



## **The Special Educational Needs and Disability Reforms and Speech, Language and Communication Needs in the Youth Justice Sector: Findings from a Survey of Youth Justice Services in England**

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The Communication Trust and;

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### **Executive Summary**

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#### **Background and Aims**

The recent Special Educational Needs and Disability (SEND) reforms and the Asset Plus should enable youth justice services (YJS) to be more aware of speech, language and communication needs (SLCN) and to manage the needs of young people with SLCN more effectively. The overall aim of the survey was to capture important data about how the youth justice sector in England is responding to the SEND reforms and how young people with SLCN are identified and supported.

A short online survey was designed by the University of Sheffield and Birmingham City University in collaboration with *The Communication Trust*. The specific aims of the survey were to:

1. Identify the level of awareness and engagement with the SEND reforms in YJS across England;
2. Establish reported rates of SLCN and the perceived impact of these on service users in YJS across England and;
3. Determine if service users with SLCN are identified and their needs met in YJS in England.

## Key Findings

### *Sample and Response Rate*

There was a high response rate (41%) across YJS in England including representation from the health and education sector. The YJS represented ranged in size with the majority of responses from services with more than 100 young offenders/service users.

### *Aim 1: Awareness of and engagement with the SEND Reforms in YJS across England*

A high proportion of the sample (87%) was aware of the current SEND reforms and how to request an EHC needs assessment for service users. Over half of the sample (74%) was confident their service was engaging in the reforms with 24% expressing little confidence in their current levels of engagement. Only 28% of those surveyed reported their service users have their special educational needs documented by a Statement of Special Education Need (SEN) or an Education and Health Care (EHC) plan. More than half of the sample (63%) confirmed partnership working with the Local Authority SEN services.

### *Aim 2: Reported rates of SLCN and the perceived impact of these on service users in YJS across England*

Respondents reported that they considered almost half (42%) of their service users to have SLCN as part of other learning and/or developmental needs. Respondents also reported that they considered 30% of their service users to have SLCN as their primary need. The most prevalent type of SLCN in service users was identified as attending and listening to others, understanding what others say and being able to communicate with others. Literacy was also identified as an area of need with 30% to 60% (mean 46%) reporting reading and writing difficulties in their service users. The Asset was the most common method used to document SLCN followed by a Statement of SEN and/or EHC plan, and then service users' individual case files.

The impact of SLCN on the young person was rated highest for their behaviour. Almost the entire sample (90%) confirmed that having SLCN makes it more difficult for the young person to engage effectively in the Criminal Justice System (CJS). The main reasons being difficulties in engaging in verbally mediated interventions and understanding the consequence of their offence(s) for the victim(s).

### *Aim 3: Determine if service users with SLCN are identified and their needs met in YJS in England*

Approximately half of the sample (46%) reported that service users identified with SLCN do not have a Statement of SEN and/or an EHC plan and that the needs of these service users were not being met (40%). Of the sample, 33% confirmed access to support from other professionals in YJS in comparison to support from a Speech and Language therapist (SLT) within their service (29%). Almost a third of the sample (29%) reported no access to support for service users with SLCN. Of these respondents, almost all (96%) perceived their service would benefit from access to speech and language therapy provision.

Responses for some questions varied according to professional role (such as manager, case worker, education professional and SLT). Notable responses included less awareness of the

SEND reforms and the processes around EHC plans among caseworkers compared to other professional groups. The SLTs and the education professionals reported higher impact of SLCN on other aspects of development, learning and behaviour than the managers and caseworkers.

**Summary:**

- YJS are not fully aware of the SEND reforms and the process to secure EHC needs assessment for their service users with SEN.
- YJS report high rates of SLCN among their service users, which impacts on their engagement with the CJS.
- Service users with SLCN as their primary need do not typically have Statements of SEN and/or EHC plans in place.
- Service users with SLCN as their primary need are a concern to YJS as their needs are not considered fully met.
- Speech and language therapy provision enables services to engage more effectively with their service users with SLCN.
- A significant proportion of YJS have no access to speech language therapy provision or access to any support for their service users with SLCN.
- YJS highly value the access to speech language therapy provision for their service users.

**Recommendations:**

There are four key recommendations:

- The SEND reforms need be communicated to all staff in the YJS. There needs to be a particular focus on communicating the key points of the SEND reforms to YJS caseworkers.
- SLCN to be assessed in all service users when an EHC needs assessment for SEN and/or emotional and behavioural needs is requested.
- All provision and interventions available to service users through the YJS must be accessible to those with SLCN. The profession of Speech and Language Therapy should continue to work closely with the Youth Justice Board to achieve this.
- All YJS to have access to speech and language therapy provision as recommended in the Bercow Report.

## **Detailed survey findings**

### **Background to the survey**

#### **Aims**

The overall aims of the survey were to 1) identify the awareness of and engagement with the Special Educational Needs and Disability (SEND) reforms in Youth Justice Services (YJS); 2) identify reported rates of speech, language and communication needs (SLCN) and the perceived impact of these on services users in YJS and 3) determine if service users with SLCN are identified and measures put in place to meet their needs.

An online survey was designed by the University of Sheffield and Birmingham City University in collaboration with *The Communication Trust*. The survey needed to be short and easy to complete in order to maximise the potential response rate. The survey consists of 20 questions with response types ranging from closed yes/no questions, questions requiring a scaled rating and open-ended responses. Once the final version of the survey was agreed, it was launched online with an accompanying social media campaign delivered by *The Communication Trust* over a four week period from May 29<sup>th</sup> 2015 to June 29<sup>th</sup> 2015. As part of the social media campaign, the survey was also directly sent to known youth justice contacts across England. Once the survey closed, the responses were then analysed by the team at the University of Sheffield and Birmingham City University along with *The Communication Trust*. This comprised of descriptive analysis followed by appropriate statistical analyses.

The findings from the survey are presented for each individual question. The findings for the total sample of respondents are described. For some questions, an additional analysis by professional role across the youth justice managers, the youth justice caseworkers and also professionals in the health, education and other sectors followed. The analysis according to professional role enables a closer examination of how responses varied according to the profession completing the survey. Percentages are used throughout the report with mean percentages reported where necessary. For those questions with an option to make further comments, these qualitative responses were analysed using a method of thematic content analysis. Here, descriptive trends were grouped into themes containing similar trends reported by the respondents. The frequency of responses that are grouped within each theme can be viewed for each question.

Themes were generated independently by two researchers who then compared results for each question for reliability purposes. A mutual consensus was reached for each question and for any instances where a different number of themes or frequency per theme was obtained, a discussion between the two researchers resulted in either the removal or inclusion of the theme or response in question.

#### **Response rate**

In England, there are approximately 154 youth offending teams and 17 youth custodial settings. A total of 70 complete responses were received thus an approximate response rate of 41%.

**Question 1: What is the remit of your service? Participants select from 1) community; 2) custodial; 3) both community and custodial; 4) other-free text box**

Of the 70 complete responses, 30% came from community based teams, 3% from custodial teams and the majority (63%) from teams which self-identified as both community and custodial.

**Question 2: What is your role in the service? Participants select from 1) manager; 2) case worker; 3) other-free text box.**

A range of staff completed the survey with youth justice managers (52%) as the highest proportion, followed by a category of health/education/other (27%) and then youth justice workers (21%). Table 1 details the type of professionals who completed the survey in the health/education/other group. It is not known how services decided which staff member should complete the survey once it was received.

**Table 1: Type of professional who completed the survey in the health/education/other group**

Professional Type	Number and %
Speech and language therapist	6 (25%)
Healthcare	2 (8%)
Education	10 (42%)
Other/Not identified	6 (25%)

**Question 3: How long have you been in this role? Participants select from 1) less than 3 years; 2) 3 to 5 years and 3) more than 5 years**

Among the respondents, there was a high level of experience with more than half of the sample in post for more than five years. Table 2 shows the length of experience for the sample. Further analysis of the professional role in the sample identified that the managers and the health/education/other group were more experienced than the case-workers.

**Table 2: Level of work experience in the total sample of respondents**

Number of years in role	%
Less than 3 years	28%
3-5 years	15%
More than 5 years	57%

**Question 4: What is the approximate number of service users (young offenders) in your service? Participants select from 1) 0-50 service users; 2) 51-100; 3)101-150; 4)151-200 and 5) more than 200**

The reported number of service users varied across the sample (see table 3). A higher proportion of responses came from services with over a 100 service users.

**Table 3: Size of the services reported using number of service users**

Size of service	Percentage (%)
0-50 service users	7%
51-100 service users	25%
101-150 service users	22%
151-200 service users	12%
Over 200 service users	34%

**Question 5: What percentage (approximate) of your service users has special educational needs (SEN) as documented by a Statement of SEN and/or new Education and Health Care (EHC) Plan? Participants select from 1) 0%; 2) 10%; 3) 20%; 4) 30%; 5)40%; 6)50%; 7)60%; 8)70%; 9)80%; 10)90% and 11)100%**

**Participants were able to make comments in a free text box**

The majority of respondents reported that between 10-30% of their service users had a statement or EHC plan for SEN with a mean of 28% reported for the total sample. There were differences in this figure according to the different professional roles (see table 4). Managers and those in the health/education/other category reported that approximately 25% of their service users had a statement or EHC plan whereas caseworkers reported a higher figure of approximately 38%. When the health/education/other category was analysed separately, the SLTs reported the highest percentage of 35% in comparison to 23% for the education professionals and with the non-identified group at 26%.

**Table 4: Mean percentage frequency of service users with EHC plans/statements reported according to professional role**

Professional role	Percentage (%) of service users with a EHC plan/statement
Managers	25%
Caseworkers	38%
Other (SLTs)	35%
Other (Education)	23%
Other (Health)	30%

**Question 6: Do you consider your service has established links to the Special Educational Needs (SEN) team in the Local Authority? Participants select from 1) yes; 2) no; 3) not sure and 4) free text box for comments**

Almost two thirds of all respondents (63%) reported established links with their Local Authority (LA) Special Education Needs (SEN) team. One fifth (22%) reported no established links and a further 15% were uncertain. Further analysis of responses according to professional role identified managers, case-workers and SLTs reporting more positive confirmations of established links (see table 5).

**Table 5: Established links with Local Authority Special Educational Needs Services reported according to professional role**

Professional Staff Group	Established links %	No established links %
Managers	67%	18%
Caseworkers	43%	50%
Other (SLTS)	60%	29%
Other (Education)	90%	10%

***Analysis of the free text responses to question 6 (n=16 responses)***

Theme	Frequency of responses
Some link present	10 (63%)
Links not robust enough	6 (38%)
About to establish a link	2 (13%)
Links made via education	4 (25%)
Difficulty in access	2 (13%)
Lack of understanding	1 (6%)

The majority of respondents specified current links between their service and SEN team in the LA.

*'We have well established links with individual schools, specialist services within the LA authority'*

However, a substantial number of these respondents believed that these links could be stronger.

*'Yes but the links are not very strong. We notify the SEN team every time anyone goes to custody but in other cases liaison is limited'*

Respondents considered that the difficulty in gaining quick access to report information contributed to these weak links.

*'Referrals take a long time to result in assessments (months)'*

One respondent considered this was partly due to case managers having *'little understanding of SEN roles'*.

Two respondents mentioned the intention to form stronger links due to the new SEND proposals.

*'Currently building these in response to the SEND reforms'*.

Four respondents commented their links were indirectly formed specifically through their education professional.

*'We have a specialist Education Worker based in our team who has excellent links across the city with providers and LA teams'*

**Question 7: Are you aware of the current SEN and Disability reforms (SEND)? Participants select from 1) yes and; 2) no**

The majority of the total sample (87%) was aware of the current SEND reforms. Interestingly, nine participants reported no awareness and a further three did not respond to this question. Responses according to professional role did not differ.

**Question 8: Is your service aware of the process to follow in requesting an education, health and care (EHC) needs assessment if a service user has SEN but does not have an EHC plan/statement? Participants select 1) yes or 2) no**

In the total sample, 80% of respondents knew how to request an EHC assessment/plan. Managers and professionals in the health/education/other category were more aware when compared to caseworkers.

**Table 7: Aware of how to request an EHC assessment according to professional role**

Professional Role	Aware (%)
Managers	88%
Caseworkers	54%
Other (SLTS)	100%
Other (Education)	100%

**Question 9: On a scale of 1 to 5, where 5 is extremely confident and 1 is not confident at all, how confident are you that your service is fully engaging with the requirements of the new SEND reforms? Participants rate their engagement on the 1 to 5 scale and add comments in a free text box**

Only 6% of all the respondents were extremely confident that their service was engaging in full with the requirements of the new SEND reforms (see table 8). The majority of the respondents were moderately confident that their service was fully engaged. The mean rating for the sample was 3.1 showing moderate confidence (see table 8). When the sample was divided into professional roles, managers and the health/education/other group rated themselves as confident with a mean rating of 3 and case-managers were slightly less confident with a mean of 2.7 (see table 9). In the health/education/other group, the SLTs, education professionals and others all had a similar mean rating of 3 with the SLTs less confident at 3.1 compared to 3.5 (education) and 3.8 (others).



**Table 8: Percentage frequency of respondents' confidence in service engagement with the SEND reform across the total sample**

<b>Respondent Rating</b>	<b>% Response</b>
<b>1 not confident at all to 5 extremely confident</b>	
1 - Not confident at all	4%
2	22%
3 – Moderately confident	40%
4	28%
5 – Extremely confident	6%

**Table 9: Mean confidence rating of respondents' in service engagement with the SEND reforms according to professional role**

<b>Professional Role</b>	<b>Mean confidence rating for service compliance (1 to 5).</b>
Managers	3
Caseworkers	2.7
Other (SLTS)	3.1
Other (Education)	3.5

***Analysis of the free text responses to question 9 (n=18 responses)***

<b>Theme</b>	<b>Frequency of response</b>
New response initiated	7 (39%)
Unfamiliarity	6 (33%)
Only through specialist services	6 (33%)
Lack of resources	3 (17%)
Yes good awareness	3 (17%)

Respondents commented on new initiatives in place as a response to the SEND reform such as meetings to discuss new plans, roles and responsibilities and to raise awareness and share knowledge amongst staff.

*'We have had specific meetings to agree the process and are currently refining those to reflect the new responsibilities'*

A theme of staff not having a good enough understanding and familiarity with the SEND reforms was commonly reported, where respondents often referred to case workers as having little familiarity with the reforms.

*'Case managers do not know the process and would just defer to me'*

In addition, for the three respondents who considered their service had a satisfactory awareness, all three perceived that case managers continued to be unfamiliar with the

process. One possible explanation was that specialist ‘expert’ staff have more familiarity and knowledge of the new process.

*‘I would suggest that for cases where the education specialist is actively working on the case, the requirements are being met. However, for individual case managers, there is some further training required to ensure they are fully aware of the new requirements’*

Finally for three respondents, lack of resources affected their ability to fully engage with the new SEND reform process. Responses referred to the need for more input and support from education and SLT services.

*‘Our SLT service has no formal contract with college so even if needs have been identified there is no service to support them’*

**Question 10: What percentage (approximate) of your service users are considered by the service to have speech, language and communication needs (SLCN) as part of other learning and/or developmental needs such as hearing impairment, learning difficulty, Autism Spectrum Disorder (ASD), cerebral palsy and so on? Participants select from 1) 0%; 2) 10%; 3) 20%; 4) 30%; 5)40%; 6)50%; 7)60%; 8)70%; 9)80%; 10)90% and 11)100%**

The mean percentage reported by the total sample was 42% with a wide inter-quartile range of 20-60%. Further analysis by professional role showed a fairly even reported percentage across the managers, caseworkers and health/education/other group (see table 10). The inter-quartile ranges were high for each professional role at 30-45%. However, in the health/education/other group, the SLTs mean average was 61%, which was much higher than the education professionals at 36%.

**Table 10: Identified SLCN in service users as part of other learning and/or developmental needs according to professional role**

Professional Role	Mean %
Managers	38%
Caseworkers	44%
Other (SLTs)	61%
Other (Education)	36%

**Question 11: What percentage (approximate) of your service users are considered by the service to have speech, language and communication needs (SLCN) as their primary need, i.e., their main area of difficulty. Participants select from 1) 0%; 2) 10%; 3) 20%; 4) 30%; 5)40%; 6)50%; 7)60%; 8)70%; 9)80%; 10)90% and 11)100%**

The mean percentage reported by the total sample was 30%. The majority of respondents reported between 10-45% of their service users have SLCN as their primary area of need. When this was separated by professional role, the health/education/other category reported a higher mean percentage at 39% compared to the managers who reported a

mean of 27% and caseworkers with the lowest mean percentage of 24% (see table 11). When the health/education/other group was examined further, SLTs rated 38% as having SLCN as their only need compared to 31% of the education professionals and 46% of the other category.

**Table 11: SLCN as the primary area of need in service users as reported according to professional role**

Professional Role	Mean % of service users reported with SLCN as their primary area of need.
Managers	27%
Caseworkers	24%
Other (SLTS)	38%
Other (Education)	31%

**Question 12: For those service users who have identified SLCN (either as their primary need, or as part of another difficulty), what impact does their SLCN have on the following areas? Please select a rating for each of these areas (emotional development, social skills, learning, literacy and behaviour) using the table below where 1 is 'no impact' and 5 is 'very significant impact'.**

All respondents in the total sample reported that SLCN has some impact on all of these five areas (see table 12). Notably, 81% of respondents reported SLCN to have a significant or very significant impact on behaviour.

**Table 12: Percentage frequency of the reported impact of SLCN on other areas of service users' development**

Reported impact	Emotional development	Social skills	Learning	Literacy	Behaviour
1 - No impact	0%	0%	0%	0%	0%
2 - Some impact	6%	6%	3%	4%	1%
3 - Moderate impact	26%	20%	17%	24%	17%
4 - Significant impact	37%	42%	47%	44%	42%
5 - Very significant impact	31%	32%	33%	27%	39%

*Impact on emotional development:* the total sample mean rating was 3.9 showing a moderate impact. The caseworkers and managers reported a similar mean rating of 3.9 and 3.8, respectively. In the health/education/other group, the SLTs mean rating of 4.9 was higher than the education professionals' and the non-identified group rating at 3.6 (see table 13).

*Impact on social skills:* the total sample mean rating was 4 highlighting a significant impact. Managers, caseworkers and the health/education/other group were similar in their ratings.

In the health/education/other group, the SLTs rated the impact as the highest at 4.9 compared to the education professionals (see table 13).

*Impact on learning:* the total sample mean rating was 4.11 highlighting a significant impact. Mean ratings across the managers, caseworkers and health/education/other roles were similar. In the health/education/other group, the SLTs rated the impact slightly higher at 4.6 compared to 4 from the education professionals (see table 13).

*Impact on literacy:* the total sample mean rating was 3.9 indicating a moderate to high impact. The mean ratings across the professional roles were similar (see table 13).

*Impact on behaviour:* the total sample mean was 4.2 showing SLCN was considered to have the highest impact on behaviour compared to emotional development, social skills, learning and literacy. Mean ratings were similar across the professional roles (see table 13).

Analysis of the responses across emotional development, social skills, learning, literacy and behaviour identified significant moderate to strong positive correlations between them. Strong correlations ( $p < 0.01$ ) were found between the emotional behaviour and social skills; emotional development and learning; learning and literacy; and behaviour correlated strongly with all of the other areas apart from literacy.

**Table13: Mean rated impact SLCN has on service users as reported according to professional role**

Professional role	Mean rating: emotional development	Mean rating: learning	Mean rating: social skills	Mean rating: literacy.	Mean rating: behaviour
Managers	3.8	4	3.9	3.9	4.1
Caseworkers	3.9	4.2	4.1	3.9	4.3
SLTs	4.9	4.6	4.9	3.9	4.6
Education	3.6	4	4	4	3.9

**Question 13: What percentage (approximate) of your service users has reading and writing difficulties? Participants select from 1) 0%; 2) 10%; 3) 20%; 4) 30%; 5) 40%; 6) 50%; 7) 60%; 8)70%; 9) 80%; 10) 90% and 11) 100%**

The total sample mean was 46% with a large variation (19%). The majority of respondents reported that between 30-60% of their service users experience reading and writing difficulties. Analysis by professional role (see table 14) identified similar reported rates across the caseworkers, managers and the health/education/other group. Here, the SLTs reported 50% of service users have reading and writing difficulties compared to 45% reported by education professionals.

**Table14: Reading and writing difficulties reported in the service users (mean % frequency) according to professional role**

Professional Role	Mean percentage of service users reported with reading and writing difficulties.
Managers	44%
Caseworkers	45%
Other (SLTS)	50%
Other (Education)	45%

**Question 14: If there are service users with SLCN in your service, how are these SLCN documented? Participants select as many as apply. Participants choose from SEN statement/EHC plan; case file; Asset (electronic records system); other. Participants were able to make comments in a free text box.**

SLCN is documented across a variety of records with the Asset being the most common (95%) (see table 15). A quarter of services mentioned additional records including the Youth Justice Board (YJB) screening tool and actual SLT assessments. A higher number of the health/education/other group reported using the EHC plan (78%) compared to managers and caseworkers (71%). In the health/education/other group, education professionals (90%) used the EHC plan more than the SLTs (70%). More of the managers (68%) and health/education/other group (67%) reported using case files compared to the caseworkers (43%).

**Table 15: Documentation of SLCN by professional role (mean % frequency) as reported according to professional role**

How is SLCN documented?	% of the total sample	% of Managers	% of caseworkers	% of SLTs	% of education professionals
Statement or EHC Plan	75%	71%	71%	70%	90%
Case file	66%	68%	43%	86%	70%
Asset	95%	94%	93%	100%	100%
Other	25%	34%	14%	29%	25%

**Analysis of the free text responses to**

**question 9 (n=18 responses)**

**Theme**

SLCN Screening  
 Speech language therapist assessment/report  
 Asset tool  
 Other

**Frequency of response**

9 (50%)  
 7 (39%)  
 3 (17%)  
 3 (17%)

The majority of respondents reported screening tools as the most common method of documenting SLCN for their service users. Assessments and reports completed by speech and language therapists was the next most common method.

*'Reports from the onsite speech and language therapists who work with us for 2 days a week'*

Following the above, the Asset was specifically mentioned by three respondents. The other category consisted of health and wellbeing assessments (1), education statements (1) and the ONE database (1).

*'If statement exists it will be within the statement and therefore transferred to the initial Asset and plans'*

**Question 15: What types of SLCN do your service users have? Participant ranks the following options from 1 to 7 where 1 represents the type of need most prevalent in your service users and 7 represents the type of need least prevalent; speech difficulties; stammering/stuttering; attending and listening to others; understanding what others say; using appropriate vocabulary in their talking; using appropriate grammar in their talking; being able to communicate with others in a socially acceptable way. Participants were able to make comments in a free text box.**

Respondents reported the most common difficulties experienced by service users due to their SLCN were; 'attending and listening to others', 'understanding what others say' and 'being able to communicate with others'. The least common difficulties reported were 'unclear speech' and 'stammering/stuttering'.

**Question 16: What support is available in your service for service users with SLCN? Participants can select one or more of the following options 1) access to a SLT employed in the service; 2) access to a SLT not employed in the service; 3) access to/support from a CJS professional(s) who has been on training to learn about SLCN; 4) other – please specify what this is; 5) no known support. Participants were able to make comments in a free text box.**

**Table 16: YJS perceived access to available support for SLCN**

<b>Support available for users with SLCN</b>	<b>Percentage (%) of the total sample</b>
Access to SLT	29%
Access to SLT not employed within the service	24%
Support from CJS professionals	33%
Other	14%
No support	29%

A higher percentage of respondents reported criminal justice service professionals as providing the available support for service users with SLCN, in comparison to having access to a SLT. An equal number of respondents who rated having access to a SLT also rated having no access to support for SLCN of service users.

***Analysis of the free text responses to question 16 (n=16 responses)***

<b>Theme</b>	<b>Frequency of response</b>
Awareness and support to be increased	5 (31%)
Access and resources to be negotiated	4 (25%)
Indirect access and support	3 (19%)
Limited access and resources	3 (19%)
No support	3 (19%)

Responses highlighted the need to increase awareness of SLCN for staff through training and to obtain future resources and funding for SLT support.

*'We currently have an advert out for a SLCT to be based with us (commissioned service) 1 day per week. This will be the first time we have had any specialist support within our service'.*

*'The Team have had training from the local SALTs and further training is planned for July 2015'*

Indirect support was highlighted by some respondents who commented on referrals and support provided by education and health services, such as educational psychologists, CAHMS and SEN teams.

*'We have no direct support within the service. Previous referrals tended to go through the "health" route and an alternatively statemented young people may receive support via their education statement'.*

Three respondents specifically commented on limited funding resources preventing access to support.

*'There have been real issues with regard to access for young people of secondary age to SLCN services'*

Furthermore, three respondents reported not receiving any SLCN support with one specifically referring to the lack of SLCN intervention provided by SLTs as opposed to only offering advice and assessment.

*‘Community speech and language service can only offer assessment and advice - no intervention and many adolescents would benefit significantly from focused work on language and social skills’.*

Only two respondents reported having a SLT currently in post to offer support, although this was still on a part-time basis.

*‘Access to a SALT seconded to the service 3 days a week as part of a 12 months pilot funded by local public health’.*

**Question 17: If your service does not have access to a SLT, do you consider that your service could benefit from this? Participants select from 1) yes; 2) no; 3) free text box for comments**

All but two (96%) of the respondents who reported not having access to a SLT perceived that their service could benefit from the support of a SLT.

***Analysis of the free text responses to question 17 (n=13 responses)***

<b>Theme</b>	<b>Frequency of response</b>
Yes there would be benefits	8 (62%)
Demonstrating a case to gain access	4 (31%)
High proportion of need for SLCN support	3 (23%)
Increase understanding	1 (8%)

These respondents considered their service could benefit from having access to a SLT.

*‘There have been real benefits generated by the relatively low level pilot’*

Four of these respondents referred to a specific benefit to the young person and two mentioned the benefits this would have for staff. Three of these respondents and a further respondent commented on how they were in the process of obtaining access to an SLT to support their service.

*‘Definitely, we are in the process of trying to put a case together to demonstrate the need to try and get easier access to a speech and language therapist’*

Three respondents who perceived their service would benefit also considered that a high proportion of their young people were in need of support for their SLCN.

*‘High proportion of service users have speech and language issues adversely affecting them day to day, even reducing their ability to benefit from our service’.*



Finally, one respondent who also considered their service would benefit specifically mentioned how it would help staff understand the implications SLCN has on a young person's ability to participate and understand the YJ process.

*'Assessment of SLCN is essential for our understanding of a young person's ability to understand and engage in the process of youth justice and for us to fully comprehend the way in which that YP [young people] interprets the world they inhabit'.*

**Question 18: What percentage of service users with SLCN in your service do not currently have a statement/EHC? Participants select from 1) 0%; 2) 10%; 3) 20%; 4) 30%; 5)40%; 6)50%; 7)60%; 8)70%; 9)80%; 10)90% and 11)100%. Participants were able to make comments in a free text box.**

The total sample mean was 46% (28% variation). With respect to professional role (see table 16), managers reported a higher percentage of service users with SLCN did not currently have an EHC plan (50%) compared to the caseworkers (35%) and the health/education/other group (46%). Here, the education professionals reported approximately 60% of service users with SLCN did not have a plan compared to 40% reported by the SLTs.

**Table 16: Mean reported percentage of service users with SLCN without EHC plan/statements according to professional role**

<b>Professional Role</b>	<b>Mean reported percentage of service users with SLCN without an EHC plan.</b>
Managers	50%
Caseworkers	35%
Other (SLTS)	40%
Other (Education)	60%

***Analysis of the free text responses to question 18 (n=17 responses)***

<b>Theme</b>	<b>Frequency of response</b>
Limitations of data access	10 (59%)
SLCN Unrecognized/misdiagnosed	5 (29%)
Further improvements and research required	4 (24%)
Inaccurate assessments	1 (6%)
Not all require this support	1 (6%)

The majority of respondents reported difficulties in accessing the data about SLCN for their service and so commented on a lack of certainty in scoring the percentage rate for this question.

Of those who commented, three respondents (and one additional respondent) stated that they were in the process of obtaining more reliable information regarding this percentage rate and were aiming to improve their screening process.

*'We have scored the minimum at this time but are in the process of obtaining recordable and accurate information'.*

One respondent commented on improving the inaccuracy of assessments.

*'We often question whether our assessments are fully accurate but we now have improved means for identifying those with a former statement / EHCP'.*

Five respondents noted how the SLCN of young people would often fail to get recognised due to the more overt behavioural problems expressed by the young person, which would result in missed identification and support.

*'Many young people slip through the system and have no formalised assessment as they move frequently or their SLCN needs are hidden by more overt behavioural needs or more complex learning needs'.*

In addition, these respondents also noted how poor school attendance results in missed opportunities for the identification of SLCN and resulting statements or EHC plans.

*'Many young people have SLCN which are undiagnosed due to frequent moves in education or extremely poor attendance'.*

Only one respondent believed that the support for SLCN through statements and EHC plans was not required for all who participated in the YJS.

**Question 19: How well do you consider the service meets this group of service users' needs with SLCN but without an EHC plan/statement? Participants select from a scale of 1 to 5 where 1 is not met and 5 is all needs met**

Only 2% of all the respondents reported all the needs of service users with SLCN but without an EHC plan were fully met and 40% of respondents reported their needs were not met at all or only slightly met. For the total sample, the mean rating was 2.7 indicating service users' needs are only slightly met. The health/education/other group rated this higher at 3 compared to the caseworkers at 2.5 and the managers at 2.7. In the health/education/other group, the SLTs rated this question slightly higher at 3.3 compared to the education professionals at 2.9 (see table 18).

**Table 17: Service users with SLCN without a SEN statement/EHC plan: how well are their needs met.**

Scale of 1 to 5 where 1 is not met and 5 is all needs met	%
1 – Not met at all	6%
2 – Needs slightly met	34%
3 – Some needs met	41%
4 – Most needs met	17%
5 – All needs met	2%

**Table 18: Mean rating of how well the service meets the needs of service users with SLCN without an EHC plan or statement according to professional role**

Professional role	Mean rating of how well the service meets the needs of service users with SLCN without a EHC plan or statement
Managers	2.7
Caseworkers	2.5
Other (SLTS)	3.3
Other (Education)	2.9

**Question 20: Do you consider that having SLCN makes it more difficult for the young person to engage effectively in the CJS? Participants select from 1) yes; 2) no; 3) not sure and 4) free text box for comments**

Almost all of the respondents (90%) reported that having SLCN made it more difficult for an individual to engage effectively in the criminal justice system. No differences were identified across professional roles.

**Question 21: If yes, please rank the following responses from 1 to 5 where 1 represents the most common reason and 5, the least common reason:**

The five responses are detailed below with the mean rankings reported for each one.

The most significant impact of these difficulties were reported to be in engaging with verbally mediated therapies and understanding the consequences of their actions on the victims.

*Response 1: Staff find it harder to communicate with the young person which impacts on the overall management of the young person*

The total sample mean rating for this statement was 3.6 where 41% of the respondents rated this 4 or 5 and 19% rated it either a 1 or 2, making it the highest rated response. The caseworkers gave this a higher mean rating (3.7) compared to managers (3.6) and the health/education/other group (3.4).

*Response 2: The young person finds it difficult to engage in verbally mediated interventions offered to support him/her*

The total sample mean rating for this statement was 2.4 where 20% of the respondents rated this as 4 or 5 and 46% as either 1 or 2. The health/education/other group rated this as slightly higher at 2.9 when compared to the managers (2.4) and caseworkers (2.3).

*Response 3: The young person is more likely to give inappropriate communicative responses and/or behave in a socially inappropriate way in formal situations such as in court/trial*

The total sample mean rating for this statement was 2.8. A quarter of all the respondents rated this as 4 or 5 and 32% as 1 or 2. The caseworkers rated this statement as slightly higher at 3 compared to the managers at 2.7 and the health/education/other group at 2.8. Within the health/education/other group, the mean rating of the SLTs was higher at 3 compared to the education professionals at 2.3.

*Response 4: The young person finds it difficult to understand the consequences of their offence for the victim(s)*

The total sample mean rating for this statement was 2.6. Of all the respondents, 27% rated this as either a 4 or 5 and 42% rated it a 1 or 2. Managers rated this slightly higher (at 2.7) compared to the caseworkers (2.3) and the health/education/other group (2.4). Within the health/education/other group, the mean rating of the SLTs was 3.3 compared to the education professionals at 2.5.

*Response 5: The young person finds it difficult to access and understand information about the service(s) offered*

The total sample mean rating for this statement was high at 3.5. Almost half the group (48%) rated this as either a 4 or 5 and 23% rated it either a 1 or 2. Caseworkers rated this highest at 4 compared to managers (3.4) and the health/education/other group (3.3). Within the health/education/other group the SLTs rated this high at 3.8 compared to the education professionals at 3.2.

Statistically significant correlations ( $p < 0.05$ ) of moderate effect size were found for 1) the impact on managing the young person with both difficulty understanding consequences of offence and understanding information about services and; 2) the use of inappropriate communication in formal settings with difficulty participating in verbal mediations and understanding information about services.

**Table 19: Mean rating of reported impact of SLCN on participation in the criminal justice system for service users according to professional role**

Professional role	Response 1	Response 2	Response 3	Response 4	Response 5
Managers	3.6	2.4	2.7	2.7	3.4
Caseworkers	3.7	2.3	2.3	3	4
SLTs	3.3	1.5	3.3	3	3.8
Education	3.4	3	2.5	2.3	3.2

### **Analysis of the free text responses to question 21 (n=14 responses)**

<b>Theme</b>	<b>Frequency of response</b>
Negatively affects successful participation in CJS	9 (64%)
Reduces potential change in behaviour	5 (36%)
Implications on understanding	5 (36%)
Implications for verbally mediated processes	4 (29%)
Staff awareness training	4 (29%)
Individual differences	2 (14%)
YP resistance	1 (7%)
Funding	1 (7%)

The majority of respondents perceived that SLCN made it more difficult for young people to engage effectively in the CJS. Of these respondents, five indicated that SLCN impacts on the young person's ability to understand the process.

*'The CJS itself is complex to understand which makes it difficult for young people with SLCN to make informed choices about compliance'*

Four respondents reported that SLCN negatively impacts on young people's ability to successfully participate in verbally mediated interventions and in situations that required verbal presentation, such as in court.

*'It affects all aspects of their court orders and even their presentation and ability to participate in the Court processes.'*

Of the four respondents who believed SLCN has negative implications on the verbal requirements of the CJS, three of these respondents also believed that SLCN results in the same negative implications for the young person's understanding.

*'Interventions are verbally mediated which often makes it difficult for YP [young people] to remember, understand and express themselves effectively.'*

The court process was identified by two respondents as requiring high expressive and receptive language demands due to the use of complex vocabulary and the requirement for a young person to present themselves in a positive manner.

*'The language/vocabulary used in courts is often complex.'*

Five respondents believed that SLCN impacts on the young person's ability to change their behaviour. This was considered a result of the expressive and receptive limitations discussed but one respondent commented on the memory and attention difficulties they believe a young person shows, which also impacts on their compliance.

*'It is hard to engage and then effectively work with some young people, especially if they have lost concentration or have no idea what is meant or forget'. 'It is not possible to affect change if the young person cannot understand what is happening or what has been said/written/shown'*

Another respondent believed that a young person with an unidentified SLCN would react defensively and resist any support or identification that could result in change.

Two respondents, (one of which had commented on the above themes) specifically referred to the theme of individual difference. They both stated that the implications of SLCN would depend on the individual need, difficulty and support available for the young person.

*'Young people at the first point of contact with the CJS are usually very defensive. This obviously increases for young people who may have any unidentified difficulty and may be resistant to recognise their "issue" and act upon them'.*

On a different theme of training, four respondents referred to training their service had provided to CJS staff, such as magistrates to increase their understanding of the SLCN young people possess and the implications this has for their participation.

*'We have provided some training for Magistrates and plan further training for them and for Panel Members so there is an improved level of understanding of SLCN when key decisions affecting young people are being made'*

Finally, a lack of funding was reported by one respondent, which resulted in the removal of basic skills support that helped young people with their participation through the CJS.

*'We have previously had funded teaching for basic skills in house which was beneficial in re engaging young people with education and moving them forward. However this has not been the case for several years'.*

## **Question 22 Please make any further comments and/or add further information here**

### ***Analysis of the free text responses to question 22 (n=17 responses)***

#### **Q22 Further Comments**

<b>Themes</b>	<b>Frequency of response</b>
Problems with access to data	7 (41%)
Unidentified SLCN	5 (29%)
The importance and need for SLT input	3 (18%)
Current access to and benefit of SLT	3 (18%)
Benefit of received training and visual aids	3 (18%)
Reliance on other health and education services	2 (12%)
Establishing trust	1 (6%)

The majority of comments referred to problems accessing the relevant information and data from services to accurately answer some of the survey questions. In addition, there were reported difficulties in ranking response options that respondents considered were of equal importance.

*'Ranking non understanding is not helpful, there are strategies for each one but the point is that the young people who struggle to understand do not understand whatever the situation'*

The next most frequent reported theme was that of unidentified SLCN, which was mentioned by five respondents. This was because the SLCN was described as being more subtle in comparison to other behavioural and learning needs overtly expressed by the young person.

*'SLCN are often overlooked due to them being very subtle'*

One respondent commented on the young person's ability to mask any SLCN, which made identification difficult.

*'They have usually developed coping mechanisms, which can mask their true ability or areas of difficulty by the time they come to CJS'*

Three respondents highlighted access to a SLT in their service, which was perceived as beneficial for the young person and the staff responsible for supporting them through the service.

*'We are very fortunate in our YOS [youth offending service] that we have a Speech and Language therapist who is not only an Asset for the young person but also is there to assist the team in ways to make communication more effective for the young people they communicate with'*

The importance of SLT support for young people's successful participation was also mentioned by three respondents who had no current access to SLT support. Reference to difficulties young people had in understanding information delivered to them verbally was raised, as was the need for prioritising and securing SLT resources.

*'We hope that SLC needs amongst young offenders are recognised and prioritised nationally by Health partners, so input from SALT becomes integral to Youth Justice Services nationally'*

The benefit of attending training in the SLCN of young people was expressed by one respondent, who also referred to their incorporation of visual aids (as did one other respondent) to help support young people through verbally mediated intervention as a result of the training.

*'All staff have attended SLT training, SLT joint work cases with YJS practitioners in delivering interventions. Verbally mediated programmes are currently in the process of being updated and augmented with visual support to enable young people to access interventions'*

The reliance on obtaining support and information regarding young people's learning needs (including SLCN) indirectly from other services, such as education psychologists or SEN teams was commented on by two respondents.

*'The young people that we work with that are still in education have access to an Educational Psychologist and a SENCO that will address needs that they have, those that are in post 16 provision have access to the same via their training provider (college)'*

Finally, one respondent commented on the essential need for trust to develop between the young person and the caseworker, which was required to fully understand the needs of the young person.

*'The staff are experienced in communicating with young people however it takes time to build up trust and understanding of the young person's abilities'*

## **Summary**

The majority of services are aware of the new SEND reforms but are not fully confident that robust processes are in place to ensure full engagement. The survey confirms that a high percentage of the young people in contact with YJS have SLCN which impact on their engagement with many aspects of YJS and the CJS. The survey showed that YJS differentiate SLCN from literacy difficulties in their service users. Where service users are identified with SLCN, this is usually documented using the Asset.

The survey identified a significant proportion of young people entering YJS have Statements of SEN and/or Education and Health Care (EHC) plans. This figure is higher than reported by the Ministry of Justice. However, service users with SLCN do not typically have a Statement of SEN and/or an EHC plan and so, many of their needs remain unmet. Strong partnerships were reported between YJS and their Local Authority SEND teams by the YJS managers but less so by the caseworkers. In addition, more caseworkers were unaware of the SEND reforms and EHC assessment process in comparison to managers and other staff. The survey established that YJS are moderately confident their services are engaging with the SEND reforms.

SLCN was identified in a significant number of service users both as their primary need and as part of other developmental and/or learning needs. Again, this figure was higher than reported by the Department for Education (DfE). SLCN is reported to impact on the behaviour of service users more than their social skills, emotional development, literacy and overall learning. More specifically, service users with SLCN are reported to find it particularly difficult to engage in verbally mediated interventions and to understand the consequences of their offending behaviour.



Despite a high rate of SLCN reported in service users and the high impact of this, nearly a third of the total sample reported no access to specific support for service users with SLCN. Where support was available, this was through YJS and the CJS rather than speech and language therapy services. The need for speech and language therapy provision in YJS was rated highly.

The qualitative responses from the survey supported the quantitative findings and are summarised here. While links are established between the YJS and Local Authority SEND teams, these links need to be stronger. Caseworkers were perceived as needing more knowledge about the reforms and the role of the SEND team. Respondents reported that more specialist staff in the YJS would often liaise and form links with the SEND teams but not typically involve the caseworkers in this. Some YJS are aiming to improve staff knowledge and familiarity of the SEND reform process. Similarly, data regarding reports and rates of incidence of SLCN and learning needs of young people in the YJS were difficult to access. Often, teams liaise with education and health services to gain this information from their local authority SEND teams.

Access to speech and language therapy (SLT) provision within YJS was considered limited. Staff training around SLCN was valued with examples referring to visual aids to enable young people to participate in verbally mediated interventions. SLT provision was described as important and needed over and above offering advice and assessment only. The negative impact of SLCN on engagement with YJS and the CJS was highlighted, specifically court situations which require a certain level of language and communication competence. A lack of identification and intervention for SLCN was considered to contribute to further offending behaviour. SLT provision was valued highly both for increasing the knowledge and understanding of YJS staff and in working directly with the young people themselves. Together these can enable the young person to engage more effectively in YJS and the CJS as well as ensuring the full implementation of the SEND reforms.

## **Recommendations**

There are four key recommendations:

- The SEND reforms need be communicated to all staff in the YJS. There needs to be a particular focus on communicating the key points of the SEND reforms to YJS caseworkers.
- SLCN to be assessed in all service users when an EHC needs assessment for SEN and/or emotional and behavioural needs is requested.
- All provision and interventions available to service users through the YJS must be accessible to those with SLCN. The profession of Speech and Language Therapy should continue to work with the Youth Justice Board to achieve this.
- All YJS to have access to speech and language therapy provision as recommended in the Bercow Report.

### **Limitations of the Study**

As always, the findings of this survey should be interpreted in the context of the limitations of the study reported here. Although the response rate of 41% was high for a survey, the responses collated will not be entirely representative across all youth justice services. It is not clear how the respondents were chosen in terms of who in the service was nominated, selected or prompted to complete the survey. It may be that in some services where there is speech and language therapy provision, it was the speech and language therapist who was nominated or self selected to complete the survey due to the topic of the survey. There was a range of professional roles comprising the sample of respondents with managers and case workers being represented more than other professional roles.

The data collected through the survey relied on the respondents' experience and perceptions of their own services rather than reporting confirmed service data. Indeed, some respondents reported that it was difficult for them to access reliable or confirmed data requested in the survey. For ease of reading and accessibility to a wide and diverse audience, this report uses and reports percentage data only rather than the exact number of responses. The analysis and reporting of the qualitative responses is very interesting, although again, these responses are not necessarily representative of the total respondent sample.

The survey was designed to be short and easy to complete to enable a high response rate. Questions where respondents were asked to statements in rank order of impact were perceived as difficult and not necessarily informative.