

☹ 0	1	2	3	4	5	6	7	8	9	10 ☺
Not very well										Very well

Q3: Do you feel comfortable when talking to different types of people?

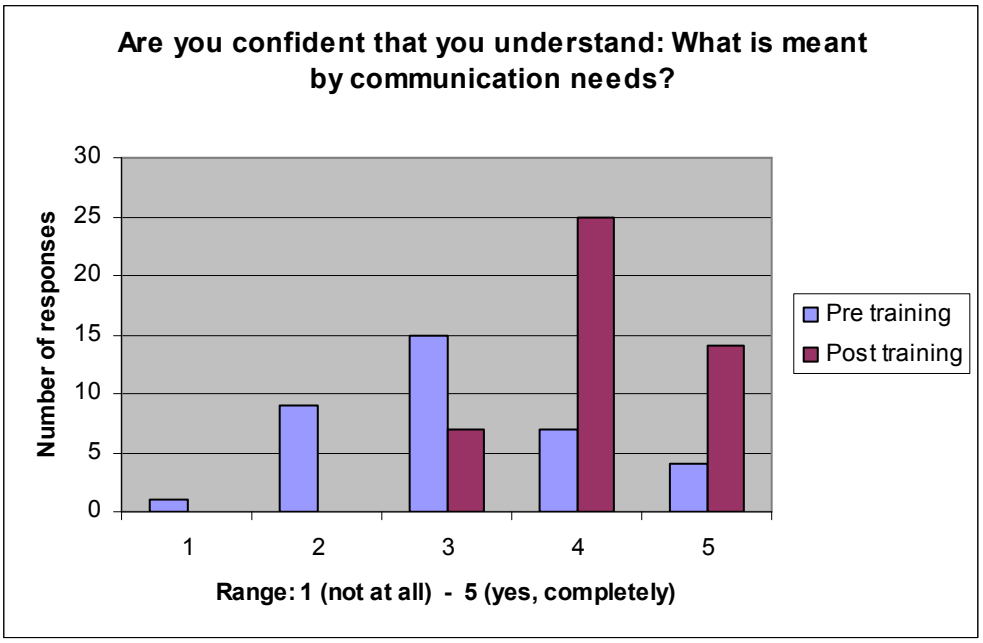
☹ 0	1	2	3	4	5	6	7	8	9	10 ☺
Not comfortable										Very comfortable

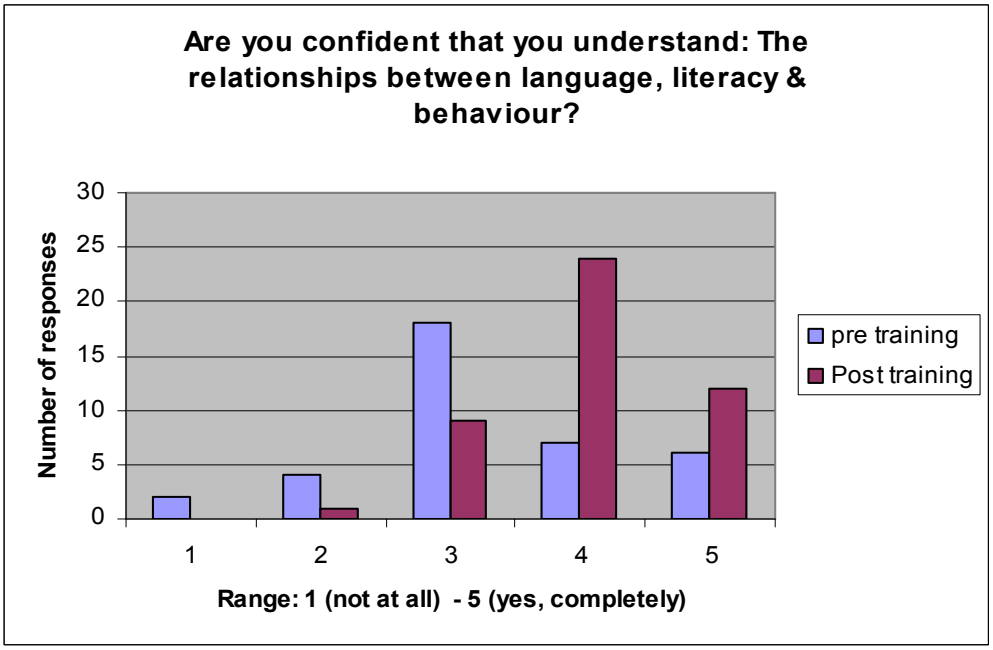
Q4: Are you good at remembering things and being organised?

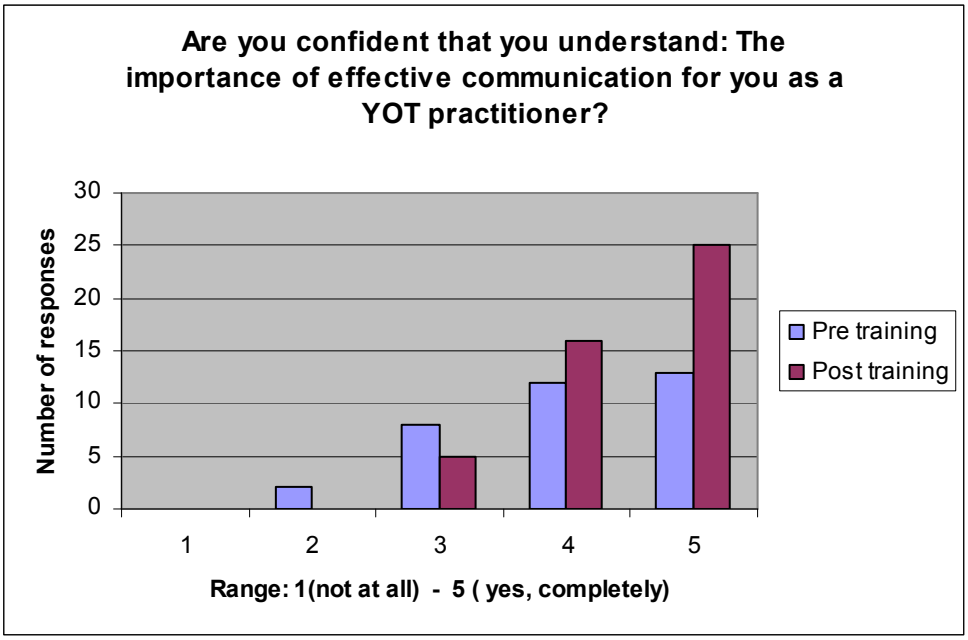
☹ 0	1	2	3	4	5	6	7	8	9	10 ☺
Not very good										Very Good

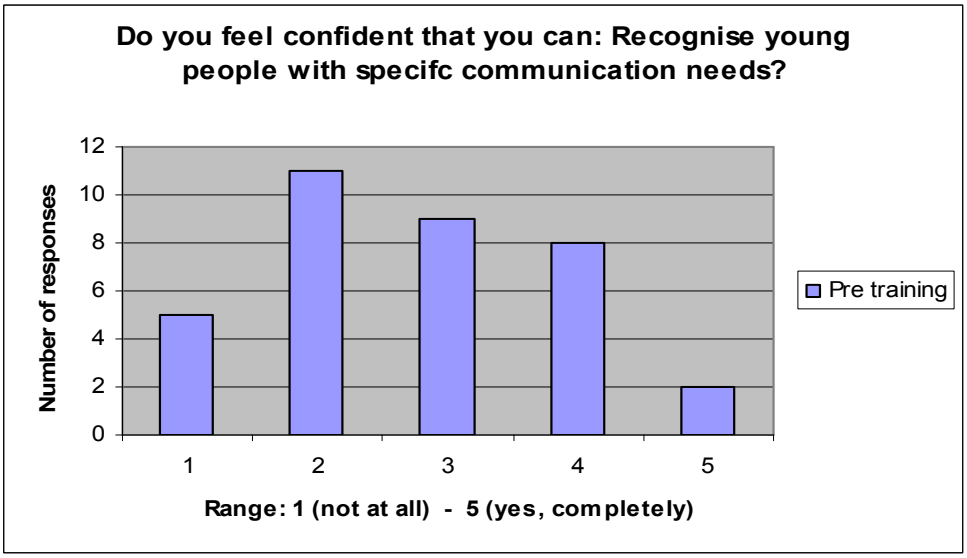
Appendix 6

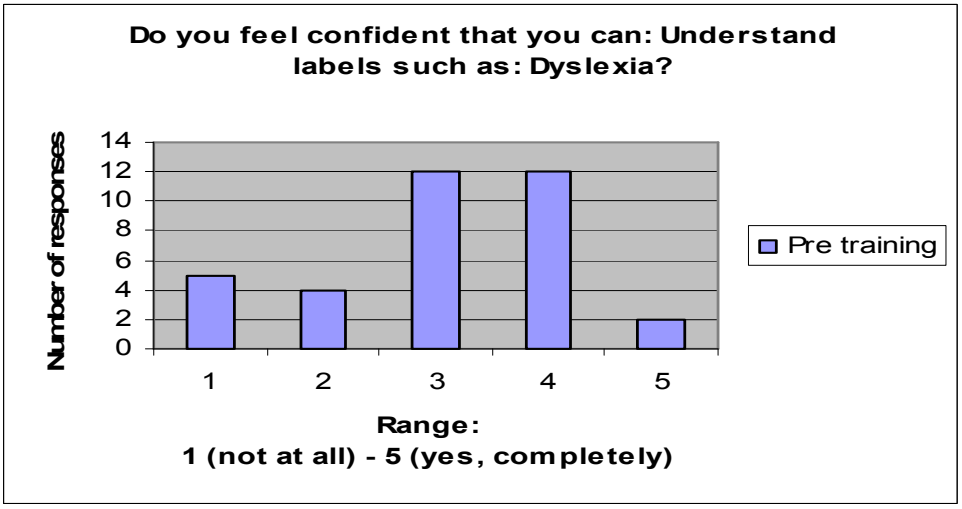
Pre and Post training questionnaires supplied as part of the Communication Trust's 'Youth Justice Training Programme for YOT Staff' were completed by most staff at the beginning and end of the basic Communication Awareness training

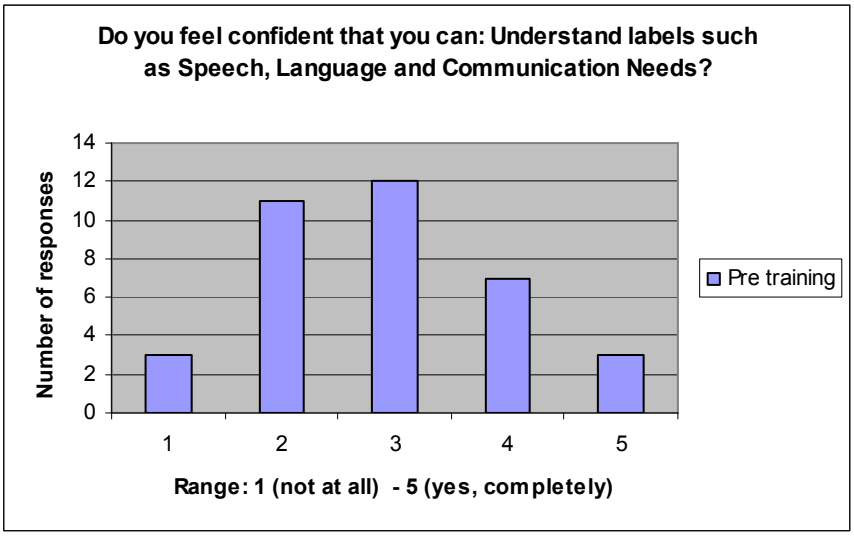


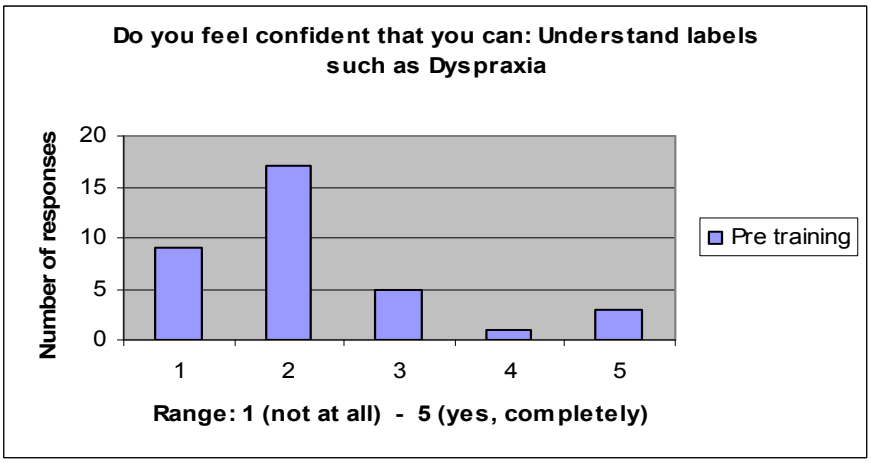


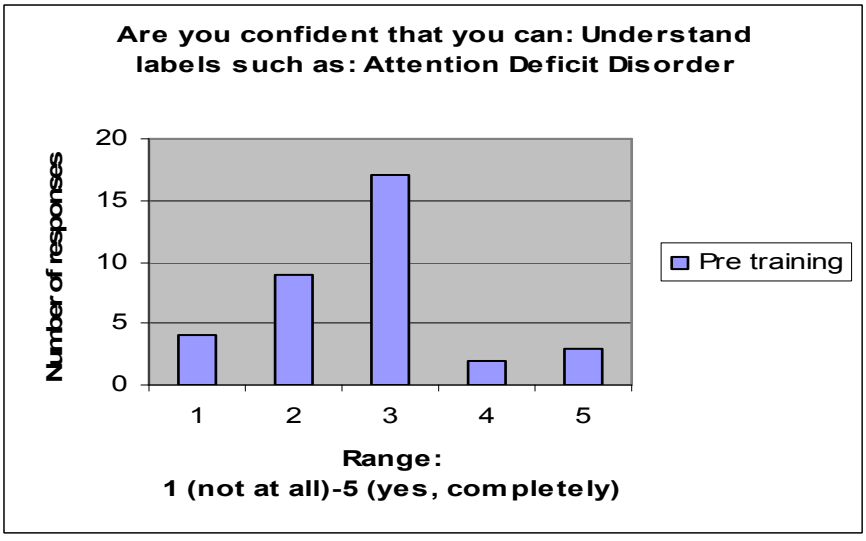

Are you confident that you understand: The importance of effective communication for you as a YOT practitioner?
Number of responses
30
25
20
15
10
5
0
1
2
3
4
5
Pre training
Post training
Range: 1(not at all) - 5 (yes, completely)


Do you feel confident that you can: Recognise young people with specifc communication needs?
Number of responses
12
10
8
6
4
2
0
1
2
3
4
5
Pre training
Range: 1 (not at all) - 5 (yes, completely)

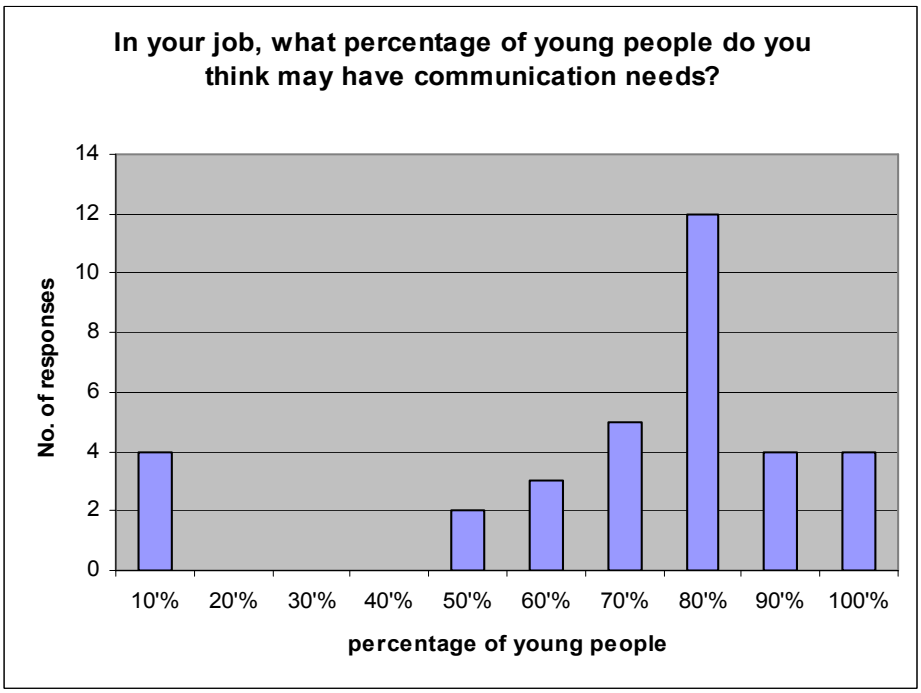

Do you feel confident that you can: Understand labels such as: Dyslexia?
Number of responses
14
12
10
8
6
4
2
0
1
2
3
4
5
Pre training
Range:
1 (not at all) - 5 (yes, completely)

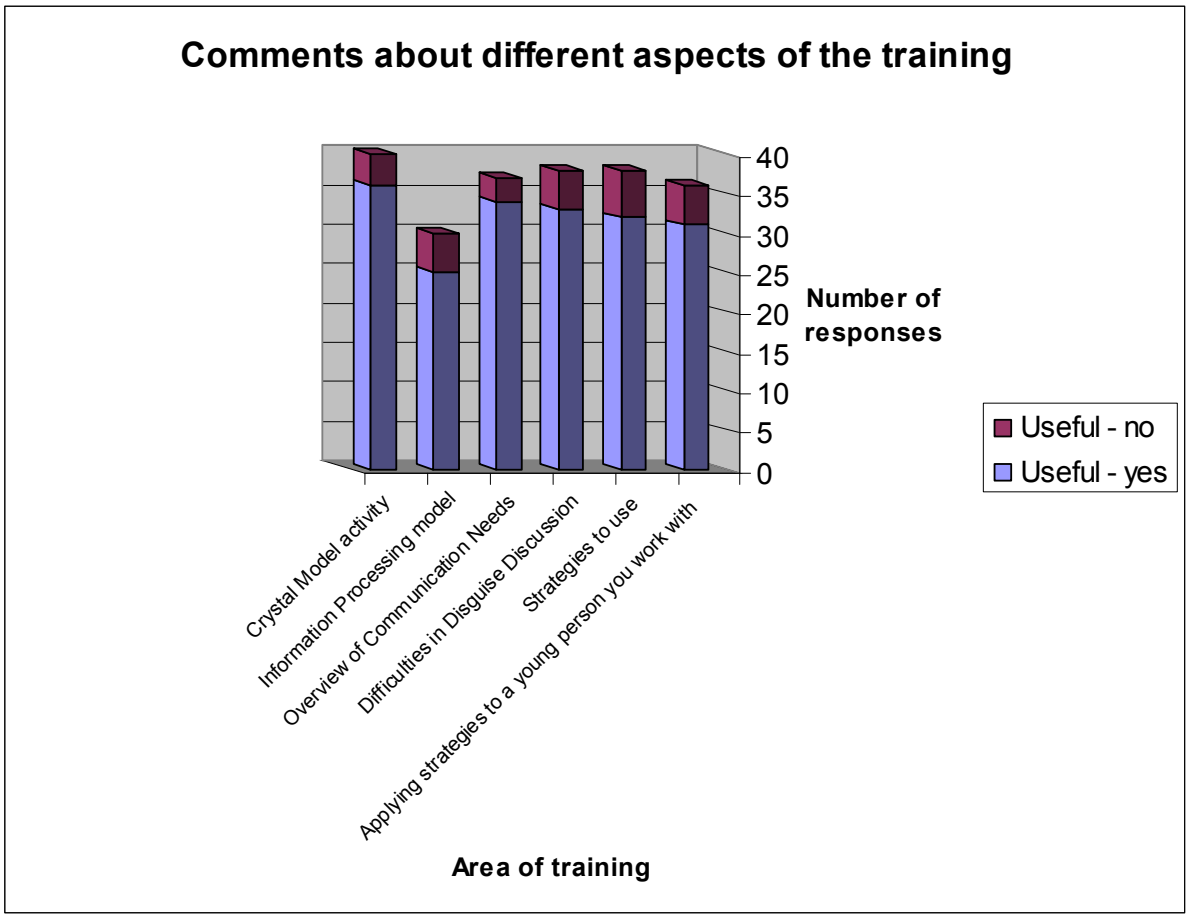

Do you feel confident that you can: Understand labels such as Speech, Language and Communication Needs?
Number of responses
14
12
10
8
6
4
2
0
1
2
3
4
5
Pre training
Range: 1 (not at all) - 5 (yes, completely)


Do you feel confident that you can: Understand labels such as Dyspraxia
Number of responses
20
15
10
5
0
1
2
3
4
5
Pre training
Range: 1 (not at all) - 5 (yes, completely)


Are you confident that you can: Understand labels such as: Attention Deficit Disorder
Number of responses
20
15
10
5
0
1
2
3
4
5
Pre training
Range:
1 (not at all)-5 (yes, completely)

Are you confident that you can: Use strategies to help young people with any of the above communciation needs?
Number of responses
15
10
5
0
1
2
3
4
5
Range: not at all - yes, completely
Pre training


In your job, what percentage of young people do you think may have communication needs?
No. of responses
14
12
10
8
6
4
2
0
10'%
20'%
30'%
40'%
50'%
60'%
70'%
80'%
90'%
100'%
percentage of young people


Comments about different aspects of the training
40
35
30
25
20
15
10
5
0
Number of responses
Useful - no
Useful - yes
Crystal Model activity
Information Processing model
Overview of Communication Needs
Difficulties in Disguise Discussion
Strategies to use
Applying strategies to a young person you work with
Area of training

Appendix 7 Comments from training Questionnaires

City (Responses from the pre training questionnaire)

Do you ever change how you work because a young person might have communication needs? If yes, what do you do?

- Use creative tools
- Make sessions more accessible - "no reading work".
- I find different ways to explain things, use translators, stay calm & pass on positive energy
- Try and use different methods i.e. images
- Try and explain 'the topic' in a different way
- Allow more time, adapt explanations
- Try to use simple language talk slowly
- Re-phrase questions so that they are able to understand the visual aids instead of written
- Adjust to suit needs of YP
- Sometimes, really try to simplify and keep questions to a minimum
- Take away the difficulties that stop them attending
- Use small words that the YP will understand, Try to get them to recognise that help is available
- Correspond & obtain appropriate materials as identified by SEN or Ed Physic
- Change my style of delivery. Ask them how they prefer learning - learning styles.

If you knew that a young person had communication needs, what strategies would you use when working with them?

- I find different ways to explain things
- Use translators
- Need assessment
- Knowledge
- Allow more time
- Adapt explanations
- Simple language
- Talk slowly
- Make sure that they understand what is being asked of them
- Make them aware of procedures & explain the process
- Visual
- Practical. Experimental psychomotor skills
- Read with them
- Write out forms with them
- Use small words that the YP will understand.
- Try to get them to recognise that help is available
- Varies as above. Picture rather than words
- Colour filters
- Prompt cards. Behaviour management structures. Talking mat, time out cards etc.
- Try and educate myself about the communication needs, to be sensitive towards it & best meet needs.
- Ask them how they prefer to learn - learning styles

Comments/suggestions: (end of Day 1 i.e. end of training in basic Communication Awareness)

Which aspects of the training were particularly successful for you and why?

- Games/worksheets/projector
- Information to take away. Overview of different communications issues
- Understanding difficulties and how some can cross over into other areas.
- The diamond. Visualise people's difficulties
- For me, the topic was interesting, I was eager to learn more about communication needs, to be honest, I would have enjoyed learning in more detail about each 'area' that are involved in communication for young people more, e.g. dyslexia.
- The crystal cluster
- Completing the tasks that show you how people with learning difficulties see things, as I now understand their frustration.
- Crystal model activity
- Looking more at communication and the model (crystal)
- None
- Relationship between literacy and numeracy & behaviour
- Forming strategies
- The crystal model was new to me and interesting
- Crystal exercise
- A couple of the exercises were useful to highlight how frustrating & embarrassing communication difficulties can be. Lots of useful written info to take away.
- What are communication needs? Broaden my knowledge. Strategies we can use - use in my practice to ensure we are working in the most effective ways with YP.

County (Responses from the pre training questionnaire)

Do you ever change how you work because a young person might have communication needs? If yes, what do you do?

- Use short, simple instructions, with check back for understanding. Use pictures/graphics instead of words
- Adapt sessions so that they can understand them - ask them if they understand what I'm doing. Use diagrams/pictures instead of talking to explain things.
- Use different resources - more visual active screening. Ensure understanding through their under? Of what went on but I written also.
- More patience, understanding
- Alter the way in which information is communicated. In group sessions we offer YP the opportunity to read, Listen or speak information
- Run more interactive exercises, use different group management techniques and ask them what way they best engage or what I can do/provide to help them
- Identify any specific problem and attempt to alter my communication to cater for their needs
- Use of mobile phone messaging, colour coding, alter learning environment, check understanding
- Simplify session in regards to conversation, speaking clear and allowing YP the time they need.

If you knew that a young person had communication needs, what strategies would you use when working with them?

- Checking their understanding - explain back etc
- Pictorial tools as apposed to written
- Adapt work depending on learning style.
- Liaise with school/college
- Discuss with the YP & their carers to see how I could best help them.
- Discuss with their education provider on current professionals involved.
- Look at how they learn best
- Use appropriate resources
- Change method of working
- Slower pace with work
- Variety of methods/resources
- Pictures/Drawing
- Cutting things out and describing then - more visual
- Memory cards
- Graphics rather than text
- Short, simple instructions
- Check back for understanding
- Ask them if they've understood
- More time, checking their vocabulary, sometimes reading but back of sessions to deal with poor concentration.
- Can't read
- Hopefully after this course, I can put strategies in place when working with YP
- Check their understanding
- Work according to their learning style
- Run exercises to meet learning styles
- Set different group management techniques
- Explore with them the best ways or tools they use to engage
- Identify their needs
- Work with them at their current level
- Address the needs through education
- Assess need
- Alter behaviour
- Check understanding
- Clear simplified speech
- Time allowed
- Use of art

Comments/suggestions: (end of day 1)

Which aspects of the training were particularly successful for you and why?

- Better able to identify communication needs and useful strategies to use.
- All of it as no prior knowledge or understanding
- To be able to identify specific communication/learning disabilities and different ways to address this.
- A raised awareness of the issues
- Group discussions - sharing practice ideas.
- Diamond. Chunking - breakdown
- Discussion re various conditions/disability that impact upon YP communication
- Written information regarding different conditions
- Crystal model, Activities which show difficulties

Appendix 8:

Speech and Language Youth Offending teams Steering Group Terms of Reference	
What	The group will oversee the 12-month project funded by East Midlands Strategic health authority, and ensure that developments are made by all agencies involved.
Who	The core membership of the group will comprise: • Head of Speech and Language therapy (Mary Heritage) Chair • SLT YOT project lead (GV) • Derbyshire County Council YOT representative (HE) • Derby City Council YOT representative (JC) • DCHS Business Development representative (IM) • Communication Trust representation as appropriate. (Mary Hartshorne)
Quoracy	Representation from DCHS and from one YOT (City or County)
When	March, July, September 10 & January 11 (Months 2, 6, 8 & 12)
Where	Mutually convenient location by agreement in Derby or Derbyshire or by teleconference

Why	The group will provide a forum for discussion and decision making to • Provide support and guidance to the project lead for the duration of the 12 month project • Develop cooperation and partnership between the agencies involved • Plan for sustainability of the SLT YOT work, as appropriate, including influencing future commissioning of this service (as appropriate).

How	• The group will receive a report (written or verbal) from the project lead at each meeting • Decisions re direction of the project where deviation from the original bid are required will be taken by the group • Support with challenges experienced by the project lead • The group will take responsibility for any remaining work at the conclusion of the project in order to secure its sustainability (e.g. applying for funding, publicising outcomes, influencing commissioning)
Sub Committees	None
Communication Links	East Midlands Strategic Health Authority – Bernie Stocks Derbyshire County Council, YOT – Bob Smith Derby City Council, YOT – Julia Crane Children's SLT services, DCHS – Lorrie McCuaig Children's SLT Services, Chesterfield Royal Hospital – Tina Shewring Communication Trust – Mary Hartshorne RCSLT – Jane McKenzie Derbyshire County PCT (children's commissioning) Corinne Clemson Derby City PCT (children's Commissioning) Pam Hallam
Reporting To	Simon Griffiths, AD, DCHS; Tracy Allen, MD, DCHS
Accountable To	Bernie Stocks, EMSHA

Mary Heritage Agreed 26 March 2010

Appendix 9 Return on Investment

BOYO Cost Benefit & ROI Analysis

Current Full Costs (2010/11)	SSC Cost £ per WTE	Year 1 WTE	Year 1 £	**Notes**
Band 7 (Top of Scale)	49800	0.80	39840	
Band 6 Equivalent (Top of Scale)	42400	0.45	19080	
Band 4 (Top of Scale)	27000	0.80	21600	
Total Pay Costs		**2.05**	**80520**	
Travel-Day to Day	3.20%		2577	Average cost Travel to Pay % of current SALT Budget
Travel-Training/Supervision	Estimate		1020	6 trips to London @ £100 + 6 trips of 60 miles Each way
Other Direct Costs	2.41%		1941	Average cost Non Pay to Pay % of current SALT Budget
Total Direct Costs			**86057**	
SALT Management Costs	4.56%		3924	Average Man Cost to Total Pay % of current SALT Budget
DCHS Man Costs/Overheads @15%			12909	Current DCHS Rate before management Cost savings
Total Cost of Service (Full Cost Basis)			**£102,890**	
Indicative Activity/Unit Costs				
No. of SALT Referrals			120	
Cost per referral £			**857**	

Cost Assumptions

Staffing Per L McCuaig email 21.12.10 and subsequent telephone conversation
Referral rates from Derby and Derbyshire YOTs in a 3-month period in 2010 = 2.5 referrals per week. Assuming 48 active weeks per year = 120 referrals per year.
Referral rates from teams where 20% of the workforce were trained over a 7 month period also gives a hypothetical referral rate of 120 per year where a higher rate of staff have been trained.

Learning from DCHS SLT re workforce skill mix in Sure start over the last 10 years transfers successfully to multiagency work in YOTs

Cost Avoidance/Benefit -based on

Custodial Sentence Costs per annum (Based on Matrix Evidence: The Economic Case for and against Prison 27.2.2009)	£	**75,750**
Cost per Place per annum in a Young Offenders Institution (Based on Hansard 15.10.2009)	£	**60,000**
Cost per Place per annum in a Secure Training Centre (Based on Hansard 15.10.2009)	£	**160,000**
Cost per Place per annum in a Secure Children's Home (Based on Hansard 15.10.2009)	£	**215,000**

Return on Investment = Number needed per annum to be avoided to pay for the S&LT Service	
Custodial Sentences	**1.36**
Places in a Young Offenders Institution	**1.71**
Places in a Secure Training Centre	**0.64**
Places in a Secure Children's Home	**0.48**

Please note: The cost base difference between 2009 and 2010 has been ignored for the purposes of the ROI, which is not considerered significant.

Appendix 10 Exit Strategy:

The project has demonstrated a need for access to specialist services to support young people with SLCN a case for sustainable funding has been made in this paper and to local health and social care commissioners. At the time of writing, and in a climate of unprecedented economic challenges within the public sector no recurrent or short term funding has been secured. In order to bridge the gap between the project period and the future when we hope that funding will be made available, the following has been agreed by the project steering group:

Further training needs of YOS staff will need to be funded by YOS, or the local authority that provides them. Derbyshire Community Health services will make appropriate courses available for YOS staff through its training unit.

Providers of Children's and Young people's SLT services in Derby and Derbyshire (DCHS and Chesterfield Royal Hospital Trust) both have 'open referral' policies and will clarify the referral routes where YOS staff identify a need for specialist assessment, with the proviso that there are limitations to the effectiveness of a unilateral service not operating within the optimal conditions of a multi-agency team provision. Where the SLT provider believes that unilateral SLT provision outside YOS services cannot be effective, the referral will not be accepted.

DCHS' SLT service managers are committed to maintain an ongoing partnership with YO managers in order to influence the commissioning of a specialist SLT service for YO.