Speech-language pathology service provision in English youth offending institutions

Findings from a survey

Kim Turner, Judy Clegg, and Sarah Spencer

The provision of speech-language pathology (SLP) services in youth offending institutions is a relatively new field. While there is international agreement that young offenders have a high prevalence of speech, language and communication needs, there are no papers currently published that explore how SLP services are delivered in this setting. This study investigated how SLP services to young people in custody in England are being delivered, via an online survey. Findings indicate that a wide range of assessment and intervention services are being provided by experienced SLPs. The amount and method of service provision differed significantly between the individual services. Further research would be beneficial to explore the models of service provision that would be appropriate in this environment.

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International research confirms that individuals involved in the criminal justice system have significantly higher levels of speech, language and communication needs (SLCN) than the general public (Anderson, Hawes, & Snow, 2016). The incidence of SLCN in young offenders at 60% is widely accepted (Bryan, Garvani, Gregory, & Kilner, 2015) compared to a much lower figure in the non-offender population (Law, Boyle, Harris, Harkness, & Nye, 2000). The first study in English to identify high levels of SLCN among young people in custody was published in 2004 (Bryan). This landmark publication and subsequent studies and reports (Bercow, 2008; Bryan, Freer, & Furlong, 2007; Bryan & Mackenzie, 2008) led to the development of speech-language pathology (SLP) services in English youth offending institutions (YOIs). There are currently four YOIs in England which house, in total, approximately 680 males, aged 15–18 years who are sentenced or on remand (Youth Justice Board / Ministry of Justice, 2018). Of these, three now have a SLP service.

A number of models are used in children and young people's SLP services. These broadly divide into direct intervention, indirect intervention, training and consultative models of service delivery (Ebbels, McCartney, Slonims, Dockrell, & Norbury, 2018). While SLP services have not historically been integrated into custodial youth justice settings, mental health and psychology services have been. These services have adopted a variety of service structures. A prevalent method is the manualised program approach, a highly structured approach which allows evidence-based programs to be delivered across the custodial estate with high levels of consistency (McGuire, 2002). As SLP does not currently have the evidence base, this structure would not be transferrable. Another potentially more applicable model is the integrated, transitional model (Stathis, Harden, Martin, & Chalk, 2013) employed by mental health services. This model highlights the necessity to work with other services within the custodial estate and also community services. SLP services for adolescents in the community in England are limited and there would not always be services to liaise with (Joffe, 2015).

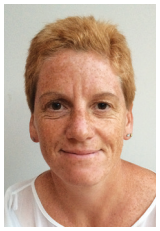
Snow, Sanger, Caire, Eadie, & Dinslage (2015) proposed a theoretical service delivery model for this population. The model is based on the Response to intervention (RTI) model which was originally developed in the US educational system. This model has subsequently been adopted in other fields including youth justice (McDaniel, Heil, Houchins, & Duchaine, 2011). The revised RTI model is a tiered system where individuals begin at the level of least support unless they have been previously identified with SLCN. Individuals are consistently monitored and progress through the tiers should they require additional support. There have been questions raised about whether this proposed model would be effective within the English justice system, in particular related to timeframes (Armstrong, 2015). The time required to move to the highest level of support is equivalent to the average custodial sentence, meaning there would be limited time available to provide specialist support.

The development and establishment of SLP services in YOIs in England is relatively recent. As a result, it is not known how these services are delivered or the model(s) of service delivery adopted. This is the first study to systematically identify how these SLP services are structured and how services are delivered.

Aims

The aim of this study was to identify the scope and delivery of SLP services in English YOIs. The study asked the following research questions:

- How are SLP services in English YOIs structured?
- How do SLP services in English YOIs identify SLCN in young offenders?
- What models of intervention do SLP services in English YOIs use?



Kim Turner (top), Judy Clegg (centre) and Sarah Spencer

- Are there differences in how SLP services in English YOIs are delivered?

Methods

A short online survey was designed and sent to the leads of the SLP services in the three YOIs in England that deliver a SLP service. The survey consisted of 14 questions with a range of response types including; yes/no, rating scales and category responses (a copy of the survey is in the Appendix). The survey asked participants about the number of young people in their respective YOI, the size of the SLP service, type of staff employed, the referral criteria and procedure, how long the SLP service had been established, level of SLP expertise, screening of SLCN, assessments used and type of interventions delivered. Ethical approval for the study was gained through the Department of Human Communication Sciences Ethics Review Panel at The University of Sheffield (No: 012491).

Participants

Local capacity and capability approval was gained from the respective National Health Service Research and Development departments. Participants (lead SLPs) were recruited via national clinical networks. Each participant (N = 3) gave their own consent to participate and was required to have the approval of their service manager.

Procedure and analysis

The three participants were sent consent forms to gain their agreement to engage in the study. Once consent was confirmed, a link to the online survey was sent electronically. Participants completed the survey and the responses were analysed by the first author. Descriptive analysis of the survey data was completed by the first author.

Results

The responses from each question on the survey are detailed below. The order of questions reported has been slightly altered from the survey the participants completed to aid coherency of the presentation of the results (see Appendix).

Question 1: How many young people (15–18 years) are there currently within the YOI?

Participants were asked to select one category from a total of five categories (0–50; 51–100; 101–150; 151–200; 200+ young people). These categories were derived from data reported by the Ministry of Justice (Youth Justice Board / Ministry of Justice, 2018).

Table 1. Service overview

Service	Size of population	Whole time equivalent employed	Number of SLPs	NHS Banding Scale
1	151–200	0.5	1	7
2	101–150	1.2 (+0.1)	2 (volunteer)	6 (1.0 WTE) 7 (0.2 WTE) (NA)
3	201+	0.5	3	6 (0.4 WTE) 7 (0.1 WTE)

http://www.nhsemployers.org/your-workforce/2018-contract-refresh/2018-19-pay-scale

The three services varied in the size of the population they served. Table 1 shows the number of young people in each setting. The range was wide, from 101 to over 200 young people.

Question 2: What is the capacity within the YOI?

Participants were asked to select one category with the same categories available in Question 1. Services 1 and 3 were both running at capacity, while service 2 had a population significantly below capacity; its potential capacity was reported at over 201 young people but the current occupancy was reported as 101–150 young people.

Question 3: When was the SLT service developed?

Participants were asked to select one option from the following: Less than 1 year ago, one to 5 years ago, 5 to 10 years ago and more than 10 years ago. Service 1 was a relatively new service; it had been established for less than a year. Services 2 and 3 were older having been established between 5 and 10 years ago.

Question 4: How much SLT provision do you have at each banding?

Participants were asked to select SLT provision at each banding (bands 5 to 8[1]) and report the amount of full-time equivalent (FTE) available at each band. All three services employed SLPs at bands 6 and 7, indicating specialist SLPs are required for these services. Service 1 employed one SLP at band 7, whereas services 2 and 3 employed SLPs at bands 7 and 6. The size of the population served did not equate with the number of days the SLPs were employed. Service 2 with the smallest population employed a total of 1.2 FTE a week, a total of 7 days. Service 1 employed a total of 0.5FTE, a total of 2.5 days a week and Service 3 with the largest population employed a total of 0.5FTE, a total of 2.5 days a week.

There was no clear pattern between the size of the population and the staffing of the service.

Question 5: Are all young people eligible to be referred to the service?

This question required a yes/no response. All three SLP services adopted inclusive models meaning all young people in the YOI were eligible to access the SLP service. None of the services applied any exclusion criteria in their referral process.

Question 6: How do you get referrals to your service?

Participants were asked to select all options which applied to their service from the following list: blanket referral of all admissions; *Comprehensive Health Assessment Tool* (Offender Health Research Network., 2013), Part 5 screen (CHAT 5); other induction screening; and referral forms. Participants were asked to add other referral options used if relevant.

All three services used the CHAT 5 as part of their referral process. Services 1 and 2 also received referrals from other staff. Service 2 was the only service to include a self-referral form. Services 2 and 3 also operated other referral processes, listed in table 2, including community referrals and more informal mechanisms.

Table 2. Referral routes					
Service	Blanket referral of all admissions	CHAT 5	Other induction screening	Referral form	Other
1	No	Yes	No	Yes: Staff referral	No
2	No	Yes	No	Yes: Staff referral Self referral	Yes: Emails from community agencies Discussion with staff
3	No	Yes	No		Yes: Informally via education, casework, self-referral using set referral criteria

Table 3. Referral sources								
Service	Self-referrals	Prison staff	Education	Health	Other agencies within prison	Family	Community agencies	Other
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
3	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes Youth offending services

Table 4 - SLCN Screening							
Service	Primary care nurse	Other primary care professional	Mental health nurse	Other mental health professional	Education	Prison	Young person
1	No	No	Yes	No	Yes	No	No
2	No	No	Yes	Yes	Yes	No	No
3	No	No	Yes	No	Yes	No	No

Question 7: Who do you accept referrals from?

Participants were asked to select all the options which applied to their service from the following list: self-referrals; prison staff; education; health; other agencies within the YOI; family and community agencies. Participants were asked to add other referral options if relevant.

Interestingly, despite operating a referral process (as reported in question 6), all three services were inclusive in accepting referrals from a range of agencies, professionals and the young people themselves (see Table 3).

Question 8: Is screening of SLCN completed by an SLT?

Participants were required to select one choice from: yes, no, and sometimes. Service 2 reported that screening was sometimes conducted by the SLP. In contrast, the SLPs in services 1 and 3 did not complete any screening for SLCN.

Question 9: Who completes screening assessments for SLCN?

Participants were asked to select all options which applied to their service from the following list: primary care nurse; mental health nurse; other mental health-care professional; other primary health-care professional; education staff; prison staff; and young person. Participants were asked to add if there were any other staff group who also completed screening.

All three services reported that screening for SLCN was completed by mental health professionals and education staff (see Table 4).

Question 10: What assessment tools do you use?

Participants were asked to list all assessment tools used. The three services reported using a range of speech, language and communication assessments (see Table 5). *The Clinical Evaluation of Language Fundamentals* 4-UK (CELF 4-UK) (Semel, Wiig, & Secord, 2006) was used in all three services, with the non-standardised Broadmoor Screening Assessment (Bryan, 1998) used in services 1 and 2. Services 1 and 3 used a local assessment developed in-service. Service 2 reported using the widest range of assessment tools including assessments of autism and speech.

Question 11: How are interventions provided?

Participants were asked to indicate on a Likert scale (1–10) whether intervention was predominantly individually delivered or at a group level. In each service, interventions were provided however the method of delivery differed (see Table 6). The predominant model of SLP intervention was individual in services 2 and 3. Service 1's intervention was divided equally between individual and group delivery.

Question 12: What SLT interventions do you offer?

Participants were asked to list as many options as applicable (shown in Table 7). Participants were asked to

Table 5 - Assessment Tools			
Assessment	**Service 1**	**Service 2**	**Service 3**
Autism Spectrum Quotient Questionnaire (AQ)(Adult–50) (Baron-Cohen, 2001)		Yes	
British Picture Vocabulary Scales (Dunn, Dunn, Whetton, & Burley, 1997)			Yes
Broadmoor Screening Assessment (Bryan, 1998)	Yes	Yes	
Clinical Evaluation of Language Fundamentals 4-UK (Semel et al., 2006)	Yes	Yes	Yes
CELF 5 Metalinguistics (Wiig, Semel, & Secord, 2017)			Yes
Locally developed assessment	Yes		Yes
Perception of Stuttering Inventory (Woolf, 1967)		Yes	
Phonological Screening Assessment (Stevens, 2001)		Yes	
Talkabout Social Skills Questionnaire (Kelly & Sains, 2009)		Yes	
The Awareness of Social Inference Test (McDonald, Flanagan, & Rollins, 2002)		Yes	

Table 6. Intervention delivery		
Service	**Predominant method**	**Percentage**
Service 1	Groups & 1:1	50/50
Service 2	1:1	90/10
Service 3	1:1	100

add if other interventions were offered. While there were differences in how interventions were delivered, there were similarities in which interventions were delivered (see Table 7). All three services delivered interventions targeted at stuttering, vocabulary, language, and pragmatics. Services differed in the areas of speech, developing communication skills for education, emotional awareness and coping skills and classroom support. Interestingly, none of the services delivered interventions in the areas of developing communication skills for offending behaviour programs and developing skills for employability.

Question 13: What services do you provide?

Participants were asked to indicate all of the services provided from the following list: screening, assessment, individual intervention, group intervention, staff training, advice and consultation, accessible information. Participants were asked to add if other services were provided. In addition to assessment and intervention services, detailed above, all three services reported providing; advice and consultation, staff training and accessible information (see Table 8). Service 3 was the only service reported not to deliver interventions at a group level. A full list of services reported are listed in Table 8. No additional services were reported.

Table 7. Interventions			
	Service 1	**Service 2**	**Service 3**
Speech sounds	No	Yes	Yes
Stammering	Yes	Yes	Yes
Vocabulary	Yes	Yes	Yes
Language	Yes	Yes	Yes
Pragmatics	Yes	Yes	Yes
Memory	No	Yes	Yes
Social communication skills	Yes	Yes	Yes
Developing communication skills for education	Yes	Yes	No
Developing communication skills for offending behaviour programs	No	No	No
Developing communication skills for employability	No	No	No
Emotional awareness and coping skills	Yes	No	No
Classroom support	Yes	No	No
Other	No	Yes: Life skills group with occupational therapy	No

Table 8. Services provided							
Service	**Screening**	**Assessment**	**1:1 intervention**	**Group intervention**	**Staff training**	**Advice & consultation**	**Accessible information**
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	Yes	Yes	No	Yes	Yes	Yes

Question 14: What percentage of time is spent in direct patient contact?

Participants were asked to indicate on a Likert scale (1–10) what percentage of time was spent in direct contact and what percentage of time was taken providing indirect services.

Services reported that between 50–70% of their time was spent in direct contact. Service 1 stated 50% of their time was spent in direct contact while services 2 and 3 both reported spending 70% of time in direct contact. The additional services, listed in question 13, and non-SLP related activity constituted between 30–50% of their time.

All services were shown to provide broadly similar assessment and intervention services; however, the method of gaining referrals and providing interventions differed. The service having only one SLP and with the most time from a highly specialist SLP provided the most group provision. The service with the smallest population but the greatest amount of intervention time employed the broadest range of assessment tools. This service was the only one to include assessment tools for speech and stuttering, although all services stated they provided intervention in these areas.

Discussion

This study identified the scope and delivery of SLP services in English YOIs. A survey was developed and completed by the three SLP services in English YOIs. All three SLP services were relatively young having been developed between one and ten years ago. Despite differences in the population sizes of the YOIs, the SLP services were similar in their structure, employing specialist SLPs. The number and amount of SLP provision did vary in terms of full-time equivalent. However, a pattern between the size of the young offender population and the number and amount of SLP provision was not identified.

Although referral processes were reported, the three SLP services adopted inclusive referral processes including formal processes such as the CHAT 5 SLCN screen and written referrals from other professionals, but also through informal processes such as discussions with and from a range of agencies as well as self-referrals. Screening for SLCN was completed in all services but not by SLPs. Mental health professionals and education professionals completed screening using tools such as the CHAT 5. Since 2014, there has been systematic screening of SLCN in all young people entering custody which should be completed within the first 10 days (Offender Health Research Network., 2013). While there are SLPs in three of the four YOIs nationwide, only in service 2 was the SLP sometimes completing this screen. The screening requires the professional to make a judgement about onward referrals to services based on the individual presentation. The screen was routinely being completed by mental health professionals who do not have training in speech, language and communication skills as a core part of their professional training. There has been significant discussion about the efficacy of this screening tool; in the pilot evaluation, the screen recorded approximately 20% false positives and between 5% and 10% false negatives (Lennox, King, Chitsabesan, Theodosiou, & Shaw, 2013).

When referrals were accepted, the SLP services used a wide range of speech, language and communication assessments to confirm young people's SLCN. Although two assessments, the CELF 4-UK and the Broadmoor assessment, were more commonly used, there was no one assessment advocated to use with the population of young offenders. The CELF 4-UK provides age equivalents up to 16;11; however, the newly released 5th edition of the CELF is now standardised up to age 21. The Broadmoor assessment was developed for use with forensic clients, but specifically for adult clients with additional mental health difficulties. There are few standardised assessments available for this age range in the UK and there are no standardised assessment tools for this population internationally. This is likely to be due to the relatively small number of SLPs working in this area, and also that SLP involvement in youth justice is relatively new.

Individual, as opposed to group delivery of intervention, was the preferred model. All services offered staff training, advice and accessible information in addition to standard models of screening, assessment and intervention. As well as providing targeted intervention for speech (although service 1 did not deliver this), vocabulary and language, the areas of pragmatics and social communication were also consistently targeted. Services did not routinely deliver a service supporting other professionals to deliver interventions targeted at rehabilitation, employability or education. Evidence on the prevalence and complexity of SLCN in this population (Anderson et al., 2016; Bryan et al., 2007) suggests a high proportion would benefit from SLP services. In addition, the evidence for intervention dosage of enduring and pervasive language disorders would require higher levels of service than currently provided (Ebbels et al., 2017). Recent evidence would suggest that high frequency, low dose may be the most effective model given the average length of stay (Youth Justice Board / Ministry of Justice, 2018) in this environment (Justice, Logan, Jiang, & Schmitt, 2017).

Summary

There were differences between each service in terms of: the number of SLPs, the amount of service provision, how referrals were received, assessments tools used, and the method of intervention. In spite of the many differences all services were staffed by skilled SLPs, did not have exclusion criteria, and provided intervention for a broad range of speech, language and communication impairments. It would be beneficial for future research to investigate; the accuracy of screening tools currently employed, the optimal level of service provision and the efficacy of SLP interventions in this area. In addition, this client group would benefit from an assessment tool tailored to their speech, language and communication needs.

Limitations

When considering the results presented in this study, it is necessary to remember that these findings are based on only three of the four services in England. While this represents all services within the country, it remains a very small sample. The justice systems and the remit of the SLP differ significantly in every country; different ideologies, working practices and structures may mean that that the results would not be applicable outside of the English and Welsh justice systems.

The design of questionnaire where many items were multiple choice meant that responses were restricted. The questionnaire was followed up with an interview to allow for expansion, but those results are not reported here.

Conclusions

This study provides details of how SLP services in English YOIs are being delivered. There was agreement between services on the range of interventions that are required in

this environment, but each service provided these services in different ways. This highlights the need for a flexible service structure which can respond to both the client's needs and the needs of the institution.

1 Newly qualified SLPs are employed at band 5 in the NHS in England and Wales rising to band 8 – consultant SLP level

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Appendix. Survey of speech and language therapy services in YOIs in England

Please complete the questionnaire as fully as possible. An opportunity to expand on responses will be given during the subsequent interview.

**Required*

1. Which service do you represent? *

Mark only one oval.

HMYOI Cookham Wood
HMYOI Feltham
HMYOI Werrington
HMYOI Wetherby

2. How many young people (15–18 years) are there currently within the YOI? *

Mark only one oval.

0–50 51–100 101–150 151–200 201+

3. What is the capacity within the YOI?

Mark only one oval.

0–50 51–100 101–150 151–200 201+

About your service

4. When was the SLT service developed? *

Mark only one oval.

Less than 1 year ago
One to five years ago
Five to ten years ago
More than ten years ago

5. How much SLT provision do you have at each banding?

Mark only one oval per row.

	0.2	0.4	0.6	0.8	1.0	1.2	1.4
Band 5							
Band 6							
Band 7							
Band 8							

6. What services do you provide? *

Tick all that apply.

Screening
Assessment
Intervention 1:1
Intervention groups
Advice and Consultation
Staff training
Accessible information
Other:

Referrals

7. How do you get referrals to your service? *

Tick all that apply.

Blanket referral of all admissions
CHAT 5
Other induction screening
Referral forms
Other:

8. Are all young people eligible to be referred to the service?

Mark only one oval.

Yes No

9. Who do you accept referrals from?

Tick all that apply.

Self-referrals
Prison staff
Education
Health
Other agencies within prison
Family
Community agencies
Other:

Screening & assessment

10. Is screening of SLCN completed by an SLT? *

Mark only one oval.

Yes No Sometimes

11. Who completes screening assessments for SLCN? *

Tick all that apply.

Primary Care Nurse
Mental Health Nurse
Other mental health care professional
Other primary health care professional
Education staff
Prison staff
Young person
Other:

12. What assessment tools do you use? (Please list all formal and informal tools used) *

.....

.....

.....

Intervention

13. What SLT interventions do you offer? *

Tick all that apply.

Speech sounds
Stammering
Vocabulary
Language
Pragmatics
Memory
Social communication skills
Developing communication skills for Education
Developing communication skills for Offending Behaviour Programmes
Developing communication skills for Employability
Emotional awareness and coping skills
Classroom support
Other:

14. How are interventions provided? *

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

All — All
1:1 — Groupwork

15. What percentage of time is spent in direct patient contact? *

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

Indirect — Direct