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Back on track

Speech Pathology in Youth (Justice)
Custodial Education (SPyce) Project Report

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Back on Track: Speech Pathology in Youth (Justice) Custodial Education (SPyce) Project Report

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Contents

| | |
|--|-----------|
| Acknowledgements | 4 |
| Sources of Information | 4 |
| Executive Summary | 5 |
| Introduction and project background | 6 |
| • Aims of the project | 7 |
| • Method | 7 |
| • Clinical Reference Group (CRG) | 8 |
| Findings | 8 |
| • Literature Review | 8 |
| • CRG feedback | 15 |
| • Victorian Youth Justice Custodial Services | 16 |
| • Parkville College | 16 |
| • CRG responses | 24 |
| Recommendations | 24 |
| • Role of speech pathology | 24 |
| • Recommended service delivery model for speech pathology within Parkville College | 24 |
| • Service delivery considerations | 29 |
| • Staffing | 31 |
| • Training needs | 34 |
| • Budget | 35 |
| • Project extension into 2013 | 37 |
| Conclusion | 38 |
| Appendices | 39 |
| • Appendix 1: Service Delivery Models | 39 |
| • Appendix 2: Terms of Reference – SPyce Clinical Reference Group | 45 |
| • Appendix 3: Communication Care Plan Template | 46 |
| • Appendix 4: Communication Skills Minimum Data Set – SPyce Project | 47 |
| References | 52 |

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Sources of information

The information contained in this report has come from a variety of sources including:

- Empirical literature including journal articles, books and reports
- Clinicians with knowledge and experience in relevant fields e.g. Clinical Reference Group members
- Previous project work (e.g. Caire, 2011)
- Documents from the Department of Education and Early Childhood Development, Department of Human Services and Parkville College
- Members of the Parkville College teaching staff.

Executive Summary

Introduction

SPyce stands for *Speech Pathology in Youth (Justice) Custodial Education* and is an exciting project that commenced in October, 2012. The project is funded by SPA and involves collaboration between Parkville College (the program within the Parkville Youth Justice Precinct (PYJP) providing education to young people in custody), SPA and Associate Professor Pamela Snow.

In response to concerns about the high number of young offenders in custody with speech, language and communication (SLC) difficulties, and the lack of speech pathology support available to these young people, it was proposed that a project be undertaken to scope the possibilities for speech pathology within Parkville College as part of its educational program.

The project had a two-fold purpose in 2012:

1. To scope the role of speech pathologists within the Parkville College education program and determine the number of speech pathologists required to deliver the recommended services
2. To consider the research opportunities for 2013 and beyond, as an extension to the SPyce Project, to obtain data on the SLC difficulties experienced by students attending Parkville College, and to evaluate effectiveness of speech pathology support within the school.

Findings

It is clear from the literature that the high prevalence rates of SLC difficulties within Youth Justice populations necessitate the employment of speech pathologists within Youth Justice settings. Unfortunately, a lack of awareness and funding has hitherto prevented this from occurring. Fortunately, the founder and Principal of Parkville College, Brendan Murray, has advocated strongly from the school's inception of the need for speech pathology services to meet the SLC needs of his students and in collaboration with Pamela Snow and SPA, was able to facilitate the presence of a speech pathologist, the SPyce Project Officer, in Parkville College to undertake the activities required to achieve the aims of the project.

The literature review provided:

- Valuable insight into the high number of neurodevelopmental disorders (including intellectual disability and SLC impairment), mental health issues and complex trauma experienced by young people involved in the Youth Justice System, particularly those detained in custody, and ways in which the presence of these difficulties necessitates the employment of speech pathologists in Youth Justice settings
- Information on the broad array of service delivery models that can be utilised in providing effective speech pathology to this population. These included 'The Balanced System' (Gascoigne, 2010) and 'Response to Intervention' (The National Center on Response to Intervention, 2010).

Information about the PYJP and Parkville College was obtained, including current (2012) and proposed (2013) structures and functions of the College. This enabled projection of the roles speech pathology could play within these structures e.g. having a senior speech pathologist on the leadership team of each campus (Parkville and Malmsbury) in addition to one speech pathologist per unit within the custody centres.

Members of the Clinical Reference Group provided invaluable feedback and suggestions in the areas of speech pathology screening, assessment and intervention as well as identification of training needs and ideas for research.

Recommendations

Based on the findings, recommendations were made regarding:

- The role of speech pathology within Parkville College
- A service delivery model best suited to the Parkville College student population
- Number of speech pathologists required to deliver the recommended services
- Qualifications and personal qualities needed by speech pathologists working in Parkville College
- Training and ongoing professional development needs of speech pathologists working in a Youth Justice custodial environment
- Budget considerations including staffing, resources, supervision and professional development
- Areas to consider when planning and delivering a speech pathology service e.g. overrepresentation of Aboriginal and Torres Strait Islander clients, frequency of alcohol and other drug use, and high rates of developmental disability
- Extension of project into 2013 with the focus on gathering research data pertaining to detainees including:
 - > Demographic and background information
 - > Screening data on speech, language and communication functioning via the development of a minimal data set
 - > Effectiveness of speech pathology intervention.

Introduction and project background

Human communication is central to a range of tasks demanded of young people involved in the Justice System (e.g. forensic interviewing, group conferencing, negotiating plea bargains, and understanding court orders). Unless a condition is obvious, such as a severe mental defect, it is generally assumed that offenders have the capacity to engage in these tasks; however research has consistently shown that this is not the case (La Vigne & Rybroek, 2011).

Areas of communication include speech (e.g. articulation, fluency/stuttering), voice, oral and written language (receptive and expressive including figurative or abstract language), phonological awareness and pragmatics (social communication). Difficulties can be mild, moderate or severe and specific (where language is the main problem, such as in the case of specific language impairment) or more generalised (where language difficulties may be associated with another condition such as intellectual disability, traumatic or acquired brain injury, autism or social/emotional disorders).

It is well documented that a high percentage of young offenders have significant levels of communication disorders that exceed those found in the general adolescent population and that most of these disorders are unrecognised and under-identified. Conditions characterised by communication difficulties, that are prevalent in the Justice System but often undiagnosed, include severe language disorder (expressive and/or receptive), traumatic or acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, intellectual disability, foetal alcohol syndrome and mental health disorders.

Lack of appropriate diagnosis means that young people with disabilities such as those mentioned above will not receive intervention that is responsive to their needs. This has implications for recidivism risk and offender rehabilitation programming (Bryan, Freer & Furlong, 2007), literacy acquisition and school engagement (Snow & Powell, 2008), communication of needs without resorting to violence (Bryan, 2004), young offenders' ability to participate fairly in legal processes such as investigative interviewing (Snow & Powell 2008), appropriate identification of communication difficulties (Snow & Powell, 2011, who found that unidentified language impairment can masquerade as poor motivation, non-compliance, and rudeness), and effective communication with peers, authority figures and society in general (Sanger, Moore-Brown, Magnuson & Svoboda, 2001).

Speech pathologists are experts in assessing and treating communication disorders (Snow & Powell, 2004b; SPA, 2010) but unfortunately, due to lack of awareness, they are not currently (nor ever have been) employed in the Victorian Justice System. This is somewhat surprising when considering that young people who offend often experience similar difficulties to their peers in other settings such as secondary schools, child and adolescent mental health services, special education, and traumatic or acquired brain injury rehabilitation centres, where speech pathology is recognised as an essential service. Young offenders with special needs, particularly in the areas of education and neurodevelopmental disability, are over-represented in the Justice System and this provides support for the argument that speech pathology is a necessary service within settings caring for this population.

A number of factors appear to contribute to the lack of speech pathology service provision within the Youth Justice System and these include:

- Lack of awareness of commissioners of the value speech pathology might add to:
 - > Reducing recidivism rates (thus increasing community safety and cost-savings) through increasing protective factors (such as engagement in school and positive relationships) and decreasing risk factors (such as difficulty concentrating and poor academic performance/school engagement)
 - > Improving young offenders' quality of life
 - > Ensuring fair participation in legal processes through appropriate provision of communication strategies, consistent with Section 25, Part 2 of the United Nations Charter of Human Rights and Responsibilities 2006
- Lack of funding for speech pathology in the Youth Justice System as a result of this lack of awareness
- Limited opportunities for speech pathologists to work in the Youth Justice System due to the above lack of funding
- Limited awareness of speech pathologists that working with young offenders is within the scope of speech pathology practice
- Stigma associated with young offenders and the Youth Justice System, which can make the work seem less appealing to potentially interested speech pathologists and undermine recruitment efforts.



In response to concerns about the lack of speech pathology support available to young people on remand or serving custodial sentences, a group of professionals met together in September 2012 to explore the opportunities for speech pathology services as part of the curriculum to young people in custody in Victoria.

The following professionals were involved in the meeting and formed the Working Party for the project:

Associate Professor Pamela Snow – Monash University

Mr Brendan Murray – Assistant Principal, Parkville College

Ms Laura Caire – Forensic/Mental Health Speech Pathologist

Ms Robyn Stephen – National Councillor, SPA

Ms Christina Wilson – Senior Advisor, Professional Issues, SPA

Ms Christine Lyons – Senior Advisor, Professional Practice, SPA

Ms Gail Mulcair – CEO, SPA.

During this meeting, it was agreed that SPA would fund a three-month project involving the gathering of information and scoping of possibilities for a significant speech pathology role in collaboration with the teaching staff within Parkville College.

Aims of the project

The two overarching goals of the SPyce Project were to:

1. Work with the Principal and teaching staff of Parkville College so as to scope the role of speech pathologists within this education model and determine the number of speech pathologists required to deliver the recommended services
2. Scope SPA's involvement in 2013 in research around the effectiveness of speech pathology intervention within Parkville College as part of Associate Professor Pamela Snow's (Monash University) ongoing research in the area of language and communication impairment in the Youth Justice population.

Achieving these aims would result in:

- Increased awareness and knowledge of:
 - > How the education program works at PYJP and how this will change in 2013 as the school expands
 - > How speech pathology services would best be provided within the Parkville College structure
- Increased awareness of how teachers work in Parkville College so as to determine how speech pathology expertise may best support them
- Building of relationships and rapport with existing staff members so as to optimise the impact of speech pathology involvement
- Identification of resources needed, from human and material perspectives, in order for speech pathology services to be established within the Parkville College education program
- Development of a final report outlining a best practice model of how speech pathology services could be provided within the Parkville College model.

Method

The aims of the Project were achieved through the following means:

- Obtaining information about Parkville College structure, program content and classroom practices through discussion with staff, observation of teaching, and participation in school meetings and professional development sessions
- Reviewing the literature concerning the need for speech pathology services within Youth Justice settings and the role of speech pathology in education programs
- Participating in fortnightly meetings (via teleconference or face-to-face) involving members of the Working Party to discuss project progress and other relevant issues

- Discussion with specific Working Party members regarding individual project components e.g. Pamela Snow re: research opportunities, Brendan Murray re: speech pathology role within Parkville College structure, SPA Councillors re: project business
- Establishing a Clinical Reference Group (CRG) that provided:
 - > Information and resources to inform recommendations for the development of a speech pathology service within the Parkville College education program
 - > Ideas for research in 2013
- Discussion around establishment of a Steering Group for 2013, consisting of four to six members who are influential advocates in their field and can represent the project at departmental and governmental levels as well as providing oversight and governance of the project.

Clinical Reference Group (CRG)

The CRG was created to provide the Project Officer with information and resources to support the curriculum at Parkville College with particular reference to speech and language competencies of the students. Terms of Reference for the CRG can be viewed in Appendix 2.

The CRG consisted of SPA members with expertise or experience working in:

- Mental health
- Social/emotional/behavioural disorders
- Youth Justice
- Education (particularly at a secondary level)
- Adolescent speech, language and/or communication impairment
- Service provision to vulnerable or at-risk children and adolescents
- Aboriginal/Torres Strait Islander (ATSI) and/or Culturally And Linguistically Diverse (CALD) populations.

Appropriate clinicians were identified through professional networks and invited via email to join the CRG. Communication was through a Google Group (online discussion forum).

Information was obtained from members about a range of issues including:

- Teacher screening tools and speech pathology referral checklists, assessments and interventions appropriate for young people in custody accessing an educational program

- Areas of training/professional development that may be required for speech pathologists working in a custodial educational environment
- Resources that would be valuable to a speech pathology service within a custodial setting
- Factors for consideration in the development of a speech pathology service within Parkville College, such as service delivery models and recruitment of speech pathologists
- Ideas for research within Parkville College.

Findings

Literature Review

In order to gain a thorough understanding and appreciation of the SLC needs within the Youth Justice population, and the possible ways to respond these needs, a number of articles, documents and websites were reviewed to provide data on:

- Prevalence of SLC difficulties experienced by young offenders
- Prevalence of neurodisability amongst young people in custody
- Prevalence and nature of mental health issues experienced by young people involved in the Youth Justice System and/or who have SLC
- Issues concerning complex trauma (i.e. early maltreatment and/or exposure to domestic violence)
- Appropriateness of speech pathology services in education
- Speech pathology service delivery models.

Prevalence of SLC impairment in Youth Justice populations

A number of international and Australian studies have documented the high rate of communication impairments, both in community and custodial populations, and some of these are summarised below. Young people on community orders have often spent time in remand or one of the sentenced units, and vice versa, so both types of studies are included.

Studies of offenders on community orders

In Victoria, Snow and Powell (2008) assessed 50 male juvenile offenders on community orders against 50 non-offending controls on their oral language processing and production, social skills and intelligence quotient (IQ). Fifty-two percent of young offenders were found to be language impaired with many of these language impairments previously unidentified. The young offenders “performed significantly worse on all language and social skill measures” than their non-offending peers, despite being on average 12 months older than those in the

control group, and these differences in performance could not be accounted for by IQ (Snow & Powell, 2008:16).

Lanz (2009) produced a report outlining a pilot project that examined the SLC needs of high-risk young people accessing the Milton Keynes Youth Offending Team. Eighty-eight percent of those assessed had SLC difficulties with 62% of these having severe difficulties, and those with the highest SLC difficulties had the least insight and awareness of these (Lanz, 2009).

Gregory and Bryan (2011) conducted research investigating the prevalence of SLC difficulties in a community group of 11–18 year old persistent and prolific young male and female offenders. The research also aimed to provide a preliminary evaluation of the impact of speech-language therapy (SLT) intervention. Sixty-five percent of young offenders screened had profiles indicating they had language difficulties and might benefit from SLT intervention. Twenty percent scored at the 'severely delayed' level on standardised assessment for oral language. Following a period of SLT, on reassessment 75% of the language-impaired group made improvements in all areas of communication targeted. Eighty-five to eighty-eight percent of those reassessed on the fundamental oral language subtests had improved their scores. This study demonstrated that SLT intervention can be effectively delivered to high-risk young people on community orders.

Studies of offenders in custody

Sanger, Moore-Brown, Magnuson and Svoboda (2001) conducted a study in America with the aim of describing the prevalence of language problems among incarcerated females aged 13–17 years. Nineteen percent of participants performed sufficiently poorly on the oral language measures to potentially qualify for language services based on these measures. Seventy-seven percent of the participants performed within normal limits for pragmatics, however this was hypothesised to reflect participants' ability to state social conventions rather than necessarily providing evidence of social competence i.e. ability to apply this knowledge in their everyday interactions. Other studies suggest that young offenders have knowledge of appropriate social behaviour, rules and language use and this may camouflage underlying language problems (e.g. Sanger, Moore-Brown & Alt, 2000).

Bryan (2004) undertook a preliminary study of the prevalence of speech and language difficulties in incarcerated young offenders aged 18–21 years in order to compare this to rates in the general population. A survey of 10% of the young offenders within one Young Offenders Institution (YOI) was



conducted using a range of oral language tasks. Forty-three percent of participants scored significantly below average on a naming task, 47% scored more than one rating of moderate impairment for picture description, 73% scored significantly below the acceptable limits for their age on grammatical competency, and 23% on language comprehension.

Bryan, Freer and Furlong (2007) undertook a study screening the language and communication skills of male offenders in custody aged 15–17 years. Results indicated that 66–90% of those tested had below average oral language skills, ("compared with 9% of the typical adolescent population"), with 46–67% of these being in the poor or very poor group (Bryan et al, 2007:515). According to educational reports, 62% of the sample had not achieved level 1 in literacy (expected level for a five year old; Bryan et al, 2007).

In Victoria, Snow & Powell (2011) undertook a cross-sectional study of 100 young male offenders in custody aged 17–21 years, partly to explore the prevalence of language impairment. Forty-six percent of the participants were classified as having previously unrecognised language impairment and "these were compared with the non-language-impaired sub-group on background and offending variables" (Snow & Powell, 2011:480). Young people with higher offending scores performed more poorly on language measures than their counterparts with relatively lower offending scores and young offenders with very high scores on measures of violent criminality were likely to have language impairment.

The prevalence rates of speech, language and communication difficulties experienced by young people on community and custodial orders strongly indicate the need for speech pathologists within Youth Justice settings.

Table 1: The prevalence of neurodevelopmental disorders (Office of the Children’s Commissioner, 2012:23)

| Neurodevelopmental disorder | Reported prevalence rates amongst young people in the general population | Reported prevalence rates amongst young people in custody |
|---|--|---|
| Learning disabilities (Intellectual Disability) | 2–4% | 23–32% |
| Dyslexia | 10% | 43–57% |
| Communication disorders | 5–7% | 60–90% |
| Attention deficit hyperactive disorder | 1.7–9% | 12% |
| Autistic spectrum disorder | 0.6–1.2% | 15% |
| Traumatic brain injury | 24–31.6% | 65.1–72.1% |
| Epilepsy | 0.45–1% | 0.7–0.8% |
| Foetal alcohol syndrome | 0.1–5% | 10.9–11.7% |

Prevalence of neurodisability in Youth Justice populations

Young people involved in the Justice System are more likely to present with conditions that adversely affect speech, language and communication development, than those not involved in the Justice System. This provides further evidence of the need for speech pathologists in this setting.

The Office of the Children’s Commissioner (2012) published a report outlining the prevalence of neurodevelopmental disorders in the young offender population and these are summarised in the table above (Table 1).

A clinician working in the field of intellectual disability, who was part of the CRG, reported that prevalence figures of young offenders in custody within Australia indicate that 14–27% have a mild to borderline level of intellectual disability, although intellectual disability is often undetected/undiagnosed in this population. Another clinician with expertise in acquired brain injury reported that prevalence rates are much higher in offending populations than those in mainstream populations, that these are frequently undiagnosed, and often mis-diagnosed as intellectual disability and/or non-specific behaviour disturbance.

Speech pathologists are needed in environments where young people with the above disorders are present, and therefore have a pivotal role to play in the services provided to young people in Youth Justice custody, especially given the high prevalence rates of neurodevelopmental disorders in this population.

Mental health

Speech pathologists are becoming increasingly recognised as members of the multidisciplinary team who can provide valuable input into assessment and

management of SLC difficulties within the areas of mental health and complex trauma, particularly given the overlap of SLC, mental health problems, and poor interpersonal functioning.

The co-morbidity of communication and mental health problems ranges from 50–80% (e.g. Cantwell & Baker, 1991; Benner, Nelson & Epstein, 2002; Giddan, Milling & Campbell, 1996; Kotsopoulos & Boodoosingh, 1987; and Zadeh, Im-Bolder & Cohen, 2007 – all cited in Caire, 2009). Individuals may experience mental health problems related to pre-existing communication difficulties, such as depression and/or anxiety, which are commonly seen (e.g. a young person becoming depressed as a result of their communication disorder) or communication difficulties intrinsic to their mental health condition (SLC difficulties associated with a diagnosis) e.g. schizophrenia, autism, selective mutism (Royal College of Speech & Language Therapists, 2010).

In their 2011 report *The Health and Well-being of Incarcerated Adolescents*, the Royal Australasian College of Physicians (RACP) reported that up to 52% young people in youth detention suffer from three or more mental health problems, not including conduct disorder. After excluding conduct disorder, up to 75% of young people in youth detention fulfil the criteria for one or more diagnosable psychiatric disorders (RACP, 2011). These disorders include ADHD, autism, mood and anxiety disorders, and post traumatic stress disorder. RACP (2011) reported young people in the Youth Justice System are four times more likely to commit suicide than other young people.

Adolescents with specific language impairment (SLI) share a similar increase in psychiatric morbidity to those in detention. For example, Durkin and Conti-



Ramsden (2010) cited a number of studies that report adolescents with SLI being at greater risk of ADHD, anxiety disorders (e.g. social phobia, social anxiety), aggressive behaviour, depression, schizofrom/ personality disorders, and substance abuse. As there is significant overlap between young people who offend and young people with SLI, the high levels of mental health problems in the Youth Justice population are not surprising.

Communication competence is central to mental health “as it is the means by which relationships with others are established and maintained” (Snow, Powell & Sanger, 2012:497). Durkin and Conti-Ramsden (2010) report that as a group, adolescents with SLI tend to be more vulnerable to problems with peer relations, peer friendships, bullying, and emotional and psychiatric difficulties. During adolescence, peers are especially significant due to their ability to meet a young person’s needs for intimacy, shared outlooks, and identity formation (Durkin & Conti-Ramsden, 2010). Children with SLI have a greater chance of experiencing difficulties with peer relationships and friendships and these difficulties can compromise their development of skills in the areas listed above, as well as self-confidence and self-esteem (Durkin & Conti-Ramsden, 2010). Adolescents with deficits in the area of interpersonal functioning are less likely to a) have access to appropriately supportive peer networks and b) have the confidence to approach others for support or socialisation in general (Durkin & Conti-Ramsden, 2010).

Facilitating development of adolescents’ skills in forming peer relationships and friendships is critical to increasing young people’s protection against a

range of problems including mental illness, school disengagement and re-offending. Speech pathologists are especially equipped to facilitate such development, particularly in the case of SLI.

Given the high rates of mental health disorders and co-morbid SLC difficulties, it is essential that speech pathologists are involved in the assessment and management of adolescents in youth detention.

Complex trauma

The National Child Traumatic Stress Network (2012) describes complex trauma as resulting from multiple or prolonged traumatic events that begin in early childhood and occur within the primary care-giving system. In a family context, this could include various types of abuse and neglect including exposure to domestic violence. The Israeli Trauma Center for Victims of Terror and War (NATAL; 2012) reports that complex trauma can also develop as a result of war, captivity, uprooting, experiences associated with being a refugee, and human trafficking.

NATAL (2012) describes characteristics of complex trauma as including difficulty controlling emotions (such as anger) and urges (such as self-harm), memory and attention difficulties, challenges to self-image such as chronic feelings of guilt or embarrassment, victims feeling like they deserve the abuse (internalising the aggressor’s belief system), difficulty with relationships and trusting other people, and physical and medical problems that may or may not have a physiological basis. All of these characteristics compromise communication competence and provide further evidence for the need for speech pathologists working with the youth offending population.



Snow, Powell and Sanger (2012) cited Fisher and Marcus, 2006, who reported that neural pathways supporting communication competence begin to be formed at birth. Threats in early life to the development of these neural pathways include neurological insult (congenital or acquired), maltreatment (abuse and neglect) and hearing loss (Snow et al, 2012). An infant also needs an environment that provides warm and responsive relational experiences as well as exposure to rich language use (Snow et al, 2012). In order for early language development to “flourish”, a child needs at least one adult with whom he or she can form a secure emotional attachment in early infancy (Snow et al, 2012:497).

Children and adolescents who come into contact with the Justice System often do not have histories of growing up in “supportive interactive environments” (Snow et al, 2012:497) and are more likely than not to have histories of complex trauma. For example, the Royal Australasian College of Physicians (RACP; 2011) cited a NSW study that found 42% of adolescents in detention had a history of being physically abused, 11% sexually abused and 38% of emotional neglect. This was despite the young people denying experiences of abuse and neglect. A third of these adolescents had been in out-of-home care or not living at home prior to their incarceration and many had significant learning difficulties (RACP, 2011).

It is worth mentioning that many Indigenous people who are parents have had “fractured experiences of parenthood”, which affect their ability to care for their children (Victorian Council of Social Service, 2006:2) and provide the consistent, nurturing environments required for neural development that supports communication. This “fractured experience” could also apply to most of the non-Indigenous young people that have children. Speech pathologists have a valuable role to play in recognising and responding most effectively to this trauma and its implications for the ability to form and sustain interpersonal relationships.

The Department of Education and Early Childhood Development (DEECD; 2011) reports that it is not possible to assess the representation of refugees involved in the Victorian Youth Justice System however some anecdotal reports from African youth networks and other community-based organisations suggest refugee young people receive unwarranted police attention and discrimination (Questionnaire responses from Migrant Resource Centres, Edmund Rice Centre, City of Melbourne Family Services cited in DEECD, 2011). English language challenges that refugees are likely experience on arrival to Australia, and their probable history of complex trauma, indicate the need for speech pathology services to provide appropriate communication assessment and intervention.

Speech pathology in education

Speech pathologists have expertise in assessing and treating speech, language and communication difficulties therefore they are an essential part of the team delivering educational services to young people in custody where the prevalence rates of SLC disorders is so high.

Oral language underpins all tasks students are required to perform in the classroom, across all areas of curriculum, from following instructions, understanding vocabulary and comprehending text, to expressing thoughts and ideas (verbally and in writing), sharing experiences, participating in class discussion, setting goals and problem-solving. Oral language competence is also essential for establishing and maintaining peer and teacher relationships (e.g. understanding jokes, humour and inference, and applying culturally determined rules of conversation).

Oral language competence forms the foundation for transition to literacy (reading and writing, SPA 2011c) and literacy acquisition plays a key role in school engagement, which is a significant protective factor against offending. School engagement is required for educational attainment, which is “one of the strongest

lack of access to support services experienced by people from low socio-economic backgrounds, young offenders with SLI are even less likely to get the support they need in the community. Having speech pathology as part of the Parkville College educational program would provide opportunities for these students to obtain the specialist support they need.

McLeod and McKinnon (2010) cited Dockrell and Lindsay (2001) as indicating that, with respect to supporting children with communication disorders, “teachers faced three challenges: the additional difficulties experienced by the children, their own knowledge gaps, and the barriers to meeting the children’s needs”. All three challenges are experienced by teachers at Parkville College and a speech pathology presence could help overcome these by:

- Providing insight into additional difficulties through appropriate assessment and formulation
- Providing strategies to help teachers manage these difficulties
- Providing psycho-education, professional development and joint sessions to increase a teacher’s capacity to appropriately identify and manage students with communication disorders
- Advocating for resources and support required to meet the needs of students with communication disorders, as well as providing evidence of effective speech pathology interventions to demonstrate value of these resources and support.

Vance and Clegg (2010) report that the impact of SLC difficulties on social and emotional development, and subsequent achievement in life, is pervasive for a significant number of adolescents with persistent SLC needs, and can affect their ability to gain academic qualifications, enter employment, and negotiate the psychosocial demands of everyday life.

The evidence clearly demonstrates the need for speech pathologists within Youth Justice settings to provide appropriate communication assessment in order to improve young offenders’ chances of successful life outcomes.

In order to formulate an evidence-based method of speech pathology service provision within Parkville College, a number of service delivery models were reviewed.

Service delivery models

A number of service delivery models have been identified that are likely to be suitable for the Parkville College population. Proposal of a speech pathology service delivery model, specific to Parkville College,

is made in *Recommendations* that combines or takes elements from each of the models below (summarised in Appendix 1).

- *SPA Speech Pathology Services in Schools* (SPA, 2011)
- *The Balanced System* (Gascoigne, 2010)
- *Response to Intervention* (The National Center on Response to Intervention (NCRTI), 2010)
- *Service delivery framework for adolescents with communication problems who are involved in violence* (Sanger, Moore-Brown, Montgomery & Larson, 2002)
- *Curriculum-based assessment and treatment models* (Parsons, Law & Gascoigne, 2005; Joffe, 2012)
- *Correctional education incorporating pragmatics into social skills training* (Sanger, Maag & Spilker, 2006)
- *Prototype Service Delivery Model* (Larson, McKinley & Boley, 1993)
- *Consultation Service Delivery Model* (Larson et al, 1993)
- *RCSLT Model of service delivery for those at risk of offending and re-offending* (Bryan & Mackenzie)
- *Leeds YOT SLT intervention for persistent young offenders* (Gregory & Bryan, 2011)
- *The Youth Offending and Speech and Language Therapy (YOSALT) Project* (Ealing Council, 2012)

Similarities between models

- The three levels of prevention described in the Response to Intervention (RTI) model (Primary, Secondary and Tertiary prevention, each of which can contain varying tiers of intervention) appear consistent, to a degree, with the Universal, Targeted and Specialist levels of The Balanced System i.e. Universal/Primary, Targeted/Secondary, Specialist/Tertiary. These appear to be used in a number of speech pathology service delivery models (e.g. Knowler, 2009) and will form the framework for the proposed speech pathology service within Parkville College.
- RTI describes the importance of screening, identification and early intervention, as does The Balanced System Specification Levels. The recommended service delivery model for speech pathology within Parkville College incorporates these elements.
- The two-stage screening process of RTI is similar to the service delivery model proposed for Parkville College, which begins with SLC screening of all students, followed by more in-depth assessment for those identified as having SLC difficulties.



- Common elements among the service delivery models outlined above include:
 - > Prevention
 - > Screening/Assessment/Early intervention
 - > Differentiated treatment e.g. in the area of pragmatics, or for mild vs. severe difficulties
 - > Service delivery considerations
 - > Consultation and collaboration with colleagues, such as teachers
 - > Increasing awareness, knowledge and skills of workforce e.g. teachers
 - > Creating a communication-friendly environment that improves engagement
 - > Supporting transition back to the community (on release from custody).

The recommended service delivery model for speech pathology within Parkville College is outlined in *Recommendations* and aims to incorporate the above elements.

CRG feedback

With respect to service delivery models used by speech pathologists working in related settings to Parkville College, clinicians reported working in a number of ways including:

- With the teacher and teacher aide e.g. designing programs or team-teaching a class. Team-teaching was reported to improve compliance, as the programs are seen as part of the normal class routine; no student is singled out and it removes the stigma that adolescents may feel about being different or having a problem. Teenagers were reported to frequently hate being

taken out of class therefore working with the aide 'behind the scenes' or during group work may be more effective. It was stipulated that there is still a role for 1:1 and small group intervention to target specific language, literacy and social communication development.

- Running small groups with the teacher and/or aide as secondary facilitator(s) so that they can follow through with strategies during class time or when the speech pathologist isn't there. This has the added advantage of the school staff possibly being able to conduct selected speech pathology programs independently in the future.
- Developing programs for 1:1 use or group work
- Supporting and guiding a teacher aide to implement speech pathology programs, which could be individual or group-based.

In terms of setting up service delivery within a school, CRG member Gaenor Dixon suggested that speech pathologists:

- Start by ensuring that the teachers are "skilled in differentiation and teaching strategies that work for students with SLC needs". She reported that this increases all students' chances of accessing and participating in the classroom learning, from a linguistic perspective.
- Follow with speech pathologists and teaching staff working together to identify the "barriers to learning and/or participating in school/society" through appropriate screeners or assessments
- Finally, decide how best to cater for the needs of the group based on the above considerations.

The above service delivery models and recommendations have been considered in formulation of the *Recommendations* that are outlined later in the report.

A key part of the project was to learn about Parkville College within PYJP and Malmsbury Youth Justice Precinct (MYJP). These two precincts form the campuses of Parkville College and together make up Victorian Youth Justice Custodial Services. A summary of the findings will now be provided.

Victorian Youth Justice Custodial Services

Both PYJP and MYJP are managed by the Department of Human Services (DHS), Service Delivery and Performance Division (DHS, 2011).

MYJP is located approximately 100 kilometres north of Melbourne and accommodates young men aged 18–21 years sentenced to a Youth Justice Centre Order by the Adult Courts in Victoria with up to 90 clients in a mixture of low and high security residential units (DHS, 2011).

PYJP is located in the inner northern Melbourne suburb of Parkville, approximately 5 kilometres from the central business district. It comprises two custodial centres and a remand centre. PYJP accommodates:

- 10–14 year old males sentenced or remanded by a Victorian Court
- 15–18 year old young men sentenced or remanded by a Victorian Court
- 10–17 year old females sentenced or remanded by a Victorian Court
- 18–21 year old women sentenced to a Youth Justice Centre Order by the Adult Court in Victoria (DHS, 2011).

Within PYJP, the custodial centre housing the females and 10–14 year old males is called Parkville Youth Residential Centre (PYRC) and the centre housing 15–18 year old sentenced males is referred to as the Melbourne Youth Justice Centre (MYJC). The Pauline Toner Remand Centre is also part of the PYJP and accommodates the 15–18 year old males on remand. PYRC has two units (Cullity for the girls and Barnett for the boys), MYJC has four units (Oakview, Southbank, Westgate and Eastern Hill) and Pauline Toner Remand Centre has two units (Remand North and Remand South). Each unit can accommodate up to 15 detainees. Figure 3 (page 23) provides a visual representation of the PYJP custodial centres and units.

Young people are allocated to a particular unit based on factors such as vulnerability, nature and

frequency of offending, and peer associations prior to incarceration. No contact is allowed between young people from different units.

Parkville College

Background

Parkville College is a Victorian government school funded by the Department of Education and Early Childhood Development (DEECD). It was established in early 2012 as a campus of Kensington Community High School following an Ombudsman's Report on PYJP (Ombudsman Victoria, 2010) identifying the need for improved educational services to young people in its custody centres. In 2013, Parkville College will be established as school in its own right.

Students who attend Parkville College typically come from disadvantaged backgrounds with more than half being former or current Child Protection clients with a history of neglect, abuse and/or trauma (Department of Human Services, 2012). Most have significant histories of truancy and school exclusion, with two-thirds having been suspended or expelled from school (Department of Human Services, 2012).

In 2012, Parkville College only provided an education program to the young people in MYJC however in 2013 will be expanded to include PYRC and MYJP.

Brendan Murray is the Assistant Principal of Parkville College and is responsible for the development of the education program delivered by Parkville College across Parkville and Malmsbury campuses. Brendan is co-founder of the Pavilion School in northern metropolitan Melbourne, which provides education to young people disengaged from mainstream schools. The Executive Principal overseeing Brendan's work is Steven Boyle, former DEECD Regional Network Leader for Wyndham. The Educational Consultant for Parkville College is Ms Madeleine Tippens, co-founder of the Knowledge Is Power Program (KIPP), Infinity Charter School in the Bronx District of New York.

Ethos and Model

The following information has been obtained from the draft version of an unpublished report *Parkville – a Learning Community in Action (The Parkville College Model)*.

The Parkville College Model has been significantly informed by the development and implementation of the Pavilion School and the KIPP Infinity Charter School in Harlem, New York City.

The Pavilion School is a Victorian Government school that aims to re-engage marginalised young people with the Public Education System.



The Pavilion School takes an Applied Rights Based Approach, which involves bringing children back into education with care and support, while shaping their education towards the full development of the human personality (Article 26, Universal Declaration of Human Rights). The Pavilion School values respect, productivity, and tailoring education to the whole child including consideration of individual needs. It promotes collaboration between staff and students to create a positive relationship in order to improve students' education and assist them in reaching their full potential. There is no exclusion policy at the Pavilion School; if a child is struggling, they are provided with more support rather than less.

The Knowledge is Power Program (KIPP) Infinity Charter School is a public-charter school that aims to take its students 'to and through college'. It has high expectations of students and focuses upon stamina, growth, confidence and encouraging a love of learning. The School's mantra is 'work hard: be nice'. The School actively challenges low aspirations of children, families and communities, and provides multiple pathways of possibility by teaching students the strategies required to succeed in life and develop to their potential.

Parkville College brings together the best elements of both these models to deliver an education program that results in successful and effective education of young people in custody, the majority of which (if not all) are extremely disadvantaged and significantly disengaged learners. Parkville College aims to:

- Provide a positive impact on students' personal growth and increase the possibilities available to them
- Accelerate students to age-appropriate levels of school functioning, including literacy, numeracy and social, emotional and wellbeing levels, through the delivery of "thoughtful education in the area of social functioning"
- "Drastically improve education outcomes and pathways for children detained in custody" while also reducing recidivism
- Actively engage students at all times
- Create a 'climate of acceptance' (Carl Rogers) for therapeutic growth and facilitation of learning through development of positive relationships that show respect, empathy, congruence, unconditional positive regard, genuineness, and sincerity
- Develop a student's secure attachment (John Bowlby) to his/her teacher and as result, help the student identify the school as a 'secure base'. Teachers facilitate this through maintenance of a "consistent, trustworthy, reliable and predictable approach".
- Build student stamina (perseverance with reading and writing tasks) by:
 - > Using data to inform individual student learning needs and providing differentiated education to meet these needs
 - > Considering a student's Zone of Proximal Development (Lev Vygotsky)

- > Assisting students to set their own goals
- > Ensuring a high level of reading success
- > Following principles of 'growth mindset' (Carol Dweck). 'Growth mindset' suggests abilities are developed through dedication and hard work rather than being fixed and unchangeable. It celebrates student growth and success rather than pursuing achievement-based learning.
- > Providing explicit instruction and intentional teaching
- > Giving students choice in what they read
- > Providing a calm and orderly environment
- > Creating a physical space conducive to learning
- > Utilising expertise of a teacher coach and collaborating with other staff
- Target Behaviour Education through explicit instruction (behavioural instruction) (Ramon Lewis, John Hattie)
- Target oral language competence (Snow et al, 2012)
- Teach curiosity ('learning capability') (Hopkins, Munro & Craig, 2011 cited on page 46 of the Parkville College report).

Speech pathologists can make an invaluable contribution to the achievement of the above aims as they all rely on or relate to SLC skills.

Key documents that inform the ethos of Parkville College include the:

- Universal Declaration of Human Rights (Article 26)
- Convention on the Rights of the Child (Articles 28 & 29)
- Education and Training Reform Act of Victoria, 2006
- Victorian Principles of Learning and Teaching (DEECD) and
- Strategic Review of Effective Re-engagement Models for Disengaged Learners (Lamb, Doeke and Davies, 2011 for DEECD) that outlines four key elements of effective programs: outreach, learner wellbeing, pedagogy and pathways.

Teaching staff

Members of the 2012 teaching staff came from a wide range of backgrounds and had different levels of teaching experience. For example, some of the teachers were graduates, new to the teaching profession (after doing a Diploma of Education), and others had many years' experience, including leadership roles.

Qualifications among the 2012 teaching team include:

- Bachelor degrees in Applied Science (Physical Education), Arts, Youth Work, Laws/International Relations, Commerce
- Diploma of Education, Postgraduate Diploma of Teaching
- First Aid.

Experience includes:

- Leading a teaching team/being Head of a Department
- Occupational health and safety
- Running a drop-in centre and programs for young people
- Teaching in a secondary school where the majority of students were refugees originating from Iraq and Afghanistan
- Primary teaching in London with students struggling academically
- Tennis coaching, hospitality, tourism
- Accountancy, insurance.

Each teacher is passionate about their work and enthusiastically committed to improving educational and social-emotional outcomes for their students. Teachers were asked what they liked about working at Parkville College and their responses below reflect this passion and commitment:

- "I like the fact that even though these boys are thought of as the worst boys in Victoria, most of them are very respectful towards us teachers and genuinely do realise the importance of an education and therefore push themselves to learn even though it is hard for them under the circumstances. We actually are helping these kids, even if it seems hopeless sometimes."
- "Parkville College allows students the opportunity to excel at their own pace, providing support along the way and appropriate learning activities based on their individual abilities."
- "I like working at Parkville because of the experience. I never really thought of working with these types of students; high needs and low level. It is incredibly rewarding to get to know these students, build relationships with them and to provide the tools for these kids who are so disengaged from school and have had such bad experiences in school and life."
- "It's very rewarding being a part of facilitating positive change to the most vulnerable and disadvantaged young people in Victoria; seeing growth in students educationally, socially and

Consistent with 2012, due to the need for smaller class sizes (up to eight), in 2013, units will be split into two groups when necessary e.g. if there are 15 young people on one unit, eight may attend classes in the morning with the other seven attending the same classes in the afternoon. Group mix is up to the teacher's discretion following liaison with DHS staff (e.g. youth workers) and is based on a number of factors including personality (e.g. avoiding having boys in the same class who don't get on with each other) and educational level.

Due to the age of the students attending Parkville College in 2012 (15–18 years), the Victorian Certificate of Applied Learning (VCAL) Literacy and Numeracy curriculum was utilised. Based on VCAL, Madeleine Tippens (Educational Consultant) developed a Reading and Writing Curriculum that teachers used to inform their classes. In 2013, it is planned for VCAL units Oracy and Personal Development to also become a focus. Teachers have found that using VCAL outcomes increases student motivation to complete tasks however also see value in extending the curriculum beyond VCAL e.g. targeting oracy or social skills.

In 2013, curriculum will be differentiated for students on remand and sentenced units, with the focus of remand to teach basic skills quickly (before young people are released) as opposed to Sentenced units, where more emphasis will be placed on teaching and application of skills.

The draft timetable for next year includes all PYRC and MYJC students attending:

- Reading, Writing and Maths classes four or five days a week, each class 45 minutes in duration
- Daily 60-minute Physical Education classes with Sport on the weekends
- Specialist classes every day comprising alternating sessions of Music, Art and ICT (computers)
- 60-minute Wellbeing sessions four days/week.

All students aged 15 years+ on the sentenced PYRC and MYJC units will attend:

- VET (Vocational Education and Training) theory classes two days/week
- Two days of Applied VET in Horticulture, Automotive or ICT and one day of Work-Related Skills
- Inquiry or Theme-based classes two days/week.

All students under 15 years in PYRC will participate in:

- Integrated Curriculum classes daily
- Applied Learning activities and Work-Related Skills on the weekend.

Students on remand at MYJC will engage in:

- Pathways sessions (transition to school, work, community etc.)
- Applied VET Certificate activities and Work-related Skills on the weekend.

At Malmsbury YJC, all students will attend daily Literacy, Numeracy, TAFE (Mon–Fri) and YMCA (Mon–Sun) sessions with Group Sport on the weekend.

Figure 1: Preliminary 2013 Leadership Organisational Chart for Parkville College

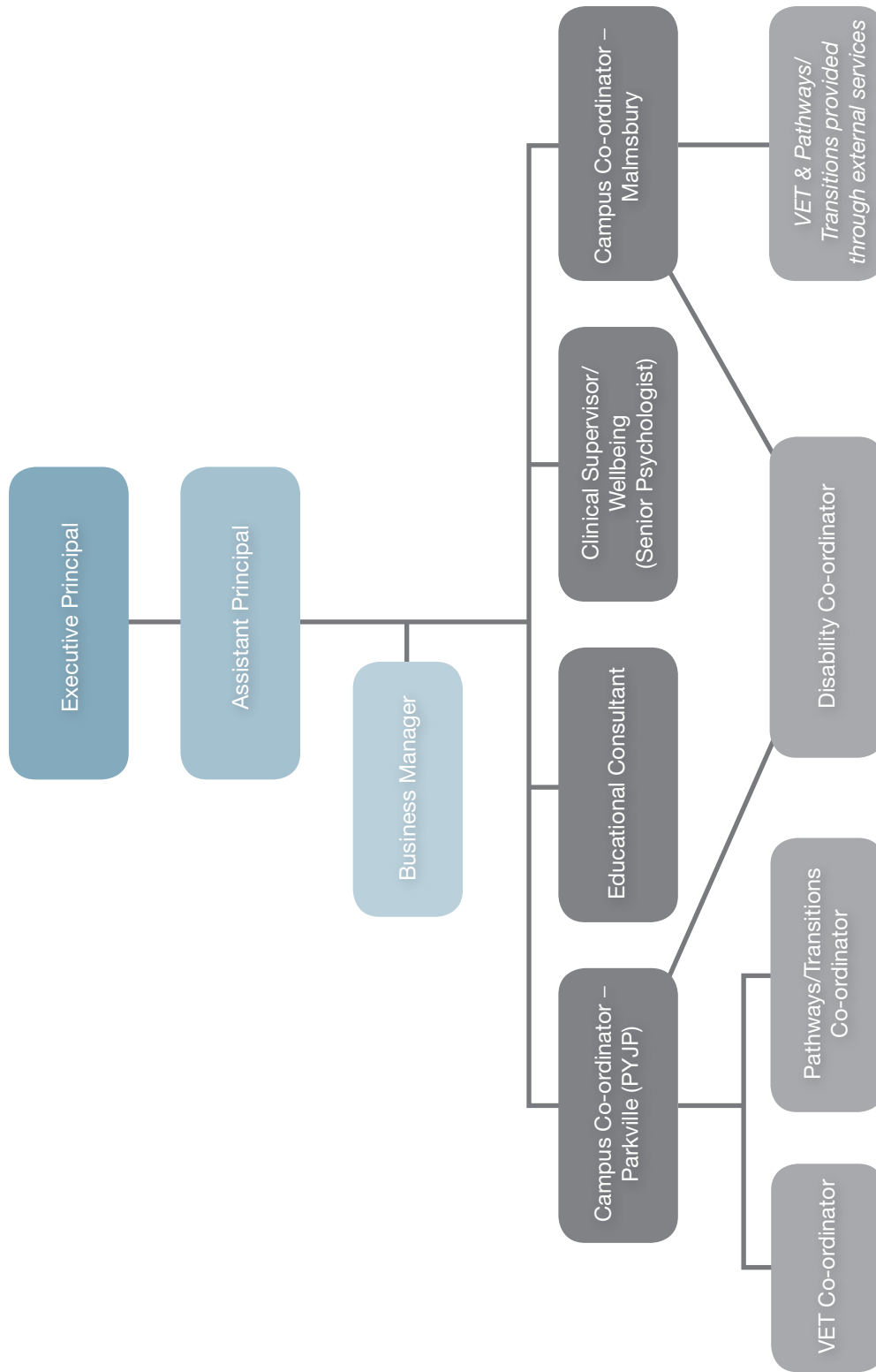


Figure 2: Diagram summarising additional preliminary 2013 staff for the Parkville Campus of Parkville College (Malmesbury Campus not available)

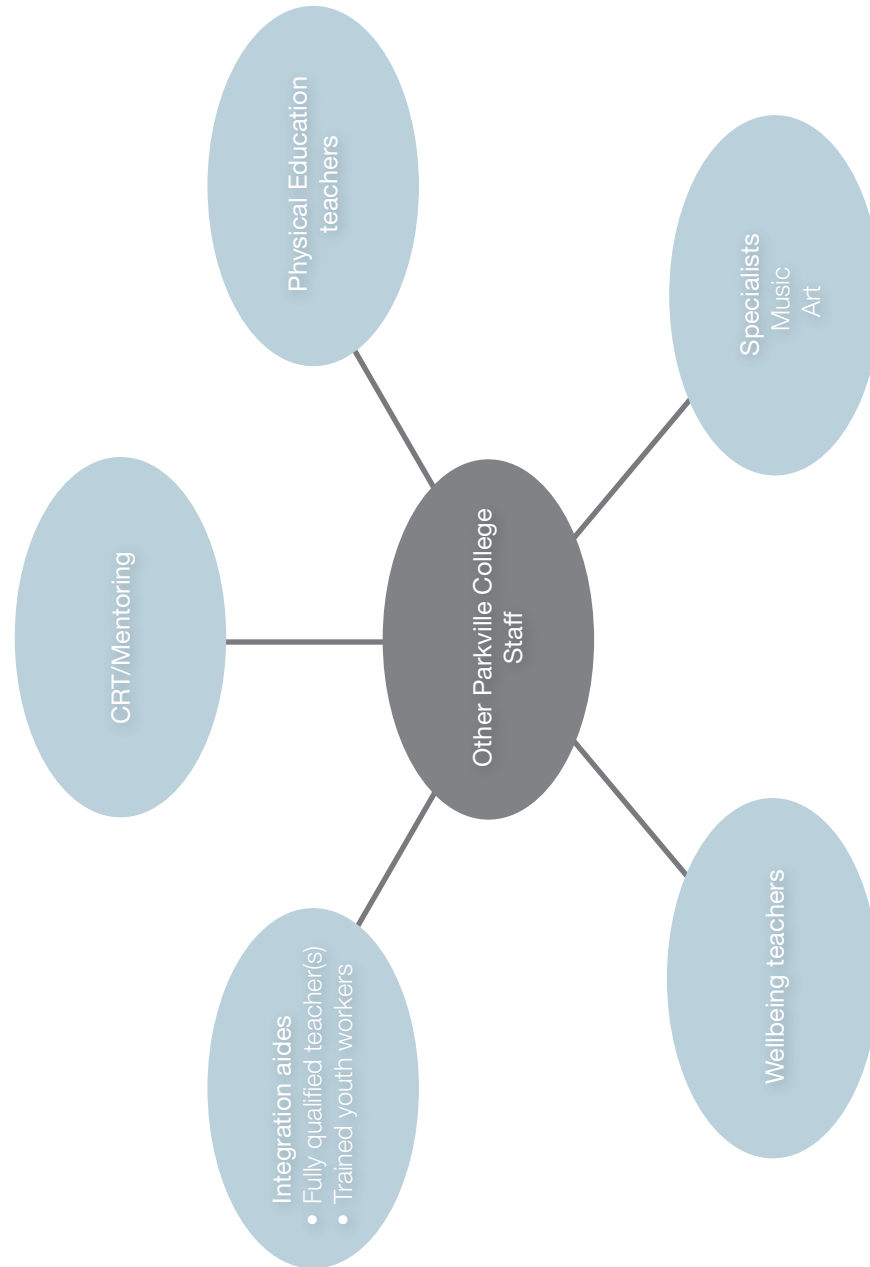
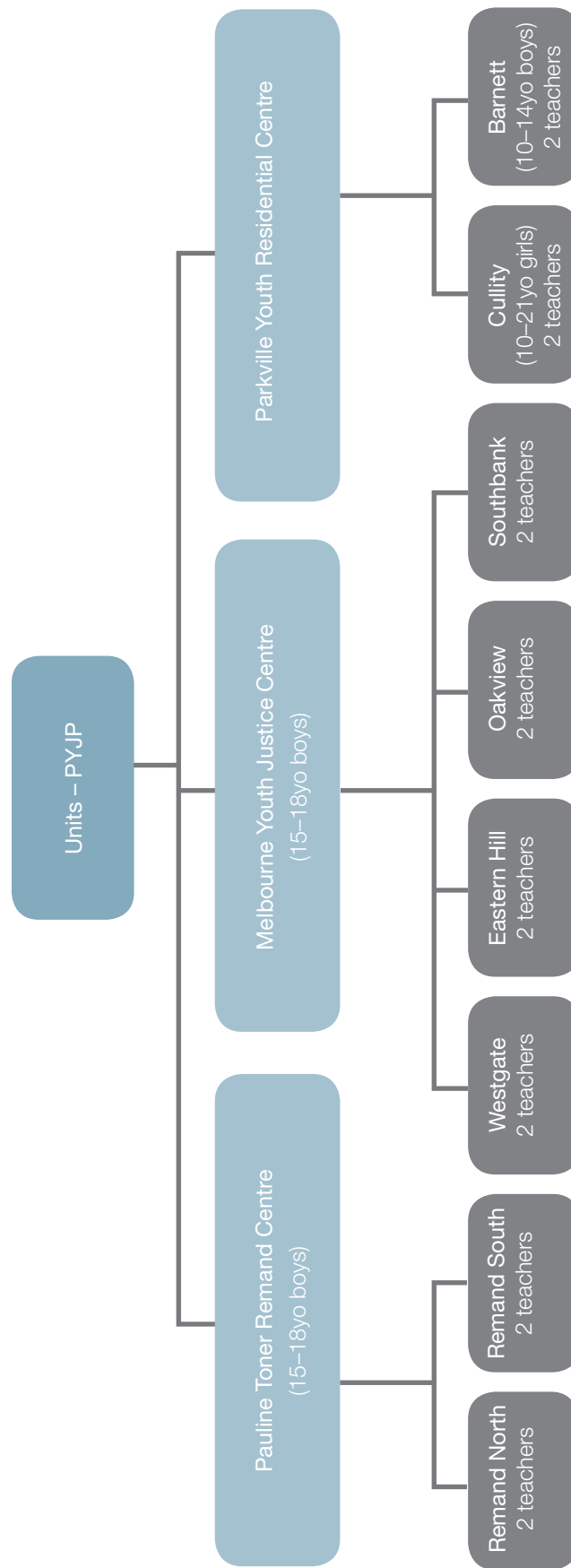


Figure 3: Parkville Youth Justice Precinct's (PYJP) Unit Structure with teacher allocation (Malmesbury Campus not available)



CRG responses

The CRG was asked a number of questions regarding members' experience, knowledge and recommendations regarding work with adolescents, particularly those with social/emotional problems and/or engaging in offending behaviour.

A number of screening and assessment tools and intervention materials were discussed, and those that were deemed most important, and incur a financial cost, are listed under *Budget* (page 35). Others (e.g. tools available online for free or of a lower priority) are recorded elsewhere, as they are beyond the scope of this report, however will be considered in the set-up of a clinical speech pathology service within Parkville College. Advice for speech pathologists working in a setting like Parkville College was also provided but as they are also beyond the scope of this report, are summarised elsewhere for future use.

Research ideas and training needs were also identified and are included in the relevant sections under *Recommendations* (below). Service delivery models used and recommended by CRG members have been described previously.

Recommendations

It is clear that the value of speech pathology within Parkville College, or any other Youth Justice setting, cannot be underestimated. The knowledge and skills of speech pathologists can significantly impact student outcomes and teacher capacity to manage students with SLC needs. The following recommendations are therefore made for provision of speech pathology services within the Parkville College educational program.

Role of Speech Pathology

Through provision of clinical services including assessment, intervention, consultation and training, speech pathology service provision within Parkville College would endeavour to achieve the following aims:

- Facilitate students' access to the education program through appropriate identification of learning needs and management strategies
- Contribute to the development of a curriculum that caters to young people with SLC needs
- Improve responsiveness of teaching practices i.e. increase teachers' ability to deliver education in a way that meets SLC needs of students
- Increase students' engagement in learning within a classroom/school setting
- Support development and effective use of students' SLC skills

- Advocate for young people with SLC difficulties
- Increase awareness of SLC needs within youth custodial environments
- Improve relationships with colleagues and other service providers through building of rapport and mutual respect and facilitating collaboration between services, to improve stakeholder engagement and influence
- Support teaching staff in meeting the SLC needs of students e.g. assisting them to implement programs designed for schools such as *The Language Support Program* (DEECD, 2012) <http://www.education.vic.gov.au/school/teachers/support/Pages/lsp.aspx#4> and *The Language Support Model* (McCartney, 2006) <http://www.strath.ac.uk/humanities/speechlanguagetherapy/resources/lsm/>
- Improve the oral language (talking and listening) skills of students, across a wide range of communication tasks.

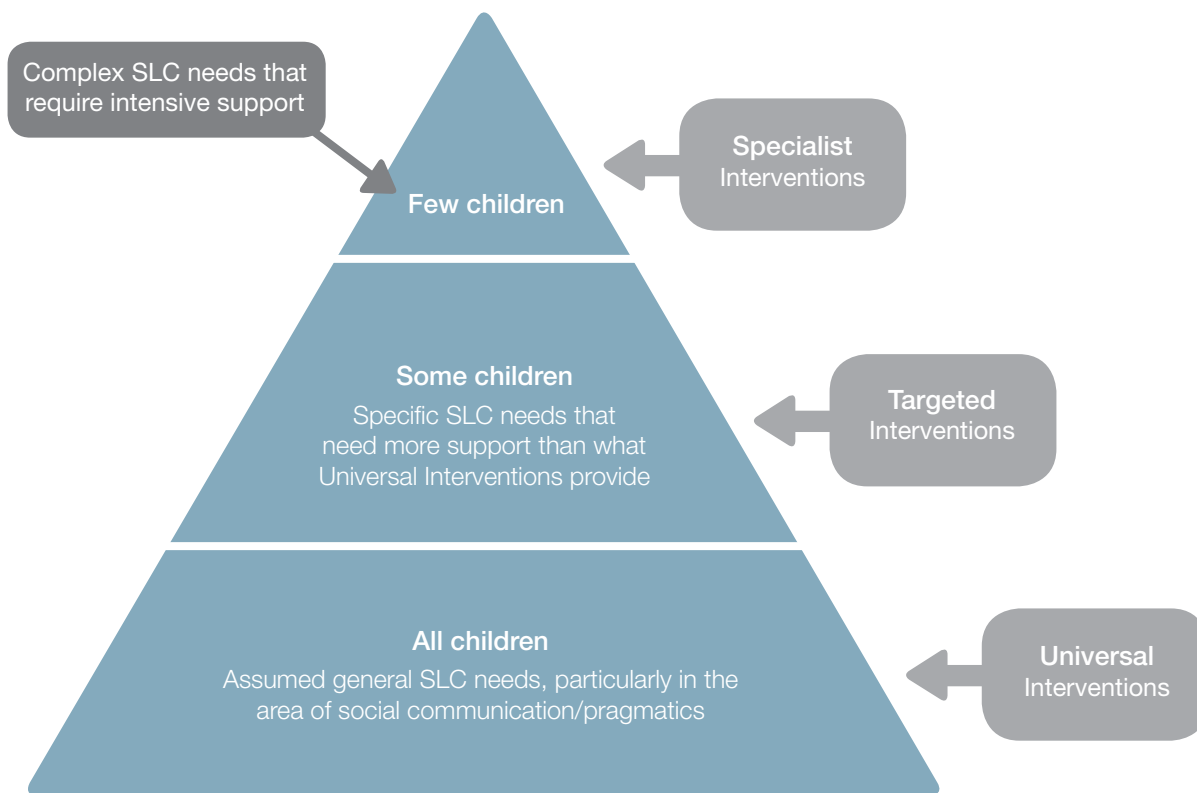
Speech pathology can provide valuable support to the development of curriculum (e.g. content), individual learning goals and delivery (e.g. use of strategies to aid learning) in a number of areas in the Parkville College curriculum including:

- Literacy/Reading (e.g. phonological awareness, decoding of text, comprehension)
- Writing (editing process, spelling, grammar use, syntax, essay/narrative structure, completing assignments)
- Numeracy/Maths (e.g. concepts, word-based problems, vocabulary)
- Pathways (appropriate planning that considers SLC needs, building skills required for community re-integration and identification of strategies e.g. for the workplace)
- Inquiry and Integrated Curriculum (e.g. integrating SLC goals into class content, ideas for delivery of content that consider SLC needs)
- Wellbeing (e.g. emotional vocabulary, self-regulation and problem-solving skills, interpersonal functioning, social skills).

Recommended service delivery model for speech pathology within Parkville College

A model of service delivery specific to Parkville College has been formulated and it is recommended that speech pathology services within Parkville College are provided according to this model, as it considers a speech pathologist's role in Youth Justice custodial education, documented speech

Figure 4: Recommended Parkville College Speech Pathology Model of Service Delivery



pathology service delivery models already in practice (see Appendix 1 for summaries of these) and special considerations for a speech pathology service within a custodial setting.

The recommended service delivery model for speech pathology within Parkville College utilises the Balanced System (Gascoigne, 2010), which separates interventions into three levels: Universal, Targeted and Specialist. Please see Appendix 1 for a description of this framework. At a very basic level, it can be represented by the diagram above (Figure 4). Please note this is specific to Parkville College – services to other Youth Justice populations may differ slightly.

Consistent with the Response to Intervention Model and speech pathology professional practice, outcome measures and progress monitoring tools need to be incorporated within each level, with results used to inform treatment planning.

It is strongly recommended that speech pathologists refer to Sanger et al (2002) when planning speech pathology services and to consider suggestions

by Larson et al (1993) with respect to increasing student motivation and compliance, and stakeholder engagement (e.g. teacher investment in speech pathology programs). These are summarised in Appendix 1.

It is also important to recognise the differences in patterns of offending between boys and girls and what implications this has on choosing interventions. For instance, Sanger, Maag and Spilker (2006) describe the importance of including pragmatics in speech pathology programs for young offenders, especially females, to improve social competence. Their article provides excellent suggestions of how pragmatics can be incorporated into classroom activities. See Appendix 1 for more information.

Some research suggests that young people with mild–moderate SLC difficulties can benefit from a standard package of speech therapy whereas those with more extensive, severe or complex difficulties may need more intensive and individualised programs (Ealing Council, 2012). This is worth considering in the delivery of speech pathology services to the Parkville College student population.

In development of a speech pathology service at Parkville College, referral will need to be made to the SPA (2011b) *Clinical Guideline: Speech Pathology Services in Schools*. This document contains information pertaining to service, client and human resource management including qualifications and skills and budget considerations/resource requirements.

The following descriptions are related to the Balanced Framework (Gascoigne, 2010) and RTI prevention levels outlined previously and form the main components of the recommended service delivery model for speech pathology in Parkville College.

Universal Interventions/Primary Prevention

Given the high prevalence rate of SLC needs in the Youth Justice population, it is safe to assume that at least 50% of young people attending Parkville College have SLCN, particularly in the area of oral language. It is also safe to assume that every young person admitted to PYJP has severe conduct problems that manifest as poor interpersonal functioning, problem-solving and social communication skills. Therefore a number of interventions targeted at a Universal level are appropriate for this group.

- **Screening and assessment:** It is recommended that every young person is screened for SLCN as part of the enrolment process into Parkville College/initial education assessment. Teachers could administer this screening following training and with support from the SP. If a young person is identified as having SLCN, they should be referred for more in-depth speech pathology assessment, which would then indicate the level of speech pathology support required (e.g. targeted vs. specialist). Student self-assessment should be considered as well as multidimensional assessment (see Sanger et al, 2002).

It is also recommended that students are screened for their Learning Style, Learning Strengths and/or Multiple Intelligences (Howard Gardner) and that teachers include activities in each of their classes that cater to these e.g. a mixture of auditory, visual and kinaesthetic tasks (Leeds YOT as reported in Caire, 2011).

Universal screening as part of PYJP entry procedures is also recommended so that communication needs can be identified and documented along with appropriate strategies to support communication. This is particularly important in a custodial setting as young people may not stay detained for very long and therefore need timely screening/assessment. Data from this screening process should form the basis of a

formal prospective database on the language and communication skills of young people on Youth Justice Custodial Orders.

- **Joint work:** It is recommended that speech pathologists run classes/groups in collaboration with teachers, which could be SLC-specific, such as teaching narrative structure as part of oracy and literacy, or non-SLC-specific, such as wellbeing/welfare groups (e.g. coping skills, self-regulation, developing emotional vocabulary) or parenting (e.g. child development).
- **Consultation:** It is recommended that following a period of observation in the classroom, a speech pathologist meet with the teacher to discuss ways to improve the classroom environment and educational instruction to maximise learning and communication effectiveness.
- **Social skills/pragmatics groups**, run by speech pathology but with support of Wellbeing staff (for example). Topics may include (Sanger et al, 2002:300):
 - > Giving and receiving feedback
 - > Giving and receiving compliments
 - > Negotiating
 - > Resisting peer pressure
 - > Conversation skills
 - > Understanding and expressing emotions
 - > Listening skills
 - > Narrative skills
 - > Expository text
 - > Interview and court preparation
 - > Social information processing
 - > Non-verbal communication
 - > Self-esteem
 - > Self-awareness
 - > Communication skills for teamwork
 - > Conflict management
 - > Different communication styles e.g. passive, aggressive, assertive
 - > Influences and choice-making
 - > Positive affect enhancement
 - > Problem-solving
 - > Self-regulation
 - > Developing Theory of Mind (cognitions) and empathy (emotions)
 - > Environmental integration
 - > Code-switching (adapting language for particular purposes or people).

All of these can be reinforced in the classroom through teacher-directed activities or joint-delivery of programs.

and communication needs being addressed in the community. This could occur via telephone or face-to-face meeting such as part of a case conference attended by professionals involved in the young person's care and rehabilitation. It is also recommended that prevention efforts be part of a Targeted intervention e.g. providing input into risk assessment and management plans.

- **Provision of speech pathology intervention within small groups:** Due to the sensitive nature of communication difficulties and young people's general preference for discretion, it would be advisable to target specific SLC goals during small group work outside of class time. Some appropriate targets for small group work include:
 - > Visualising and Verbalising (comprehension strategy that also facilitates oral expression)
 - > Vocabulary e.g. around a particular classroom topic or area of the young person's environment, such as the Justice System (e.g. defining legal jargon)
 - > Phonological awareness
 - > Decoding of text
 - > Narrative skills
 - > Problem-solving
 - > Listening and attention skills
 - > Specific pragmatics targets
 - > Metaphors, idioms, other non-literal or abstract language skills.
- **In-classroom support:** There will be cases where it is appropriate for the speech pathologist to support the teacher by providing treatment during class. This could take the form of helping individual students/class members with their work e.g. writing a short story, or delivering therapy to a willing individual (e.g. joint participation in a word-matching activity while other students are engaged in silent reading). In collaboration with the classroom teacher, a speech pathologist could also assist the teacher in running a class activity.
- **Teacher consultation:** Teachers may be generally confident addressing needs of a whole class (with some support from speech pathology for certain areas, such as pragmatics) but benefit from more specific speech pathology support for particular students they observe to be having difficulty. In these cases, a speech pathologist would need to meet with a teacher to discuss the observed difficulties and use joint problem-solving to identify ways the teacher could manage and support the student of concern e.g. scaffolding strategies or differentiated learning activities.
- **Formulation and provision of Communication Care Plans:** For those students identified with SLC difficulties, they (and their communication partners) would benefit from a Communication Care Plan (CCP – see Appendix 3 for proforma). A CCP is in a table format and contains information pertaining to SLC need, SLC goal(s), strategies/interventions for supporting communication, and a crisis and contingency plan. CCPs need to be made available to all appropriate communication partners of the young person including parent(s), carers, community professionals, teachers and youth workers.
- **Liaison with health team:** It would be important for speech pathology to liaise with the health team regarding a student's difficulties if there are concerns about the student's health or neurological/cognitive functioning. For instance, the health team may have information on a student (that is relevant to their learning capacity) that teachers may need to understand a student's presentation, formulate realistic goals, and implement appropriate strategies. A speech pathologist could facilitate collaboration between teaching and health teams by aiding communication and handover or assisting in interpretation of assessment reports (when appropriate). In addition, a speech pathologist could also facilitate referrals to the health team by teaching staff. The exact process for undertaking the above tasks would need to be discussed with the Parkville College leadership team.
- **Liaison with mental health team and welfare staff (e.g. psychologists, social workers, Wellbeing teachers):** Many mental health interventions (such as psychological therapies and curriculum activities aimed at improving social and emotional functioning) are verbally based and involve reading or writing tasks such as worksheets, so a speech pathologist would need to liaise with staff delivering these programs, to ensure young people are better able to access (i.e. engage in and benefit from) these interventions.
- **Development of programs:** If a speech pathologist has limited time to spend with students, it would be appropriate for the speech pathologist to develop a SLC program for implementation by an integration aide for small group or individual work, and for monitoring/support by the speech pathologist e.g. articulation, decoding.



Specialist Interventions/Tertiary Prevention

Some students within the Specialist group will need more intensive and direct support from a SP. This could be provided on an individual student or small group basis. Some SLC targets that may be most appropriate for specialist interventions include:

- Fluency management (stuttering)
- Dyspraxia (speech disorder)
- Students with more extensive or severe difficulties
- Complex presentations.

With respect to the Parkville College timetable, the following possibilities warrant discussion with the leadership team:

- **Universal Interventions:** Group sessions targeting all students (e.g. pragmatics, emotions) could be run as one or more of the daily Wellbeing classes
- **Targeted Interventions:** For those students who need some more individualised teaching either individually or in small groups, there are a few possibilities:
 - > Students could attend a speech pathology group instead of a class once a week, where the speech pathologist and/or teacher aide provides more intensive teaching. Students could still get credit for attending these sessions, as they would if they attended class e.g. ticking off items on a checklist.
 - > Student groupings could also be manipulated to reflect the SLC needs of students e.g. the first group to attend English class may have been selected for their low SLC functioning, and consequently be taught by the teacher and speech pathologist together.

This teaching could occur in front of the group or where the group is divided, with the speech pathologist taking one group and the teacher the other.

- **Specialist Interventions:** Individual sessions would need to be run at a mutually convenient time between the SP, student and teacher. It would be important to ensure that the student does not miss out on key teaching, and that the student's social needs are being met e.g. not being seen during lunch-time if this is when the students socialise; also not at a time when attention would be drawn to the young person receiving 1:1 assistance if this is an issue for the young person.

Other

Given the high occurrence of inter-generational poverty, deprivation and social exclusion (for example) in the Youth Justice population, provision of speech pathology services to children of young offenders (e.g. early intervention) is recommended to help end the cycle of poverty and educational underachievement, and prevent persistence of SLC difficulties.

Part of speech pathology service provision is development of resources. These could be SP-specific (e.g. for use in speech pathology programs) or resources to support curriculum delivery and teaching practice.

Networking activities with other speech pathologists (such as involvement in special interest groups or member networks) are also important for peer support, development of community connections, and sharing of ideas and resources. It is expected that speech pathologists working at Parkville College will be given the time to attend any relevant networking activities.

Service delivery considerations

There are a number of factors to consider when providing speech pathology services in a Youth Justice custodial setting. It is important to be cognisant of these, not only from a planning perspective but also from a personal perspective. For example, these factors will be important to consider when planning services and programs or evaluating potential speech pathologists' employment suitability and possible professional development needs.

Complex trauma

Providing educational services, including speech pathology, within a complex trauma framework is essential for the Youth Justice population. The following documents are valuable resources in this regard:



- Australian Childhood Foundation (2010). *Making Space for Learning: Trauma-Informed Practice in Schools*. <http://www.childhood.org.au/Assets/Files/bdb91340-c96b-457d-a408-ce4d790e3c00.pdf>
- Child Safety Commissioner (2007). *Calmer classrooms: A guide to working with traumatised children*. State Government of Victoria. http://www.kids.vic.gov.au/downloads/calmer_classrooms.pdf

It is critical for clinicians to have an understanding of characteristics of complex trauma, and how these affect a young person's presentation, to ensure accurate assessment and inform therapy targets.

Neurodevelopmental disability

Given the high prevalence rates of unidentified and undiagnosed neurodevelopmental disabilities, it is essential that neurodisability be considered when planning programs. For example, teachers may need education around what 'disability' is (e.g. not just physical or intellectual disability) and how to identify students with disabilities who may need additional learning support. This is especially important as co-morbidities are the norm within Youth Justice populations.

Alcohol and other drug use

RACP (2011) reported that up to 70% of incarcerated adolescents admit to being intoxicated at the time of their offence, and that studies have found incidence rates of substance misuse up to 90%. Anecdotal reports from Parkville College staff indicate that within the first few days of a young person's detention, they are often 'coming down' from substances and present as substance-affected. This suggests any SLC screening may best be done after day 3 of a young person's detention, to ensure more accurate results, however clinician discretion could also be exercised in assessing whether or not a young person is fit for

screening. Clinician competence in this area will need to be considered and appropriate support and training provided if required.

The high number of young people entering custody while substance-affected also has implications for classroom management. A clinician will need to consider whether or not a student is substance-affected if they are being observed or assessed within their first few days in custody. This is particularly relevant for young people on remand.

Clinicians will also need to consider a young person's substance use when planning interventions and transition to the community on release to custody. For example, a young person's substance use may be directly related to poor coping and problem-solving, mental health and/or interpersonal relationships. These factors may be targeted as part of treatment, in collaboration with a suitably trained professional if appropriate.

Mental health

It is recommended that clinicians liaise closely with the professionals within the Youth Justice centres that provide mental health services to ensure robust formulation, accurate assessment, appropriate treatment planning, and awareness of relevant risk issues and management strategies.

Clinicians will need to be aware of their own psychological processes when working with young people in custody, as vicarious trauma is quite common amongst staff. Appropriate supervision and support must be accessed, which is available through Parkville College.

Understanding risk and protective factors that contribute to a young offender's mental health will assist in treatment planning e.g. to reduce the risk factor of poor coping or social problem-solving, a clinician may target these difficulties in therapy; to increase the protective factor of close family relationships, a clinician may work with a young person on his letter-writing skills to facilitate maintenance of these relationships.

It is also important for clinicians to understand how certain psychiatric diagnoses and/or medications may affect a young person's presentation as this has implications for assessment findings and intervention planning e.g. interventions may need to be adapted or jointly delivered with a mental health professional or Wellbeing teacher.

Clinicians will also need to keep in mind that students' presentations may vary on a daily basis

with fluctuations in circumstances in their lives. Changes in mental state could be due to factors such as medication alterations, upcoming court appearances (which tend to increase anxiety and agitation) and events on the unit (e.g. if there has been a critical incident on the unit, this may unsettle the students). Clinicians will therefore need to be compassionate and flexible in their dealings with the Parkville College students. Liaising with youth workers, unit managers and Parkville College leadership staff (who are provided with daily updates of unit events, for example) will assist clinicians to predict how a student may respond on a particular day, and adjust accordingly.

Aboriginal and Torres Strait Islanders (ATSI)

The Federation of Community Legal Centres (2011:1) reported that “Aboriginal and Torres Strait Islander peoples are the most disadvantaged group in Australia”. Consequently, it is not surprising that they are overrepresented in custody. The Australian Institute of Health and Welfare (2012) reported that “in 2010–11, Indigenous young people aged 10–17 years were 24 times as likely as non-Indigenous young people to be in detention on an average day”. It is therefore imperative that clinicians working in Youth Justice custody have a good understanding of the issues facing ATSI young people so as to be most responsive during interactions and service provision.

The Department of Human Services employs Koori Youth Justice Workers, as part of its Koori Youth Justice Program, in community Youth Justice Units and Youth Justice custodial centres, to support young Aboriginal offenders. Clinicians working in Parkville College may find it valuable to make contact with the relevant Koori Youth Justice Worker to support their service provision to Aboriginal students. For more information about this program, and for contact details, please see: <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/youth-justice-koori-programs>

Other considerations

The majority, if not all, of the students attending Parkville College will have a history of negative experiences in the areas of schooling, interpersonal relationships, and authority figures (to name a few) so clinicians will need to spend time, at least initially, building rapport and focusing on engagement.

It is also important to remember that many young people leaving custody have limited family and community supports. A young person’s Youth Justice worker may be the only consistent person in the child’s life therefore clinicians must not assume that



parents or family members will be available to follow through with speech pathology recommendations; the young person leaving custody will likely need a large amount of support with his or her transition, including referral to community agencies/services and handover/liaison with the same.

Staffing

Number of speech pathologists

Considering the assumed high prevalence rate of SLC needs in the Parkville College student population, it is recommended that at least one speech pathologist per unit be employed and that this occurs at both Parkville and Malmsbury campuses. Apart from being able to better meet the needs of students with SLC difficulties (than if there were less speech pathologists), this would allow the speech pathologists to build relationships with the teachers and students belonging to that unit, become familiar with the teachers’ practices and styles, and follow students’ progress over time.

Figures 5 and 6 represent the recommended number and placement of speech pathologists within Parkville College (Parkville and Malmsbury campuses). At a minimum, eight speech pathologists need to be employed to deliver services at Parkville and six at Malmsbury, commensurate with the number of units.

Figure 5: Recommended speech pathology positions – Parkville campus

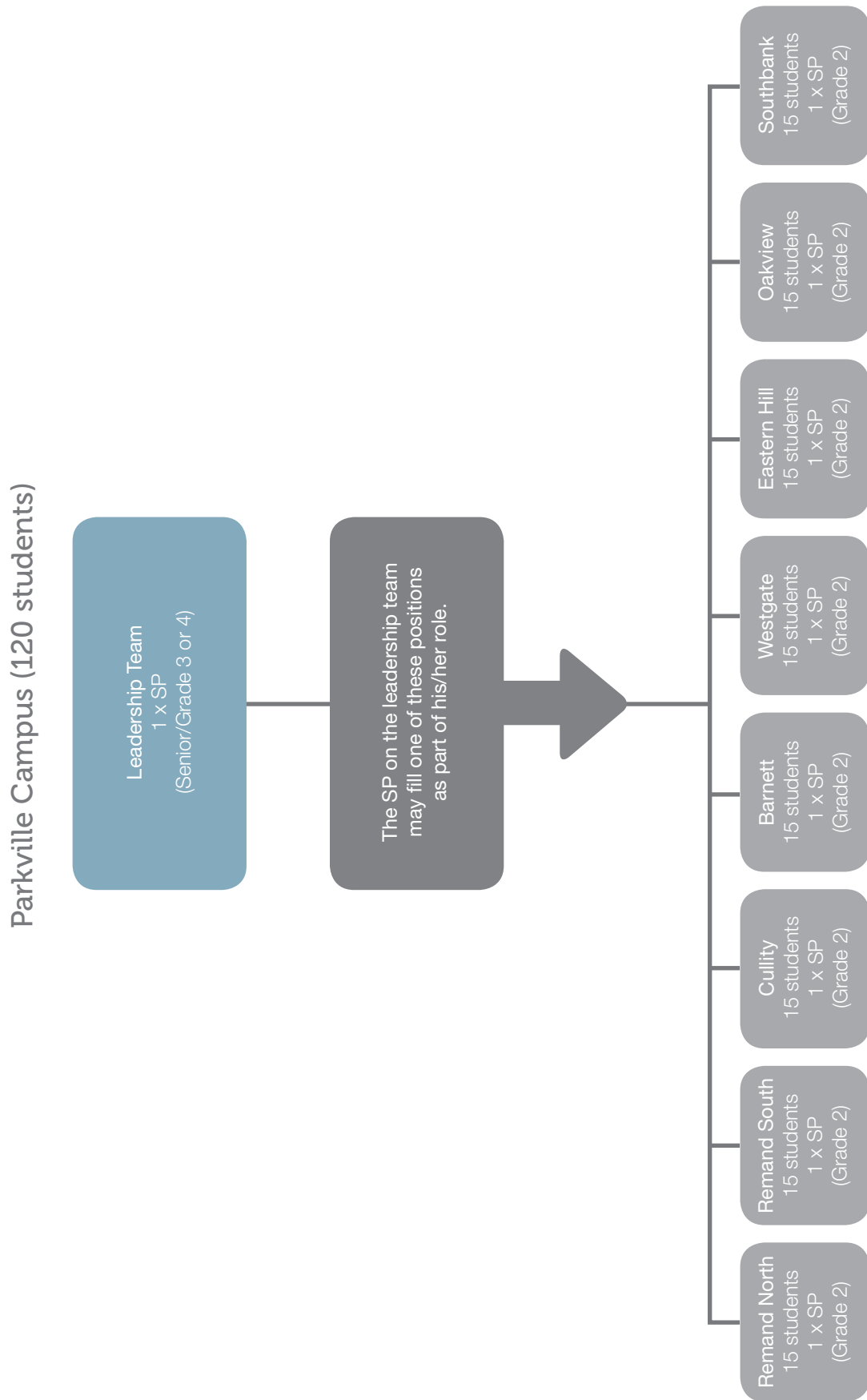
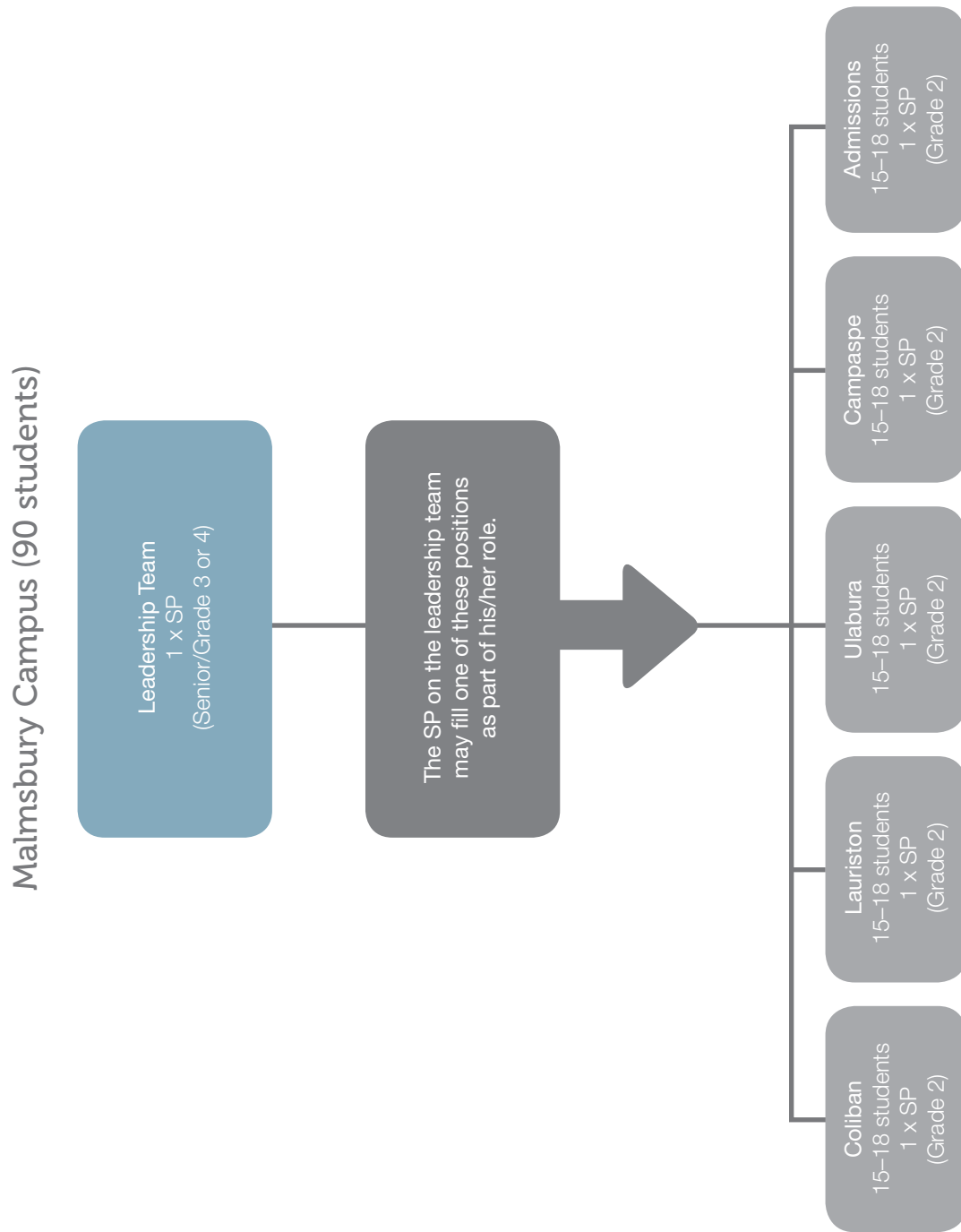


Figure 6: Recommended speech pathology positions – Malmesbury campus



Given the demands and complexity of young people involved in the Justice System, speech pathologists employed by Parkville College should ideally have been practising for at least four years, preferably in one or more of the areas listed under *Qualifications* (below). To reflect this experience, speech pathology positions need to be at a grade 2 level or above. Grade 1 speech pathologists may apply but would need to demonstrate knowledge and skills at a grade 2 level. It is not recommended that new graduates be employed in this setting. At least one of the speech pathologists at each campus should be a senior grade 3 or 4 speech pathologist who can oversee the speech pathology service, provide supervision to grade 2 clinicians, and be part of the Parkville College leadership team, influencing curriculum and direction of the school. This senior speech pathologist may be one of the speech pathologists providing clinical services to a unit. The approximate costing of speech pathology positions is provided under *Budget* (page 35).

Qualifications

Please see page 17 in SPA (2011b) for a comprehensive description of basic and specialist qualifications and skills applicable to a speech pathologist working in an educational setting.

Considering the Parkville College students and educational environment, qualifications, knowledge and/or experience in one or more of the following areas is preferable:

- Mental health
- Social/emotional/behavioural disorders
- Youth Justice
- Education (particularly at a secondary level)
- Adolescent speech, language and/or communication impairment
- Service provision to vulnerable or at-risk children and adolescents
- Aboriginal/Torres Strait Islander (ATSI) and/or Culturally And Linguistically Diverse (CALD) populations.

Personal qualities

Members of the 2012 teaching staff were asked what type of person would suit the Parkville College environment. It is recommended these descriptions be considered when recruiting speech pathologists:

- “A caring person that isn’t easily offended.”
- “Someone who has a positive and non-judgmental attitude; A person who is able to quickly build a positive rapport with young people and is also able to implement self-care

strategies to ensure they don’t burn out or experience vicarious trauma.”

- “To work at Parkville, you need an extreme amount of resilience. It is a common occurrence for students to refuse to do work or for the phrase “This is shit! I’m not doing that!!” to be voiced. It is also important to be able to read between the lines. When terms like “This is shit” happen, it actually doesn’t mean that. It’s their way of voicing the fact they can’t do it.”
- “Someone who is flexible, practical, caring, compassionate, thoughtful, idealistic, patient, honest, self-reflective, has a sense of humour, good communication skills, and a good sense of themselves.”
- “In my opinion working at Parkville is suited to a particular type of personality, with traits or optimism, resilience and a culture of learning.”
- “High emotional intelligence, resilient, patient, enthusiastic, passionate, needs to be here for the right reasons (i.e. for the kids).”

For these reasons, and others stated previously, experienced speech pathologists need to be employed.

Training needs

The following areas of awareness and knowledge have been identified as valuable to speech pathologists working within forensic settings, particularly Youth Justice (Caire, 2011; SPyce CRG). It is recommended that staff training includes delivery of information to provide an understanding of:

- Youth Justice/the Youth Justice System
- PYJP and Parkville College including program structure and curriculum
- Roles of all the service providers in the PYJP environment, perhaps through the use of a case study, to ensure that speech pathologists understand the professional boundaries of colleagues
- Adolescent development, including emotional and cognitive development, and effective ways of working with this age group
- How to meet the individual at their developmental level including understanding of individual differences such as in the areas of sensory processing and motor planning; working up the developmental ladder at each intervention session, supporting regulation, emotional engagement and reciprocal interaction, shared problem-solving, symbolic ideation, building bridges between ideas, connecting ideas, and complex thinking

- Alcohol and substance use – how substance-affected individuals may present and how to respond/manage when they do
- Mental health issues including:
 - > Psychiatric diagnoses and their impact on a young person's functioning
 - > Language features of mental illness
 - > Complex trauma
 - > Attachment (types and disorders)
 - > Behavioural disorders such as ADHD, conduct disorder and oppositional defiant disorder
 - > Risk assessment and management e.g. appropriate responses to threatening or violent behaviour, de-escalation techniques, incident reporting
 - > Mental State Observation (appropriate to a non-mental health clinician)
- The relationship between attachment disorder, trauma and the cycle of deprivation (e.g. effects of low socio-economic status) on communication competence, behaviour disorders and mental health
- Particular diagnoses over-represented in offending populations including acquired or traumatic brain injury, autism spectrum disorder and intellectual disability, the differences between these/how these compare to each other, and the communication manifestations of these disorders, to aid in accurate differential diagnosis
- Augmentative communication strategies, especially in making information within Parkville College accessible to young offenders with the above (and related) diagnoses
- The requirements for working with Indigenous Australians
- Understanding of positive behaviour support and person-centred principles
- How to respond appropriately to offensive/inappropriate language/behaviour
- How to care for self including:
 - > Managing disclosures
 - > Accessing supervision
 - > Information re: common psychological processes e.g. transference, counter-transference, projection, and how these can affect the therapeutic relationship
 - > How to increase awareness of own emotional reactions to clients and how to identify and manage these effectively

- Educational and vocational options available to young people post-release from custody
- Speech pathologists' role in health promotion e.g. the role speech pathologists can play in a sexual health or parenting course
- Processes and language (jargon) of the Legal System e.g. legislation, statutory responsibilities such as mandatory reporting, sentencing options, pathway through the Legal System
- 'Breakaway' (self-defence) techniques and training.

It is recommended that a training package be created to address the above areas, in collaboration with Parkville College as induction and training programs may be able to be combined.

Budget

A number of costs are involved with the employment of speech pathologists within an educational setting such as Parkville College and these are summarised below.

Staffing and Salary

Depending on years of experience and qualifications, the salary of a grade 2 speech pathologist is likely to be between \$60,000 and \$70,000 plus on-costs. The salary of a senior (grade 3 or 4) speech pathologist is likely to be around \$85,000 plus on-costs.

The SPA *Clinical Guideline: Speech Pathology Services in Schools* (SPA, 2011b) outlines a number of additional costs that need to be included in the budget for provision of speech pathology services and these are listed below:

- Administrative costs (e.g. travel, postage, telephone)
- Educational materials for students (e.g. photocopying)
- Operational costs (e.g. utilities, cleaning)
- Special projects.

Resources

Appendix A of the SPA *Clinical Guideline: Speech Pathology Services in Schools* (SPA, 2011b) lists the following resource requirements for speech pathologists based at a school:

- Suitable desk and chair
- Facilities for storage of resources
- A secure filing system for confidential information
- Ready access to photocopying facilities, a telephone and fax machine
- Computer facilities (with email and internet access)

- Private and quiet room for certain speech pathology activities
- Access to classrooms to observe/assess students
- Expendable materials
- Educational materials (e.g. books, puzzles, CDs)
- Formal and informal assessment tools appropriate to the student groups
- Access to audio-visual equipment including digital recording equipment
- Specialist materials including kits, programs, books and toys, specific communication technology.

Based on recommendations in the literature and recommendations made by clinicians working in relevant fields, the following resources are needed in order to establish appropriate speech pathology services. A more comprehensive list of desired but not crucial resources is available on request.

Assessment tools

| | |
|---|------------|
| Wechsler, D. (2007). <i>Wechsler Individual Achievement Test – Second Edition, Australian Standardised Edition (WIAT-II Australian)</i> . http://www.pearsonclinical.com.au/productdetails/210 | \$1,230.00 |
| Carrow-Woolfolk (1999). <i>Comprehensive Assessment of Spoken Language (CASL)</i> http://www.pearsonclinical.com.au/productdetails/245/1/58 | \$750.00 |
| Semel, Wiig & Secord (2006). <i>Clinical Evaluation of Language Fundamentals, 4th Edition, Australian Standardised Edition (CELF-4 Australian)</i> . https://www.pearsonclinical.com.au/productdetails/85/1/42 | \$1,495.00 |
| Semel, Wiig & Secord (2004). <i>Clinical Evaluation of Language Fundamentals, Fourth Edition, Screening Test Australian & New Zealand Language Adapted Edition (CELF-4 Screener)</i> . https://www.pearsonclinical.com.au/productdetails/86 | \$660.00 |
| Additional CELF-4 Screener test forms (8 x Packs of 25) | \$1,264.00 |
| <i>Peter and the Cat Narrative Assessment</i> . Black Sheep Press: UK. http://www.blacksheepress.co.uk/products/details?id=89&productname=Peter+and+the+Cat,+Narrative+Assessment+%28Hard+Copy%29&rv=0 | \$62.00 |

Outcome measures

| | |
|---|---------|
| Aus TOMs Australian Therapy Outcome Measures http://www.latrobe.edu.au/austoms/ http://www.latrobe.edu.au/austoms/attachments/pdf/austoms-order-form2012.pdf | \$44.00 |
| Fratalli, C. (1998) <i>Measuring Outcomes in Speech-Language Pathology</i> http://www.thieme.com/index.php?page=shop.product_details&flypage=flypage.tpl&product_id=584&category_id=56&option=com_virtuemart&Itemid=53 | \$70.00 |

Intervention programs and materials

| | |
|---|------------------------|
| Apple iPad 64 GB http://store.apple.com/au/browse/home/shop_ipad/compare | \$759.00 |
| Logitech Ultrathin Keyboard Cover for iPad http://store.apple.com/au/product/HA500X/A/logitech-ultrathin-keyboard-cover-for-ipad?fnode=3e | \$99.95 |
| Nippold, M. (2007). <i>Later Language Development: School-age Children, Adolescents, and Young Adults, 3rd Edition</i> . Pro-Ed: Austin, Texas. http://www.proedinc.com/customer/productView.aspx?ID=4018 | Approx. \$AUD45.00 |
| Joffe, V. (2011) <i>Vocabulary Enrichment Intervention Programme</i> . Speechmark: UK. http://www.speechmark.net/shop/vocabulary-enrichment-programmeTalkabout | Approx. \$AUD135.00 |
| Joffe, V. (2011) <i>Narrative Intervention Programme</i> . Speechmark: UK. http://www.speechmark.net/shop/narrative-intervention-programme | Approx. \$AUD135.00 |
| Kelly, A. (1997). <i>Talkabout: A Social Communication Skills Package</i> . Speechmark: UK. http://www.foxeducation.com.au/prod142.htm | \$85.00 |
| <i>Phonological Awareness Training for High Schools</i> . Plural Publishing: USA. http://www.pluralpublishing.com/publication_paths.htm | \$360.00 |
| Bell, N. (2007). <i>Visualizing and Verbalizing Kit</i> . http://silvereye.com.au/products.php?action=viewProduct&id=1881 | \$1,042.65 |
| Gough, F., Brent, M. and Robinson, S. (2001). ACER Press: Australia. <i>One in Eleven: Practical Strategies for Teaching Adolescents with a Language Learning Disability</i> https://shop.acer.edu.au/acer-shop/product/A949BK/19;jsessionid=439792DFEB819ACDD026FA0325806988 | \$59.00 |
| Mayer-Johnson, LLC. <i>Boardmaker Studio ANZ – Single User Licence</i> . http://www.spectronicsinoz.com/product/boardmaker-studio | \$499.00 |

Other

It is essential that any speech pathologists working in Parkville College have regular clinical supervision with a senior speech pathologist and access to psychological supervision. Psychological supervision is provided by a senior psychologist onsite at PYJP.

If possible, clinical supervision will occur amongst the speech pathology staff group (e.g. seniors supervising grade 2s) however when clinical supervision is not available within Parkville College (e.g. to seniors) this supervision will need to occur externally. It is recommended that these sessions be funded through Parkville College allowing \$200 per clinician, once a month (60–90 minute sessions). It is projected that two speech pathologists will need access to this supervision (senior speech pathologists on the leadership team).

It is essential that speech pathologists engage in regular professional development activities to keep skills up-to-date and maintain awareness of current, evidence-based practice. Given the novel and challenging nature of speech pathology in Youth Justice, it is recommended that each speech pathologist be allocated \$950 for professional development each year.

Project extension into 2013

It is imperative that advantage is taken of the collaboration between SPA, Monash University and Parkville College by undertaking research focusing on the SLC needs of young people in custody and evaluating the effect of speech pathology service provision within this setting. Research studies investigating prevalence of SLC impairment and intervention effectiveness are a way in which awareness can be increased and resources (such as funding for speech pathologists) appropriately allocated.

It is therefore recommended that the SPyce Project be extended into 2013 by SPA appointing a speech pathologist to identify research aims and methods, collate and analyse data, and write up the research for publication. This position would be under the guidance of SPA and Pamela Snow (Monash University) and clinically supported by the speech pathologists working in Parkville College (e.g. data collection).

Possible areas of speech pathology research in Parkville College include:

- Scoping prevalence and nature of SLC impairment by collecting SLC screening data and background/demographic information on students attending Parkville College

- Evaluating teachers' awareness/knowledge of language impairments in this population e.g. pre-and post-speech pathology exposure
- Measuring improvement of or change in teacher practice/use of techniques following coaching from a speech pathologist e.g. through observation of teachers' communication style and ability to scaffold tasks for students
- Measuring improvement of or change in students' classroom behaviour/SLC skills/performance on academic tasks following speech pathology intervention (e.g. through single case studies).

At a minimum, in the initial stages of the research project, a minimal data set will be collected on each young person admitted to PYJP (Appendix 4).

Research that increases knowledge of young offenders' SLC needs and appropriate interventions can inform education plans, curriculum planning, teacher practice and offender rehabilitation programs. This would result in increased student engagement in education and improvement in student outcomes, educationally, vocationally and personally. These are all protective factors against offending and re-offending. Appropriate intervention will improve young offenders' compliance and success in rehabilitation and education programs, thus increasing community safety, reducing costs to society associated with a young person's progression through the Legal System, and improving young offenders' quality of life.

With the addition of appropriately undertaken research, young offenders with SLC impairment will be able to receive the support from speech pathologists that they desperately require.

Conclusion

The information obtained from the SPyCe Project makes a valuable contribution to the significant body of evidence currently available that demonstrates the urgent need for speech pathology services within the Youth Justice System, particularly Parkville College, and how this need can be met. Speech pathology services are recognised as essential services in diagnosis and remediation of SLC difficulties in other health and education settings, and young offenders are equally entitled to these evidence-based speech pathology services that have consistently demonstrated increases in positive life outcomes. In order to reduce risk of re-offending and associated costs to society, improve quality of young offenders' lives, and uphold young offenders' Human Rights, serious consideration must be given to the recommendations outlined in this report.

Appendix 1

Service Delivery Models

SPA Speech Pathology Services in Schools

SPA (2011a:5) state that speech pathologists “may provide services that address issues at the level of impairment and/or the skill of completing activities of daily living, and/or at the level of participation in activities”. This can be achieved through:

- Individual and group therapy
- In-classroom assistance to students and teachers
- Parent and caregiver training
- Development of resources
- Advice on curriculum development
- Advising teachers on classroom management strategies
- Utilising aides or assistants to support the delivery of services.

SPA (2011b) describes a number of service delivery models including:

- **Consultative – Advisory Services/Capacity Building** i.e. provision of training, advice and material to personnel in a young person’s communication environment including teachers, education staff, parents, community workers, student teachers, and staff from other departments and agencies
- **Consultative – Collaboration service delivery** in conjunction with members of the education team including participation in development of curriculum, delivery of assessment services to guide modified curriculum content, and delivery of modified curriculum
- **Assessment** (formal, informal, information gathering), **diagnosis and planning** to inform differential diagnosis and SLC needs, which may include referral to other service providers
- **Direct intervention by a speech pathologist** through withdrawal of a young person from class (pull-out intervention), individually, in small groups, or be integrated within classroom activities
- **Delegated intervention by a non-speech pathologist** (“intervention by proxy”) e.g. individual or group program developed by a speech pathologist but delivered by a non-speech pathologist, such as an integration aide.

SPA (2011a:6) states that speech pathology “services should be based on social inclusion, respect for individual differences and a social justice framework”. Professional supervision by a senior speech pathologist is strongly recommended (SPA, 2007 cited in SPA, 2011a).

The Balanced System

Gascoigne (2010) outlines “The Balanced System” which describes the need for strong leadership and management that underpins training, development and establishment and maintenance of an integrated, knowledgeable, skilled and confident workforce (wider & specialist) that delivers the Universal, Targeted and Specialist interventions. Gascoigne (2010) also stipulates *Specification Levels* for The Balanced System:

- Providing support and information (e.g. psycho-education) to service users/Parents/Carers
- Enhancing environments to improve communication accessibility
- Building capacity and skills of the workforce to promote SLC development
- Early identification of SLC needs
- Provision of appropriate intervention.

A number of speech pathology programs utilise the Universal-Targeted-Specialist approach to service provision (e.g. Gascoigne, 2010; Knowler, 2009). This approach is an evidence-based method of allocating resources based on needs-assessment. The three levels of intervention are summarised below.

- **Universal** interventions are aimed at the whole population of interest (e.g. children), with a speech pathologist taking an advisory, supportive, consultative and/or training role (Gascoigne, 2010). Universal interventions are delivered on the assumption that all members of the population need SLC skills and communication environments that facilitate development (Gascoigne, 2010).
- **Targeted** level of intervention is aimed at children who have specific SLC needs and/or are vulnerable in their development of SLC. These needs could be the primary difficulty (e.g. specific language impairment), secondary to a condition (e.g. intellectual disability) or transient and associated with demographic factors (Gascoigne, 2010). Speech pathologists providing targeted services may continue to deliver training and provide advice but this is around a specific aspect of SLC, or for specific groups or individuals. A speech pathologist’s role includes identification and assessment, some direct speech pathology interventions, joint work and/or training others to deliver programs (e.g. integration aide) (Gascoigne, 2010).
- **Specialist** intervention is provided to children who require more intensive support than that provided through Universal or Targeted interventions.

Children in this group may need individual therapy delivered by a speech pathologist, possibly in collaboration with a multidisciplinary team if the child's need and/or diagnosis warrants one (Gascoigne, 2010). Children meeting the criteria for Specialist intervention form part of the cohort eligible for Targeted intervention.

Response to Intervention

The National Center on Response to Intervention (NCRTI) (2010:2) describes the Response to Intervention (RTI) model and provides the following definition:

"Response to intervention integrates assessment and intervention within a multi-level prevention system to maximise student achievement and to reduce behavioural problems. With RTI, schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities or other disabilities."

Essential components of RTI include:

- Screening
 - Data-based decision making
 - Progress monitoring
 - Multi-level prevention system
- } Culturally responsive & evidence-based

RTI is framework oriented towards prevention and links assessment and instruction to inform educators' decisions about how to meet their students' learning needs. Within RTI, there are three levels of prevention (or intensity): *Primary*, *Secondary* and *Tertiary*.

Primary prevention: "Core instruction that meets the needs of most students" (NCRTI, 2010:4).

Secondary prevention: "Evidence-based intervention(s) of moderate intensity" that targets difficulties of most at-risk students (NCRTI, 2010:4).

Tertiary prevention: "Individualised intervention(s) of increased intensity for students who show minimal response to secondary prevention" (NCRTI, 2010:4).

In RTI, screening is a two-stage process starting with universal screening for all students followed by secondary screening for those identified as being at-risk. When a student is identified as requiring more support than what core Primary instruction provides, interventions of moderate intensity are provided. These interventions are often delivered in small groups with intervention targeting specific goals. The duration, frequency and length of intervention sessions are well-defined and conducted as per research studies

demonstrating intervention efficacy. Students who respond well to Secondary prevention return to Primary intervention (core curriculum) and those that show minimal response move to Tertiary prevention. Ongoing progress monitoring occurs for all students.

"Each prevention level may, but is not required to, have multiple tiers of interventions" (NCRTI, 2010:3). The number of interventions may vary depending on the school however interventions are always classified under one of these three levels.

Service delivery framework for adolescents with communication problems who are involved in violence

Sanger, Moore-Brown, Montgomery and Larson (2002) describe a model of service delivery informed by research with incarcerated adolescents and appropriate for use within custodial and educational settings.

Sanger et al (2002) propose a model that includes:

- Assessment using a variety of approaches and dimensions that includes student self-assessment
- Larson & McKinley (1995, cited in Sanger et al, 2002), describe a multidimensional assessment model that incorporates information gathering on areas such as:
 - > Structure of the Educational System
 - > Teachers' language
 - > Teachers' and administrators' attitudes toward the adolescent
 - > Curriculum components.

Sanger et al (2002:297) state that assessment data from the above areas will help speech pathologists to "determine whether the problem is within the student, the curriculum, the educator, or the student's environment". Student self-assessment is also mentioned as providing valuable contribution to treatment planning.

Sanger et al (2002) outline the following recommendations:

- Use General Intervention Principles i.e.:
 - > Purpose of intervention
 - > Responsibility for the disorder
 - > Be prepared to counsel
 - > Adult-learning theory approaches
 - > Cognitive-learning principles
 - > Ground rules for confidentiality
- Consider Conversational Interactions – Pragmatic Awareness
 - > Rather than focusing on increasing awareness and knowledge of basic rules of conversation

(as research shows many young people can state these but not apply them), it may be more efficacious to focus on role-playing and working through scripts that can be used in real-life situations. Sanger et al (2002) recommend that the following targets be considered when planning interventions to develop more spontaneous communication in everyday interactions:

- Initiation of appropriate topics
 - Turn-taking
 - Topic maintenance
 - Conversing in a polite manner
- Use Multidisciplinary Intervention Approaches e.g. consider:
 - > Service delivery options such as full inclusion, co-teaching, consultation, pull-out, and/or collaboration
 - > Intervention suggestions that can be used in the classroom: Table 1 on page 300 of Sanger et al (2002).

These approaches are important due to the interrelationships among language, behaviour, learning, and social skills.

Curriculum-based assessment and treatment models

Parsons, Law & Gascoigne (2005) identify the need for clinicians to implement a curriculum-based approach to assessment and intervention, rather than just transferring traditional clinical models into the classroom. They describe a study trialling therapy with two students with SLI that targeted receptive vocabulary contained within a school's numeracy curriculum. Transfer from individual sessions to the classroom was aided through the use of a 'word bank activity'. This involved the whole class having a 'word bank' to which any student could add after coming across an unfamiliar word that he or she defined, and to which the research subjects added after learning a word in the individual therapy sessions. This process provided a direct link between therapy sessions and classroom content, and a prime opportunity for generalisation and transfer to the classroom environment. The word-teaching techniques outlined in the article were found to be effective. The authors recommended individual therapy be planned with teaching colleagues and linked to the curriculum, as part of the "repertoire of interventions" provided by speech pathologists working in schools (Parsons, Law & Gascoigne, 2005:55).

For adolescents, Joffe (2012) successfully used a vocabulary enrichment intervention that taught key

concepts and vocabulary from the national curriculum (UK) including the subjects of geography, history, mathematics, information technology and science, as well as general topic areas relevant to adolescents e.g. current affairs, famous people, seeking employment, exam preparation and the media, as well as narrative/storytelling therapy. Her Vocabulary Enrichment Programme (www.speechmark.net) was developed from this study with input from secondary school teachers and students.

Correctional education incorporating pragmatics into social skills training

Sanger, Maag & Spilker (2006) describe a model of service delivery that involves correctional educators teaching pragmatics as part of social skills training (SST) to increase social competence in the context of classroom curriculum, particularly for young female offenders.

They describe the importance of targeting skills that have social validity (Wolf, 1978 cited in Sanger et al, 2006) i.e. skills that will enhance the quality of the young people's lives. Sanger et al (2006) describe how social validity can be improved by targeting replacement behaviours as part of SST. They recommend educators undertake functional assessment of socially inappropriate behaviours to determine what purpose these behaviours serve (Maag & Katsiyannis, 1998 cited in Sanger et al, 2006) and combine this assessment with SST.

Sanger et al (2006) state that SST intervention should be tailored to match adolescents' specific difficulties, as the reasons vary for adolescents' poor social interactions e.g. adolescents who lack the necessary skills for social competence would benefit from behavioural intervention such as modelling, rehearsal and role-play, whereas young people who have the necessary skills, but select inappropriate ones, would benefit from problem-solving training. Similarly, those with requisite skills for communicating appropriately may engage in negative self-talk that compromises their performance, and in this case, may benefit from cognitive interventions such as self-instruction training (Sanger et al, 2006).

Sanger et al (2006) advocate the need for using the peer group in delivery of SST in order to promote entrapment (McConnell, 1987 cited in Sanger et al, 2006) i.e. peers reinforcing a target behaviour and thus ensuring maintenance of this behaviour or skill. Sanger et al (2006) acknowledge this can be a challenge within a custodial setting, particularly as detainees may have negative reputations that are not conducive to peers accepting them/positively reinforcing behaviour.

For example, if a young female has been practising how to join a conversation appropriately but is rejected by her peers when attempting to do so, this positive behaviour will not be reinforced.

In order to increase the efficacy of SST, it must be delivered on a continuing basis – both parallel to and in addition to other skills and subjects (Maag, 2005 cited in Sanger et al, 2006).

Sanger et al (2006) describe the factors needed for a positive classroom environment conducive to SST, which are also the prerequisites for incorporating pragmatics interventions into SST. These factors include:

- Ensuring a classroom is structured and consistent with clear expectations
- Providing a model of effective coping skills
- Providing adolescents with opportunities to have input and make choices.

Sanger et al (2006) also discuss the need for:

- Correctional educators and adolescents to plan interventions collaboratively. This increases adolescent motivation and taking responsibility for success of intervention outcomes.
- Teachers to use contextually relevant activities rather than just scripted exercises or handouts. This increases adolescent motivation and aids in transfer of skills to community settings, an essential part of transition following release from custody.
- Teaching adolescents how to infer consequences of certain behaviours, to improve their judgment and problem-solving during social encounters
- Providing opportunities in the classroom to practice pragmatic skills. Sanger et al (2006) describe numerous activities to achieve this goal and teachers would benefit greatly from referring to the article when planning classes.

Prototype Service Delivery Model

Larson, McKinley & Boley (1993) compare three different speech pathology service delivery models including Traditional/Pull-out, Prototype/Course for credit and REI (Regular Education Initiative)/ Consultation models. Following consideration of the advantages and disadvantages of each, Larson et al (1993) recommend using the Prototype service delivery model (Larson & McKinley, 1987) as it is midway on the spectrum between the other two. The Prototype model was designed with adolescents in mind and when appropriate, encompasses consultation.

The six components of the prototype model are (Larson et al, 1993):

- a. Information dissemination
- b. Identification
- c. Assessment
- d. Program planning
- e. Intervention
- f. Follow-up.

Larson et al (1993) describe eight factors that must be considered when planning programs for adolescents:

1. **Offering credit** i.e. participation in speech pathology sessions counting towards a course, or actually being the course (in which case it might include a curriculum guide)
2. **Determining content** with a focus on thinking, listening, speaking, and reading and writing skills across academic, social and vocational situations
3. **Awarding grades** in various forms e.g. assigning a letter grade, using satisfactory/fail system, or measuring progress towards educational objectives (that the young person has helped develop). It is noted that the young person must understand what grading will be used and when and how grades will be reported.
4. **Scheduling time.** Speech pathology intervention could mirror the structure of other classes and be incorporated in existing time modules
5. **Naming courses.** Supportive titles such as 'Effective Communication' that don't use the traditional labels of 'Speech Therapy' (for example) may be more motivating for young people and increase compliance
6. **Selecting rooms.** Conducting speech pathology sessions/courses in a desirable area of the school is less likely to carry a stigma and increase compliance. A speech pathologist working at Parkville College will need to be flexible re: therapy spaces.
7. **Determining groups.** Relevant factors to consider when selecting students to work together in small groups at Parkville College include grade level, relationships among members, language level and language goals. Ideal group/course size is recommended to contain three to ten students, which shouldn't be an issue at Parkville College given units don't mix with each other.

Consultation Service Delivery Model

Larson et al (1993:40) describe two types of consultation – *mutual deliberation* (collaborative consultation where "status among participants is equal") and *expert advice* (relationship is hierarchical

where the speech pathologist is the “expert who shares knowledge with participants”). Larson et al (1993) describe four basic leadership styles: *Telling*, *Selling*, *Participating* and *Delegating*. A speech pathologist will need to adapt his/her leadership style to match the follower’s readiness. A speech pathologist should not use the same leadership style consistently with all teachers and different styles may need to be used with the same colleague; a key skill in successful consultation is being able to assess a colleague’s skill and readiness (Larson et al, 1993).

RCSLT Model of service delivery for those at risk of offending and re-offending

Bryan & Mackenzie wrote a report for the Royal College of Speech-Language Therapists (RCSLT) that outlined a model of service delivery to address the SLC needs of vulnerable children and young people at risk of offending. They describe a three-stage chronological model comprising the following:

1. The prevention of offending through service provision within the community
2. The provision of services within the Criminal Justice System including custodial settings
3. Promoting integration back into the community to reduce the risk of re-offending.

Speech pathologists have a role to play at each of these stages. Within Parkville College, the focus is likely to be on stages 2 and 3.

Leeds YOT SLT intervention for persistent young offenders

Gregory & Bryan (2011) outline the intervention they provided to persistent young offenders with SLC needs accessing the Leeds Youth Offending Team. Gregory & Bryan (2011) individually tailored intervention within the Leeds YOT Intensive Supervision and Surveillance Program (ISSP) to include the following:

- Communication plan (intervention/treatment plan) written for each young person to meet his/her specific SLC needs, which was then discussed with their key Youth Justice worker
- Staff training re: SLC difficulties in young people
- Suggestions for specific resources
- Information on how to adapt existing resources and interventions to match the language level of a particular young person
- Intervention plans that focused on areas such as listening, understanding, vocabulary, narrative skills, speech production, fluency management, language skills, non-verbal communication, appropriate assertive communication, social communication, and interview and court preparation

- Speech pathologists’ availability to meet with staff throughout the week to “exchange resources, ask advice or to give feedback on specific participants” (p. 207)
- Individual interventions conducted by the key worker, also by the speech pathologist
- Joint individual and group sessions conducted with the speech pathologist.

The degree to which the speech pathologist was involved in delivering interventions depended on factors including complexity of need, staffing, timetabled activities, and skill level of key worker.

The Youth Offending and Speech and Language Therapy (YOSALT) Project

Ealing Council published a research project that 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 (Ealing Council, 2012), compared with a control group.

The screening process prior to and after intervention involved completion of a number of tasks including:

- Narrative Assessment
- Verbal reasoning deduction task
- Broadmoor Observation of Communication
- Self-evaluation questionnaire
- Staff perception questionnaire.

These screening tools are available in the Appendices of the YOSALT Report (Ealing Council, 2012).

The YOSALT report also outlines the scores obtained from the screening process that indicated SLC difficulties and consequent inclusion in the intervention trial (Ealing Council, 2012: 32).

Young people in the experiment cohort received further in-depth speech pathology assessment pre and post-treatment comprising of CELF-4 subtests and ‘Identifying Difficulties with Inference’ test. Informal assessment of vocabulary associated with youth offending was also undertaken (e.g. explaining the meaning of ‘guilt’ and ‘breach’).

Intervention provided to young people with SLC needs contained two strands: a standard package of therapy delivered to young people at an individual level (30min session per topic) and staff training to increase awareness of communication needs.

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

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

Staff training included:

- Information on what SLC needs are
- The impact of SLC needs on a young person accessing the Youth Offending Service (YOS)
- How to maximise a young person's communication when interviewing or working with them
- How to carry out screening with young people to identify possible communication difficulties
- How YOS sessions can be adapted to support young people
- How to make referrals for specialist support.

The following are some of the recommendations that were made as a result of the project:

- The screening tool needs to be refined in order to successfully identify SLC needs and evaluate progress, with inclusion of more direct assessment and less reliance on self-assessment and staff report
- Tests need to be functionally relevant as well as age-appropriate
- Given the special population it was developed for, the Broadmoor Observation is not ideal for young people and should be used with caution with this population. Although difficult to measure, communication competence in everyday situations should be explored.
- Self and staff rating scales are a good way to identify levels of awareness and insight but should not be used to identify SLC needs
- Likert scales should be used with caution for this group due to young people's tendency to answer towards extreme ends. To be used successfully as an outcome measure, items may need to be included that are closer to the participants' normal interests (e.g. popular music).
- It may be worthwhile ensuring assessment differentiates need for formal language therapy and social skills training – these could be assessed separately to produce more helpful information

- Delivery of a generic SLC therapy package is a successful approach for young people with less extensive and less severe difficulties e.g. young people with good verbal understanding but poorer expressive language responded well to the standardised package. Young people with moderate needs also demonstrated improvement but those with more severe difficulties did not show as much progress. These more complex needs may need more intensive, individualised support.
- Young people find it valuable to have the opportunity to discuss their communication issues and needs
- Staff training is valuable for all those working with young people who offend however additional training should be delivered to support staff working with young people who have more severe and complex SLC needs
- To engage and motivate young people, practitioners need to use empathy when communicating with young people but also "be clear and concise about their role without being confrontational" (Ealing Council, 2012:96).

Appendix 2

Terms of Reference – SPyce Clinical Reference Group

1. Name of Group

Speech Pathology in Youth (Justice) Custodial Education (SPyce) Clinical Reference Group (CRG).

2. Purpose of CRG

The CRG has been created to provide the Project Officer with information and resources to support the curriculum at Parkville College with particular reference to speech and language competencies of the students.

3. Accountability

The CRG functions as an expert reference resource to the Project Officer.

4. Functions

To obtain information about a range of issues including:

- Teacher screening tools and speech pathology referral checklists, assessments and interventions appropriate for young people in custody accessing an educational program
- Areas of training/professional development that may be required for speech pathologists working in a custodial educational environment
- Resources that would be valuable to a speech pathology service
- Factors for consideration in the development of a speech pathology service within the Parkville School, such as service delivery models and recruitment of speech pathologists. Factors may include identification of potential issues, challenges and barriers, with suggestions for overcoming these.
- Ideas for research in this setting
- Contacts and networking opportunities.

5. Committee membership

The Group will be comprised of members of SPA who have expertise or experience working in the following areas:

- Mental health
- Social/emotional/behavioural disorders
- Youth Justice
- Education (particularly at a secondary level)
- Adolescent speech, language and/or communication impairment
- Service provision to vulnerable or at-risk children and adolescents
- Aboriginal/Torres Strait Islander (ATSI) and/or Culturally And Linguistically Diverse (CALD) populations.

6. Mode of Communication and Frequency of Meetings

The group is relatively informal and it is at each member's discretion the amount he or she contributes. Communication will be predominantly via a Google Group, allowing members to respond to questions posted by the Project Officer. The deadline for responses is 20/12/12.

7. Reports to:

Group members will liaise directly with each other and the SPyce Project Officer. The Project Officer will discuss recommendations with members of the SPyce Project Working Party.

Appendix 3

Communication Care Plan Template



Central and North West London **NHS**
NHS Foundation Trust

Speech, Language and Communication Therapy **COMMUNICATION CARE PLAN**



| | | |
|--------------|-------------------|---------------------|
| Name: | Prison No: | Unit: |
| SLCT: | Date: | Review Date: |

| | |
|-------------|--|
| Need | |
|-------------|--|

| | |
|--------------|---|
| Goals | <ul style="list-style-type: none">•• |
|--------------|---|

| | |
|---|---|
| Strategies /Interventions for Supporting Communication | <ul style="list-style-type: none">•• |
|---|---|

| | |
|--------------------------------------|--|
| Crisis & Contingency Plan | |
|--------------------------------------|--|

YP/YA signature: _____

Speech, Language and Communication Therapist signature: _____

Date: _____

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Appendix 4

Communication Skills Minimum Data Set – SPyce Project

Date:

Participant ID: (alpha-numeric code)

Age: years Months

Name of person completing this form:

a) Please indicate whether or not the young person has a history of the following (include comments in space provided if details known):

| | | | |
|--|------------------------------|-----------------------------|--|
| 1. Hearing impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 2. Special School attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 3. Psychological assessment e.g. IQ testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 4. Traumatic or Acquired brain injury with loss of consciousness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 5. Foetal alcohol syndrome | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 6. Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |

| | | | |
|---|--|-----------------------------|--|
| 7. Diagnoses of: | | | |
| <ul style="list-style-type: none"> ADHD | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Autism including Asperger’s Syndrome | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Speech, language or communication disorder e.g. articulation, stuttering, dyspraxia, language disorder, reading disorder, dyslexia | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported Please specify | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Intellectual disability | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Depression | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Anxiety | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Psychosis | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| <ul style="list-style-type: none"> Other | <input type="checkbox"/> Yes – known diagnosis <input type="checkbox"/> Yes – self-reported | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Currently taking prescription medication? | <input type="checkbox"/> Yes Please specify: | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 8. Out of home/foster/kinship care, DHS residential unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |

| | | | | |
|---|------------------------------|---|---|--|
| 9. School exclusion – in school and out of school (e.g. suspension/expulsion) | | <input type="checkbox"/> Yes No. expulsions:..... No. suspensions:..... | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 10. Special help at school | | | | |
| • Reading recovery | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| • Speech therapy | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| • Integration aide help in class | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| 11. Substance Use | | | | |
| • Tobacco | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Alcohol | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Cannabis (Marijuana, Hash etc) | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Heroin | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Amphetamines ("speed") | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Cocaine | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Ecstasy | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Inhalants ("chroming") | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| • Other | | <input type="checkbox"/> Ever | <input type="checkbox"/> In 3 months prior to being in prison | <input type="checkbox"/> Unknown/needs follow-up |
| | <i>Please specify:</i> | | | |

b) Schooling

When was the student last enrolled in school?

Year:

Last full year- level completed:

| | | | |
|--|--------------------------------------|---------------------------------------|--|
| What is the period that has elapsed since leaving school? | <input type="checkbox"/> 0-6 months | <input type="checkbox"/> 1 – 2 years | <input type="checkbox"/> Unknown/needs follow-up |
| | <input type="checkbox"/> 7-11 months | <input type="checkbox"/> Over 2 years | |
| Where was school located? | <input type="checkbox"/> Metro | <input type="checkbox"/> Regional | <input type="checkbox"/> Unknown/needs follow-up |
| | <input type="checkbox"/> Rural | <input type="checkbox"/> Remote | |
| Participation in any alternative school settings, e.g. Pavilion School, Net School | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |

What further training has been undertaken since leaving school?

.....

Employment history:

| | | |
|------------|---|--|
| <i>Job</i> | <i>Length of employment (days/weeks/months/years)</i> | <input type="checkbox"/> Unknown/needs follow-up |
| • | | |
| • | | |

c) Cultural and Linguistic Diversity

| | | | |
|--|---|-----------------------------|--|
| Is English the student's first/preferred language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| | Please specify student's first/preferred language: | | |
| Is the student Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |

d) Criminal Convictions

| Sentence | | <input type="checkbox"/> Yes: Conviction (offence) | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
|--------------------------------|---|--|-----------------------------|--|
| Youth Justice Centre Order | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Youth Attendance Order | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Probation Order | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Good Behaviour Bond | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Youth Residential Centre Order | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |
| Youth Supervision Order | Year..... Court type Length of sentence | <input type="checkbox"/> Yes: Conviction (offence) Year..... Court type Length of sentence | <input type="checkbox"/> No | <input type="checkbox"/> Unknown/needs follow-up |

Additional Comments:

.....
 Screening Tool: CELF-4 Screener (internationally recognised)

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