In summary, the RCSLT:

- Welcomes the introduction of this legislation and supports its objectives.
- Emphasises the compelling evidence that offenders have very high levels of speech, language and communication needs (SLCN), but significant gaps in service provision remain to identify and meet those needs.
- Highlights that the provision of speech and language therapy (SLT) significantly reduces the risk of re-offending, increases access to rehabilitation and treatment programmes and can improve an individual’s chances of gaining employment.
- Believes that this Bill represents an opportunity to look strategically at meeting the SLCN of people with convictions and improve levels and quality of service provision.
- Recommends that Community Justice Scotland uses its strategic direction and leadership to ensure that SLCN amongst offenders is addressed and thus their communication outcomes improved.
- Welcomes the strategy for learning, innovation and development. The RCSLT has links with international researchers and practitioners in the field of SLCN and justice and would be keen to share this expertise.
- Believes that by taking a truly strategic approach to SLCN within the community justice system, Scotland could itself become a national and international innovator and leader.

1. **Introduction**

The Royal College of Speech and Language Therapists (RCSLT) welcomes the opportunity to submit written evidence to the Justice Committee on the Community Justice (Scotland) Bill. The RCSLT welcomes the introduction of this legislation and supports the objectives of the Bill.

2. **About the RCSLT**

The RCSLT is the professional body for speech and language therapists (SLTs) across the UK, providing leadership and setting professional standards. Speech and language therapy provides life-changing treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing. SLTs are allied health professionals. They work closely with parents, carers and other professionals, such as teachers, nurses, occupational therapists and doctors.

The RCSLT currently has around 1400 members in Scotland, 60% of whom work with children and young people. SLTs also work with young people and adults in forensic settings providing intervention, support and therapy for offenders. Improving the communication skills of offenders by providing speech and language therapy
significantly reduces the risk of re-offending, increases access to rehabilitation and treatment programmes and can improve an individual's chances of gaining employment.

3. **Speech, language and communication needs (SLCN) and offenders**

3.1 The evidence of SLCN amongst offenders is compelling:

- More than 60% of young people in the youth justice estate have difficulties with speech, language or communication.  
- International research clearly shows that SLCN are strongly over-represented in young offender populations.  
- A survey of Polmont Young Offenders Institution found that 70% of young men had significant communication problems.  
- Preliminary findings from a prevalence study concluding this month at HMP Glenochil suggest a very high rate of SLCN, with around 70% of prisoners found to have some form of communication difficulty.  
- Up to a third of children with untreated speech and language difficulties will develop subsequent mental health problems, with resulting criminal involvement in some cases.

3.3. It is crucial that speech, language and communication needs are properly identified and supported in the justice system. Many offenders with SLCN will lack the language skills to understand what is happening to them within the justice system or the implications of what is being asked of them.

- Evidence shows that around 40% of offenders find it difficult or are unable to benefit from and access rehabilitation programmes that are delivered verbally, such as drug rehabilitation courses.  
- Approximately a third of young offenders has speaking and listening skills below the tested level of an 11 year old and are unable to access education and treatment programmes due to their poor language and literacy skills.

3.4. SLTs play an important role in identifying unmet speech and communication needs. SLT interventions help prevent and reduce re-offending by increasing verbal communication skills and enabling individuals to access a wider range of rehabilitation and treatment programmes.

3.5 Unfortunately, too few people understand the role SLTs have in helping offenders with their speech, language and communication difficulties, and how they can help prevent offending and re-offending.

- SLTs, as the profession trained and dedicated to delivering effective SLCN services, are well-placed to address this problem for offenders.  
- Current SLT service provision in Scotland to address the high levels of SLCN amongst offenders is limited, and where offered, only basic levels of service are available.  
- In Scotland, there are currently no services specifically designed for offenders at a community level.

The RCSLT hopes that this Bill represents an opportunity to look strategically at meeting the SLCN of offenders in the community justice system and improve levels of service provision.
4. Questions on key areas of the Bill

The Committee sets out 9 questions on areas of the Bill that it seeks views on. This section of written evidence will take each question in turn.

4.1 Will the proposals in the Bill transform the community justice system in the way envisaged by the Commission on Women Offenders in its 2012 report, such as addressing the weaknesses identified in the current model, tackling reoffending and reducing the prison population?

4.1.1 The Commission on Women Offenders in 2012 quite rightly pointed to a number of weaknesses in the existing system, including how community justice was structured and ways of working within it, short-term funding and inconsistency in service provision. The intention of the Bill is to ensure there is collaborative and multi-agency working. That is welcome; however, it is unclear whether the Bill will indeed address the inconsistency and inadequacy of service provision for offenders in community justice with regard to speech and language therapy services.

4.1.2 The RCSLT believes it is not the structures governing community justice alone which will determine outcomes. It requires a combination of a shared understanding of the needs of offenders and evidence of what works to reduce offending, and a consequent shared vision and definition of quality services.

4.1.3 The RCSLT recommends that:

- There is recognition of the SLCN of people with convictions and the SLT role in addressing these needs.
- There is a commitment to improve the communication outcomes of offenders. There is currently no strategic approach to meeting the SLCN amongst offenders.
- Action is taken to develop and commission a comprehensive SLCN service for people with convictions. That would entail: a) Identify demand for and review SLT provision throughout the justice system, and b) determine (through research and scoping) best practice and service models for a comprehensive SLCN service – including SLT services – within forensic and community settings.

4.1.4 There is currently a huge gap in service provision to identify and meet the SLCN of offenders – changing the structure of community justice alone will not rectify this weakness. Service provision within the prison system is currently limited and very basic, and there is currently no SLT service within a community justice setting for offenders. By local arrangement, some offenders may receive SLT via a local learning disabilities team but this can be un-sustained, patchy and inconsistent. There needs to be an understanding and commitment to challenge the disproportionately high levels of communication difficulties for people with convictions, which in turn will improve their outcomes on reoffending.

4.2 Are you content that the definition of ‘community justice’ in the Bill is appropriate?

4.2.1 This seems a sensible definition of community justice. The RCSLT would recommend that the Bill’s definition could be strengthened by including an explicit focus on prevention and early intervention. The Bill’s policy memorandum highlights the need to focus on prevention and early intervention; it is a weakness that this is not captured within the definition.
4.2.2. The RCSLT also seeks clarification on whether ‘general services’ would include SLT? And also whether subsection 1 (d) would include young offenders in care institutions such as Kibble?

4.3 Will the proposals for a new national body (Community Justice Scotland) lead to improvements in areas such as leadership, oversight, identification of best practice and the commissioning of services?

4.3.1 Leadership and strategic direction: The RCSLT recommends that the CJS uses its strategic direction and leadership to ensure that SLCN amongst offenders is addressed and thus their communication outcomes improved. Currently, there is no strategic approach to meeting the SLCN of people with convictions. The RCSLT seeks clarity on what route SLTs could use in order to inform and contribute to the success of CJS.

4.3.2. Membership of CJS: CJS has important functions and roles to perform, and therefore Schedule 1 needs to be more specific about the membership in terms of skills, knowledge and experience. The RCSLT recommends that membership includes the broad spectrum of professionals who deliver rehabilitation programmes and services to offenders, e.g. SLTs. The legislation clearly sets out that one of CJS main functions is to “promote and support improvement in the quality and range of provision of community justice” and therefore it would be make sense to ensure that the wide-ranging professionals working with offenders are represented, such as Allied Health Professionals.

4.3.3. National Performance Framework and outcomes improvement planning: The NPF will be vital to ensure consistency and action. To that end it is important that allied health professionals, including SLTs, who work with offenders, are able to contribute to identifying the key outcomes and indicators that matter to reduce re-offending. Indeed, given the impact on SLCN on offender behaviour and outcomes (highlighted in section 3 above), it is crucial that SLTs can share their expertise and are involved in improvement planning. The RCSLT seeks assurance that the Bill will enable this. The RCSLT raises concern that s16 of the Bill places CJS as effectively judge and jury over the national performance framework.

4.3.4 CJS – developing and arranging services: The RCSLT believes that it is essential that CJP talk to those who know about offender needs, for example SLTs, when developing and arranging services. The Bill must ensure that CJS facilitates this integration of knowledge with CJPs.

4.3.5 Strategy for learning, innovation and development: The RCSLT welcomes the strategy for learning, innovation and development. The RSCLT has links with national and international researchers and practitioners in the field of SLCN and justice, and would be keen to share this expertise and learning. The RCSLT:

- Suggests it is crucial that the link between evidence on SLCN and offender outcomes (see section 3 above) is included in all activity on learning and development.
- Notes that it will be helpful to ensure that those who have the evidence-base of impact and currently practice in services working directly with offenders are consulted with in the preparation and review of the strategy for learning, innovation and development.
- Recommends that a shorter review period than 5 years is required for this strategy because five years is a long time to wait if there is emerging evidence of gaps in competences in services.
• Expresses concern over how CJS will be compelled to pay attention to evidence on SLCN and SLT services. In both Scotland and internationally, evidence demonstrates the disproportionately high level of communication difficulties amongst offenders, and yet the justice system continues in its failure to recognise and act upon this evidence (see section 3 above).
• Seeks clarity whether CJS will be able to charge for education and training materials, even if training is being made freely available to them by a CJ Partner?

4.4 Taking into account the reforms set out in the Community Empowerment (Scotland) Bill relating to Community Planning Partnerships will Community Justice Partners have the powers, duties and structures required to effectively perform their proposed role in relation to community justice?

4.4.1 The RCSLT seeks clarity on whether there are to be 32 CJPs, following local authority boundaries? It is assumed that is the case, but the Bill is not clear on this.

4.5 Does the Bill achieve the right balance between national and local responsibility?

4.5.1 The Bill needs to achieve the right balance between national leadership – with a unity of vision, understanding of common needs and quality standards of practice – and local buy-in and ownership with clarity, focus and statutory engagement. The RCSLT is concerned that there remains a risk of inconsistency in advice CJPs will receive without the right direction from CJS. Otherwise the risk is that, in developing services and plans, SLTs will have to make the case 32 times even when evidence of need and impact is well-known nationally.

4.5.2 SLT services have already been affected by budget cuts locally. Evidence gathered by the Scottish Parliament’s Health and Sport Committee in February 2014 demonstrated the extent of reductions in funding for SLT services, which for some local authority areas range between around 10 to 40% funding cuts with other areas staying at the same funding level. This alone results in inconsistency in provision and lack of equitable access. The Bill states that it has local delivery at its core, but where will accountability genuinely rest if there is a mismatch between CJS strategic vision and local resources for developing SLT services to meet the speech, language and communication needs of offenders?

4.6 Will the proposed reforms support improvement in terms of: a) leadership, strategic direction and planning? B) consultation and accountability? C) partnership and collaboration? D) commissioning of services and best value for money?

4.6.1 Leadership and strategic direction. See 4.3.1 above

4.6.2 Consultation: The RCSLT recommends that, in the various parts of the legislation where consultation is set out, it is strengthened to include professions active in delivering the services and plans for offenders. For example, in consulting on the corporate plan 9 (3) (b) (ii); the National strategy 13 (3) (b); the National performance framework 15 (4) (b); the Community justice outcomes improvement plan 18 (1) (b) (iii); Reports on performance in relation to community justice outcomes 20 (4) (b); and the Ability of CJS to develop and arrange service 26 (4) (b)
(ii), each of these sections could be more specific in terms of consulting with “those professions active in delivering the service” rather than simply stating “such other persons as it considers appropriate”. Service-users are also a key group here, and it is worth noting that as the majority of service users will have SLCN, all organisations consulting and engaging with them will need to implement inclusive communication best practice to benefit from their involvement.

4.6.3 Partnership and Collaboration: The RCSLT is keen that, whatever the structure of community justice services, there is better integration of both third and health sector professionals. The Bill does not adequately mention the third sector to ensure there is a more co-ordinated and strategic approach to working with the third sector.

4.6.4 Commissioning: The RCSLT agrees that a strategic commissioning of services is necessary based on a robust analysis of needs, evidence of what best supports desistance and best value for money. With the disproportionately high levels of SLCN amongst offenders, the case for SLT is strong. Neglecting the SLCN of offenders impacts on improvement in outcomes related to their education and learning, resettlement plans, engagement with other services and staff interactions. SLT interventions help prevent and reduce re-offending by, for example, enabling individuals to access a wider range of rehabilitation and treatment programmes. The approach to commissioning services must recognise this evidence and in turn develop a comprehensive and consistent response to meet the SLCN of people with convictions in service provision.

4.7 Are the resources, as set out in the Financial Memorandum, sufficient to transform the community justice system in the way envisaged by the Commission on Women Offenders in its 2012 report?

4.7.1. The resources available in the Bill must include better funding and focus on prevention and rehabilitation that also includes the provision of SLT services given the SLCN amongst offenders. A transformation in improving outcomes for offenders requires resources that extend beyond the financing of a new structure of community justice.

4.8. Is the timetable for moving to the new arrangements by 1 April 2017 achievable?

4.8.1 The RCSLT has no particular view on this.

4.9 Could the proposals in the Bill be improved and, if so, how?

4.9.1 The written evidence above sets out what improvements could be made within answers to all of the above key questions, and the key points are set out in the summary. The RCSLT emphasises the significance of recognition for the SLCN of people with convictions and the SLT role in addressing those needs. There needs to be a commitment to improve the communication outcomes of offenders.

Acknowledgements
The RCSLT acknowledges the expertise of its members who work as specialist speech and language therapists in the justice system in the writing of this submission.
Shonagh McEwan  
Policy Officer  
11 August 2015

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iii Polmont Young Offenders Institution (2003).

iv Green, J. (2015) Currently unpublished emerging findings from HMP Glenochil and SLCN.


viii Crace, J. (28 Feb 2006) Talking your way out. A short course in oral communication skills is providing the best way to stop prisoners offending. The Guardian.

ix See Health and Sport Committee papers, Appendix Two.