Youth Offending and Speech and Language Therapy (A Controlled Study)

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Sally Burrows and Ivan Yiga wrote this report, with significant contributions from Sarah Heneker, Karen Benedyk, Professor Tim Pring, Emily Sharman, Dr Anna Giulia De Cagno, Simona Silvestro, Barbara Ciampella, Paola Prandini, Dr Raffaella Citro and Louise Morgan.

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This project would not have taken place without the support and assistance of many individuals and organisations. We would like to thank the European Commission for its generous financial support under its Programme for Employment and Social Solidarity PROGRESS (2007–2013).

Firstly, we would like to thank Sarah Heneker (Highly Specialist Speech and Language Therapist) for working hard to screen all the young people who participated on this project and delivering speech and language therapy to those young people who took part. Helen Clarke (Speech and Language Therapist) carried out the blind re-screening of the participants at the end of the intervention process.

At Ealing Council, we would like to thank all members of our local steering group who provided invaluable support and advice. In particular, Marcella Phelan, who championed this project from the outset and Calum Murdoch who provided substantial organisational support. Karen Benedyk from Ealing Community Services and Louise Morgan from Ealing Youth Offending Service formed the bedrock of special expertise in speech and language therapy and youth justice on which we were able to carry out this research project. Emily Sharman and Alastair Romanes at Ealing Youth Offending Service also provided invaluable support. The entire Ealing Youth Offending Team worked to ensure that many young people with speech, language and communication needs were able to benefit from this project and helped in engaging them to participate. Shona Lyall at Ealing Community Services and Balvinder Atmi also provided helpful administration and organisational support.

Many thanks go to Hammersmith & Fulham Youth Offending Service who provided the comparison group for this project and, in particular Eyvonne Black who helped to recruit and engage young people. Emma Clements supported her and also galvanised and motivated her team.

Research expertise and thoughtful advice was provided by experts in speech and language therapy and youth justice who formed our National Research Steering Group. Chaired by Dr Hazel Roddam, it included Professor Karen Bryan, Professor Jane Maxim, Professor Tim Pring, Victoria Bedford and Jane Mackenzie. Their advice, particularly at the early development stage, was invaluable, especially the statistical analysis conducted by Professor Tim Pring.

We would like to thank our European partners, Accoglienza e Integrazione (A&I), the Italian social cooperative that led pioneering research and practice in Italy. In particular, Marina De Berti, Simona Silvestro and Barbara Ciampella whose hard work in Milan increased the awareness of
the issues discussed in this report there. They were supported by Luigi Pizzuti and Claudio Cazzanelli.

The Federazione Logopedisti Italiani (FLI) represented by Raffaella Citro and Anna Giulia De Cagno supported the trial of the YOSALT screening tool in Milan and Rome by providing speech and language therapy expertise to support A&I. This partnership was supported by the Centre for Juvenile Justice at the Italian Ministry of Justice in Milan and in particular, Paola Prandini who made it possible for our partners to visit the several communities in Milan to speak with young people who have offended. Thanks also to the community centres who took part.

The Standing Liaison Committee of Speech and Language Therapists (CPLOL) across Europe gave their input through a survey of provision of speech and language therapy to young people who have offended in the EU Member States, adding insight to current research and practice. CPLOL representatives from Austria, Bulgaria, Denmark, Estonia, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Norway, Slovakia, Slovenia, Spain, Sweden, Switzerland and the UK provided reports.

The whole partnership would not have worked without the interpretation and translation expertise of Valentina Gianoli who facilitated the communication within the partnership.

Sally Burrows, Director of Evidence Works, provided a high level research consultancy service. Her work included developing the research methodology for this project and carrying out evaluations of speech and language therapy with young people and staff. She also brought together the information on speech and language therapy practice in Europe and helped to put together this publication.

Finally, we would like to thank all the young people that took part in this project both in the UK and Italy including those in the London boroughs of Ealing and Hammersmith & Fulham. In Italy, they came from communities in Milan and public secondary schools in Rome. Additional thanks go to other young people who gave up their time to speak with us in focus groups including those in Brighton & Hove, Croydon and the Horizons Centre based in Ealing.

This book was edited by Beatrice Karol Burks but all errors and omissions are our own.
About the Project

This project investigated the extent of speech, language and communication needs amongst young people who have offended and the impact of providing them with speech and language therapy. Specifically, the aims of the project were to:

- Add to the evidence base on the prevalence of speech, language and communication needs in UK Youth Offending Services and identify prevalence in Milan, Italy.
- Provide an evidence base from which to develop strategies that support young people with communication needs
- Provide in-depth assessments and interventions for young people with speech, language and communication needs
- Develop a screening tool to identify young people who may have speech, language and communication needs
- Develop an intervention pack to combat speech, language and communication needs
- Increase awareness of the prevalence and nature of communication needs amongst youth justice practitioners
- Increase confidence and skills of youth offending practitioners in working with young people with communication needs
- Reduce re-offending and social exclusion through supporting young people to develop skills that lead to employment
- Build links across the European Union and share good practice
- Contribute to the national ambition to build a strong economy and a fair society, in which there are opportunities and security for all

The two-year project was funded by the European Commission (EC) and led by Ealing Council’s Youth offending Service in conjunction with the Paediatric Speech and Language Therapy department of Ealing Hospital NHS Trust. Its aim was to test whether speech and language therapy can have a significant and positive impact on young people by increasing the effectiveness of existing interventions and reducing offending.
In the first comparison study of its type, the researchers, led by Marcella Phelan, Assistant Director of Children and Families at Ealing Council, compared a group of young people accessing the Youth Offending Service in Ealing with a similar cohort in Hammersmith & Fulham.

47 young people on orders with Ealing Youth Offending Service were picked at random and screened and assessed for communication difficulties and had six to eight intensive therapy sessions with a Highly Specialist Speech and Language Therapist. Those accessing Hammersmith & Fulham Youth Offending Service consented to acting as a comparison group and 33 young people were screened for difficulties, but did not receive the therapy sessions. Using self-rating questionnaires, structured interviews and assessment on various language tasks, both groups were then measured to see if any improvements had taken place in areas such as anger management, self-esteem, the ability to express feelings verbally and to understand other people’s feelings, and their ability to negotiate and compromise.

Meanwhile partners in Italy conducted the country’s first study on the prevalence of speech, language and communication needs amongst young people who have offended. The UK is the only European member state to have carried out research into speech and language therapy and youth offending. From the outset, the YOSALT project team sought to contribute to good practice across Europe in this field by building active partnerships, developing materials useful to member states and disseminating the findings of this research into the efficaciousness of speech and language therapy to improve outcomes for young people on community orders. In particular through improving the communication skills of young people, this research project contributes to a number of the key challenges that the European Union has identified through the EU Social Protection and Social Inclusion Process. These include making labour markets truly inclusive and to overcome discrimination and increase the integration of people.

As EC funded research, and in the spirit of international cooperation and advancement, the Open Method of Coordination (OMC) helps Member States progress jointly in the reforms they need to undertake in order to reach the Lisbon and now Europe 2020 goals. This presented the UK an opportunity to partner with Italy and benefit from mutual learning. Results have been disseminated across the EU enabling other member states to benefit from the YOSALT experiment which has been the collective work of local authorities, the National Health Service, academics, consultants and the European speech and language therapy network (CPLol - Comité Permanent de Liaison des Orthophonistes/Logopèdes de l’Union Européenne), and offers a strong basis for policy making.
To contextualise the YOSALT findings within Europe and offer a wider picture of research and interventions, a short questionnaire was sent to CPLOL members to ascertain the extent of knowledge of speech, language and communication needs (SLCN) and of speech and language therapy provision to young people who have offended. The survey was distributed to all CPLOL Member Organizations including speech and language therapists and logopedists in 28 member states. Responses were received from 17. Reports on the provision and direction of speech and language therapy to vulnerable young people in other European states are provided by CPLOL representatives from Austria, Bulgaria, Denmark, Estonia, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Norway, Slovakia, Slovenia, Spain, Sweden, Switzerland and the UK.
About the organisations involved

**Ealing Council**
Ealing is London’s third most populous borough with a population of 312,000 of which 31 per cent are under 19. Ealing Youth Offending Service is a multi-agency service focusing on reducing the level of first time offending and re-offending by young people aged 10 up to 18 and working with the police and the courts to progress outcomes for young people currently involved or at risk of involvement in crime. Although the Youth Offending Service sits within the Department of Children’s Services, strategic oversight lies with a multi-agency Performance Management Board where the partnership organisations including police, probation, Child and Adolescent Mental Health Services (CAMHS), Connexions, the Primary Care Trust (PCT) and Victim Support are all represented.

Ealing Council officers on YOSALT Project steering group were led by Marcella Phelan (Assistant Director of Children’s services) and included, Calum Murdoch (Senior External Funding Officer), Ivan Yiga (YOSALT Project Coordinator), Emily Sharman (Education Social Work Coordinator, Ealing Youth Offending Team) and Louise Morgan (Education, Training and Employment Coordinator, Ealing Youth Offending Team) and Alastair Romanes (Head of Youth Offending Service).

**Ealing Hospital NHS Trust**
Ealing Hospital NHS Trust became an Integrated Care Organisation (ICO) in April 2011 and comprises of Ealing Hospital and the community services of Ealing, Brent and Harrow. The trust’s paediatric speech and language therapy service works with children who have speech, language, communication and feeding difficulties. The Speech and Language Therapist working on this project received support from this service’s manager who was part of the local steering group for this project. The representatives on the local steering group were: Karen Benedyk (Paediatric Speech and Language Therapy Manager, Ealing Community Services) and Sarah Heneker (Highly Specialised Speech and Language Therapist). Sarah provided screening and therapy to all the young people who participated in the project and wrote the case studies contained in this book.

**Accoglienza e Integrazione (A&I)**
A&I (Accoglienza e Integrazione) is a type A Italian social cooperative, formally constituted in 1992 working across a range of social actions including education, psychology, and other diverse interventions in all sectors of society to combat and prevent social exclusion and deprivation. It also works across the adult and youth justice system and detention system in Milan, providing a range of training and support to aid rehabilitation. For this project, A&I partnered with the Centre for Juvenile Justice (CGM) at the Milan Regional Department of the Ministry of Justice. The team here was made up of Marina De Berti (Project Manager, A&I), Barbara Ciampella (Educator, A&I), Simona Silvestro (Psychologist, A&I) and Paola Prandini (Centre of Juvenile Justice, Ministry of Justice).
**Federazione Logopedisti Italiani (FLI)**
The Federazione Logopedisti Italiani (FLI) is the Italian National Association of Speech and Language Therapists. It was established in 1989 by bringing together all the regional and interregional speech and language therapy associations in Italy. Dr Raffaella Citro and Dr Anna Giulia De Cagno provided speech and language therapy expertise to support the work A&I were doing during the trial of the screening tool in Italy.

**CPOLOL - Comite Permanent de Liaison des Orthophonistes Logopedes de l’Union Europeenne**
The project also engaged with the Standing Liaison Committee of Speech and Language Therapy associations across the European Union (Comite Permanent de Liaison des Orthophonistes Logopedes de l’Union Europeenne, CPOLOL) to help to initiate a comprehensive review of European research and practice in the field. Responses from CPOLOL’s members were received from member states including: Austria, Bulgaria, Denmark, Estonia, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Norway, Slovakia, Slovenia, Spain, Sweden, Switzerland and the UK. Dr. Hazel Roddam and Dr Raffaella Citro were instrumental in engaging CPOLOL’s members.

**Evidence Works**
Evidence Works was established in 2010 to provide independent research and evaluation services to the public sector. Sally Burrows led and coordinated the experiment methodology for the YOSALT project and conducted the independent evaluation of the extent to which speech and language therapy had supported young people at risk of reoffending. In particular, she obtained the views of key workers, young people and the European speech and language therapy community on the effectiveness of speech and language therapy for young people who have offended and edited this book.

**The London Borough of Hammersmith and Fulham’s** Youth Offending Service were able to offer a comparison group for this study.
Previous research suggests that young people who have offended are more likely than their peers to have speech, language and communication needs (SLCN). Having SLCN can mean that a person can find it more difficult to express themselves and to understand others. The impacts of these difficulties on all aspects of an individual’s life can be profound and in particular young people who have offended with SLCN may not have sufficient language skills to cope with verbally mediated interventions aimed at reducing re-offending.

Research in this area is difficult and costly to carry out and the evidence base surrounding the relationship between SLCN and outcomes for young people who have offended is somewhat limited. In 2008, Ealing Council sought additional evidence to determine the extent to which speech and language therapy might help in the rehabilitation of these young people in order to inform commissioning and policy decisions. The Council saw an opportunity to develop resources for these young people in Ealing and beyond whilst learning more about the effectiveness of speech and language therapy and continuing the UK’s lead in exploring the benefits of speech and language therapy provision for young people who have offended. This led to developing the first comparative study in this field, where participants from the London Borough of Ealing received a programme of speech and language therapy, and participants in neighbouring London Borough of Hammersmith & Fulham did not. There were two strands to the intervention:

1. A standard package of therapy delivered to young people.
2. Training to increase youth justice workers’ awareness of the prevalence and nature of communication needs.

The effectiveness of the intervention was judged on a range of outcomes based on speech and language skills (including understanding, vocabulary, and expression), and attitude and behaviours (including personal relationships, education, training and employment, and offending behaviour).

The Youth Offending Speech and Language Therapy Project (YOSALT) afforded Ealing Council the opportunity to partner with Accoglienza e Integrazione (A&I - a social cooperative based in Milan), and Federazione Logopedisti Italiani (FLI - Italy’s national association for Speech and Language Therapists) to conduct the first study of SLCN prevalence in Italy. This partnership promoted the high value of mutual learning across borders in a neglected area of social research and displays a successful example of transnational cooperation to improve social outcomes.
Aims
Through the YOSALT project, Ealing Council carried out the first known comparative study to investigate whether speech and language therapy can have a positive impact on the lives of young people who have offended. We sought firstly, to add to the evidence base of the prevalence of SLCN amongst young people who have offended; secondly, to measure the benefit of speech and language therapy to these young people; and thirdly, to develop a model and tools for other jurisdictions and organisations across the UK and Europe to use and learn from.

Prevalence
In the UK, a total of 80 young people aged 14-18 took part in a screening for SLCN. Prevalence of SLCN amongst young people reporting to both Ealing and Hammersmith & Fulham youth offending services was found to be in line with, if towards the higher end of, previous research in the UK at 88 per cent.

Meanwhile the team in Italy compared SLCN assessment of 35 young people aged 15-19 who have offended and living in residential accommodation in the Lombardy region against a group of 26 young people at different mainstream secondary schools in Rome. Using a translated and culturally adapted version of the UK screening tool, trained assessors found that 100 per cent of the subjects in the Lombardy group had SLCN. At the secondary schools in Rome, results were markedly better, with SLCN prevalence of just 8 per cent. Though the samples are small, this data adds to the evidence base indicating that speech, language and communication difficulties are more prevalent amongst young people within the youth justice system.

Measuring benefits
Despite promising reports from young people and their key workers, statistical analysis was inconclusive and did not detect significant differences in outcomes for those young people who had speech and language therapy and those who did not. During this project, a great deal was learned about the tools for screening for SLCN, which could be honed to offer more reliable results. Further research, with a longer intervention period, a larger sample size and some tweaks to the SLCN assessments would be required to be clearer on the quantitative benefits of speech and language therapy for young people who have offended, particularly with regards to the longer-term outcomes, such as the propensity of re-offending.
In this case, the challenge of screening and developing a standardised tool for individuals with diverse and complex needs, as well as the limited timeframe and sample size, resulted in learning highly valuable lessons about the tools and methods used to undertake such a study. These include:

- Young people consistently rated themselves at the extreme ends of scales on the self-evaluation questionnaire. Although more objective tests suggested significant SLCN in some of these cases, before having speech and language therapy they tended to think that they did not have SLCN. It is likely that having speech and language therapy raises awareness of SLCN for some young people, meaning that they rate themselves as having greater SLCN after therapy than before. These factors make it unwise to rely upon the results of the self-evaluation.

- The commonly used Broadmoor Observation of Communication method designed to be used with children, or adults who have suffered severe illnesses such as a stroke, was shown to be inappropriate for this age group. It failed to differentiate the communication skills successfully, with most participants scoring very close to the maximum.

- The myriad manifestations of communication difficulties, and indeed of the people who have them, mean that it is usual to tailor speech and language therapy programmes toward individual need. However, in an experiment situation, all those in the experiment group needed to have the same intervention so that any impacts could be correctly attributed. By delivering a standardised therapy package, researchers can be more confident in the causes of any significant outcomes, and also adhere to the principle that experiments should be repeatable. However, in following this correct procedure, the likelihood of showing positive outcomes for an intervention, which is probably most successful when personalised, decrease.

Case studies written by the Highly Specialised Speech and Language Therapist (HSSLT) who provided therapy to the young people suggest an improvement for some participants, and particularly those with moderate SLCN. Many young people who took part and their key workers identified positive impacts following speech and language therapy and many of these impacts are profound in their potential to improve a person’s life. Managing emotions and improved presentation skills were the most-mentioned and highly valued benefits. Other improvements were observed in decision-making skills and ability to see things from another’s point of view. A number of young people reported improved communication skills leading to improved relationships with authority figures such as Youth Offending Service Officers, school teachers, the police and family members. Some reported greater confidence in handling interview situations appropriately. These impacts were achieved after just six to eight sessions of standardised therapy.
The interventions in Ealing also demonstrated best practice in terms of ensuring maximum engagement from the young people involved, with just six failing to complete the sessions and an attendance rate of 92.4 per cent. Though resource-intensive and beyond the scope for many Youth Offending Teams (YOTs), Ealing was able to support young people to see the sessions through to completion by ensuring:

- Convenient and flexible locations that avoided difficulties such as large distances to travel and complications of gang territories
- Personalised reminders the week, day and two hours ahead of the sessions via letter, phone call or text message depending on the medium of communication the young person felt was most useful

The interventions also recognised that the relationship between a young person and practitioner was a critical factor in successfully engaging young people. The chaotic lives, many of these young people lead, characterised by a broad range of other issues (including: substance misuse, abuse, neglect, disengagement from education, training and employment), past and present, requires that this relationship be based on empathy, warmth and a general willingness to help. The positive relationships between practitioners and participants were crucial to the success of the project. The successful model used here could be adopted for any future research of a similar nature. It is also important to remember that most Youth Offending Teams have enforcement procedures if young people fail to comply and engage with their orders but not engagement strategies, yet these strategies present effective staff practices that are important in the delivery of interventions.

**Recommendations**

Whilst some young people and key workers reported benefits from the therapy in confidential interviews and surveys, quantitative results were not statistically significant and could not authoritatively demonstrate a link between speech and language therapy and positive outcomes. Case studies indicate that those with severe SLCN may require more personalised therapy in order to make significant progress, though further research would be necessary to verify this hypothesis. This research has identified a need for more long-term and large-scale investigations into the relationship between SLCN and a young person's likelihood of re-offending.

**This report recommends:**

**Standardised speech and language therapy as a potentially effective means to treat young people with moderate SLCN.** This study found some evidence that those with moderate SLCN responded well to standardised therapy. The sample numbers were however small. We recommend further research into the potential value of standardised therapy for young
people with moderate SLCN. This would provide a cost-effective way for local authorities to meet the needs of these young people. To complement this, we recommend that research is undertaken to test whether interventions with young people with less complex needs could be delivered by staff who are not speech and language therapists within Youth Offending Teams.

**Greater speech and language needs awareness amongst all youth offending practitioners.** Given the high prevalence of SLCN amongst young people who have offended and the positive impacts reported by staff who received training on SLCN, we recommend that all staff working with young people be offered specialist training to better recognise and understand the impact of hidden communication difficulties. Training for youth offending practitioners to deliver basic speech and language therapy themselves has the potential of providing an efficient means of meeting some young people’s needs. The effectiveness of such an approach would be worthy of an investigation.

**Screening tests for young people in this group need refinement.** At present, not all screening tests are age-appropriate and many young people scored close to the maximum meaning that there was (statistically at least) little room for improvement and also that there was insufficient differentiation in the results. The outcomes of this study suggest that the Broadmoor Observation of Communication and Likert Scales should not be used for this client group without considerable adaptation.

**Self-assessment tests should be used with caution.** This project, and others working with young people who have offended, found that the self-assessment element was not reliable as a measure of improvement in speech and language skills. While young people may have benefited from the self-awareness and self-reflection element, we do not consider self-assessment to be a useful tool of measurement for future studies of this kind.

**Likert Scales should be used with caution.** Where young people were asked to rate things on a scale, many consistently answered towards the extreme ends, indicating a tendency to approach the question as requiring a binary yes/no answer. Young people also have a tendency to answer the way they think they should. It may also be that some practice with attitudes closer to the participants’ normal interests (perhaps popular music) is needed if they are to be used successfully as an outcome measure.

**Future studies may wish to separate participants by their need for formal language therapy and for social skills training.** Though many young people who have offended are likely to need both, difficulties in assessing social skills and the unreliable nature of self-assessment tests commonly used to measure these skills lead us to recommend that in the
future, these could be assessed separately to produce more useful information.

**Young people should be given more opportunities to discuss their communication needs.** Despite difficulties with over or under reporting of difficulties, young people both in the UK and in Italy appeared to value the opportunity to discuss issues about their communication. These opportunities should be made available to young people and particularly those who are vulnerable and at risk.
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<tr>
<td>A&amp;I</td>
<td>Accoglienza e Integrazione</td>
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<td>ANOVA</td>
<td>Analysis of Variance. A statistical test of whether or not the means of several groups are all equal.</td>
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<td>ASSET</td>
<td>A YOS assessment tool including information on the young person's offence(s) and identifying factors or circumstances which may have contributed to offending behaviour. It measures changes in need and risk of re-offending.</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<td>CELF-4</td>
<td>A standardized instrument used by communication therapists for the identification, diagnosis and follow-up evaluation of language and communication disorders in young people.</td>
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<td>CGM</td>
<td>Centro di Giustizia Minorile (Centre for Juvenile Justice)</td>
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<td>CPLOL</td>
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<td>EC</td>
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<td>IRAS</td>
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<tr>
<td>LBE</td>
<td>London Borough of Ealing</td>
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<td>Mental Health and Young Offenders</td>
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<td>NRSG</td>
<td>National Research Steering Group</td>
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<td>PPP</td>
<td>Pupil Parent Partnership - a not-for-profit voluntary organisation, established in 1994 to offer educational and therapeutic support to young people and their families in West London.</td>
</tr>
<tr>
<td>PRU</td>
<td>Pupil Referral Unit</td>
</tr>
<tr>
<td>RCSLT</td>
<td>Royal College of Speech and Language Therapists</td>
</tr>
<tr>
<td>RSG</td>
<td>Research Steering Group</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
</tr>
<tr>
<td>SLCN</td>
<td>Speech, Language and Communication Needs</td>
</tr>
<tr>
<td>SLT</td>
<td>Speech and Language Therapy</td>
</tr>
<tr>
<td>YJB</td>
<td>Youth Justice Board</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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<tr>
<td>YOSALT</td>
<td>Youth Offending Speech and Language Therapy</td>
</tr>
<tr>
<td>YOSO</td>
<td>Youth Offending Service Officer</td>
</tr>
<tr>
<td>YOT</td>
<td>Youth Offending Team</td>
</tr>
</tbody>
</table>
Defining speech, language, and communication needs

The 2008 Bercow report ‘A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs’ says, “The term speech, language and communication needs encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially.”

The UK communications forum⁶ expands on this, explaining that having an SLCN can mean:

- being unable to read this
- being unable to tell someone else about it
- being unable to find the words you wanted to say
- opening your mouth and no sound coming out
- words coming out jumbled up
- not getting the sounds right
- words getting stuck, someone jumping in, saying words for you
- not hearing the questions
- not being able to see, or not being able to understand, the signs and symbols around you
- not understanding the words or phrases
- not being able to write down your ideas
- being unable to join a conversation
- people ignoring what you are trying to say; feeling embarrassed; and moving away

In Italian, speech and language therapy is known as logopedia, a word derived from the Greek logos, meaning word, and paideia, meaning education. To be competent in language one needs to master semantic relations and syntactic rules, and also to learn to use these appropriately within a given social context. Language heavily impacts on behaviour, and so it is important to carefully select the words we use. Furthermore, words exert a certain power on us, as they allow labelling somebody, naming a feeling, and can even act to change perceptions of an event. A lot of literature has now been written on how a language disorder may compromise the functioning of social or academic skills throughout development.⁷
Provision of speech and language therapy to young people who have offended

The Royal College of Speech and Language Therapists (RCSLT) has recommended that every Youth Offending Team (YOT) should have at least one full time speech and language therapist who would also provide a service to the community. Speech and language therapy provision could be in units for children excluded from school, probation, mental health and drug misuse services. The UK is currently the only member state known to have any structured SLT provision already in place for young people at risk of re-offending, although this is not widespread as there are real barriers to its provision. Barriers include: SLCNs not being identified and young people being labelled as simply lazy or out of control; SLCNs being identified and treated as behavioural difficulties; lack of understanding of the impacts of SLCNs; and limitations on funding. Despite these barriers there is growing international recognition of the value in introducing and extending speech and language therapy services.

At the time of going to press, a national CAMHs service for young people who have committed offences that may include speech and language therapy is being planned in Ireland. In other countries such as Lithuania, SLT is provided for young people who attend mainstream schools but not for those excluded from the mainstream and therefore at greatest risk of offending behaviour. In Iceland, there are only limited SLT services in some schools and it is considered unlikely that any such services would be provided to juvenile prison populations. In Bulgaria, speech and language therapists are occasionally asked for advice to support a young person who has committed a crime. In Austria (as in the UK) Speech and Language Therapists believe that those who work with young people who have offended often under-report SLCN. There is a hypothesis that working in an environment where SLCN are commonplace may lead to the normalisation of poor communication skills and that staff develop enhanced communication skills to compensate for those of the young people.

Speech, language and communication needs in the UK youth justice setting

A number of small-scale studies over the last fifteen years have offered evidence that prevalence of SLCNs amongst young people in the youth justice system is in the region of 60 to 90 per cent. Indeed, the UK’s youth justice system has been reported to harbour “one of the most acute examples of on-going SLCN.” Bryan (2009) identified the following SLCNs amongst young people:

- Language (expressive, receptive, pragmatic)
- Dysflueny (stammering)
- Speech (delay, disorder, dyspraxia)
- Hearing impairment
- Autistic spectrum disorders
- Attention deficit hyperactivity disorder (ADHD)
Many of these needs had been previously undetected and some could have been misdiagnosed as behavioural problems.\textsuperscript{15, 16, 17} The Bercow Review\textsuperscript{18} explains the risks for children and young people with SLCNs who do not benefit from early intervention: “If a child does not benefit from early intervention, there are multiple risks of lower educational attainment, behavioural problems, emotional and psychological difficulties, poorer employment prospects, challenges to mental health and, in some cases, a descent into criminality”. The association between speech and language disorders and behaviour difficulties is well documented.\textsuperscript{19, 20} But the majority of interventions for young people in the justice system are verbally mediated and the presence of a communication difficulty is therefore likely to have a significant impact on their ability to fully access these interventions and benefit.

**Ethics**

Ethical issues were of great importance in this research with vulnerable young people. Attaining fully informed consent from young people who have identified communication needs, storing personal data safely, offering appropriate incentives to participants, minimising burden on participants, ensuring that participants have appropriate degrees of control in what happens to the research findings and how they hear about them were carefully considered. The question of how ethical it is to diagnose a speech, language or communication need and not provide therapy was also fully discussed.

The following documents were reviewed and approved by the National Research Ethics Service board:

- Project team CVs
- Protocol
- Project Summary
- Research Ethics Service application
- Covering Letter
- Participant Information Sheet: Ealing
- Participant Information Sheet: Hammersmith & Fulham
- Consent Form
- Screening Tool component parts
- Evidence of insurance or indemnity
- Referees
Informed consent

What involvement in the project would mean was explained to each eligible participant and, when they were aged less than 16 years, to their guardian as well. Where possible, explanation was first by the young person’s key worker and then by the HSSLT who delivered the intervention. Key workers had written information about the project in order to ensure their knowledge of the project was accurate. The key workers shared this information with the young people, along with details of incentives, and asked them if they would like to think about going for a SLCN screening. However, the key worker didn’t always have the opportunity to speak to the young person before the HSSLT. In either instance, the young person had at least one or two conversations about the research and was given a leaflet detailing the project. Young people were reminded that they could take their time to consider whether or not they wanted to be involved and that they could consult with anyone they chose before making a decision. They were told that once they agreed to take part in the programme, the YOSALT sessions would become statutory appointments. They could still subsequently withdraw their consent to take part but this would have to be arranged by negotiation with their YOSO, as a simple failure to attend would result in YOS enforcement procedures. The final decision on inclusion was with the young person themselves (or their guardian if the young person is aged less than 16 years). Information was shared verbally and using pictures and illustrations wherever possible. The young person was also provided with relevant information in an easy to read leaflet that they could take away with them.

The benefits and risks of SLT were discussed, as well as what involvement in the project would entail and how research findings would be shared. Critically, potential research participants were made aware of their rights:

• To confidentiality of personal treatment and results within the Youth Offending Service
• To anonymity: individuals must be unidentifiable in any information shared with third parties
• To refuse to take part in the recruitment stage with no impact on any other element of support they are entitled to receive at the YOS (though this would mean relinquishing entitlement to speech and language therapy)
• To withdraw from the study at any time if they change their mind but subject to negotiation with their Youth Offending Service Officer (YOSO) as appointments at this stage would have been statutory YOS appointments
• To decide whether or not any particular direct quotes or information from their particular case study could be used in information to third parties. In all cases information would be anonymised and pseudonyms used
Consent for participation in the research was formally requested at the initial screening appointment and questioning techniques were used in order to check that each person understood their rights and the implications of inclusion. The techniques included the worker ensuring that the young people understood their rights and what the project was about by asking the young people to reflect their understanding of this back to them. If they agreed to participate, they were asked to sign a consent form which reiterated the purpose of the project and the implications of inclusion or exclusion. Parents/guardians were asked to sign when the client was aged less than 16 years. A copy of the information leaflet that was given to prospective participants and guardians is found in appendix IX. The consent form is appendix X.

In Italy, Centre for Juvenile Justice (CGM) at the Ministry of Justice in Milan had to give permission to our partners for the screening to take part in the residential centres where young people who have offended reside.

Storage and use of personal data during the study
All personal data was processed and stored in accordance with the NHS Code of Confidentiality. It was encrypted and saved on the Youth Offending Service network in a folder that could only be accessed by the small project team. Each participant was given a unique code number and personal details were kept separately from data and scores.

A detailed report was written on each young person who had an in-depth assessment. The content of the report was discussed with the relevant young person and information was only shared further on a need-to-know basis. The writing and circulation of such reports are standard clinical practice in speech and language therapy and not specific to this research.

Incentives and payments
Participants received a £10 ‘Love2shop’ voucher following completion of the first screening and another on completion of the blind re-screening. Another voucher of £20 was offered for giving feedback on the SLT sessions to a YOS worker after the project was completed. This was intended to cover any expenses in attending the interview whilst also acting as an acknowledgement of the participants’ time and contribution to the research, and not least as an incentive to participate.
No speech and language therapy for the comparison group

The ethics of identifying SLCN and not offering any intervention were discussed at length, particularly in relation to identification of a young person with severe SLCN that a Speech and Language Therapist would usually have an ethical obligation to recommend treatment for. It was agreed that offering treatment to any individual or training to any YOS worker in the comparison group would be tantamount to ‘contamination’ of the sample which could occur if individuals in the comparison group received any element of the intervention. There has never been a dedicated Speech and Language Therapist working in either Ealing YOS or Hammersmith & Fulham YOS, so the SLT interventions received by the experiment group can be viewed as an enhancement to their core service rather than a deprivation in the comparison group. The research team and the National Research Ethics Service board noted that if this research had not taken place, the SLCN of the comparison groups may not have been identified at all and that the future requirements of individuals in the comparison group could be identified through the research project. Key workers of the Hammersmith & Fulham cohort were told of any identified SLCN on completion of the post-intervention evaluation.

Staff working for Hammersmith & Fulham YOS also received SLCN awareness training following the completion of the interventions in the experiment group, so as to avoid contamination of data for the comparison group but to benefit future individuals in receipt of support from the service.

Minimising burden on participants

Every effort was made to ensure the research was of as little inconvenience to the participants as possible, both for their personal benefit and also to increase retention rates. For example, appointments were to coincide with the young person’s regular appointment with the Youth Offending Service.

Ongoing feedback from young people on how they were finding involvement in the project was obtained through one to one discussion between them and their YOSO, as well as between the young person and the HSSLT. It was acknowledged by the project team that participants may feel more comfortable discussing aspects of the intervention or research with their YOSO rather than with the HSSLT, especially if they are dissatisfied with the therapy. However, some young people especially those with communication difficulties sometimes feel uncomfortable expressing their views directly so feedback obtained in this way, whilst helpful, should be viewed with caution. Comments about SLT and research methods were shared with the HSSLT to allow for any appropriate adaptations to be made.
Feedback to participants on the research findings
Participants were encouraged to give their views on how they would like to learn about the research findings: findings could be shared using a short video or presentation as well through a written summary.

Disclosure
In any work with young people, there is a possibility that disclosure requiring action may occur. The HSSLT and researchers ensured close adherence to local information sharing policies and the consequences of such disclosures were clearly communicated to each young person at the outset.
Aims

The basic hypothesis of the prevalence study is that the percentage of young people involved with the youth justice system with communication difficulties is higher than that amongst other young people of the same age. The study had four key objectives in both the UK and Italy:

• To identify the prevalence of communication difficulties among the sample subjects;
• To outline a profile of skills for each young person;
• To identify any gaps in communication skills;
• To compare data collected from different samples.

Methods

Screening administered in Italy and the UK involved the evaluation of understanding and expression, as well as functional aspects of conversational and narrative discourse. The YOSALT screening tool consisted of four tests to determine the extent of any SLCN. These four tests were always completed in the same order: (1) narrative, (2) verbal reasoning deduction, (3) a self-rating questionnaire and (4) Broadmoor observation throughout the whole screening process.

The narrative task assesses a young person’s ability to recall information about a familiar topic in a logical and organised manner. In both the UK and Italy they were given four options: to describe how to win a game of pool or football, or to describe how to make a cup of tea or cheese sandwich. Some slight cultural adaptations were made to make the narrative task appropriate for use in Italy, for example when making a cup of tea it is typical not to squeeze the tea bag in the hot water and to add lemon and sugar, rather than milk. The sandwich example was also altered for use in Italy. The picture of a sandwich was changed to suit the Italian style of bread. In Italy it is not common to spread butter or margarine on the bread either, so this stage was removed and participants were asked how to make a cheese and ham sandwich rather than just a cheese sandwich as their English counterparts. The narrative task test is Appendix I.

The Broadmoor Observation was used to assess social communications and voice quality. It offers a means of analysing non-verbal communication. We speak using words, but also use gestures, voice tone and facial expressions, movements and the way we manage our personal space in relation to those around us. Other cultural differences between British and Italian populations exist in the use of gesture and proximity that are two of the social communication factors evaluated by this scale. On such points, the assessor used sensitivity to evaluate the appropriateness of non-verbal communication in the cultural context.
This screening assessment was based on one used previously at Leeds Youth Offending Service in 2009 with the kind permission of the authors. In consultation with Professor Karen Bryan and Professor Tim Pring, three key adaptations were made to the screening tool used at Leeds Youth Offending Service. The first adaptation was that young people were offered a choice of narrative tasks rather than a single task in order to reflect the diverse interests and experience of the young people to be invited for screening. Secondly, additional scenarios were added to the Canterbury and Thanet Verbal Reasoning Assessment in order to enhance statistical analysis through allowing a score out of three rather than a simple pass/fail.

Finally, in the Leeds study, YOS workers were trained to carry out the Broadmoor Observation of Communication themselves, allowing a situational view of communication skills in everyday situations. This was not practical for the YOSALT project, particularly in terms of training staff at Hammersmith & Fulham YOS, which would impact on the purity of the control group. The observation was, therefore, carried out in a relatively short and formal context by the YOSALT Project Co-ordinator who was trained by the HSSLT. To check for assessor inter-reliability, the HSSLT completed 10 per cent of the observations and compared her ratings to those of the trained observer. In the Leeds study, self-rating scores were used only to identify awareness of speech, language and communication needs. However, since the YOSALT project did not use the Broadmoor Observation in situ, the young person’s self-rating communication questionnaire and the key worker’s questionnaire (which rates the young person’s communication skills) were also used to determine inclusion in the project.
The table below shows the component parts of the assessment and the trigger point for identifying a speech, language or communication need on each test. The screening tools are available in Appendices I to V.

<table>
<thead>
<tr>
<th>Screening assessment</th>
<th>SLCN trigger point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative assessment (Appendix I)</td>
<td>Score of 7 or below</td>
</tr>
<tr>
<td>Verbal reasoning deduction task (Appendix II)</td>
<td>A ‘fail’</td>
</tr>
<tr>
<td>Broadmoor Observation of Communication (Appendices III)</td>
<td>Score of 96 or below OR a single score of between 0 and 2 (irrespective of the total score)</td>
</tr>
<tr>
<td>Self-evaluation questionnaire (Appendix IV)</td>
<td>The young person has indicated at two difficulties at least half the time</td>
</tr>
<tr>
<td>Staff perception questionnaire (Appendix V)</td>
<td>The staff member has indicated at two difficulties at least half the time</td>
</tr>
</tbody>
</table>

Individuals were to be included in the research sample if a difficulty was identified by (a) two or more of the assessments in Part 1 of the screening (narrative, reasoning or observation), or (b) two or more difficulties at least half the time in Part 2 of the screening (the self-evaluation questionnaire or staff perception questionnaire).

**Practicalities**

The Centro di Giustizia Minorile authorised and offered screening at five residential centres and one day centre in the Lombardy region. They also facilitated one interview at A&I with one female who had offended. However, on further consideration it was decided that these young people should have the topic introduced by a known adult in order to be confident in asking any questions they might have and also to raise the level of consent. Some workers expressed their doubts about conducting a test without discussing either its findings or the problems that emerged. In both Italy and the UK, it was difficult to schedule tests because of the time the young people spent at school and at work, and also because of the summer holidays. Workers were also concerned that young people would not want to undergo the screening because of negative feelings towards examinations. However, all the young people who took part in the screening engaged enthusiastically and appeared to value the opportunity to discuss their general communication.

Face-to-face training in using the screening tool was provided to the A&I project team by the UK HSSLT together with the Speech and Language Therapists from FLI. In Italy, the screening was
carried out by an A&I worker accustomed to working with young people who have offended whilst a FLI Speech and Language Therapist observed and recorded the results.

The worker leading the screening session explained what each activity was testing: for example when introducing the narrative she said, “I am going to give you a choice of four things to talk about. You just need to choose one. I am trying to find out how easy you find it to explain to me how to do something you are familiar with,” or when introducing the self-rating questionnaire she said, “I want to find out what you think about your communication.” The young people appeared to find this acceptable and were willing to comply. Initially some young people appeared a little anxious but once they had reached the self-rating questionnaire section, they became more relaxed. Many were very open about their communication needs and some said that they valued the opportunity to discuss them. All the young people took a serious interest in the screening they underwent. The tool was administered to each young person individually, after a short introduction. Each session lasted approximately 30 minutes.

**Sample and results**
The prevalence study findings add to the evidence base showing that SLCNs are more prevalent amongst young people within the youth justice system. As with all the prevalence studies to date, sample sizes are small and results should be treated as indicative rather than conclusive. In the UK 80 young people took part in the SLCN screening. Prevalence of SLCN amongst young people reporting to both Ealing and Hammersmith & Fulham Youth Offending Services was in line with previous research in the UK at 88 per cent. These young people were aged 14 to 18 years with a mean age of 16.4 years.

Meanwhile the YOSALT team in Italy compared SLCN assessment of 35 young people (34 of which were male) in the youth justice system in the Lombardy region against a group of 26 young people at mainstream secondary schools in Rome. These young people were aged 15 to 19 years with an average age of 17.5 years, a little older than those in London. In both Italy and the UK, migrants who had been in the country for less than three years were excluded from the samples due to an increased likelihood that they would have language difficulties, which could be unfairly confused with SLCN. However, the Lombardy sample still included 13 longer-term migrants (from Morocco, Peru, Ecuador, Albania, Somalia, Romania and Sweden). The amount of schooling that some young people in this group had was very low, with 20 of the 35 having left school after just three years of secondary school. Of the remainder, 14 were at secondary school or college and one migrant followed a literacy course. The young people in the Lombardy region lived in residential units whereas all those in London lived in the community.
Trained assessors found speech, language and communication needs of varying degrees in all (100 per cent) the young people screened in the Lombardy region. Whilst nearly a quarter (23 per cent) of these young people showed inadequacy in all screening tasks, only one of these young people had received any SLT in the past. Italian partners reported that poor vocabulary, low self-esteem and difficulties in communicating with adults (in particular when talking about themselves) emerged from virtually all interviews. The mainstream secondary school students in Rome had results that were markedly better, with SLCN prevalence of just 8 per cent (two young people). The results for each aspect of the comparison study in Italy are presented below.

**Narrative assessment**

One in three of the youth justice sample (37 per cent or 13 people) scored less than ‘7’ in comparison with just one in 10 of those of the secondary school sample (8 per cent or two people). Possible scores for the narrative assessment task range between ‘0’ and ‘10’ with ‘10’ demonstrating that all aspects of the task had been successfully achieved. On average, those engaged with the youth justice system scored 0.7 points lower than those at the mainstream secondary schools.

*Figure I – Table showing Narrative assessment results for young people in Lombardy and Rome*

<table>
<thead>
<tr>
<th></th>
<th>Mean (average score)</th>
<th>Median (middle score)</th>
<th>Mode (most common score)</th>
<th>Minimum</th>
<th>Maximum</th>
<th>% scoring &lt;‘7’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people engaged in youth justice system, Lombardy</td>
<td>7.6</td>
<td>8</td>
<td>10</td>
<td>2</td>
<td>10</td>
<td>37%</td>
</tr>
<tr>
<td>Secondary school pupils, Rome</td>
<td>8.3</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td>8%</td>
</tr>
</tbody>
</table>

Scores for those in the Lombardy region ranged from ‘2’ to ‘10’ whereas that of the Rome group ranged from ‘6’ to ‘10’. However, as shown by the distribution graph below, a number of those in the Lombardy region performed very well on this test, and indeed the most common score achieved by this group was the top mark of ‘10’ whilst the Rome secondary school pupils were most likely to score an ‘8’. This serves as an important reminder that some individuals engaged in the youth justice system do have excellent communication skills and are capable of performing better than those at mainstream schools. The graph below shows the distribution of narrative task scores for each group.
Figure ii - Graph showing Narrative assessment results for young people in the Lombardy region and Rome Secondary school sample

Most young people at the mainstream secondary school (11) achieved a score of ‘8’, and only two of them scored less than ‘7’. In the group engaged in the Lombardy Youth Justice system, 13 young people scored less than ‘7’.

In practice, this test highlighted some of the difficulties young people can have in narrative tasks involving planning skills. In one case, when asked to “tell me how you set a table for a pool game and tell me how you can win,” the response was, “you go where you throw the coin... take the balls and do them with the triangle... there is a cue and the white ball that you use to make the others enter the pockets... two types of half-coloured... you win by potting the balls of your colour... then you pot the black ball on the other side.” This response does not offer adequate information to understand the pool game. In a second case, when asked to “tell me how you play football and how you can win,” the responses was, “using hands is offside... 11 players... four in defence... one goalkeeper and two forwards... the team has to score as many goals as possible.” This case includes all relevant elements of the football game, but fails to establish a logical sequence. Neither of the young people takes into account the communication exchange from the listener’s point of view. Both responses achieved low scores, but in quality terms, some important differences are observed.
Verbal reasoning deduction
The percentages of young people from the two samples who were successful, or otherwise, in this task are shown in the table below. One in three (34 per cent) of the youth justice sample failed this task in comparison with around one in 10 of the secondary school sample (12 per cent).

*Figure iii - Table showing Verbal reasoning deduction task results for young people in Lombardy and Rome*

<table>
<thead>
<tr>
<th></th>
<th>Young people engaged in youth justice system, Lombardy</th>
<th>Secondary school pupils, Rome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>66%</td>
<td>88%</td>
</tr>
<tr>
<td>Fail</td>
<td>34%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Self-evaluation and staff perception questionnaires
In the Lombardy youth justice group, the young people and their key workers each completed a questionnaire evaluating the extent of communication difficulties present. For a range of potentially problematic areas, young people and their key workers were asked whether they have difficulty in each given area most of the time, some of the time or rarely. In the Rome group, only the young people were asked to rate the extent of ease or difficulty in the same situations.

The graph below shows that young people in the youth justice group were four times more likely than their counterparts at the mainstream secondary schools to report that they had difficulties ‘most of the time’. It is interesting to note how well the data from the young people and their key workers coincides, suggesting that the key workers in Lombardy know their clients very well; the youth justice key workers generally agreed with their clients but were marginally more likely than their young people to report some difficulties.
**Figure IV** - Graph showing Self and Staff evaluation results for young people in Lombardy and Rome Secondary school sample

**Broadmoor Observation of Communication**
Scores amongst the Lombardy youth justice sample ranged from ‘83’ to ‘120’ out of ‘120’ for this test, with an average score of ‘111’ and a median score of ‘116’. 10 out of 35 young people in the Lombardy youth justice system scored the maximum of ‘120’on this test. This data points to the inadequacy of this scale in assessing communication difficulties with these young people. This is further discussed in the Reflections on the Comparison Study and Statistical Results.
Ealing Council wanted not only to ascertain the extent of SLCNs amongst its youth offending population, but also to trial a pragmatic response to this issue to inform policy decisions. Consistency of therapy across the intervention group yields more reliable findings, so in order to obtain robust findings that can be applied to similar client groups, this intervention was as tightly defined as possible. Typically, a Speech and Language Therapist would adapt treatment according to individual need, but in this circumstance to be clear on what exactly impacted on outcomes, a standard therapy package suitable for young people under community orders was developed.

The intervention sought to support young people in developing their communication skills in order to help them to gain maximum benefit from rehabilitation, education and training programmes. There were two strands to the intervention:

1. A standard package of therapy delivered to young people.
2. Training to increase youth justice workers' awareness of the prevalence and nature of communication needs

The HSSLT reviewed the intervention packages that young people who attend the YOS typically receive. There were core themes including victim awareness, factors that influence decision making, anger and conflict management and offending behaviour, but no standardised package. The aim of the SLT package in this project was to focus on core vocabulary and concepts in order to support young people to gain maximum benefit from the other interventions they were receiving. For example, the extent of vocabulary issues was tested by assessing young people’s understanding of words commonplace in the context of a YOS or a court. On commencing therapy, each young person was read a word or phrase and asked what it meant. When assessing young people’s understanding of the 15 words, only two out of the 25 young people were able to accurately define all of the words and phrases. Just nine of the 25 young people were able to define 12 or more of the words. Four young people were not able to provide a clear definition for eight of the words/phrases.

The words and phrases that appeared to cause the most confusion were ‘refrain from’, ‘comply’, ‘reparation’ and ‘show remorse’. Seven of the young people could not define what a ‘victim’ was, with two young people saying that the word referred to somebody who took part in a crime. The correct definitions that young people offered were collated and used to produce one generic definition of each word that were later complied to
make the YOSALT dictionary (Appendix XII). Each young person was given a copy of the YOSALT dictionary and it was also enlarged and placed on the wall in the reception area of the YOS for use by all young people accessing the building. The dictionary was also given to all YOS staff for use with the young people they were supporting.

The speech and language therapy intervention package comprises the following six topic areas:

• What is a good communicator?
• Good and bad communication skills in a job or college interview
• Influences and choice making
• Communication skills for team work
• Understanding and expressing emotions
• Dealing with and managing conflict – passive, aggressive and assertive styles of communication

The HSSLT delivered the standardised package to young people over six half hourly sessions (weekly or fortnightly). The entire package was delivered regardless of level of need in particular areas. All sessions were for individuals as opposed to groups. The only permitted differential in treatment was spending more time on units where a person had particular difficulty meaning that whilst the content of lessons was unaltered, the pace of lessons was determined according to the individual’s pace of progress. In practice, this meant that for some people, the package was delivered over eight sessions lasting up to 45 minutes each. The delivery of the package was designed to support young people with a range of learning styles and literacy levels.

Ealing YOS staff received two training courses on SLCN in 2010 prior to young people receiving speech and language therapy. ‘I CAN’ ran a two-day training course for all staff and a further half-day training package was devised and delivered as part of the YOSALT project. During the ICAN training, staff were shown how to carry out screening with young people to identify possible communication difficulties and learnt how they could adapt sessions to support young people and make appropriate referrals for specialist support. Four staff members were chosen to be Communication Champions and given an additional half-day’s training to support them in this role. As a result of the ‘I CAN’ training, a number of staff became qualified to carry out screening for communication needs. The ‘I CAN’ training heightened YOS staff awareness of communication difficulties prior to the YOSALT programme: practitioners were already more aware of communication difficulties and had learnt to adapt sessions to ensure the young person’s understanding. The YOSALT half-day training for all staff therefore acted largely as a refresher.
The YOSALT training consisted of a two-hour session with the following learning objectives:

- Gain an understanding of what speech, language and communication needs are
- Learn the impact of SLCN on a young person who accesses the Youth Offending Service
- Maximise a young person’s communication when interviewing or working with them

All staff were asked to complete a questionnaire at the end of each session to evaluate the impact of the training on their work. Self-selecting staff gave further feedback on the value and application of lessons learnt in the YOSALT training session at the close of the intervention via an anonymous email survey. The feedback is shared in the Case Studies chapter.

The next chapter describes how the effectiveness of the SLT package was tested using a comparison group.
Comparison Study

**Aims**

At the heart of the YOSALT project is a social experiment to determine whether speech and language therapy delivered by a HSSLT can improve outcomes for young people on youth offending programmes. As mentioned, evidence from previous studies into the efficaciousness of speech and language therapy for young people has been limited by the absence of a control or comparison group. Young people who have offended receive a range of rehabilitative interventions and it is possible that they would make similar progress in outcome measures with or without additional speech and language therapy support.

The main hypotheses under investigation are as follows:

*Null hypothesis:*
*There is no significant difference in outcomes for young people engaged with youth offending services who have speech and language therapy in comparison with those who do not.*

*Alternative hypothesis:*
*There are more positive outcomes for young people engaged with youth offending services who are given speech and language therapy than those who are not.*

To accept the alternative hypothesis a significant positive difference in results was required.

This project sought to find out if there was any significant improvement in the young people’s speech, language and communication skills. Outcomes in attitudes and behaviours were also under assessment, though it was thought to be unlikely that significant change in this area could be achieved during six one to one half hourly sessions and a relatively short testing period.

The following list offers a breakdown of outcome categories under assessment including speech and language skills and attitudes and behaviours.

**Speech and Language Skills:**

- Understanding spoken paragraphs: ability to process, understand and respond
- Word associations: naming and vocabulary skills
- Formulated sentences: expressive language
- Identifying difficulties with inference: pragmatic comprehension
- Ability to recall information about a familiar topic in a logical and organised manner
A series of tests were used to measure any change in speech and language skills, and attitudes and behaviours.

**Method**

The impacts of SLT on individual's speech and language skills and attitudes and behaviours were compared against a comparison group who did not receive the above defined intervention and had treatment as usual. Pre- and post-intervention tests were applied to the experiment and comparison group. This method is also referred to as non-equivalent comparison group (NECG). Quantitative comparison of outcomes was enhanced by collection of the views of the young people who had received the interventions, the views of YOS workers and the views of the HSSLT who delivered the intervention. This supplementary research facilitated a deeper understanding of the complex variables at play and in particular, gave young people and YOS workers a chance to offer their own honest explanations for the outcomes achieved.

This is the first known comparison study into the effectiveness of SLT in rehabilitation of young people who have offended and subsequently placed on a community order. It compares a group of young people identified as having SLCN who receive no SLT intervention with a similar cohort of young people who receive a standard package of SLT delivered by a HSSLT in six to eight sessions between March and July 2011.
To ensure that the post-intervention assessment was fair and unbiased, an independent Speech and Language Therapist with no prior involvement in the research was recruited to conduct the post-intervention screening. Following completion of the intervention package, the screening tool was re-administered to all young people in the intervention group and comparison group in order to compare any differences in their development. The independent therapist did, however, have prior experience of working with young people who have offended.

Ideally, a randomised control study would be undertaken to ensure that two groups in an experiment are equivalent in all respects apart from the intervention. However, the therapy for clients with SLCN and training to YOS staff needed to be delivered through one Youth Offending Service for practical reasons. Further more, it was considered helpful to select the comparison group purposely to be well matched to the experiment group. Hammersmith & Fulham YOS provides a very similar programme of rehabilitation services to Ealing and there are also similarities in the socio-demographic profiles of young people in these neighbouring boroughs. It was decided that young people accessing Ealing YOS with SLCN would form the experiment group and receive SLT, and young people accessing Hammersmith & Fulham YOS with SLCN would form the comparison group but will not receive SLT during the intervention period.

Data was collected on each participant, including socio-demographics, current speech and language skills, and behaviour and attitudes. Through this data the extent of similarity and difference between the experiment and comparison groups was determined both before and after the intervention. To determine whether the null hypothesis could be rejected, one-tailed significance tests were employed. This means that the alternative hypothesis could only be accepted if outcomes for young people in receipt of SLT were significantly better than outcomes for those who did not. For other research questions, it may be appropriate to accept the alternative hypothesis if outcomes are significantly better or worse. A one-tailed test is used where the region of rejection is on just one side of the sampling distribution.

**Sample**

The sample consisted of clients at Ealing YOS and Hammersmith & Fulham YOS with SLCNs. Young people aged 14 to 18 years with new orders presenting at Ealing between August 2010 and December 2010 or at Hammersmith & Fulham between August 2010 and February 2011, were screened for SLCN to determine eligibility for inclusion in the research. The screening period was October 2010 to March 2011. It was harder to recruit young people in Hammersmith & Fulham where they would not receive the intervention. Young people who were identified through the initial screening as having SLCN were invited to take part in the research. Those based at Ealing YOS were asked if they would like to have speech and language therapy sessions and given the opportunity to make this one of the conditions of their order.
The young people that met these criteria and gave consent and were included in the final sample. All these young people chose to make the SLT part of their court order.

Two criteria for exclusion were agreed in advance. Firstly, to minimise the issue of fluency in English being confused with a communication difficulty, young people with English as an additional language who had been educated in English for less than 3 years were not eligible. Secondly, if a participant received speech and language therapy elsewhere they were not eligible. These decisions were taken in order to enable fair comparison of those who do receive SLT with those who do not.

Resources allowed for treatment of approximately 25 young people. This number is small but typical in research of this kind due to the cost of treatment. There were no existing studies from which an effective size could be obtained to determine the sample size required. The project’s National Research Steering Group, the European Commission and the National Research Ethics Service confirmed the number as likely to be sufficient to indicate the nature and extent of outcomes attributable to SLCN intervention. To help determine the number of young people that would need to be screened, the project team were guided by indications from previous small studies in the UK that SLCN prevalence would be in the region of 60 to 90 per cent. Advice from the Youth Offending Service staff was to allow for a dropout rate of approximately 30 per cent due to the nature of the client group and likelihood of non-compliance. This information guided the researchers to screen twice the minimum number of participants required for reliable statistical analysis of results.

To achieve a final sample size of 25 eligible young people in each group, the team therefore sought to screen approximately 50 young people in each youth offending service. To ensure fairness of comparability and an equal chance of inclusion in the project, all new young people aged 14 to 18 years presenting at Ealing YOS or Hammersmith & Fulham YOS were assessed for SLCN during the period mentioned above until the agreed sample size had been reached.

The first 25 young people in Ealing identified with SLCN and consented to participate in the research received SLT. There was some possible introduction of bias in the sample here as a number of young people who could have been eligible for the project failed to make the initial screening appointment. The window of opportunity for screening was limited and ultimately it was those young people who were most keen to take advantage of the SLT offer who took part in the experiment. Some YOS workers have said that it was the more ‘compliant’ of YOS clients who attended the initial screening appointments. All those young people identified with SLCN chose to participate. There was a reserve list for any further young people with identified SLCN in case any participants dropped out during the project but this was not used.
This procedure resulted in 28 young people with identified SLCN commencing the SLT package. Three young people subsequently withdrew their consent before the end and three more failed to complete the package (some were taken into custody). The entire package was delivered to 22 young people meaning that, over the six to eight sessions, there was a dropout rate of 21 per cent.

**Further statistical measures**
Outcomes for young people in both cohorts were measured via the screening assessment detailed in the section on Prevalence Study Methods, the ASSET assessment, and a short Likert scale questionnaire (Appendix VI) where participants marked a line to show how well or how badly they felt things were going in their lives, their self-esteem and their communication skills. In addition, the Ealing cohort completed CELF-4 subtests and the ‘Identifying Difficulties with Inference’ test. Young people were also given an informal assessment to support staff in thinking about their vocabulary. In this, they were asked to define vocabulary appropriate to youth offending and explain what words such as ‘guilty’ and ‘breach’ mean.

The ASSET tool was used to compare the similarities and differences between the comparison group and experiment group before and after the interventions. ASSET assessments are conducted periodically from the date of a young person’s first appointment. As the time-point for ASSET assessments vary for every young person and were beyond the control of the researchers, it was not possible to match the assessment times perfectly. However, the ASSET was still able to offer valuable insights as to the level of progress clients made over time as described in the section on Case Studies. As with the screening assessment, the ASSET allowed researchers to check how good a match the two cohorts were in the first instance as well as to compare outcomes at the end. The screening assessment was conducted directly before and after the intervention period for both cohorts. CELF-4 subtests, Identifying difficulties with Inference, and the vocabulary tests were conducted both before and after the intervention for the experiment cohort in Ealing. Analysis of Variance (ANOVA) and other statistical tests were employed to compare the progress of the two groups. The ASSET and CELF-4 are explained further in the following sections.

**ASSET**
ASSET is a structured assessment tool used by Youth Offending Teams in England and Wales on all young people who come into contact with the youth justice system. It includes the young person’s offence or offences identifying a multitude of factors or circumstances, ranging from lack of educational attainment to mental health problems, which may have contributed to such behaviour.
The information gathered from ASSET can be used to inform court reports so that appropriate intervention programmes can be drawn up. It also highlights any particular needs or difficulties the young person has, so that these may also be addressed. Through discussion with the young person, their guardians and key workers, the young person's YOSO develops a profile of each young person's offending behaviour and a multitude of factors that contribute to this. In addition to analysing patterns of offending behaviour, the YOSO rates the extent to which various aspects of the young person's life carry risks of further offending. Each aspect is rated on a scale of 0 to 4, where 0 = Not associated with the likelihood of further offending at all, and 4 = Very strongly associated to the likelihood of further offending. The following aspects are assessed:

- Living arrangements
- Family and personal relationships
- Education, training and employment
- Neighbourhood
- Lifestyle
- Substance use
- Physical health
- Emotional and mental health
- Perception of self and others
- Thinking and behaviour
- Attitudes to offending
- Motivation to change

The ASSET is completed for each young person at the beginning of their community order, at their quarterly review and finally on completion of the order. This research compared young people's scores at the beginning of their orders with their scores at the first reassessment after the intervention. If resources permitted and young people remained in contact with the YOS, it would be useful to track the progress of those who have taken part in this project to see if there are any longer term impacts attributable to the speech and language therapy intervention. However, fuller longitudinal research was beyond the scope of this research.
**CELF-4 and Identifying Difficulties with Inference tests**
Young people in the experiment cohort received a further in-depth SLT assessment pre and post-treatment. This comprised of the following standard tests:

- The ‘Understanding Spoken Paragraphs’ subtest from CELF 4 to assess ability to process, understand and respond to a short narrative presented verbally
- The ‘Word Associations’ subtest from the CELF 4 to assess naming and vocabulary skills
- The ‘Formulated Sentences’ subtest from the CELF 4 to assess expressive language
- Identifying Difficulties with Inference which assesses pragmatic comprehension

**Statistical results**
The following data was compared for the intervention and the comparison groups:

- Narrative assessment
- Verbal reasoning deduction task
- Self-rating of the young person’s own communication skills
- Staff rating of the young person’s communication skills
- Self-rating of the young person’s life and communication factors on a Likert scale – this consisted of 15 questions and included the young person rating of aspects such as their ability to compromise, deal with conflict, manage anger, express feelings verbally, pick up how others are feeling etc.
- ASSET scores
- Attendance rates for YOS appointments for the period of the project
- Re-offending rates from the point of screening to the point of re-screening

The results showed no statistically significant differences between the intervention group and the comparison group on the above measures. However a statistically significant improvement was found at follow-up for the intervention group’s improvement on the Formulated Sentences subtest from the CELF 4 UK assessment.

A t-test showed a 0.01 per cent chance of the improvement seen occurring by chance. Unfortunately, this measure was not intended as a measure to compare the performance of the two groups and only young people in the intervention group completed this assessment. It therefore remains possible that any YOS intervention(s) could have assisted in improving sentence formation.
The fact that no statistically significant results were achieved was not unexpected given the difficulty in detecting differences in such studies. The sample was small and contained considerable variation in terms of the severity and type of SLCN. The young people also only received six to eight sessions of speech and language therapy - considerably less than in previous studies.\textsuperscript{25,26} This may have been too short for some young people. In a controlled study, it is important to approach service delivery in a uniform manner and to intervene with everyone whose profile shows a difficulty. However, it is probable that more improvement would be shown when intervention is tailored to individual difficulties.
Reflections on the Comparison Study and Statistical Results  
(Professor Tim Pring)

As mentioned in the chapter above, the analysis of the quantitative data from the project failed to find significant differences in the progress made by the treated participants (Ealing) and the untreated participants (Hammersmith & Fulham). In this section we report the results and reflect on what they can teach us about speech and language therapy with young people who have been convicted of committing offences and the design of future studies, which may try to evaluate it.

The failure to show gains with therapy was disappointing. Nevertheless, we are resistant to the view that speech and language therapy is inappropriate for these young people or that it need be ineffective. There are three reasons for this. The first is the existing evidence of the levels of SLCN in young people who have been convicted of committing criminal offences (Bryan 2004, Bryan et al, 2007, Gregory and Bryan 2009). Social disadvantage is a powerful factor here as revealed by the high levels of language delay found in children starting school in areas of high social disadvantage (Locke et al, 2002, Law et al in press, Ralephata et al submitted).

The relationship, though a disputed one, was starkly revealed in recently released data following the 2011 London riots. Those young people with previous offences appearing in court were overwhelmingly from deprived areas and nearly two thirds had special educational needs (SEN).

A second reason is the obviously positive benefit that many of the young people in this project revealed in their feedback on the therapy sessions. While data fed back from participants should be judged cautiously, it is clear that some individuals made progress. Most attended all the sessions and were positive about them. Moreover, they often commented on specific difficulties which therapy had helped them to recognise and which they were working to overcome. An account of their views is in the section, Views of young people and key workers.

The positive results of the study undertaken by the Leeds Speech and Language Therapy Service (Gregory and Bryan, 2009) provide a third reason for believing that these young people can benefit from therapy. Here, participants demonstrated progress on many of the measures that were used in the present study. However, participants in that study had more therapy, had therapy targeted to their individual differences, were older and were treated over a longer period than in this study and results were not compared with an untreated comparison group.
Analysis of the quantitative data

The Ealing study owed much to its predecessor in Leeds. A similar screen of the participants was used as were many of the same assessments (some with minor modifications as outlined in the section on Prevalence of Speech, Language and Communication Needs). This study chiefly differed by including a comparison untreated group recruited from Hammersmith & Fulham. Table 1 gives details of the participants and shows the similarity of the groups’ composition. Ealing participants on average had marginally fewer previous convictions and had slightly shorter orders than their counterparts in Hammersmith & Fulham.

Figure vii - Table to show Profile of young people in Ealing and Hammersmith & Fulham samples

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Mean age in years (standard deviation)</th>
<th>Gender</th>
<th>Mean length of order (months)</th>
<th>Mean number of previous convictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ealing</td>
<td>23</td>
<td>16.35 (1.07) 14/18</td>
<td>20 male 3 female</td>
<td>10.17</td>
<td>0.52</td>
</tr>
<tr>
<td>Hammersmith &amp; Fulham</td>
<td>18</td>
<td>16.06 (1.11) 14/18</td>
<td>15 male 3 female</td>
<td>11.94</td>
<td>0.56</td>
</tr>
</tbody>
</table>

Analysis of variance was used to analyse the data collected from the various outcome measures used. These measures were:

- The participants’ self-evaluation of their own SLCN
- Staff perceptions of the participants’ SLCN
- A measure of narrative ability
- A deduction task
- The Broadmoor Observation of Communication
- The self-evaluation of life issues

We also examined data on attendance at SLT and YOS sessions and the participants’ ASSET scores. Treated participants were also assessed on the Formulated Sentences subtest of the CELF (Clinical Evaluation of Language Fundamentals, Semel et al, 2006).
Differences in the change made by the two groups would be indicated by significant interaction (extent of correlation) between the groups of participants and the time of the assessment (pre and post treatment). In none of the cases above was this interaction significant.

In several cases, there was a suggestion that the assessment itself (or the participants’ response to it) was inappropriate. The self-assessment of SLCN and the staff perception of it both produced pre-therapy scores which were close to the maximum score on the tests, meaning that the possibility of measuring improvement was very limited. Clearly, most if not, all the participants had SLCN so these high scores were unexpected. Either the participants failed to recognise their difficulties prior to therapy or this assessment failed to register their awareness. Either way it appears not to be an effective measure for future studies. In view of this, it is not surprising that they did not improve their self-assessment. Indeed it seems possible that the young people might rate themselves as having greater needs after therapy if the therapy was ‘successful’ in exposing their problems to them.

That staff also rated communication needs as low before therapy suggests either that they lack awareness of the communication problems experienced by these young people, or that the assessment itself is flawed. If the former, further training to increase awareness is indicated and if the latter, it would be better not to use this assessment again. In the Leeds project, the staff had a longer period of training and joint working with the HSSLT which may have contributed to them being able to assess the young people more accurately. Previous studies have reported problems with self-assessment in this group of young people (Bryan et al 2007) and this study appears to confirm that reliance on self-assessment is limited in value. This is an important point for Speech and Language Therapists who are often concerned about assessing people who may have language problems and who may also have a history of performing poorly during tests. These results suggest that future studies should place less reliance on self-assessment and include more objective assessment of the young people’s language and social skills.

The Broadmoor Observation of Communication has a similar problem showing low communication needs before therapy, with many people scoring close to the maximum possible. A problem for the assessment of changes in communication in adolescent populations is the lack of appropriate tests. Developmental tests of language are generally designed for younger children or adults. Adult tests are developed to assess more severe impairments of language such as those that occur after stroke. The Broadmoor Observation of Communication was developed to meet the needs of a special population but the data collected here suggest that it may not be ideal for young people especially those in this cohort.
The test of narrative was more successful. Scores on this were well below the maximum prior to therapy and the Ealing group improved their scores after therapy. In contrast, scores for the Hammersmith & Fulham comparison group declined (worsened) during the study. As a result, this test came closest to showing the desired result and is deemed likely to be useful in future research studies. The narrative test is an informal one and is not standardised around a ‘normal’ score. This does not prevent it from assessing change over time but does question its ability to detect whether a participant has a communication problem or not. An optimistic sign with regard to the latter is that a high (and statistically significant) correlation was found between participants’ pre-therapy scores and scores on the formulated sentences test from the CELF, a test which is standardised.

The deduction task also produced scores that were not so high prior to therapy as to prohibit the possibility of demonstrating improvement. Both groups of participants showed small improvements on the task but the required interaction was not significant. It is difficult to know whether this test is sufficiently sensitive since it has a very small range of scores (0 to 3).

The self-evaluation of life issues test also failed to show a favourable outcome as a result of therapy. This test asks participants to rate various aspects of their lives on a series of Likert scales. Likert scales are used to measure opinions, attitudes and feelings which are not easily quantified. They ask participants to mark a point on an artificial scale (here 0 to 10) so that change over time can be assessed. Despite their apparent artificiality, they have been successfully used in research in many areas. A notable feature of the responses of our participants was that they tended to give very extreme scores. Moreover, changes over time sometimes went from one extreme on the scale to the other. It appeared that respondents were unfamiliar with the conventions normally assumed to exist when using such scale that, things are rarely either perfect or calamitous, but move about in the middle ranges of the scale. In effect many participants appeared to be using the scale in a binary yes/no fashion. Possibly this is a feature of the responses from this younger group of people. This presents a dilemma, as Likert scales are undoubtedly useful in assessing attitudes to therapy and in measuring its success in areas which are not easily assessed in other ways. However, future studies involving young people in this cohort should use them with caution. It may be that some practice with attitudes closer to the participants’ normal interests (perhaps popular music) is needed if they are to be used as an outcome measure.

As mentioned above, participants’ attendance at speech and language therapy sessions was good and shown to be significantly better than attendance at other youth offending sessions. As no data is available here on the comparison participants in Hammersmith & Fulham, attendance at SLT sessions was compared with attendance at sessions with the YOS. No difference was
found in the overall attendance rates at the two sessions. However, the distribution of data for the SLT sessions was highly ‘positively skewed’ due to a small number of poor attendees whilst most people attended well. More than half of the participants attended all their SLT sessions suggesting that for most, the sessions were valued and created a high level of engagement. When the participants were categorised as either attending all sessions or failing to attend all sessions to compare attendance at SLT and YOS sessions, a significant difference was found in favour of the SLT sessions (McNemar Chi Square (1) = 6.75, p < .01).

The participants’ ASSET scores were analysed. These are collected routinely by the YOS so are not part of the data collected by the project team. As a result, the timing of these assessments was not controlled by the project. In general, the ASSET scores of all the participants reflected an improvement, but no statistically significant difference was found between the Ealing and Hammersmith & Fulham groups.

The Formulated Sentences subtest of the CELF was carried out on the treated but not the untreated group of young people. Unlike the tests above, this assessment is standardised so individual scores can be compared to the performance of the population to more reliably determine whether a person has a communication difficulty. The treated group were retested after therapy and showed a significant improvement on this test (t (13) = 4.59, p < .001). This result is encouraging and it is unfortunate that the untreated participants were not tested for comparison. Again, this suggests that Speech and Language Therapists should use standardised tests wherever possible when working with young people who are in contact with the criminal justice services as this allows for comparison to the general population.
This section contains the qualitative analysis that was carried out by the HSSLT on the communication profiles of the young people who received the interventions. The case studies allowed the team to investigate whether young people with particular types of SLCN benefited more from the programme. These case studies are for 20 of the 22 young people who completed the intervention package and returned for re-screening. The results they achieved on the various measurements are reported here alongside qualitative observations of their progress. For the two that did not return, one was remanded in police custody and the other declined.

The profiles of the young people have been organised into the following categories:

- **Profile 1:** Young people with expressive language difficulties in the context of good verbal understanding (young people LF, AT, JL, RW and WM)
- **Profile 2:** Young people with self-reported difficulties but good expressive language and good verbal understanding on testing (young people JF and MP)
- **Profile 3:** Young people with a profile of severe difficulties across all areas of communication (young people RE and SP)

Further explanation of these profile types and the results for typical individuals in each category are provided below.

**Profile 1: Young people with expressive language difficulties in the context of good verbal understanding**

Five young people in the intervention group had a profile of mild, moderate or severe expressive language difficulties in the context of good verbal understanding. This is defined as a ‘fail’ on the narrative test and a scaled score of between 5 and 7 on ‘formulated sentences’ in the context of a scaled score of 8 or more on ‘understanding spoken paragraphs’, both subtests from the CELF 4 UK assessment.

All the young people in this category made progress of at least two scaled points on the Formulated Sentences subtest, and four of the young people’s scores moved to within the average range for their age. All self-rated an improvement in their overall communication skills.
The HSSLT observed that these young people appeared to particularly benefit from the ‘Point, Reason and Example’ model used as an evaluation at the end of every session. The Point Reason Example model provides a framework for expressing opinions clearly, concisely and articulately. It is a technique whereby a person says the main thing that they want the other person to hear (point), explains why they think or feel that way (reason), and backs this up with a few examples (example).

Following therapy, these young people were observed to carefully consider how they formulated their responses to questions. They made observable progress in their ability to give answers which were comprehensive and backed up with examples. Positive results suggest that the standardised intervention is effective for this group of young people. Further research should investigate the effectiveness of the delivery of the standardised package by a Speech and Language Therapy Assistant or a trained YOS worker. This approach may further enhance cost effectiveness and permit HSSLTs to concentrate on young people who do not respond as well from the standardised approach.

The following three examples show the individual progress that was made for young people in this category.

**Case LF:**

At baseline, LF was able to provide the information in the narrative task in a logical order but he missed out several important stages and used only simple language. He also had difficulty using complex words or phrases to link ideas and sentences. At follow-up, he was able to provide sufficient information in the narrative task and he also used sophisticated language. He was able to use complex words appropriately to link ideas and sentences.

- In his self-report at baseline, he said that he had difficulties in a number of areas including his ‘voice’, ‘getting the words out when he is talking’, ‘telling people how he feels’, ‘word finding’ and ‘remembering everything he wants to say’. At follow-up he reported that he no longer felt that he had difficulties in these areas.

- At baseline, he reported that he had difficulties ‘explaining something complicated’, ‘most of the time’. At follow-up he reported difficulties only ‘about half of the time’.

- At baseline, he passed the verbal reasoning deduction task but on follow-up he failed. It is unclear as to why performance worsened in this instance.

- On the Likert scale, he reported that he had particular difficulties ‘talking to people of his own age’ and ‘saying when he does not understand’. At follow-up he rated these areas as improved.
Before he commenced the interventions, he told a member of the YOT that he was going to be part of the project and said how much he was looking forward to it.

He showed an excellent insight into the application to his own life of what he had learnt in the sessions. For example, when talking about the model for solving problems in a team, he was able to explain how he had used this approach in his own life. He told the HSSLT how he had included the content of the sessions when making a presentation at college.

The stages of making a choice appeared to be a particularly powerful learning point for him and he showed an excellent insight into how lack of consideration about the implications of his actions had resulted in his offence.

At the time of re-screening he had successfully completed his order and attended re-screening voluntarily.

His overall comment about the interventions:

*I learnt a lot … what to think about before I make any choices … steps of making a choice … pros and cons.*

<table>
<thead>
<tr>
<th>RESULTS FOR CASE LF</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative (score out of 10)</td>
<td>6 (fail)</td>
<td>9 (pass)</td>
</tr>
<tr>
<td>Verbal Reasoning deduction task (burglary story)</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>Scaled score on Formulated Sentences subtest</td>
<td>5*</td>
<td>8*</td>
</tr>
<tr>
<td>Scaled score on Understanding Paragraphs subtest</td>
<td>8*</td>
<td>-</td>
</tr>
<tr>
<td>Word Associations subtest</td>
<td>Met criteria for age</td>
<td>-</td>
</tr>
</tbody>
</table>

*Scaled score of 8 to 13 = within average range for age, scaled score of 5 to 7 = mild to moderate difficulties, scaled score of 2 to 4 = severe difficulties and scaled score of 1 = very severe difficulties. These subtests were only re-administered at follow-up if a young person had scored below the average range for their age at baseline.

Case AT:

At baseline, AT was able to provide the information in the narrative task in a logical order and he used complex language but he missed out several important stages. The Formulated Sentences subtest found that although he produced lengthy and complex sentences, they often contained grammatical errors and he had difficulty using complex
words to link ideas. At follow-up his narrative was much more detailed and the sentences he produced in the Formulated Sentences subtest were grammatically correct.

- At baseline, he reported difficulties with expressive communication. At follow-up he no longer felt that he had difficulties in this area.
- At baseline he reported that he had difficulties ‘telling people how he feels’. At follow-up he did not feel that he had difficulties in this area.
- On the Likert scale at baseline, he reported that he had particular difficulties in a number of areas including ‘dealing with conflict’, ‘saying when he doesn’t understand’, ‘asserting his rights without shouting or getting angry’, and ‘expressing himself verbally’. At follow-up he rated these areas as improved.
- He showed a good insight into how he could apply what he had learnt in the sessions to his own life. For example, when asked what he liked about the session ‘Good and bad communication skills in a job or college interview’ he said:

  If I’m in the same position I know what to do to get back on the right track.

- He developed confidence over the sessions in saying when he did not know something or if he did not understand – he tended to make a guess at the beginning. His progress is reflected in the increase in his self-rating in this area on the Likert scale at follow-up.
- He showed an excellent awareness of his own learning style and how the materials helped his learning:

  I’m a kinaesthetic learner. I like pictures and short text [which] helps me to learn.

<table>
<thead>
<tr>
<th>RESULTS FOR CASE AT</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative (score out of 10)</td>
<td>5 (fail)</td>
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<tr>
<td>Scaled score on Formulated Sentences subtest</td>
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<tr>
<td>Word Associations subtest</td>
<td>Met criteria for age</td>
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</table>
Case JL:

- At baseline, JL was able to provide the information in the narrative task in a logical order but he assumed too much knowledge on the part of the listener and so he did not list enough of the stages in order to provide a comprehensive description. The Formulated Sentences subtest found that he had difficulty using abstract words. At follow-up, his narrative was sufficiently thorough and he used abstract words appropriately in the Formulated Sentence subtest.

- He reported that he felt he had made progress with expressive communication.

- He showed a good insight into how he could apply what he had learnt in the sessions, to his own life: for example the part that peer influence had played in his offence.

- During the re-screening appointment, he was asked if he has any difficulties with his communication to which he said:

  Not any more… before, I wouldn’t even bother trying to explain anything. Now I find it better to explain.

- When the HSSLT asked JL why things were different with his communication now, he said that it was due to the SLT. He also said that he was sad that the SLT sessions were finishing because he found them useful to his everyday life.

<table>
<thead>
<tr>
<th>RESULTS FOR CASE JL</th>
<th>Baseline</th>
<th>Follow-up</th>
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<tr>
<td>Narrative (score out of 10)</td>
<td>6 (fail)</td>
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<td>Verbal Reasoning deduction task (burglary story)</td>
<td>Pass</td>
<td>Pass</td>
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<tr>
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<tr>
<td>Word Associations subtest</td>
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</table>

Case RW:

- In the narrative task at baseline, RW focussed on the details and rules of how to play football and did not successfully explain the stages of how you actually play the game. This meant that he missed the point of the activity and despite being prompted “so tell me what you do when you play,” he was unable to provide the relevant information. The Formulated Sentences subtest found that he had difficulty using complex words or phrases to link ideas and sentences. In the narrative task at follow-up activity, he was able to clearly explain most
of the required stages even though he did not include every one of them. He also made progress in his ability to use more abstract linking words accurately in the Formulated Sentences subtest.

- At baseline, he showed some insight into his difficulties. He was aware that he had difficulties explaining something complicated but felt that he was good at ‘telling people how he feels’. He was, however, unaware of his difficulties dealing with conflict and negotiating/compromising. During the intervention sessions, it was found that RW had a limited vocabulary when talking about emotions and that he didn’t understand assertive communication styles. He had re-offended during the intervention period and this new offence was linked to difficulties with negotiating effectively. At follow-up, he showed an increased awareness of his difficulties.

- He showed good insight into how he could apply what he had learnt in the sessions to his own life: for example, how he needs to think carefully when making choices:

  Recently I’ve been thinking about it on my own …
  I now know what I have to do next.

- He also learned how to recognise his own level of anger:

  [I liked talking about] how angry you feel and what gets you to the highest thing … ‘Cause I’ve been thinking about it … I know what gets me to the highest point and what I can do to stop it.

- In a focus group discussion about the interventions received at the YOS, he said that he had enjoyed the sessions with the HSSLT and that they were “alright.”

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<tr>
<th>RESULTS FOR CASE RW</th>
<th>Baseline</th>
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</tr>
<tr>
<td>Word Associations subtest</td>
<td>Met criteria for age</td>
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</table>
Case WM:

- Despite appearing to be a confident communicator, at baseline WM used a lot of vague language, his narrative was jumbled and disorganised, and he missed out large pieces of information. The listener needed to use very careful questioning to ensure they were following what he was saying. His confidence and long answers to questions masked his difficulties. The Formulated Sentences subtest found that he had difficulty using complex words or phrases to link ideas. At follow-up, he was able to provide sufficient information in the narrative test and he also used complex language. His performance on the Formulated Sentences subtest showed that he still encountered difficulties with some complex words to link ideas and sentences, but he was showing some awareness of how the words should be used.

- WM reported that he felt that he had made progress with his ability to ‘negotiate/compromise’ and to ‘assert his rights without getting angry’. This had been a particular area of difficulty for WM and was linked to his offence.

- At baseline, his YOSO identified that WM had difficulties with expressive communication. At follow-up he reported no difficulties.

- WM’s feedback when using the Point Reason Example model at the end of each session became noticeably more precise. He showed that he was applying what he had learnt in the sessions to his own life. For example, he provided the following feedback for the session on passive, aggressive and assertive styles of communication:

  [I learnt] you can be angry but you can also say it in an assertive way… you can say what you want in a way that wouldn’t hurt another person. I need to work on that.

- Using the Point Reason Example framework and asking specific and set questions seemed to greatly help him to think carefully when formulating his responses.

- Written feedback was received by the HSSLT from another member of the YOT that during a supervision session with her, WM commented how much he enjoyed working with the HSSLT. When completing the feedback form at the end of the final session he said, “Aah, your questionnaire … I’m going to miss that.”
Profile 2: Young people with self-reported difficulties but good expressive language and good verbal understanding on testing

Four young people in the intervention group had a profile of good expressive language and good verbal understanding. This is defined by a ‘pass’ on the narrative test and a scaled score of 8 or above on the Formulated Sentences subtest from the CELF 4 assessment, in conjunction with a scaled score of 8 or above on the Understanding Spoken Paragraphs subtest from the CELF 4 assessment. However, each of these young people said that they have difficulties with communication skills ‘half the time’ or ‘most of the time’ in response to three or more questions on the self-rating questionnaire at baseline.

All of these young people attended every intervention session offered to them. They also reported, at follow-up, that they had made progress in at least half of the areas where they had previously reported difficulties. Two of them reported that they had made progress in all areas where they had previously reported difficulties.

For two of these young people, their key workers identified difficulties with their communication at baseline. Following completion of the follow up questionnaire, the YOSO felt that the young people had made progress in at least half of the areas where they had previously reported difficulties.

Case studies for two of these young people are provided below.

Case JF:
- At baseline JF reported difficulties with ‘needing more time to understand,’ ‘taking turns’ (not taking enough turns) and ‘word finding.’ At follow-up, he reported that he no longer seemed to have difficulties in these areas.
On the Likert scale he reported that he had particular difficulty with ‘talking to people in authority.’ At follow-up he rated his skills in this area as improved.

During his review of the YOS interventions as a whole he cited the YOSALT intervention session on understanding and expressing emotions as one of the topics that he found most useful as he learnt some new words and that it helped him think about how to express his feelings better:

I learnt) what makes me angry … different words that mean different emotions like ‘over the moon’ and ‘mortified’.

At the time of re-screening JF had successfully completed his order, so his attendance for re-screening was entirely voluntary.

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<th>RESULTS FOR CASE JF</th>
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<tr>
<td>Word Associations subtest</td>
<td>Met criteria for age</td>
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Case MP:

At baseline, MP identified difficulties with ‘telling people what he wants’ (due to lack of confidence), ‘telling people how he feels’ and ‘following routines or timetables’. At follow-up he reported he no longer had difficulties in these areas. His keyworker also identified that he had difficulties ‘telling people what he wants’ due to a lack of confidence. At follow-up MP’s key worker reported that he no longer had difficulties in this area.

At baseline, MP reported particular difficulties ‘managing his anger’ and ‘expressing his feelings verbally’. During the intervention sessions, it became apparent that he did not have a large repertoire of words to describe emotions and that he found it difficult to identify when he or another person was angry. At follow-up, he rated his skills in ‘managing his anger’ and ‘expressing his feelings’ verbally as better on the Likert scale. He also rated his ‘general confidence’ more highly at follow-up.

He developed confidence in providing constructive feedback regarding the content of the sessions. He showed that he was thinking carefully about what had been of benefit to him and how the HSSLT could have done things differently. He suggested at the end of one
session, how asking for more of his own ideas would have been useful rather than being given set examples. When this happened in a subsequent session he said:

[I liked] the fact that I got to put my own ideas forward.

- Confidence appeared to be a significant factor in MP’s communication profile. Providing him with the opportunity to give feedback about the sessions in a safe and supportive environment was particularly beneficial to him.

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<th>RESULTS FOR CASE MP</th>
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<td>Word Associations subtest</td>
<td>Met criteria for age</td>
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Profile 3: Young people with severe difficulties across all areas of communication assessed

Two young people had a profile of severe difficulties across all areas of communication assessed. These two young people showed the least progress in their communication profiles at follow-up although they showed increased awareness of their difficulties and made progress in some specific areas.

Results of this research project suggest that where a young person has a range of difficulties or severe SLCN, a standardised package of intervention is insufficient to meet their needs.

Case RE:

- On the narrative task at baseline and at follow-up, RE tended to focus on the details and rules of how you play football rather than explaining the stages of how you actually play the game. This meant that he missed the point of the activity and despite being prompted, “so tell me what you do,” was unable to provide the
relevant information. His performance on the Formulated Sentences subtest at baseline and follow-up showed that he had difficulty using all abstract or linking words appropriately.

- At baseline RE, was largely unaware of his difficulties and reported difficulties only in ‘telling people what he wants or needs’, ‘taking turns’ (not taking enough turns), ‘word finding’, ‘remembering everything he wants to say’ and ‘explaining something complicated’. At follow-up he showed a greater understanding of his communication difficulties, accurately identifying that he also had difficulties with ‘understanding’, ‘expressing his feelings’, ‘talking to others’ and ‘following routines and remembering appointments’ in addition to the difficulties he identified at baseline.

- RE was rather reluctant to take part in the re-screening and he needed a great deal of encouragement. The independent re-screener noted that this might have had a negative impact on his performance.

- The re-screener also noted that RE was aware of his difficulties using language to express himself and taking a more passive role in conversations. She reported that he tended to avoid any tasks that may challenge his language by saying, “don’t know,” instead of making an attempt.

- RE completed the intervention but failed to attend two of the sessions offered. He attended a further two alternatives sessions that were offered. When he attended his sessions he arrived on time, engaged fully and was very enthusiastic.

- He developed confidence in his expressive communication and he would readily initiate discussions with the HSSLT. He also used the Point Reason Example model effectively to provide feedback about each session. Furthermore, he showed a good application of what he had learnt in the sessions to his own life: He commented on his progress as below;

  - Interviewing right and dressing smart helped me a lot.

  - [I liked] active listening ‘cause I don’t usually do that but it helped so I can talk to them and listen.
Case SP:

- On the narrative task at both baseline and follow-up, SP included some of the key elements but used only simple language and his description was very brief. His performance on the Formulated Sentences subtest showed that he had difficulty using linking or abstract words in sentences.

- At baseline SP showed that he was largely unaware of his difficulties, reporting problems only with ‘telling people how he feels,’ ‘taking turns’ and ‘explaining something complicated.’ At follow-up he showed a greater understanding of his communication difficulties, accurately identifying other areas of difficulty.

- SP was rather reluctant to take part in the re-screening and he needed a great deal of encouragement. It is felt that this was likely to have affected his performance.

- The re-screener noted that SP was aware of his difficulties with his communication, had low self-esteem and was reluctant to attempt to answer questions if he was unsure.

- SP completed the interventions but he failed to attend half of the sessions offered. He attended the further three sessions that were offered as alternatives.

- Although SP engaged in the sessions he was reluctant to enter into detailed discussions and worked very quickly through the activities.

- He was able to express his opinion about each session but found it difficult to back up his answers to questions with reasons, despite prompting “give me one example of something you like/didn’t like,” – he tended to respond with “everything,” or “nothing.”

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67
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<th>RESULTS FOR CASE SP</th>
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<tbody>
<tr>
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<td>6 (fail)</td>
<td>5 (fail)</td>
</tr>
<tr>
<td>Verbal Reasoning deduction task (burglary story)</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Scaled score on Formulated Sentences subtest</td>
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<td>3*</td>
</tr>
<tr>
<td>Scaled score on Understanding Paragraphs subtest</td>
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<td>2*</td>
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<tr>
<td>Word Associations subtest</td>
<td>Did not meet criteria for age</td>
<td>Not administered due to time constraints</td>
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Feedback to the young people
An important aspect of real inclusion is providing feedback to the young people. The HSSLT provided each young person with an accessible version of their speech and language therapy report that contained a summary of his or her communication strengths, difficulties and strategies they could use to help with these difficulties. She talked through their report with them at the end of the block of sessions and then placed a copy in their folder. Providing this feedback at the end of the block of sessions meant that this was done once a trusting working relationship with the young person had been developed. The focus of the discussion was on the progress that they had made with their communication and particularly in the support strategies the young person had learned.

Feedback from the young people
At the outset it was made clear to each young person that their views on the interventions were important, both to the HSSLT and also to the development of speech and language therapy interventions for other young people. Constructive feedback at the end of every session assisted the HSSLT in getting immediate comments from the young people to indicate what was useful. At the close of each SLT session, the HSSLT asked the young person to provide feedback regarding the delivery and content of the session.

The following questions were asked:
• What was the session about today?
• What did you think of the session? – Not very good/Ok/Good? Why do you think that?
• What did you learn?
• What did you like and why?
• What did you not like and why?

The HSSLT made it clear that she wanted the young person’s honest opinion about the session and that they needed to explain their opinions. Negative comments were welcomed rather than challenged, and the HSSLT wrote their comments down and asked what she could have done to make it better for them. If a young person gave a vague answer such as “I liked everything” or “I didn’t like anything” further questions about the materials and delivery were asked in order to elicit further information. If a young person was unable to identify things that they liked or did not like, then the HSSLT asked some more specific questions. For example, the way the materials were presented, the length of the session, whether the session focused too much or too little on a certain aspect, views on any DVD clips, whether the young person would have liked to see something else covered etc. Finally, the young person was asked to rate how good/not good they felt the session had been.
It is important to note that young people, and especially those on new orders, may not give honest feedback if they think doing so could affect them adversely. Young people may also answer in a way that means they will not be asked further questions and may opt for answers that may ultimately lead them to getting out of the room quickest. Feedback collected via the HSSLT was not relied upon for the final assessment of young people’s views on the usefulness of speech and language therapy. Asking for face to face feedback on what can be construed as one’s own performance carries additional risks for those being questioned and will usually deter them from giving negative feedback. Whilst care was taken to explain that there would be no problem if they said they didn’t like something, it is possible that people would prefer not to take the risk. This section describes the feedback young people gave directly to the HSSLT but analysis of the young people’s more anonymous feedback is presented in the section on Views of Young People and Key Workers.

The graph below shows the number of people who described each session as ‘good’, ‘okay’ or ‘not very good’. The most popular session was on ‘choice-making’ and the least popular was the first session on ‘What is communication’.

**Figure VI - Graph showing Number of young people rating individual speech and language sessions as ‘good’, ‘okay’ or ‘not very good’**
It was not uncommon for young people to describe the session as ‘very good’ or even, on occasion, as ‘very very good’. So, with the exception of Session 1, more than 60 per cent of the young people rated each session as ‘good’ or better.

The SLT sessions were not focused on the young person’s offending behaviour but were geared towards talking about concepts such as consequences, influences, and thinking about anger. Despite this, the majority of young people spontaneously related the topic back to themselves. The sessions were intended to provide the young people with a safe environment to explore issues generally, where the focus was not on their behaviour or individual circumstances. One thing that they particularly liked was watching the DVDs of other young people getting things wrong. In further comments on the sessions, young people also reported that they appreciated the fact that success in the activities did not require reading or writing. The fact that materials had been carefully developed to accommodate limited literacy skills is also thought to have aided enjoyment and learning.

Another aspect that the young people appeared to value highly was the folder of their work that they were each given. The HSSLT received several comments from key workers that the young people had proudly told them about their folders. For example, “X told me really excitedly, I got a folder and everything.” Another when presented with her folder, looked carefully through it and turned to the HSSLT to say, “it must have taken you ages.” There was a sense that she really valued the time and effort that had been made on her behalf. The HSSLT felt that it was important to give the young people a written record of the work to demonstrate their progress and as a formal ‘thank you’ for taking part.
Views of Young People and Key Workers

The young people who received the SLT intervention and their key workers were invited to take part in an independent evaluation to further validate the apparent effectiveness of the intervention. To be sure of impartiality, people who were not Speech and Language Therapists and had no ‘interest’ in obtaining positive results collected opinions.

YOSOs dedicated to the young people in the intervention study were invited to complete an anonymous questionnaire to encourage their candid responses. To facilitate a good response rate, service leads authorised the completion of these questionnaires within working time, and a two week response window was allowed. YOSOs were asked to comment on the various assessment processes and to describe their experience of the speech and language therapy. In addition, they also commented on the extent of any progress in young people’s communication skills and/or any other impacts that they felt were attributable to the speech and language therapy intervention.

The survey is attached as Appendix VII.

Interviews with young people

Interviews with young people were conducted by YOS workers who are trusted and known to the young people, able to show the young people that negative and positive responses are acceptable in the interview, and with no personal or professional stake in the research outcomes. Please refer to the interview guide (Appendix VIII) to see the instructions provided to interviewers and the questions they sought to answer in their discussions with the young people.

Nine of the 22 young people who had speech and language therapy met with a known YOS worker to provide feedback on the intervention. They were asked what the most beneficial activity at the YOS had been, and then specifically if speech and language therapy had had any impact on various aspects of their lives.

Online survey emailed to YOS staff who had worked closely with young people on the project

Meanwhile, 15 YOS workers who had primary responsibility for any young person who had received speech and language therapy at Ealing YOS as part of the trial were emailed a link to a short online survey (Appendix VII) to provide their views on the effectiveness of the intervention. 12 responded, one person opted out informing the researcher that they had not been at the YOS for much of the year and therefore felt unable to comment, one only completed the first question stating the number of people with whom s/he had worked. A further two respondents stated that they had not worked closely with anyone who had received speech and language therapy and could not comment on impact.
This section presents the views of eight responding workers who had worked closely with young people who had received therapy as part of this project. Depending on their roles, these respondents had worked with between one and nine of the young people on the SLT programme.

**Most beneficial YOS intervention**

Before mentioning the speech and language therapy intervention, the interviewers asked which of all the YOS interventions were most beneficial and why. However, the invitation letter was unfortunately sent on YOSALT project headed paper and offered an incentive to give views. This could have impacted on the responses that young people gave to this question.

- Six of the nine young people said that they had found a speech and language session to be the most beneficial intervention they had received at the YOS. The most useful aspects of the therapy interventions according to the young people were clearly understanding and managing emotions and developing interview skills. One of these said the only thing they had found useful at during all YOS and therapy interventions was the SLT video on dealing with emotions.

- The remaining three young people had found either substance misuse, victim awareness work, or time with their key worker thinking about their behaviour the most beneficial aspect.

- Only one of the young people interviewed did not find SLT helpful at all but did not explain why.

- Two young people were able to point out aspects of the SLT that they found less useful. They said that the smiley and sad face magnets were “babyish”; the work on depression was not helpful; and that some things were “basic/boring/too easy”.

The following diagram illustrates the most beneficial YOS interventions according to these nine young people.
Figure v - Diagram to show most beneficial YOS interventions according to nine young people interviewed
Did Speech and language therapy impact on the lives of the young people who took part?

About half of the young people (five out of nine) said that SLT made a difference to their lives without prompting and were able to explain how it had impacted. With additional prompting, seven out of nine were able to specify some impact. Many of the impacts identified were arguably quite profound in their potential to improve a person's life. These are some of the notes that interviewers took on what they said:

- Helped in the way I communicate - Think before I speak
- Helped me with my interview skills, and helped to understand what to do and what not to do
- Helped calm me down and look at other ways of expressing my anger.
- Will be more prepared for interviews. Will think more about how I come across, how to dress, and make eye contact

Young people and their workers were asked if SLT had made any impact in the eight following areas: speech, language and communication; family and personal relationships; education, training and employment; attending appointments; perception of self and others; behaviour; motivation to change; and offending behaviour and police contact.

Impact on speech, language and communication skills

Half (five out of eight) of the YOSOs thought that SLT had made some improvement to the young people's speech, language and communication skills. Most YOSOs simply recorded the difference as positive but two wrote that it had made 'quite a lot' of difference. One expanded on this by saying, "the young person gradually became more communicative with staff at the YOS".

Two thirds (six out of nine) of the young people reported an improvement in their communication. They explained that SLT had helped them to think before speaking, to manage and express their emotions better, and to do better in job interviews.
Impact on family and personal relationships
Four of the nine young people said that their family relationships had improved. Three were clear that this was assisted by the SLT work on managing emotions whilst one said that the improvement was due to work with their YOSO. One explained that a combination of substance misuse work and SLT had changed the way s/he viewed things and dealt with challenging situations.

A corresponding proportion of the YOSOs (three out of eight) felt that SLT had a positive impact on the young people’s family and personal relationships. Two were moved to comment further on SLT impact in this area:

“Improved his communication skills with his mother dramatically.”

“Better engagement using proposed interventions - i.e. point, reason example - this has helped my young person to express herself when she wishes to compromise with her mother.”

Impact on education, employment and training
Slightly more than half (five out of eight) of the YOSOs felt that SLT had made a positive impact here. One explained that the young person had now “gained confidence and was willing to interact in group situations.”

A corresponding proportion of the young people said that interview training had helped them. One felt that this had helped him to get a place at college as he was better prepared and another implied it had helped her to get a second interview for a job.

Impact on attending appointments
About half of the officers (five out of eight) reported that attendance had improved, but just two of the young people reported an improvement. One young person said that their time-keeping was now better whilst another said that s/he was taking appointments more seriously since the project.

Impact on perception of self and others
Half of the YOSOs (four) and one-third (three) of the young people saw some improvement here. Notes from an interview say, “I can see things more easily from other’s point of view, I am less likely to argue and come to agreements more.” One YOSO wrote, “the young person was able to self-reflect and express views of perception of self and others.”
Impact on behaviour
About half of the YOSOs (five out of eight) and one-third of the young people observed an improvement in behaviour due to SLT. One young person gave the example of help with making decisions amongst others. Meanwhile a YOSO wrote that as a young person developed more confidence in communication, they were “able to exert a little more of their personality.” This person observed an impact of more “confidence, improved engagement within group settings and communication of need.”

Motivation to change
About half (three of eight) of the YOSOs and one-third (three of nine) of the young people felt that their motivation to change had grown since receiving SLT. Two of the three young people pointed out that this was in combination with other support that they had received at the YOS.

Offending behaviour and police contact
Two of the eight YOSOs and three of the nine young people indicated that they thought SLT had made some positive impact here, alongside other interventions. One of the young people was particularly positive in this regard explaining that when police want to speak with him, he is now able to keep calm rather than answering back. Another said, “all YOS interventions made me look at things differently and I might still be getting into trouble if it wasn’t for the YOS. I have not been involved in offending/police since. YOS helped.”

The speech and language therapy needs of young people who took part
There was some scepticism around the effectiveness of the assessment tools used to select for inclusion in the project. Some YOSOs who expressed surprise commented that, “the young people I worked with were assessed as having poor communication skills but they were amongst the most talkative and articulate young people I work with”, and went to wish that “young people with more significant SLT needs get support.” YOSOs remarked:

“We have a number of young people with considerable SLT needs that weren’t on the programme and didn’t get support and those who did get support did not have an SLT need that would be identified in the community.”

“I feel it would have been more useful to target young people who struggled to engage/communicate effectively rather than those who could already do this well.”
YOSOs also said that they felt the assessments had been well understood by the young people and that they had seemed very thorough. However, there is a sense that if the YOSOs had been given the opportunity to choose who to refer on the project, a very different selection of young people might have been involved.

**Ascertain the impact of speech and language therapy**

Whilst key workers may be in a good position to recognise a positive change, it can be difficult for them to know what has made the difference. Half of the YOSOs who responded expressed some difficulty in knowing whether or not SLT had made an impact on at least one measure. The remaining four pointed to areas where they felt confident that SLT had or had not made a difference, for example, “one to one attention from an interested positive person is always of value.”

Some YOSOs expressed difficulty in ascertaining impact as not everyone who received SLT had significant need in this area. For example, when trying to assess the impact on personal relationships, one commented, “both are chatty anyway,” when referring to a couple of his young people. Another officer remarked that those with little apparent need had enjoyed the programme, whilst those with the greatest need said they hadn’t found the course useful or had failed to attend. Unfortunately, this evaluation was unable to collect the views of those individuals whose attendance was poor.

Despite the inherent difficulties in knowing what has changed another person’s behaviour, there is reasonable correlation between the views of the young people and their YOSOs. Both were most likely to observe an influence on communication skills and education, employment and training. The young people were, however, more likely to observe an improvement in family and personal relationships whilst more YOSOs saw impacts on behaviour and attending appointments.

Two of the officers expressed that SLT had a positive impact on all aspects of the young person’s life, whilst two were quite sceptical about whether any impacts could be confidently attributed to SLT.
Overall impact of speech and language therapy according to young people and their key workers

Overall, six of the YOSOs thought SLT had made some difference for the young people (four saying it had made ‘a great deal’ or ‘quite a lot’ of difference). Just one YOSO said they thought the extent of impact was ‘not very much’. One commented that, “anything that supports the young person through the criminal justice system and enables them to move forward with their life is a benefit to children services on a whole.”

Views on the extent to which YOSOs thought investment in speech and language therapy reduces long term costs leaned toward the positive. Three agreed completely, another three neither agreed nor disagreed and the remainder couldn’t say. One YOSO observed that, “sure SLT is of value but there are many other positive interventions so hard to judge what works.”

YOSOs predominantly appreciated the training they received. However, there were a couple of comments that implied that the training could have been extended to enable and encourage them to do more to assist young people themselves, particularly where SLC Ns are lower:

“SLT thresholds for YOT projects seem very low and I doubt that those thresholds would initiate a community intervention. Some of the SLT literature is patronising … seems to assume that there is an inability for the worker to adjust communication style to meet the needs of different young people … there is great value in working with young people in a way that addresses their SLCNs and other learning needs. However, an approach that suggests only an SLT can do this is of little value.”

Some YOSOs thought that the project would have been more beneficial had they been able to refer people themselves:

“I think SLT support for young people is very important … I do feel the project was worthwhile but it is frustrating that due the research element, young people could not be referred and that young people who really would have benefited did not get a service.”

Of the eight YOSOs that commented and had SLCNs training, all said that they had done things differently since the training, six said ‘some’ and two said ‘quite a lot’. For most people, this meant an improved awareness of speech and language, particularly in regard to hidden communication needs, non-verbal cues and preferred learning styles. One YOSO pointed out similarities between the SLT training and the Communication Screening Training that is already available to YOS staff. This officer thought that the training was useful but really acted as a recap.
Though not asked about the impact of other YOS interventions on the various aspects of their lives, the young people spontaneously remarked that other YOS interventions had assisted in these areas. They were most likely to mention that other YOS interventions had impacted upon their behaviour, motivation to change, and offending behaviour and police contact, but also made reference to the positive impact of other support in terms of family and personal relationships and education, training and employment.

Overall, most of the young people who took part in these interviews said they found the project helpful. However, two commented that SLT was “long,” and another that it “didn’t do anything.” By way of contrast, some others were particularly more positive with one summarising the impact of SLT by saying, “it helped me a lot and I know now I won’t get in trouble again.”

**Comments on staff training**

Evaluation forms showed that 55 per cent of the staff said that they felt that the training would help them in their job ‘completely’ or ‘to a considerable extent.’ The remaining 45 per cent felt that it would help ‘to a reasonable extent.’ None of them felt that it would be ‘of little help.’

Some of the comments were:

- Informative and enjoyable
- Informative and enjoyable
- Good basic awareness of communication needs of young people.
- Fun, interesting – highlighted issues not addressed every day at work with reference to diversity i.e. black, ethnic minorities.
- Useful in any environment
- Very beneficial and an eye opener
- It was useful to reinforce/remind staff about the importance of working with hidden communication needs.
The training was also delivered to a group of staff working for A&I. Feedback received from this training showed that six out of eight staff felt the training would help them in their job ‘completely’. One person felt the training would help them in their job ‘partially’ and another ‘neither agreed nor disagreed’ that the training would help them in their job.

Below is a sample of the comments received:

I will be more aware of the vocabulary I use. I will not take for granted what something means for me. I will make sure that the other person has understood, by asking questions.

I will attach more importance to the fact that some behaviour identified in offenders may conceal some communication difficulties.

[I liked] the analysis of communication difficulties in the framework of the juvenile justice system.

We often take for granted some things youngsters do not know or do not understand.

I will use Sarah’s piece of advice to have youngsters provide definitions on words connected to the justice system.

It confirms the importance of some language functions. It will help me to be clearer when I deal with subjects at risk. It will help me to take into higher consideration comprehension difficulties of subjects at risk.
Engaging Young People

From the outset of this project, it was acknowledged that fully engaging young people to take part throughout the course of the project would be difficult. This is an account of how the young people who took part on this project were effectively engaged to participate from recruitment for the initial screening, through the interventions (for the Ealing group) and the re-screening process. It is also important to note that most YOTs do not have an engagement strategy but rather simply an enforcement strategy when engagement fails. This project would not have been successful without understanding and effectively applying the right engagement strategy to ensure that the young people who took part benefited as well as maintaining the sample size.

The approaches used are not new and are common practice in many youth work settings where staff adapt their engagement styles to suit each different individual and their circumstances. It is the way we applied them under the structure of the project that presented a particular challenge.

Understanding effective engagement

For the purposes of explaining engagement in relation to this project, we have adopted a definition of engagement as ‘gaining young people’s interest and willing participation in interventions or programme of interventions intended to prevent or reduce offending’. As this project depended on the young people agreeing to take part and engaging well, it was important that an effective engagement strategy was developed to this effect. Youth justice practitioners will testify to the difficulties involved in running a project with young people in the youth justice system since their attendance at the YOS is court ordered and therefore not on their own free will.

It is considered unethical to force young people to participate in a research project against their will. However, for young people who have offended, engagement with the YOS is court ordered and missing agreed appointments leads to enforcement action. As mentioned in the introduction, young people were told that once they agreed to take part in the programme, the YOSALT sessions would become statutory appointments. They could still subsequently withdraw their consent to take part but this would have to be arranged by negotiation with their YOSO, as a simple failure to attend would result in YOS enforcement procedures.

To understand how to engage young people, we held focus groups with 45 young people aged 14-18 years in four focus groups. The groups were a mixture of those who have offended and attending the YOS and those who had not offended and were not attending the YOS. Their views are quoted throughout this chapter.
There are a number of several factors that affect engagement of young people in activities and programmes aimed to aid their rehabilitation. Some of those factors that were pertinent to this project and are common to many young people are described below.

**Chaotic lives**
Many young people in the youth justice system lead complicated and often unstable lives characterised by a complex maze of issues, both past and present. These can include, substance misuse, abuse, neglect, learning disabilities, homelessness, as well as disengagement from education and employment. With so much going on, the need for regular, planned appointments and reminders is paramount. The young people we spoke to advised that, “sometimes you have so many appointments and it gets difficult to remember all of them.” To make it easier to remember the appointments, the young people explained:

> “it’s good if your appointments are at a regular time and you are told of them in advance so that you can plan your other stuff and get YOT done too.”

**Good relationships**
Many of these young people can be sceptical about people in positions of authority. Furthermore they are likely to have had numerous assessments through which they would have met new professionals. The majority have no wish to meet any more professionals and they can be quite sensitive about this. Those we spoke to confirmed this with one commenting that:

> “it’s not good to meet new workers all the time.”

Positive relationships with key workers need to be based on trust and empathy and these kinds of relationships usually, naturally, lead to a healthy level of engagement. The young people we spoke to emphasised the importance of relationships built on trust, respect, listening, empathy and a genuine willingness to help. Some said they wanted to know the purpose of meetings in advance. They commented that:

> “Your relationship with the worker, and knowing what you’re going to do, makes you want to come. It also helps if there is something in it for you.”

> “It’s all about the relationship with the worker. If someone is willing to come and talk with you about how they can help you then that makes you want to attend.”

> “Some workers are so nice and respectful that you always want to talk with them and even when you don’t feel like you want to turn up, you feel guilty because you know this person always listens and helps.”
Dishonesty stops you from coming but, knowing what you’re going to do helps you to turn up.”

“If somebody relates to you more, then you do things yourself and work with them too.”

Most importantly, young people want to be treated as people and not labelled as simply ‘offenders’. They themselves are quite aware of the fact that they shouldn’t be stereotyped and asked staff to consider the extent to which they might be the problem.

“YOT workers should talk to us as young people and stop stereotyping.”

“Some YOT workers think that if you don’t turn up then it’s your problem and never think about themselves being the problem.”

Ways to encourage active and participatory involvement at compulsory appointments

In giving their definition of engagement, Mason & Prior (2008) commented that ‘if a young person attends and takes part in a prescribed programme of activities but does not feel any commitment to its objectives and is not motivated to benefit, through learning and personal development, then they are not engaged’.

Indeed we were told by one young person that, “sometimes you attend because you have to and don’t want to go to jail but it’s depressing to come to YOT.”

Incentives to encourage attendance at voluntary appointments

The presence of a comparison group at a different local authority also presented a challenge in that the team had to rely on staff in Hammersmith & Fulham YOS to recruit young people there. Although these young people were only going to be seen twice (for screening and re-screening) it was right to assume that many of them would decline to participate. As anticipated, a number of young people at Hammersmith & Fulham YOS cited the fact that their participation in sessions was not a compulsory part of their order and was being carried out by staff from a different local authority. Along with the rewards of being valued and listened to, monetary incentives and the prospect of gaining new skills can be persuasive in encouraging young people to turn up to appointments that they would rather not attend.

“Incentives like vouchers are good because even though you don’t want to do it, you still do it because you will get vouchers and also gain something like a new skill.”
**Appropriate modes of communication**

Using appropriate modes of communication has a strong impact on the quality of relationship between young people and those who work with them. Various modes of communication were preferred by different young people, including telephone calls, text messages and letters in the post. Whatever the most-favoured method, it was clear that approaches where practitioners demonstrated that they genuinely cared about the young people and their wellbeing were well appreciated and most likely to be successful. Given the difficulty that young people can have in remembering appointments, a reminder does more than just remind as it shows empathy and attention to a person’s situation and needs as some young people mentioned below:

“If you ring and talk to us then it helps and it’s like building bridges with us.”

“A text is always good and quick and you can also keep it on your phone to remind you.”

“I usually prefer a letter because then I can put it on my wall in my bedroom and every time I am in there or when I wake up in the morning, I can look to see when my next appointment is.”

“It’s good if they send you a reminder because it shows that they care and want to help you.”

**Venue and location of appointments**

The venue and location where a meeting takes place can make a difference in engaging people. In some cases young people could not have sessions at YOS offices due to concerns for safety and wellbeing. One example offered was of an appointment scheduled to take place on another gang’s territory. Other difficulties included travel time to and from home, school or work. One young person neatly summarised these issues:

“It helps if the location of the office is near to you or in the centre of the borough where you can easily get to and there is no trouble because it’s nobody’s territory.”

**YOSALT engagement strategy**

Every successful engagement strategy is based on the relationship developed between the practitioner and the young person and facilitated by effective communication. Communication includes sharing information through literature in the form of accessible leaflets as well as discussion with supervisors and other professionals in the young people’s lives. It is important to show a general willingness to help. Application of a good communication strategy would prove crucial to the recruitment of young people onto the project and their engagement.
Regular appointments and reminders

In Ealing we liaised with staff and arranged appointments to coincide with other YOS appointments the young people had to attend. This approach meant the young people had fewer appointments to consider, which helped them to meet their commitments, and did not have to make additional journeys. However, as discussed earlier, a combination of personal factors, past or present, meant that some of them had to be reminded a week, day and two hours before the appointment. These reminders took the form of a phone call, text message or letter.

It is important to emphasise that the YOSALT project coordinator had capacity to regularly remind young people of their appointments, beyond the scope of what normally occurs in the youth justice setting. There were a number of advantages to the increased input. On a number of occasions when the young person had forgotten their appointment, the reminder worked to reduce the frustration of failed attendances on both sides. There was also the opportunity to persuade a young person to prioritise the SLT appointment if they were unconvinced about attending. The HSSLT knew in advance whether or not the young person would attend and if they would be on time, meaning that she was able to plan her time better. For informed non-attendance, the reason can be logged quickly and the next available appointment arranged but also, in cases where immediate assistance is required for the welfare of the young person, this can be arranged swiftly.

Location of sessions

For people who expressed difficulty in attending appointments at the YOS, we facilitated sessions at different locations within reasonable proximity of their homes, work or study. These locations were mainly council offices across the borough. The decreased cost of travel and journey times made it possible for an additional four of the young people to attend and engage. Relationships and building a good rapport

The YOSALT team informed staff in both Ealing and Hammersmith & Fulham about the project and what participation was involved so that they could relay this information to the young people they were responsible for themselves. This meant that the young people did not have to meet another professional and could have an open discussion about what SLT might entail with a familiar adult. As mentioned earlier, young people are likely to have met different practitioners so introducing a new practitioner, in the first instance, would increase the barrier to participation.
At Hammersmith & Fulham, there was a dedicated member of staff who was the point of contact for all matters to do with the project. Her role as an education officer gave her an advantage in that she was a point of contact for all education, training and employment related matters within her team. This meant that she had already developed relationships with the young people and good links within the YOT. This was especially important as YOSALT staff did not have much time to develop a good relationship with these young people who we had just seen twice in seven months. 18 young people from Hammersmith & Fulham YOS returned for the re-screening and engaged well with some more than the others. For example, While waiting for a young person to attend their appointment in Hammersmith & Fulham, one young person who was due to attend for re-screening later in the week recognised the project coordinator and agreed to do the re-screening there and then without having to make an appointment. This was the case for four of the 18 young people that were re-screened in Hammersmith & Fulham.

**Communication**

We designed easily accessible leaflets explaining the project and its aims and objectives. For young people who were identified as having SLCN, they and/or their legal guardians were required to give consent for their involvement. This required us to clearly and concisely explain the project, benefits for participation and also provide a good opportunity for discussing any concerns.

Phone calls and text messages were the most effective way of reminding the young people of their appointments because they are an instant form of communication in comparison to letters. Most of the young people we spoke to preferred these modes of communication. A telephone call a week before, day before and a reminder text on the day at least two hours before the appointment seemed more effective.

**Active and participatory sessions**

In order to retain as many young people as possible, the programme needed to ensure that it appeared beneficial and there was focus on explaining how the therapy might help them. This meant developing ‘active and participatory’ sessions that would keep young people motivated and committed to the project but most of all ensure that they get the most out of the therapy. All the young people at Ealing YOS with identified SLCN opted to make SLT one of their compulsory appointments, though some did withdraw their consent following negotiations with their YOSO at a later stage.

Some commentators (for example, Wampold, 2001) have gone as far as saying that ‘the quality of the relationship between the young person and practitioner is more important than the therapeutic techniques employed in achieving change. However, relationships themselves do not lead to change but are required to support the achievement of change.’ 36
To make the sessions active, they were delivered using a different range of approaches involving use of different materials that included video resources. To make them participatory, the HSSLT asked the young people for feedback at the end of each session using the ‘Point, Reason and Example’ model as explained in the qualitative results and case studies chapter. Young people are more engaged if things are done with them rather than to them and encouraging them to give feedback at the end of each session was one way of enhancing their participation and engagement.

**Incentives**
It would have been inappropriate to offer money to young people for attending statutory appointments as part of their court orders, however the primary reason for asking young people to attend SLCN screening sessions or a feedback interview was to assist with this research. It was, therefore, felt appropriate to offer a small incentive to encourage young people to attend. A £10 ‘Love2Shop’ voucher was offered for each screening session and a £20 voucher for giving feedback on the SLT to an independent YOS worker. This also acted as a simple means to reimburse any costs incurred through attending the appointments. This approach is common practice to reward participants for taking part in research that will benefit future generations and as such, was agreed by the Research Ethics Service.

**Meeting at other venues**
Young people were offered the opportunity to have SLT outside the YOS venue if that was more convenient to them and most importantly if there was a risk to their wellbeing if they had to attend these appointments at the YOS office.

**Effectiveness of the approaches**
These engagement strategies helped to maintain a reasonable number of young people on the project. The original plan was to screen 90 (45 in both Ealing and Hammersmith & Fulham). 25 young people who had been identified with SLCN and consented to take part in the project would form the intervention group in Ealing and another 25 would form the comparison group in Hammersmith & Fulham. We were able to recruit 80 young people (47 in Ealing and 33 in Hammersmith & Fulham) for the initial screening. It is important to recognise that although the majority of the young people engaged well from initial screening, through to attending therapy sessions and re-screening, some of them did not. Reasons for non-attendance included being remanded in custody, personal circumstances and reduced interest leading to withdrawal of consent.

In Ealing, 22 out of 28 young people successfully completed their programme of interventions. The attendance rate during the interventions, for the 22 that completed, was 92.4 per cent. As for the remaining six, three didn’t attend all their appointments while the rest withdrew their
consent during the project and had alternative YOS sessions instead of SLT. Some young people did lose interest in the programme. These explained to their YOSOs that they felt they didn’t have any SLCN and found the sessions patronising or that the programme was too general and did not sufficiently focus on their particular needs.

20 of the 22 young people who completed the intervention package returned for re-screening. Two of the young people had successfully completed their court orders and had no ongoing contact with the YOS therefore, despite the £20 ‘Love2Shop’ voucher incentive, returning for this appointment was viewed as a positive outcome in itself. One young person who had successfully completed his order declined to attend. He had made good progress with his communication skills during the interventions and although it was disappointing that he did not return, he declined very assertively and politely. This young person’s offence was related to difficulties with appropriately resolving conflict and he had previously identified that he had difficulties being assertive. The other young person could not attend because he was being held in police custody.

In Hammersmith & Fulham 18 out of 31 young people identified with SLCN returned for re-screening. Because the re-screening period was only three weeks and was carried out during the summer holidays, three were on holiday and unfortunately two had been taken into custody. Six young people declined consent to be re-screened. Of these, four had successfully completed their orders. The remaining two did not respond despite our numerous attempts to contact them. Of the 18 that returned for re-screening, two had competed their orders and politely volunteered to return for re-screening.

**Engagement summary**

As discussed, the relationship between a young person and practitioner is a critical factor in successfully engaging young people. The chaotic lives, many of these young people lead, characterised by a broad range of other issues, past and present, requires that this relationship be based on empathy, warmth and a general willingness to help. First impressions are also important as witnessed in our comparison group in Hammersmith & Fulham. At the heart of engagement is communication and practitioners should use empathy when communicating with young people but also be clear and concise about their role without being confrontational. This approach improves young people’s motivation to participate. Using the appropriate communication media and effective timeliness of this communication shows the young people that the practitioner cares about their welfare and is willing to talk with them and help them. Reminding young people of their appointments also helps. Understanding the safety and wellbeing of young people also plays a critical role in engaging them successfully, especially when it is difficult to attend appointments in certain locations. Using a location that addresses the safety of the young person and eases the burden of travelling decreases the barriers to effective engagement.
All interventions offered should permit the young person to be both active and participatory, enabling engagement to blossom due to the motivation to participate in either voluntary or compulsory interventions. Using a broad range of methods to deliver the sessions and full participation encouraged by allowing young people to comment on the effectiveness of the interventions and discuss the other issues affecting them attained active engagement.
Conclusions and Recommendations

Despite the challenges of carrying out research in this area (outlined in more detail below) as the first comparative analysis of SLT with young people who have offended, this report makes valuable additions to the relatively limited evidence base on the subject and offers valuable lessons for future research in this area. In particular, relating to the methods and tools used and the engagement of vulnerable young people. Successful transnational collaboration highlights this, not only, as an issue to be furthered within the UK or Italy, but one that we hope will be pursued by other countries across Europe.

Statistical analysis of individuals with highly specific and widely varying needs is a major undertaking and there were clear, and predicted, tensions between tailoring SLT for individual needs and carrying out a standardised test for a comparable experiment. The qualitative research we carried out in parallel to the statistical work was vital in exploring the value that SLT can have for young people who have offended. As research into this area progresses, the specific requirements of researchers and academics looking into the subject will develop alongside an understanding of the needs of these young people.

This was a comparatively small-scale study, with just 22 participants in the intervention group, and participants received relatively small amounts of therapy (typically six sessions). In experimental situations where participants vary in their needs and responses to therapy, much larger sample sizes may be needed to find significant differences. Equally, it is likely that greater amounts of therapy are needed to effect the changes that these participants need to improve a lifelong disability and lack of confidence in communication. There is little recognition of the scale of developmental language disorders within the population and of the personal and social costs that result (compare this with the focus on literacy) and, as a result, comparatively little urgency about either the provision of SLT or about researching and improving its methods. The high incidence of SLCN in marginalised and socially disadvantaged populations is a prime example of these costs.

Prevalence of SLCN with young people who have offended

This project established that the prevalence of SLCN in young people who have offended in the London boroughs of Ealing and Hammersmith and Fulham is at 88 per cent. This percentage is in line with the national prevalence of 60 to 90 per cent (Bryan, K and Furlong, J. (2007)). In Italy, the study found that the prevalence of SLCNs in young people who had offended in the Lombardy was 100% with varying degrees of SLCNs.

The prevalence of 8 per cent found in the mainstream school population in Rome is in line with the estimated mainstream prevalence amongst young people on entry to secondary school in the UK at 10 per cent. In real terms, these prevalence rates mean that on average, every primary
school classroom in the UK has two or three children with some form of SLCN. In primary schools, SLCN represents the most prevalent type of special educational need (SEN) recorded (at around one quarter of all SENs). The total number of children with a statement of SEN is 229,100 (around 2.8 per cent of the population), giving an estimate of some 52,000 primary school aged children with SLCN in 2006.\textsuperscript{40} More than 11 per cent of UK educational tribunals are related to children with SLCN.\textsuperscript{41} These rates are however unlikely to be uniform across all schools: a strong link has been found between language development delay and socio-economic status. In more deprived areas some 40 to 50 per cent of children have been found to enter the education system without sufficient speech and language skills to learn to read and write.\textsuperscript{42}

These findings and our successful collaboration with partners in Italy lead us to take a positive view of pan-European cooperation and research into young people who have offended and SLT. We hope to promote further investigation into this area not just in the UK and Italy, but also throughout the rest of Europe.

**SLCN Screening**

In order to successfully identify SLCN and evaluate progress in this group, the screening tool needs to be refined. We make the following recommendations as to how this might be done:

**High scores should be harder to achieve**

The self-assessment of SLCN and the staff perception of it both produced pre-therapy scores close to the maximum score available on the tests. This probably prevented participants from showing any change and is of interest in itself. Clearly most if not all the participants had SLCN so these high scores were unexpected. Either the participants failed to recognise their difficulties prior to therapy or this assessment failed to register their awareness. Either way, it appears not to be an effective measure for future studies. That staff also gave high scores before therapy suggests either that they lack awareness of the communication problems experienced by these young people or that the assessment itself is flawed. If the former, further training to increase awareness is required and if the latter, it would be better not to use this assessment again. In the Leeds project, the staff had a longer period of training and joint working with the SLT which may have contributed to them being able to assess the young people more accurately. Previous studies have reported problems with self-assessment in this group of young people (Bryan et al 2007) and this study appears to confirm that reliance on self-assessment is limited in value. This is an important point for Speech and Language Therapists who are often concerned about assessing people who may have language problems and who may also have a history of ‘test’ failure. These results suggest that future studies should place less reliance on self-assessment and include more direct assessment of the young peoples’ language and social skills.
A number of young people in the study scored at or near the ceiling for a number of subtests. Yet these young people reported difficulties with their communication. A more differentiated screening assessment, which could include a standardised test, would help to clearly identify those young people who would benefit most from SLT input. Consideration should be given as to how these tests might be modified to reduce average results.

**Tests should be age-appropriate**
This age group is a difficult one because assessments for the adult population tend not to be appropriate and many of the young people questioned the relevance of some of the subtest from the CELF 4 assessment – especially the expressive language subtests. This can lead to a young person ‘switching off’ and refusing to engage in the assessment. It is therefore important to ensure tests are functionally relevant as well as age-appropriate.

**Broadmoor Observation should be used with caution for this group**
Observation of verbal and non-verbal communication skills has the potential to be very helpful in assessing communication needs. However, the Broadmoor Observation of Communication was developed to meet the needs of a special population and the data collected here suggest that it may not be ideal for young people as they mostly scored very highly, irrespective of results on other tests and of the observations of the HSSLT during therapy. The Broadmoor Observation of Communication was developed to meet the needs of a special population and the data collected here suggest that it may not be ideal for young people. Communication competence in everyday situations is extremely important but it can be difficult to measure. Future research could explore this area and also how progress can be most sensitively measured.

**Self and staff rating scales should not be used as a measure to identify SLCN but are a good way to identify levels of awareness of difficulties**
Whilst self and staff rating scales can be used as measures of awareness of difficulties, there is evidence to show that this population tend to either over-report or under-report their difficulties. In this project some young people tended to report in extremes when using the Likert scale and the rating that the young person gave for a particular question did not necessarily tally with their answer to a similar question on a different measure. Young people may be very sensitive about their difficulties and can over-report or deny them. It is also common for young people to be completely unaware of their communication needs. There is also the possibility that questions may not be easily understood and where self-rating is used, careful questioning is required in order to clarify the young person’s perceptions of what the questions mean. For example, in response to the question ‘When somebody else is talking, how much do you understand?’ some young people said that they often found this difficult, but when they were asked to give an example, a common response was finding it difficult when the other person has a strong accent.
With such a question it is therefore important to specify that you are asking about how well they understand the words or the sentences in a situation where someone has a familiar accent. There is a great deal of evidence that professionals frequently miss young people’s SLCN. These might be due to an over-familiarisation with this client group leading to normalisation of difficulties or as a result of behaviour/substance misuse issue that could shield a difficulty. It is also likely to be the case that youth justice practitioners already have an understanding of SLT and have therefore adapted their language according to the needs of young people, and have developed professional skills and understanding. It is possible that professionals working with these young people may under-report communication difficulties or do not report as SLT provision as there is often no services available to support teenagers with SLT needs so tend to manage internally.

**Likert Scales should be used with caution for this group**

Future studies should use Likert scales with caution. When asked to answer on scale, many young people consistently answered towards the extreme ends, indicating a tendency to approach the question as requiring a binary yes/no answer. It may also be that some practice with attitudes closer to the participants’ normal interests (perhaps popular music) is needed if they are to be used successfully as an outcome measure.

**Future studies may wish to separate participants by their need for formal language therapy and for social skills training.**

Though many young people who have offended are likely to need both, difficulties in assessing social skills and the unreliable nature of self-assessment tests commonly used to measure these skills lead us to recommend that in the future, these could be assessed separately to produce more useful information.

**Standardised versus Individualised Interventions**

One aim of this project was to test the impact of delivering a generic SLT package and compare the outcomes to those of a group of similar young people. The case studies indicate that this was a successful approach with young people who had less extensive and less severe difficulties. They demonstrate that those young people with expressive language difficulties, in the context of good verbal understanding, responded well to the standardised package of speech and language therapy. The profiles of those with moderate needs demonstrated considerable improvements in addition to reports of improved engagement and good progress within the YOS generally. Further research should investigate the effectiveness of the delivery of the standardised package by a Speech & Language Therapy Assistant or a trained YOS worker, an approach that may further enhance cost effectiveness and permit HSSLTs to concentrate on young people who do not respond as well from the standardised approach.
Those young people with more severe difficulties did not show as much progress. It is probable that more complex needs need more intensive support over a longer duration and would be better addressed via individualised programmes. It is recommended that young people with severe SLCN receive a more individually tailored intervention, which may extend over a longer period of time.

**Engaging with young people**

The YOSALT project achieved optimum levels of engagement with an overall attendance rate for speech and language therapy sessions at 92.4 per cent. Sixteen of the 22 young people attended every intervention session offered to them. Whilst all these sessions were part of the court order, these young people were slightly more likely to attend their SLT appointments than their other YOS appointments during the same period as the YOSALT project. The attendance rate for other YOS sessions was still high at 82.3 per cent.

Future research should seek to ensure it is carried out at convenient and flexible locations that avoid difficulties such as large distances to travel and complications of gang territories. Understanding the safety and wellbeing of young people also plays a critical role in engaging them successfully, especially when it is difficult to attend appointments in certain locations. Using a location that addresses both issues of safety and eases the burden of travelling decreases the barriers to effective engagement. Speech and language therapy sessions were offered to coincide with the young person's regular YOS appointment slot as far as possible. This required collaboration with the key worker to organise appointments. Flexibility was also required in order to accommodate school or college commitments or timetable changes and enable the young people to honour their other commitments and further education and employment prospects. Future work can also learn from YOSALT's success using personalised reminders the week, day and two hours ahead of the sessions via letter, phone call or text message depending on the medium of communication the young person felt was most useful.

Most importantly, it must ensure that the relationship between practitioners and young people is positive and supportive. The relationship between a young person and practitioner is a critical factor in successfully engaging young people. The chaotic lives, many of them lead, characterised by a broad range of other issues, past and present, requires that this relationship be based on empathy, warmth and a general willingness to help. First impressions are also important as witnessed in our comparison group in Hammersmith & Fulham. At the heart of engagement is communication and practitioners should use empathy when communicating with young people but also be clear and concise about their role without being confrontational. This approach ensures that young people are motivated to participate. Using the appropriate communication media and effective timeliness of this communication shows the young people that the practitioner cares about their welfare and is willing to talk with them and help them.
**Young people should be given the opportunity to discuss their communication needs**

Despite difficulties with over or under reporting of difficulties, young people both in the UK and in Italy appeared to value the opportunity to discuss issues with their communication. These opportunities should be made available to young people and particularly those who are vulnerable and at risk.

At the outset, it was made clear to each young person that their views on the interventions were important both to the HSSLT and also to the development of speech and language therapy interventions for other young people. Constructive feedback at the end of every session was integral to this project. The HSSLT made it clear that she wanted the young person's honest opinion about the session and that they needed to explain their opinions. Negative comments were welcomed rather than challenged, and the HSSLT wrote their comments down and asked what she could have done to make it better for them. If a young person gave a vague answer such as “I liked everything” or “I didn’t like anything” specific questions about the materials and delivery were asked in order to elicit further information. Despite best intentions of the practitioner, this technique for gaining honest feedback cannot be relied on entirely as young people generally want to please the person who is working with them, and for this reason it is also necessary to collect anonymous feedback via a third party.

All interventions offered should permit the young person to be both active and participatory, enabling engagement to blossom due to the motivation to participate in all programmes of interventions. Active engagement was attained by using a broad range of methods to deliver the sessions and full participation encouraged by allowing young people to comment on the effectiveness of the interventions and discuss the other issues affecting them.

**Staff training**

YOSOs clearly valued the training they received on SLCN, and were able to identify a number of ways that they had altered their practice following the ‘I CAN’ training and short SLT session that was offered. In response to an anonymous survey, staff said that they would appreciate further training that would assist them in supporting young people with communication needs.

The training package offered as part of the resources pack is a useful starting point for all staff working with young people. Additional training should be developed to support staff working with young people with more severe and complex communication needs.

All staff working with young people should be offered specialist training by communication specialists to better recognise and understand the impact of hidden communication difficulties.
difficulties on offending behaviour. Further training and consultation with staff on practical ways of how they design intervention sessions to meet need, and develop strategies and resources so that all young people can understand and be part of these sessions.

**Further Research**
There will always be a benefit to pursuing research of a larger scale and longer time frame. Alongside this, this project has identified the need for further research in a range of areas:

**Longitudinal research**
This research compared young people’s ASSET scores at the beginning of their orders with their scores at the first reassessment after the intervention. However, full longitudinal research was beyond the scope of this project. If resources permit and young people remain in contact with the youth offending services, it would be useful to track the progress of individuals who have taken part in this project, to see if there are any longer term impacts attributable to the speech and language therapy intervention.

**Expanding the sampling frame**
The prevalence of SLCN in other parts of Europe should be investigated and appropriate speech and language therapy provision should be trialled and evaluated. The YOSALT package of interventions has been delivered, by an HSSLT, to a small group of young people who have offended in the UK. It may be useful to consider the possibility of the package being translated and made culturally appropriate and then delivered in a similar way to other young people in Italy and across Europe. Ideally, this would be carefully evaluated to test the extent of improvements, to compare results with those seen in the YOSALT project, and to check for any cultural differentials in response to the therapy.

**Continuation of research across Europe**
European policy makers in partnership with CPLOL should continue to define good practice in Speech and Language Therapy, allowing for cross-cultural exchange among EU member states. This project considers that a shared definition of best practice across European partnerships would assist in promoting the development and sharing of experiences with other countries in this delicate intervention area.

**SLT delivery**
Further research should be undertaken to test whether interventions with young people with less complex needs could be delivered by staff who are not speech and language therapy specialists within youth offending teams.
A Final Note on Association Fallacy

All contributors to this book agree that it is important to acknowledge and act upon the high prevalence of SLCNs amongst young people who have offended. However, in so doing, care must be taken to avoid the incorrect assumption that young people with SLCNs are likely to commit crimes. Whilst many young people within the youth justice system do have SLCN, it does not follow that people with SLCN are likely to offend. The following diagram attempts to demonstrate this point visually.

**Figure viii** - Venn diagram to show the Relationship between being in the youth justice system and having speech, language and communication needs

This project would like to recommend that throughout the investigation and reporting of SLCNs amongst young people who have offended, special care must be taken to ensure that the pathological and social factors are not confused. Whilst communication difficulties make it harder for a young person to access positive opportunities, policy makers and the general public must be clear that communication disorders in themselves do not necessarily lead to delinquency.
Appendices: Appendix I – Narrative task

Narrative task
This assesses the young person’s ability to recall information about a familiar topic in a logical and organised manner.

Scoring: 10 points possible:
1 point for logical order
1 point for simple grammar
2 points for complex grammar
1 point for each of the 7 components

Young person is required to complete one of the following options:

Option 1 – Game of pool
“Tell me how you set up the pool table for a game of pool and tell me how you win”

One prompt allowed of “Tell me how you win” if young person forgets to cover this.

Components are as follows in this order:
1. Put the balls on the table / get the balls
2. Put the coloured balls in the triangle
3. Put them in order in the triangle / remove the triangle
4. Put the white ball on the spot / in the semi circle / at the top of the table
5. ‘Break’ / hit the white balls into the coloured balls / hit the white ball with the cue
6. Pot a coloured ball / hit a coloured ball into the pocket / hole to start
7. Winner is the first one to pot their coloured balls and the black

Option 2 – Game of football
“Tell me how you play football and tell me how you win”

One prompt allowed of “Tell me how you win” if young person forgets to cover this.

Components are as follows in a logical order:
1. Two teams / Eleven players per team
2. Different roles / most common system is four four two / have four defenders, four midfielders, two strikers and one goalie
3. Objective= To score as many goals as possible
4. Goal is scored when ball is kicked into the net
5. Have to dribble / pass the ball to each other
6. Non contact / can only use feet except for goalie
7. Mention of yellow card / red card / penalties / fouls
Option 3 – Making a cup of tea
“Tell me how you would make me a cup of tea”

One prompt allowed of “What is the last thing you do” if young person forgets to cover this.

Components are as follows in this order:
1. Boil some water in a kettle
2. Put a tea bag into a cup
3. Add the boiling water to the cup
4. Squeeze the tea bag / let the tea stew
5. Take out the tea bag
6. Add milk and sugar
7. Stir the tea

NB Adding milk / sugar can occur at either point 6 or earlier

Option 4 – Making a cheese sandwich
“Tell me how you would make me a cheese sandwich to take to work”

One prompt allowed of “What is the last thing you do” if young person forgets to cover this.

Components are as follows in this order:
1. Get two pieces of bread
2. Spread some butter / margarine onto the bread
3. Cut the cheese into slices
4. Put the cheese on top of one piece of bread
5. Put the other piece of bread on top
6. Cut the sandwich
7. Put the sandwich in a bag / lunch box

The use of / indicates that either one of the options is acceptable.
Appendix II – Deduction task

Deduction task from Canterbury & Thanet Assessment – Maggie Johnson
This assesses the young person’s to reason and explain their answer to a short scenario

(the speech and language therapist can either read the scenario or the young person can read it themselves and the information can be repeated).

Scenario
“My house was burgled last Saturday.
I was at home all of the morning but out during the afternoon until 5 o’clock.
My father left the house at 3 o’clock and my brother was there until 4 o’clock.”

What time did the burglary take place?

Answer
(Any time between 4 o’clock and 5 o’clock is acceptable."After 4" or "before 5" is too vague, and the young person should be asked to explain further).

Scoring notes: This is a pass/ fail task. For the purposes of this project, a ‘fail’ is classed as a difficulty.
## Broadmoor observation of communication (to be completed by trained observer)

This assesses the young person's social communication and the quality of their speech and voice.

<table>
<thead>
<tr>
<th>Communication Parameter</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Non-verbal</strong></td>
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<td>GESTURE</td>
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<td>FACIAL EXPRESSION</td>
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<td>PROXIMITY</td>
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<td>LISTENING (attention)</td>
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<td><strong>Speech</strong></td>
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<td>INTELLIGIBILITY</td>
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<td>ARTICULATION</td>
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<td>VOICE QUALITY</td>
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<td><strong>Language</strong></td>
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<td>TOPIC MAINTENANCE</td>
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<tr>
<td>TOPIC CHANGES</td>
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<td>RESPONSE TIME</td>
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<td>CONTENT</td>
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<td>ASSUMPTIONS</td>
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<td>ASSERTIVE ROUTINES</td>
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<td>SUPPORTIVE ROUTINES</td>
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<tr>
<td>INFERENCE</td>
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<tr>
<td>HUMOUR</td>
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</table>

A maximum of 120 indicates no difficulty.
A total score of 119 - 97 indicates mild difficulties.
A total score of 96 – 49 indicates a moderate difficulty.
A score of 48 and below OR a score of between 0 and 2 in any one area (irrespective of the total score) indicates severe difficulties.
Observation of Communication 0 = inappropriate > 5 = appropriate

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<tr>
<th>Communication Parameter</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Non-verbal</strong></td>
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<tr>
<td>GESTURE</td>
<td>0. None or highly exaggerated</td>
<td>Appropriate natural gestures</td>
<td>5</td>
<td></td>
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<tr>
<td>FACIAL EXPRESSION</td>
<td>0. Blank or exaggerated expression</td>
<td>Appropriate smiling/frowning</td>
<td>5</td>
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</tr>
<tr>
<td>EYE CONTACT</td>
<td>0. Staring/avoidance of eye gaze</td>
<td>Easy relaxed natural eye contact</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>POSTURE</td>
<td>0. Hunched up, over-exaggerated</td>
<td>Appropriate body language</td>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>PROXIMITY</td>
<td>0. Too close, touching/too distant</td>
<td>Comfortable distance for situation</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISTENING (attention)</td>
<td>0. Complete lack of attention</td>
<td>Good listening/attention</td>
<td>5</td>
<td></td>
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<tr>
<td><strong>Speech</strong></td>
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<tr>
<td>INTELLIGIBILITY</td>
<td>0. Impossible to understand</td>
<td>Clear easy to understand speech</td>
<td>5</td>
<td></td>
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<tr>
<td>ARTICULATION</td>
<td>0. Laboured/struggling/clumsy speech</td>
<td>Relaxed clear easy speech</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RATE</td>
<td>0. Much too fast/too slow</td>
<td>Appropriate speed for the situation</td>
<td>5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VOLUME</td>
<td>0. Inaudible/extremely loud</td>
<td>Appropriate speed for the situation</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESONANCE</td>
<td>0. Very nasal/nasal air escape</td>
<td>Normal nasality</td>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>INTONATION</td>
<td>0. Flat/monotone voice***</td>
<td>Voice rising &amp; falling appropriately</td>
<td>5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>FLUENCY</td>
<td>0. Stammering/hesitant/struggling</td>
<td>Smooth, non-hesitant speech</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOICE QUALITY</td>
<td>0. Husky, hoarse, strained voice</td>
<td>Clear unstrained voice</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>INITIATION</td>
<td>0. Never starts conversation</td>
<td>Starts conversations appropriately</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC MAINTENANCE</td>
<td>0. Completely unable to maintain topic</td>
<td>Stays on topic</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOPIC CHANGES</td>
<td>0. Constant changing of the subject</td>
<td>Moving on when appropriate</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPONSE TIME</td>
<td>0. No response/very slow</td>
<td>Answering straight away</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTENT</td>
<td>0. Irrelevant/inappropriate content</td>
<td>Appropriate content</td>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>ASSUMPTIONS</td>
<td>0. Incorrect assumptions *</td>
<td>Awareness of listener’s knowledge</td>
<td>5</td>
<td></td>
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</tr>
<tr>
<td>ASSERTIVE ROUTINES</td>
<td>0. Constant interruption/never speaks**</td>
<td>Voices own opinion calmly</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPORTIVE ROUTINES</td>
<td>0. No signs of listening/empathy</td>
<td>Positive signs of listening/understanding</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFERENCE</td>
<td>0. Literal understanding only</td>
<td>Understands implied/unstated information</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMOUR</td>
<td>0. No understanding of shared humour</td>
<td>Shares jokes/funny comments</td>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

*Assumptions… being aware of what your listener knows eg "John said", "when listener knows who John is.
** Assertive routines… standing up for self, stating own view, not being dominating or dominated in a conversation. Being able to interrupt successfully but taking turns and listening too.
*** or exaggerated prosody

**USE OF THE SCALE**
0 very severe issue
1 severe issue
2 moderately severe issue
3 issue definitely noticed
4 just not right
5 entirely right for the general public
(significant problems noticeable to staff should score 2 or 3)

Annotated Broadmoor observation of communication Reproduced with kind permission from Professor Karen Bryan.

For the purpose of the project, a ‘difficulty’ is classed as a score of 96 and below OR a score of between 0 and 2 in any one area (irrespective of the total score)
### Self evaluation questionnaire

This assesses the young person's awareness of their language and communication abilities

<table>
<thead>
<tr>
<th>Question (to be read by speech and language therapist)</th>
<th>If the young person gives a minimal response to a question, they will be shown a card containing the following 3 options and asked to select a response. They will be asked to expand on their answers as appropriate.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 When you are talking to somebody how much do you think they understand?</td>
<td>They understand most of the time</td>
<td>They understand about ½</td>
</tr>
<tr>
<td>2 What do you think about the sound of your voice?</td>
<td>Fine most of the time – no problems</td>
<td>About ½ the time ok and ½ the time have problems</td>
</tr>
<tr>
<td>3 How do you find getting the words out when you are talking?</td>
<td>Can get my words out most of the time</td>
<td>Can get my words out about ½ the time</td>
</tr>
<tr>
<td>4a When somebody is talking to you how much do you understand?</td>
<td>Understand most of the time</td>
<td>Understand about ½ what they say</td>
</tr>
<tr>
<td>4b Do you sometimes need more time to understand?</td>
<td>Usually don't need more time</td>
<td>Need more time about ½ the time</td>
</tr>
<tr>
<td>5 How easy is it telling people what you want or need?</td>
<td>Easy most of the time</td>
<td>Difficult about ½ the time</td>
</tr>
<tr>
<td>6 How easy is it telling somebody how you feel?</td>
<td>Easy most of the time</td>
<td>Difficult about ½ the time</td>
</tr>
<tr>
<td>Question (to be read by speech and language therapist)</td>
<td>If the young person gives a minimal response to a question, they will be shown a card containing the following 3 options and asked to select a response. They will be asked to expand on their answers as appropriate.</td>
<td>Comments</td>
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</tr>
<tr>
<td>7. When you are talking to somebody do you think the turns are equal … or does somebody do more of the talking?</td>
<td>The turns are equal most of the time</td>
<td>The turns are equal about ½ the time</td>
</tr>
<tr>
<td>8. How easy is it talking to staff?</td>
<td>Easy most of the time</td>
<td>Easy about ½ the time</td>
</tr>
<tr>
<td>9. How easy is it talking to your friends / other people your age?</td>
<td>Easy most of the time</td>
<td>Easy about ½ the time</td>
</tr>
<tr>
<td>10a. Are you usually able to find the right words to explain what you want to say?</td>
<td>Can find the right words most of the time</td>
<td>Can find the right words about ½ the time</td>
</tr>
<tr>
<td>10b. How easy is it remembering everything you want to say?</td>
<td>Remember everything most of the time</td>
<td>Remember everything about ½ the time</td>
</tr>
<tr>
<td>10c. How easy is it explaining something complicated?</td>
<td>Easy to most of the time</td>
<td>Easy about ½ the time</td>
</tr>
<tr>
<td>11. Do you think you have any problems with your speech or communication?</td>
<td>No / have some difficulties which cause very minor problems</td>
<td>Have difficulties which cause problems about ½ the time</td>
</tr>
<tr>
<td>12. How do you find following routines (like school timetable) or remembering appointments?</td>
<td>Can follow routines / remember appointments most of the time</td>
<td>Can follow routines about ½ the time</td>
</tr>
</tbody>
</table>

Scoring for analysis: Column one response = 1, Column two response = 0.5, Column three response = 0. Maximum score = 15
# Questionnaire to be completed by key worker from their knowledge about the young person (YP)

<table>
<thead>
<tr>
<th>Question</th>
<th>Please select one of the following options based on your knowledge of the Young Person.</th>
<th>Please provide additional comments where appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> When the young person (YP) is talking to you how much do you understand?</td>
<td>You understand them most of the time</td>
<td>You understand about ½</td>
</tr>
<tr>
<td><strong>2</strong> What do you think about the sound of the YP's voice?</td>
<td>Fine most of the time – no problems</td>
<td>About ½ the time ok and ½ the time have problems</td>
</tr>
<tr>
<td><strong>3</strong> How does the YP find getting their words out when they are talking?</td>
<td>Can get their words out most of the time</td>
<td>Can get their words out about ½ the time</td>
</tr>
<tr>
<td><strong>4a</strong> When you are talking to the YP how much do you think they understand?</td>
<td>They understand most of the time</td>
<td>They understand about ½ what they say</td>
</tr>
<tr>
<td><strong>4b</strong> Does the YP sometimes need more time to understand?</td>
<td>Usually don't need more time</td>
<td>Need more time about ½ the time</td>
</tr>
<tr>
<td><strong>5</strong> How does the YP find it telling people what they want or need?</td>
<td>Fine most of the time</td>
<td>Problematic about ½ the time</td>
</tr>
<tr>
<td><strong>6</strong> How does the YP find it telling somebody how they feel?</td>
<td>Fine most of the time</td>
<td>Problematic about ½ the time</td>
</tr>
<tr>
<td>Question</td>
<td>Please select one of the following options based on your knowledge of the Young Person</td>
<td>Please provide additional comments where appropriate</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>When the YP is talking to somebody do you think the turns are equal … or does somebody do more of the talking?</td>
<td>The turns are equal most of the time</td>
</tr>
<tr>
<td>8</td>
<td>How does the YP find talking to staff?</td>
<td>Fine most of the time</td>
</tr>
<tr>
<td>9</td>
<td>How does the YP find talking to their friends / other people their age?</td>
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</tr>
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<td>10a</td>
<td>Is the YP usually able to find the right words to explain what they want to say?</td>
<td>Can find the right words most of the time</td>
</tr>
<tr>
<td>10b</td>
<td>How does the YP find remembering everything they want to say?</td>
<td>Remember everything most of the time</td>
</tr>
<tr>
<td>10c</td>
<td>How does the YP find explaining something complicated?</td>
<td>Fine most of the time</td>
</tr>
<tr>
<td>11</td>
<td>How does the YP find following routines (like school timetable) or remembering appointments?</td>
<td>Can follow routines / remember appointments most of the time</td>
</tr>
</tbody>
</table>

Scoring for analysis: Column one response = 1, Column two response = 0.5, Column three response = 0. Maximum score = 15
Appendix VI – Likert scales for further self perception task
(Not to scale, for illustration purposes only)

How are things at school?

How are things at home?

How do I feel about myself generally?

How do I find it talking to people in charge / in authority?

How do I find talking to people of my own age?

How easy is it to manage my anger?

How easy is it to deal with conflict without shouting or getting violent?

How easy is it for me to negotiate / compromise?

How easy is it for me to say when I don't understand?

How easy is it for me to assert my rights without shouting or getting violent?

How easy is it to understand what the youth offending team expects of me?

How easy is it to express my feelings verbally?

How easy is it for me to pick up how other people are feeling?

How do I feel about my communication skills generally?

How confident am I?
Appendix VII – Survey of keyworkers

Evaluating Speech and Language Therapy

Thank you for taking the time to give your views on the speech and language intervention at Ealing Youth Offending Services.

Your responses to these questions will contribute not only to future initiatives at Ealing YOS, but also to the international evidence base on the value of providing speech and language therapy to young people at risk of re-offending.

Individual responses are anonymous and your frankness is encouraged.

1. How many of the young people you work closely with have had speech and language therapy this year?

2. Please give your views on the extent to which speech and language therapy has had a negative or positive impact on the following aspects of young people’s lives. Where you believe there has been no impact, please type ‘no impact’.

   - Motivation to change
   - Education, training and employment
   - Perception of self and others
   - Family and personal relationships
   - Behaviour
   - Attending appointments
   - Speech, language and communication skills
   - Offending behaviour and police contact

OVERALL

3. To what extent, if at all, do you think that these young people have benefited from having speech and language therapy?

   - Not at all
   - Not very much
   - Some
   - Quite a lot
   - A great deal
   - Don’t know
   - Can’t say

Last year, staff at Ealing YOS were offered a 2 hour training session on speech, language and communication needs.
Evaluating Speech and Language Therapy

4. To what extent, if at all, have you done things differently since the speech and language training you had last year?
   - Not at all
   - Not very much
   - Some
   - Quite a lot
   - A great deal
   - Didn't have training

5. Please explain what you have done differently.

6. Please give three or more examples demonstrating any impacts that you believe the overall speech and language intervention has had on these young people. Offer as much detail as you can and include positive and negative impacts. If you believe the intervention has had no impact at all, please type N/A.

7. To what extent do you agree or disagree that investment in speech and language therapy reduces long term costs?
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree
   - Don't know/Can't say

Evaluating the success of the intervention has involved a number of assessments, including communication skills assessments, self-perception questionnaires and this survey.

8. What are your views on the assessment processes used during the project?

Please share any further views on the provision of speech and language therapy to young people at risk of re-offending here. Include any learning points from your experience of speech and language therapy provision at Ealing Youth Offending Service.

9. Further comments

10. Finally, which of the following best describes you?
   - Key worker
   - ISS Key worker
   - Specialist worker
   - Other (please specify)

Thank you for giving your views on the speech, language and communication intervention at Ealing YOS. Your views are important and they will be carefully considered alongside those of your colleagues in evaluating the impacts of this project.
Appendix VIII – Semi-structured interview guide for keyworkers to complete with young people

Young People’s Views on SLT Intervention
We are evaluating the impacts of the speech and language therapy (SLT) intervention at Ealing YOS. To do this properly, we need the views of the young people who have taken part. This paper is about the views of the young people. Your own views on the negative and positive aspects of speech and language therapy will be collected through a short online survey. We will email you the link for this in the next few days.

This survey must be completed and returned to the YOS reception by Friday, 21st October.

You need to have a conversation with each of your clients that has received speech and language therapy and allow enough time for a discussion.

To facilitate this conversation, you will need to use lots of open questions to encourage the young person to reflect on their experiences and to give full and honest responses. The young person needs to understand that it is okay to say that they didn't like something or that it didn't work for them. The conversation is confidential between you and the young person. You do not need to write their name on the paper.

Below are the questions. You do not need to ask these exact questions but you do need to find out the young person's thoughts on each question. Please record the young person’s views in the spaces provided. Use one print out for each client that has had SLT.

1. **Which of ALL the YOS interventions do they think have been most beneficial and why?**
   NOTE: Do not specifically mention SLT until you have asked this general question

2. **What they liked or didn’t like about speech and language therapy**
   
   - Which aspect(s) of the SLT helped most (if any)

   - Which aspect(s) of the SLT helped least (if any)

3. **Did having SLT make any difference to the YP’s life? If so what?**
4. Please use this table to record the YP’s views on any impact that the SLT may have had on different aspects of their lives

NOTE: Where there has been no impact, please put ‘N/A’.

It is possible that you may think that there has been an impact on an area that the young person doesn’t mention. If this is the case, you should check this with them (eg, “I thought that maybe, your relationship with your mum had improved now that you are better at asking questions? What do you think?”)

**Young person’s views on the negative and positive impacts of SLT**

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Speech, language and communication skills</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Family and personal relationships</strong></td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td><strong>Attending appointments</strong></td>
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<td></td>
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<tr>
<td><strong>Perception of self and others</strong></td>
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<td></td>
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<tr>
<td><strong>Behaviour</strong></td>
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<td></td>
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<tr>
<td><strong>Motivation to change</strong></td>
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<td></td>
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<tr>
<td><strong>Offending behaviour and police contact</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>OVERALL</strong></td>
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</tbody>
</table>

Thank you.

Please return this paper to the YOS reception by Friday, 21st October. They will provide you with an envelope to ensure confidentiality and protect anonymity.
THE YOSALT PROJECT
WANTS TO COMMUNICATE WITH YOU...

THE YOSALT PROJECT WANTS TO WORK WITH YOU TO UNDERSTAND HOW WE CAN COMMUNICATE BETTER...

What’s in it for you?
Earn as we learn
How to communicate better with each other

£10 Voucher for the first session
£10 Voucher at the end of the study if we ask you to return

VERSION 2
THE YOSALT PROJECT
WANTS TO COMMUNICATE WITH YOU...

We want to work with you to understand how we can communicate better with each other.

You will have one session with a member of the YOSALT team in October or November 2010

We will ask some people to come back and help us more and do some work together

All information gathered will be kept confidential within the project.

For further information, please contact Sarah Heneker or Ivan Yiga at:
Ealing YOS, 2 Cheltenham Place, Acton, W3 8JS
Tel: 02089939555
or speak to your keyworker at the YOT
Who are the researchers?
Our names are Sarah Heneker and Ivan Yiga and we work at Ealing YOT (Youth Offending Team). We are inviting you to take part in a research study about young people. Before you decide whether or not you want to take part, it is important that you understand why we are doing the research and what it involves. Please take some time to read this information.

What is the research study about?
We want to find out about Young People’s communication skills and how staff can communicate better with them and we would like to invite you to help us. The study will start in October 2010 and finish in December 2011. We are going to be meeting with about 100 young people who use the YOT.

What will happen if I decide to take part?
You will attend a meeting with us in October or November 2010. The meeting will take about half an hour.
We will meet you at the place of your usual YOT appointment.
You will need to sign a consent form to say that you want to take part in the study.
You will also do some activities so we can find out about your communication.
You will get a £10 ‘Love to shop’ voucher if you come to the meeting and do the activities.

Then we will be asking some young people to come back so we can find out some more about their communication.

What will happen if I am asked to come back?
We will do some more activities with you to find out about your communication. This will take about an hour. We also want to find out how we can help you improve your communication skills.
We will offer you some sessions where we will work together. We will work on things like self-confidence, preparing for college and job interviews and confidence in communicating. This can be part of your YOT package so you won’t need to come to extra sessions.
In August 2011 you will repeat the activities that you did in October or November 2010. This will help us to find out how much we have been able to help you. You will get another £10 'Love to shop' voucher for coming to this meeting and doing the activities.

What if I am not asked to come back?
We are meeting with more people than we need for the study. So please don't worry if we don't ask you to come back. Thank you for taking part.

What's in it for me?
You will be able to help us to find out about young people's communication and how staff can communicate better with them. This will help other young people in the UK and across Europe when they go to the YOT.

Do I have to take part?
No. It is your choice. Nobody will mind if you don't want to take part. You can change your mind about taking part at any time. Just let Sarah, Ivan or your YOT key worker know.

Your YOT key worker will talk to you about this study. Please tell him/her if you want to take part or not.

Confidentiality
We will treat all information that we find out about you as confidential. We will only share information about you if you tell us something that puts you or somebody else in danger.

We need to tell other people about what we find in the study so that they can communicate better with young people. If we use any information about you in the study, we will make sure it is anonymised. This means that we won't use your name and nobody will know who you are.

How will I know what you find out in the study?
What we find out in the study will help us to make a film about how staff can communicate best with young people. We will make sure the YOT have copies of the film so that you can see it.

Who can I speak to about the study?
If you would like to speak to somebody about the study:
Appendix X – Consent form for prospective research participants and their Parents

CONSENT FOR YOUNG PERSON TO RECEIVE SPEECH AND LANGUAGE THERAPY SCREENING

This form provides permission for the young person to attend for screening for possible speech and language therapy difficulties, attend a follow up visit in the spring 2011 and for the findings of the assessments to be shared in the way outlined below.

We will share information about the findings of the project with people outside the Ealing / Hammersmith & Fulham Youth Offending Services. If we do share any information about you, we will not use your name and we will make sure you can't be recognised.

Details of young person:

Name: ............................................................... Date of birth: .................
Address: ........................................................................................................

Declaration of consent:

• I will see the speech and language therapist

• I understand that the speech and language therapist will do some activities with me to find out whether I may have some communication difficulties

• I understand that I need to see the speech and language therapist again in the spring 2011 to do some more activities

• I am willing for information about the speech and language therapy screening to be used as part of a project. I understand that information will be shared outside the Ealing / Hammersmith & Fulham Youth Offending Teams. The speech and language therapist will keep the laws on data protection and confidentiality

• The speech and language therapist has explained the project to me and I understand what will happen

• I can say that I want to stop taking part at any time

• The speech and language therapist has given me her phone number so that I can phone her if I have any questions

Signed:............................................................... Date:.................................
Appendix XI – Flow diagram showing activity for the experiment and control

Oct – Jan 2010

SLCN identified
EXPERIMENT GROUP

No SLCN identified
NO FURTHER ACTION

Young people presenting to Ealing YOS
Initial screening

Jan – Feb 2011

Detailed assessment

Young people presenting to Hammersmith & Fulham YOS
Initial screening

Mar – Jul 2011

SLT Intervention

SLCN identified
COMPARISON GROUP

No SLCN identified
NO FURTHER ACTION

Aug 2011

Blind re-screening
Evaluation questionnaires

Aug – Oct 2011

Analysis

Young people presenting to Ealing YOS
Initial screening

Young people presenting to Hammersmith & Fulham YOS
Initial screening

BLIND RE-SCREENING
BLIND RE-SCREENING

SLCN identified
EXPERIMENT GROUP

No SLCN identified
NO FURTHER ACTION

SLCN identified
COMPARISON GROUP

No SLCN identified
NO FURTHER ACTION

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The YOSALT dictionary – compiled with the help of the young people who took part in the YOSALT Project.

<table>
<thead>
<tr>
<th>What people say</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>An appointment</td>
<td>You have to be somewhere at a certain time for a meeting.</td>
</tr>
<tr>
<td>An offence</td>
<td>Something wrong and against the law.</td>
</tr>
<tr>
<td>You are guilty</td>
<td>You have done something against the law.</td>
</tr>
<tr>
<td>You are not guilty</td>
<td>You have not done something against the law.</td>
</tr>
<tr>
<td>Remorse</td>
<td>To feel sorry that you have done something wrong.</td>
</tr>
<tr>
<td>A victim</td>
<td>Something bad has happened to them and they have been affected by it.</td>
</tr>
<tr>
<td>Comply</td>
<td>You must follow the rules.</td>
</tr>
<tr>
<td>Punishment</td>
<td>Something you have to do because you have done something wrong.</td>
</tr>
<tr>
<td>In custody</td>
<td>In prison or being kept in a cell at the police station.</td>
</tr>
<tr>
<td>Bail</td>
<td>You can leave the police station or court but you have to follow certain rules. You have to go back to court on a certain date.</td>
</tr>
<tr>
<td>A contract</td>
<td>An agreement between two people. You have to follow the rules of the contract.</td>
</tr>
<tr>
<td>You must refrain from ...</td>
<td>You must not do…</td>
</tr>
<tr>
<td>Reparation</td>
<td>Voluntary work that you have to do because you have done something against the law. It is to pay back the community.</td>
</tr>
<tr>
<td>You failed to attend</td>
<td>You didn’t go to an appointment.</td>
</tr>
<tr>
<td>You have breached your order</td>
<td>You haven’t followed the rules of your contract, order or bail and you may have to go back to court.</td>
</tr>
</tbody>
</table>
Notes


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21 Gregory, J and Bryan, K. (2011) Speech and Language Therapy intervention with a group of persistent and prolific young offenders in a non-custodial setting with previously undiagnosed speech, language and communication difficulties International Journal of Language and Communication Disorders 46, 202-215


22 Compiled by Maggie Johnson


24 An effect size is the measure of the strength of the relationship between two variables in a statistical population


The initials of the young people involved have been changed to ensure anonymity.


Ibid, 12


Youth Justice Board (2008) Key Elements of Effective practice, Engaging young people who offend, 6

Ibid


Youth Justice Board (2008) Key Elements of Effective practice, Engaging young people who offend, 6

Ibid


Bryan, K & Gregory, J (2011) *Speech and Language Therapy intervention with a group of persistent and prolific young offenders in a non-custodial setting with previously undiagnosed speech, language and communication difficulties.* International Journal of Language and Communication Disorders, 46, 202-215.

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


Hawley, J. et al. (2010) Pathways to Inclusion - Strengthening European Cooperation in prison education and training. Available at
http://www2.warwick.ac.uk/fac/soc/cedar/projects/current/raiseachi/publications/ [Accessed, 8th October 2011]
Royal College of Speech and Language Therapy (2007) Speaking Out: young offenders with communication difficulties. London: RCSLT.


Snow PC, Sanger DD and Bryan K. (in press) Listening to adolescents with speech, language and communication needs who are in contact with the youth justice system. In: Roulstone, S. & McLeod, S. (Eds). Listening to children and young people with speech, language and communication needs. London: J&R Press.


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• Relaying the views of the stakeholders and society at large

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