

# The talking and listening skills of young offenders

Implications for Jersey

# Programme

## **Introduction**

Brian Heath, Chief Probation Officer, Royal Court of Jersey

## **The importance of speech, language and communication development in the early years**

Dr Lisa Perkins, Head of Speech & Language Therapy Services, Health & Social Service Department

## **Oral language skills and the incarcerated young offender- Links with patterns of offending and early life risk**

Associate Professor Pamela Snow, School of Psychology and Psychiatry, Monash University, Australia

## **Implications for Jersey**

# 2011: National Year of Communication

The 'Hello' campaign aims to make communication for all children and young people a priority in homes and schools across the UK so that they can live life to the full.



# The risks

High correlation between children with speech, language and communication needs and:

- low educational attainment
- behavioural and emotional difficulties
- mental health issues
- poor employment and training prospects
- youth crime

# **Bercow Review of Services for Children and Young People (0 -19) with speech, Language and Communication Needs**

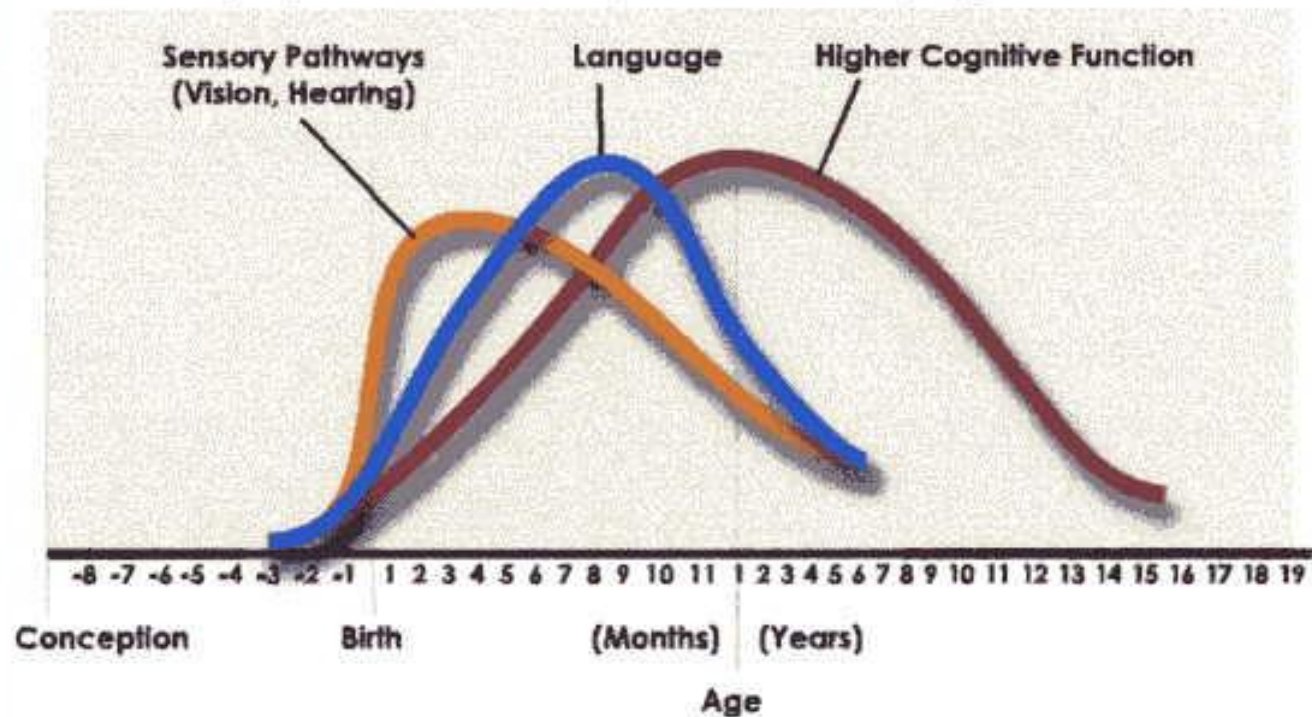
“there is grossly inadequate recognition across society of the importance of communication development, let alone the active steps needed to facilitate it. It is a skill which has to be taught, honed and nurtured”.

# The Bercow Report: Themes

- Communication is key
- Early identification and intervention are essential
- A continuum of services designed around the family is needed
- Joint working is critical

# Human Brain Development

## Synapse Formation Dependent on Early Experiences



Source: Nelson, C. A., In *Neurons to Neighborhoods* (2000). Shenkoff, J. & Phillips, D. (Eds.)

# Benefits of talking to your baby

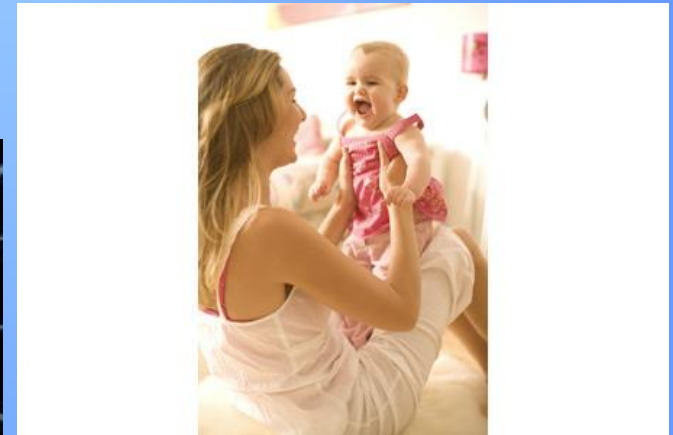
Learning to talk



Stimulating the brain to make connections



Strengthening the bond

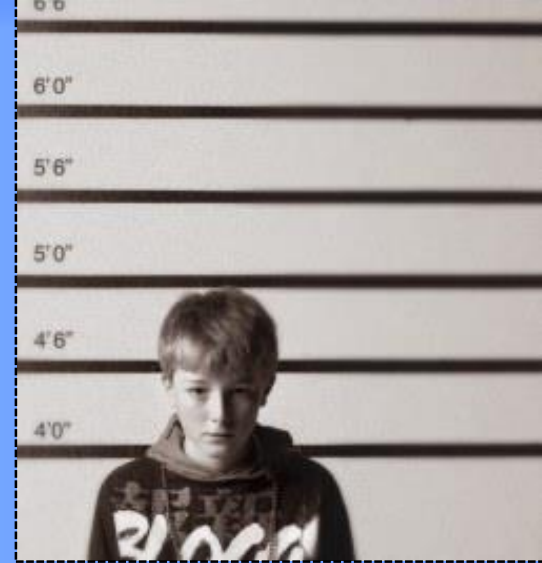


Developing social skills





# Oral language skills and the incarcerated young offender – Links with patterns of offending and early life risk



Pamela Snow

School of Psychology & Psychiatry, Monash University  
Australia

Jersey, June 2011

# Acknowledgements

- Australian Research Council (Discovery Program)
- Criminology Research Council
- Professor Martine Powell – Co-investigator
- Margaret Kent and Rita Cauchi, Research Assistants
- Participants in our studies

# In today's presentation



- Factors that promote Oral Language Competence (OLC) in early life
- Why does OLC matter across the lifespan?
- Our research on OLC in high-risk young males
- What do these findings mean for the young person at-risk in the early years / already in the justice system?

# Oral language competence?

- Everyday speaking and listening skills
- Auditory processing and comprehension
- Expressive language skills – semantics (vocabulary) , syntax (grammar), pragmatics (use)
- Socially and culturally determined rules and practices
- Important in facilitating the transition to literacy in the early school years, but not just literacy's 'Hand Maiden'

# Language: Surface and hidden meanings

▶ Similes

▶ Metaphor

▶ Idiom

▶ Jokes

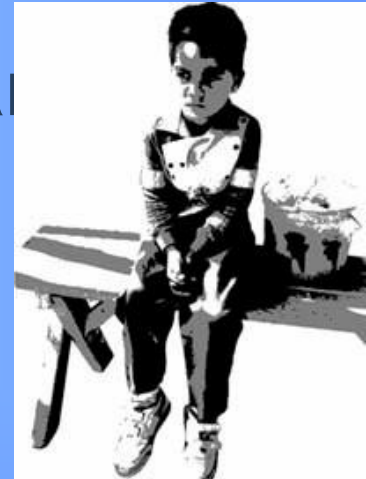
▶ Sarcasm



# Threats\* to the development of

## OLC

- Neglect – esp socio-emotional
- Abuse
- Parental MH problems e.g. depression, substance abuse
- Social disadvantage / low SES / chaotic family
- Developmental disabilities
- Male gender
- Sensory deficits
- Inadequate / interrupted education – b/c language continues to emerge / evolve throughout childhood, adolescence and across the adult life-span



**\*Cumulative in nature**

# Our research

- Extends what is known about social skills and learning disabilities in young offenders, but
  - Is specifically concerned with oral language
- Seeks to position OLC more centrally as a protective factor for all young people
- Recognises that level of education is a powerful predictor of health status, social engagement, and economic pro across the lifespan
- Carried out in Victoria, Australia



# The Victorian context

- Active diversion of youth offenders from custodial sentences
- Unique “Dual Track” system for 17-20 year-olds
- Lowest rate of youth supervision or detention nationally (Australian Institute of Health and Welfare, 2006)
- Fewer indigenous offenders than other States





# TWO KEY STUDIES

1. Community-based young offenders

2. Incarcerated young offenders

# Community Offenders study

(Snow & Powell, 2008)

- n=50 YP on community-based orders
- Mean age\* = 15.8; Mean yrs education = 7.6
- Standardised measures of spoken and receptive language
- A measure of nonverbal IQ
- Data about convictions (violent Vs nonviolent - categorised)
- NB Excluded known Hx of TBI, hearing impairment, major psychiatric diagnoses etc
- **52% LI**

# Community Study: Key findings

- 52% classified as language impaired according to standardised measures
- Difficulties were pervasive across measures
- Language problems not accounted for by low IQ
- Relationship b/w language skills and type of offending unclear
- 50% of those with LI had been identified for early intervention services
- 41% of those with LI had been diagnosed as ADHD

# Custodial Sample

(Snow & Powell, in press)

- n=100
- Mean age = 19.03; Mean Yrs education = 9.8
- Standardised measures of spoken and receptive language
- A measure of nonverbal IQ
- Data about convictions (violent Vs nonviolent - quantified)
- Mental Health measure – to examine links b/w language and MH, in particular depression and anxiety
- Child Protection Hx – Out of Home Care Placement
- No exclusions, but all had to have completed the majority of their schooling in an English-speaking country
- No participants identified as being of Aboriginal or Torres Strait Islander origin

# Measures - 1

## **CELF4 (Australian standardisation)**

- Recalling Sentences
- Formulating Sentences
- Word Classes (Receptive)
- Word Definitions
- Core Language Score

## **Test of Language Competence – Expanded Edition**

- Ambiguous Sentences
- Listening Comprehension
- Figurative Language

[Narrative Discourse – analysis pending]

# Measures - 2

## Kaufman Brief Intelligence Test – 2<sup>nd</sup> edition.

- Matrices – for estimate of NV IQ

## Depression, Anxiety and Stress Scale (DASS)

## Cormier-Lang Crime Index (CLCI)

- Violent Offending
- Non-Violent Offending
- Total Offending scales

# Measures - 3

## Self-Report on

- Early intervention
- ADHD Diagnosis
- Level of education
- Further training
- Child Protection History – Out of Home Care Placement
- Alcohol and other drug use
- TBI, Hearing Impairment, major psychiatric diagnoses

# Operationalising LI in the sample

- n = 50 were identified as LI on the CELF4 (standard score < 2 SDs below the mean)
  - n = 59 scored < 2 SDs below the mean on at least two subtests of the TLC-E
  - A score below this cut-off on 2 of the 3 TLC-E subtests and on the CELF4 Core Language Score was the operational definition of LI
- 46% were identified as LI using this definition.**



# Violent Offending and LI

- History of violence present in 87% of cases
- Quantified using CLCI
- Two subgroups created based on severity median split on CLCI Scales 1 & 2
  - ‘High’ Offending n = 26
  - ‘Not-High’ Offending n = 74

*These subgroups differed on years of education but not on nonverbal IQ*

Measure	High Offending Scores on CLCI Scales 1&2 (n=26)		Not High offending Scores on CLCI Scales 1&2 (n=74)		t	p*	d
	Mean	SD	Mean	SD			
TLC-E Subtest 1 Ambiguous Sentences Standardised Score	4.2	1.9	4.8	2.5	1.1	.14	.27
TLC-E Subtest 2 Listening Comprehension Standardised Score	4.9	2.6	5.2	2.5	.48	.31	.12
<b>TLC-E Subtest 4 Figurative Language Standardised Score</b>	<b>4.2</b>	<b>2.1</b>	<b>5.6</b>	<b>2.8</b>	<b>2.3</b>	<b>.01</b>	<b>.56</b>
CELF4 Recalling Sentences	4.7	2.9	5.4	3.2	.97	.16	.23
<b>CELF4 Formulating Sentences</b>	<b>3.8</b>	<b>3.3</b>	<b>5.6</b>	<b>3.4</b>	<b>2.3</b>	<b>.012</b>	<b>.53</b>
<b>CELF4 Word Classes (Receptive)</b>	<b>4.0</b>	<b>2.6</b>	<b>6.3</b>	<b>3.1</b>	<b>3.3</b>	<b>.00</b>	<b>.80</b>
<b>CELF4 Word Definitions</b>	<b>5.0</b>	<b>3.8</b>	<b>6.5</b>	<b>4.0</b>	<b>1.5</b>	<b>.055</b>	<b>.38</b>
<b>CELF4 Core Language Score</b>	<b>63.7</b>	<b>19.9</b>	<b>74.1</b>	<b>19.1</b>	<b>2.4</b>	<b>.01</b>	<b>.53</b>

# Violent Offending and LI cont.

Inspection of the 7 cases of *extremely high scores* (>75<sup>th</sup> percentile) on both the CLCI violent and non-violent offending scales, showed that 5 were in the Language Impaired subgroup.

# Custodial Study: Key findings

- 46% Language Impaired\*
- Significant differences on several language measures between High Offending Group and Non-High Offending Group
- Of the 29 with a history of OHC, 16 (68%) were classified as LI
- No association b/w LI and self-reported MH problems
- Significant correlation between language skills and IQ for the non-LI subgroup, but not for those with LI.
- 62% of those with LI had been identified for early intervention services
- 43% of those with LI had been diagnosed as ADHD
- TBI, psychiatric diagnoses, hearing impairment all occurred with low frequency / overlap with LI

# Limitations / considerations

- Self-selection into the study => bias?
- Operationalisation of LI – were we too conservative?
- MH measure – sensitivity?
- Minimum Data Set – not part of our thinking 10 years ago, but should have been
- Many may have had Child Protection involvement but without OHC placement – this is difficult to assess via self-report
- Many likely to have trauma backgrounds – difficult to capture, but important developmentally
- Community / Custodial offender distinction is somewhat artificial

# Take home messages

- Clinically significant language impairment is present in ~ 50% of young male offenders
- IQ is not an explanatory mechanism
- Early intervention has
  - Not occurred
  - Been inadequate
- Other labels (e.g. ADHD, Conduct Disorder) are likely to be applied
- Early risk (as measured by OHCP) increases vulnerability but is also a missed intervention opportunity
- Undetected LI will make being a witness, suspect or victim more challenging for a young person
- Interpersonal violence instead of prosocial ways of dealing with ambiguity / hostility??

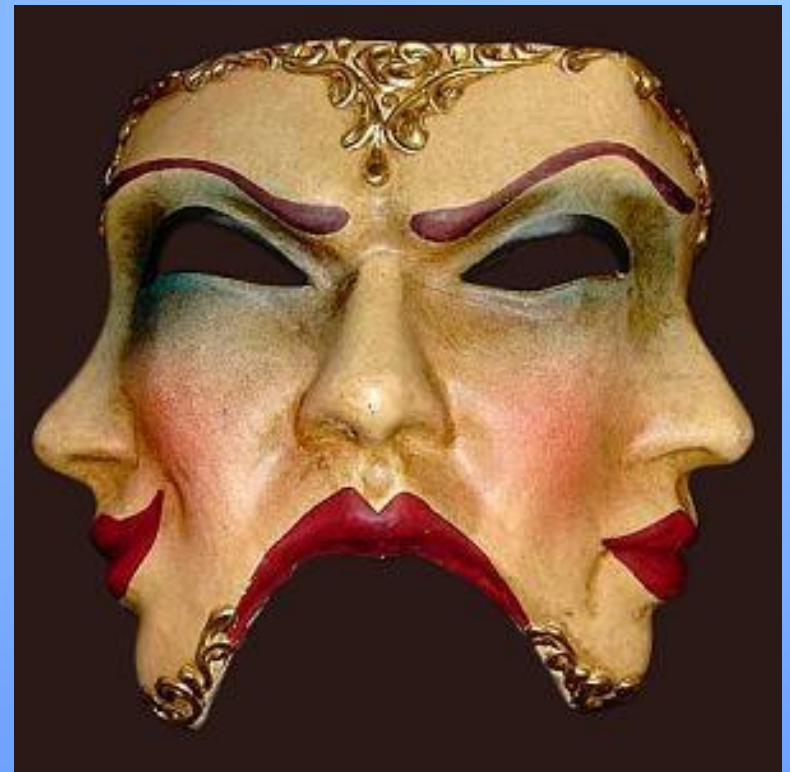


# Language problems are invisible



# Language Impairment may masquerade as

- Rudeness
- Indifference / lack of concern
- Poor motivation to cooperate
- “Yep, nup, dunno, maybe” ...and other minimalist responses
- Suggestibility / Over-compliance



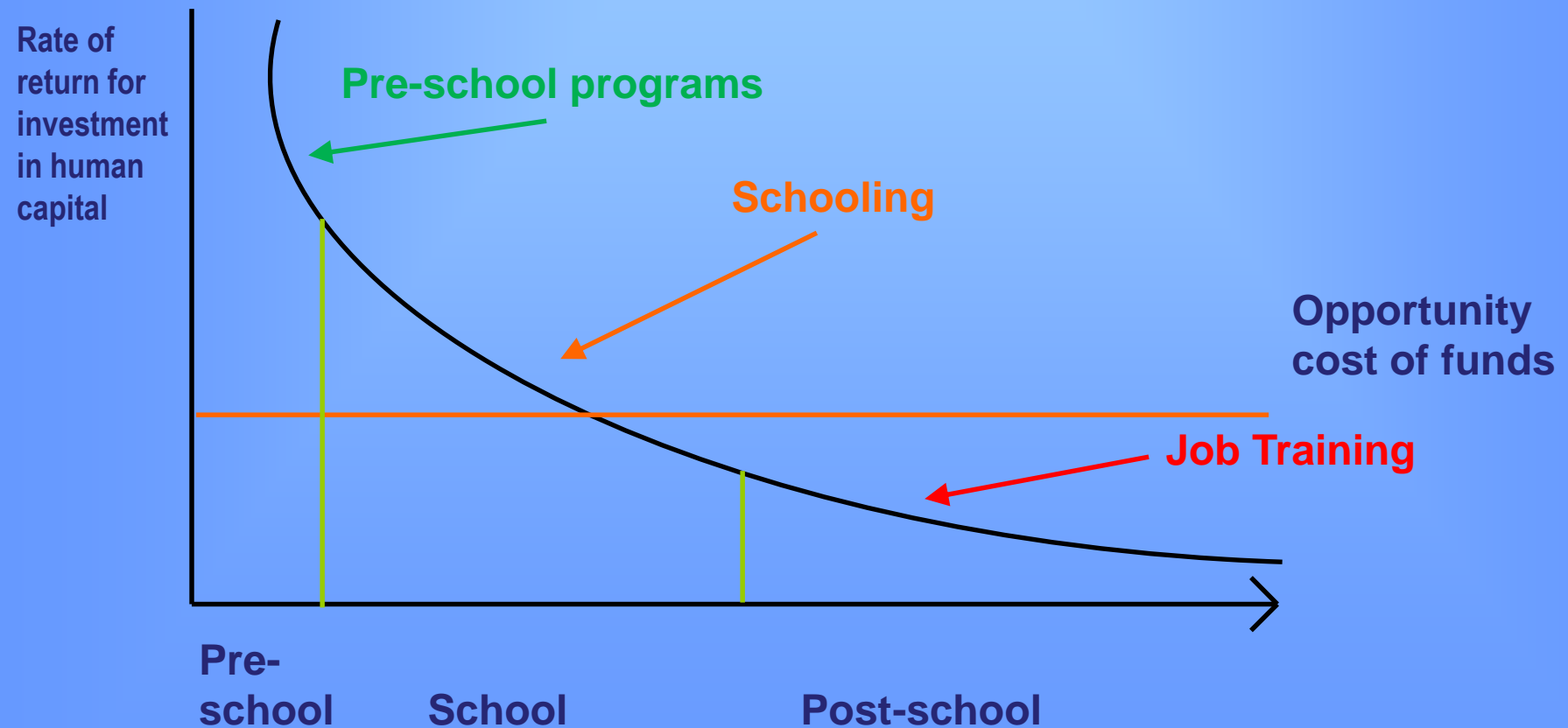


# What does all of this mean for....

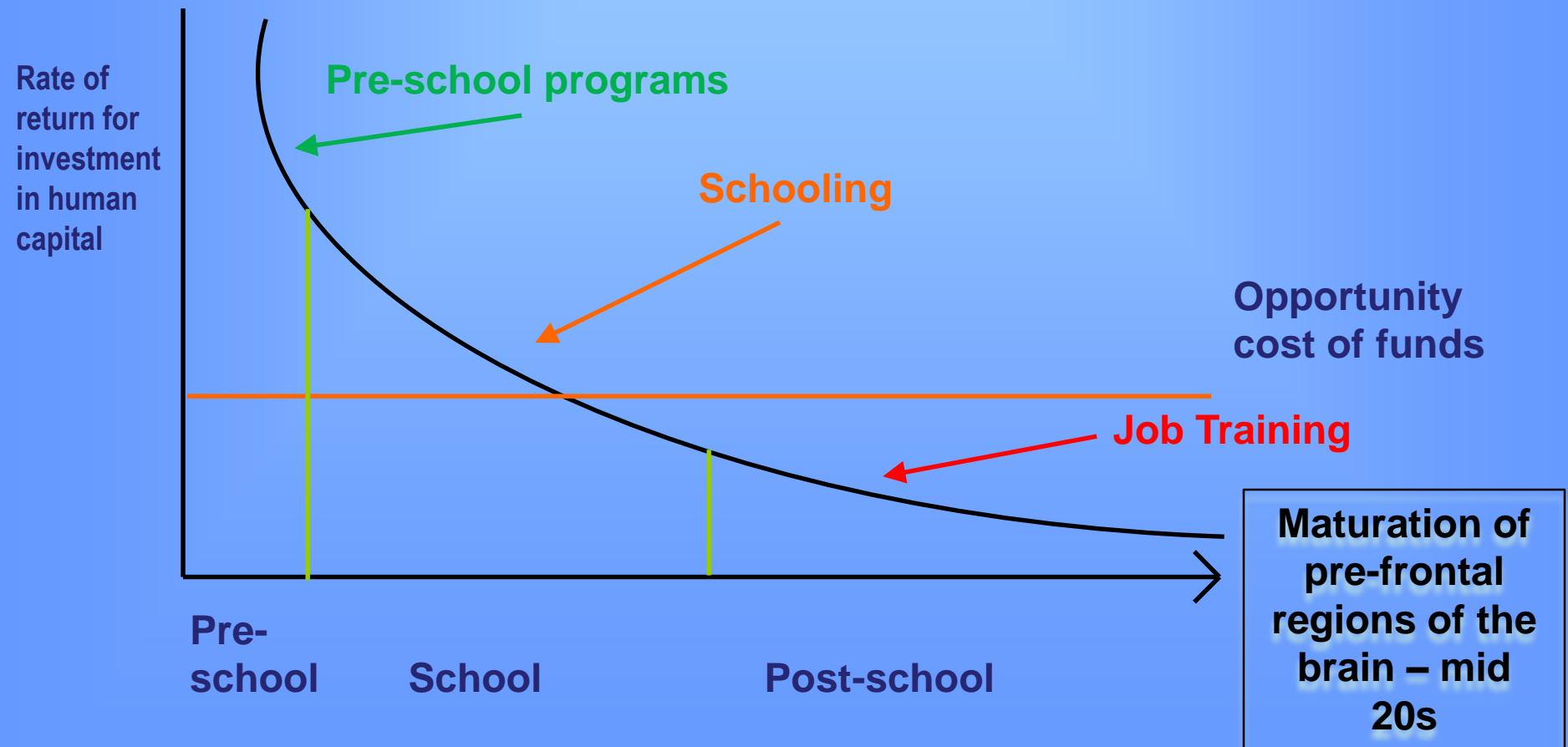
- ▶ Early intervention with high-risk boys?
- ▶ **Forensic interviewing of youth offenders?**
- ▶ Counselling of young offenders?
- ▶ **Restorative Justice conferencing?**
- ▶ Mental Health across the lifespan?
  - ▶ Mastery
  - ▶ Optimism / Hope
- ▶ **Delivery of literacy and social skill interventions within the (youth) justice system?**
- ▶ Young people in the Child Protection system?



# Rates of return from investment in early childhood Heckman & Carneiro (2003) Human Capital Policy



# Rates of return from investment in early childhood Heckman & Carneiro (2003) Human Capital Policy



## **Selected Publications**

Snow, P.C. & Powell, M.B. (in press) Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech Language Pathology*.

Snow, P. C., Sanger, D.D. & Bryan, K. (2011, in press). Listening to adolescents with speech, language and communication needs who are in contact with the youth justice system. In S. Roulstone & S. McLeod (Editors). *Listening to Children and Young People with Speech, Language and Communication Needs*. UK: J&R Press.

Snow, P.C. & Sanger, D.D. (2010). Restorative justice conferencing and the youth offender: Exploring the role of oral language competence. *International Journal of Language and Communication Disorders*. Released early online August 18 2010.

Snow, P.C., Powell, M.B., & Murphett, R. (2009). Getting the story from child witnesses: Exploring the application of a story grammar framework. *Psychology, Crime & Law* 15(6), 555-568.

Snow, P.C. (2009). Oral language competence and equity of access to education and health. In K. Bryan (Ed) *Communication in Healthcare. Interdisciplinary Communication Studies Volume 1* (Series Editor: Colin B. Grant), (pp 101-134). Bern: Peter Lang European Academic Publishers.

Snow, P.C. (2009). Child maltreatment, mental health and oral language competence: Inviting Speech Language Pathology to the prevention table. *International Journal of Speech Language Pathology* 11(12), 95-103.

Snow, P.C. & Powell, M.B. (2008). Oral language competence, social skills, and high risk boys: What are juvenile offenders trying to tell us? *Children and Society* 22, 16-28.

Snow, P.C. & Powell, M.B. (2005). What's the story? An exploration of narrative language abilities in male juvenile offenders. *Psychology, Crime and Law* 11(3) 239-253.

Snow, P. & Powell, M. (2004). Interviewing juvenile offenders: The importance of oral language competence. *Current Issues in Criminal Justice* 16(2), 220-225.

Snow, P.C. & Powell, M.B. (2004). Developmental language disorders and adolescent risk: A public-health advocacy role for speech pathologists? *International Journal of Speech Language Pathology* 6(4), 221-229.

Humber, E. & Snow, P.C. (2001). The oral language skills of young offenders: A pilot investigation

*Thank  
you*



**Further information:** [pamela.snow@monash.edu](mailto:pamela.snow@monash.edu)

# Jersey snapshot audit of percentage of young offenders referred to S & LT

Sentence type	Number	% referred to S & LT
Community	46	35%
Custodial	12	50%
Total	52	38%

## Explore through retrospective notes audit:

- Level of engagement with therapy service
- Language status on discharge from S & LT

# Joint working is critical

- Early intervention
- Youth justice system

# Local strategies highlighting early intervention

- Children and Young People: a strategic framework for Jersey
- Health and Social Services green paper: Caring for each other, caring for ourselves
- Education green paper: Learning from tomorrow's world
- Economic growth plan





# Language for Life Strategy

A partnership approach to  
speech, language and communication  
in the early years



# Key objectives

- Shared understanding of speech, language and communication development between agencies
- Co-ordinated approach to supporting parents to promote their child's speech, language and communication development from birth
- A children's workforce skilled and confident in supporting the speech, language and communication development and needs of children in Jersey
- Early identification and intervention when required

# Language for Life training

- Training funded by ESC for Foundation Stage Practitioners from private and public sectors
- Delivered by S & LT and early years teacher
- Five two hour workshops plus individual video feedback session
- 100 practitioners trained
- Further courses planned for 2012

# Extending the scope of training

- Funding being sought to offer training to practitioners working with children aged 0 - 3 years
- Integration of training into childcare and education courses offered at Highlands College

# Working with parents

- S & LT working in partnership with the Bridge and Pathways
  - easier access for families
  - support to practitioners working with families
- S & LT contributing to parenting courses
- Development of a parent information plan
- H & SS DNA policy for safeguarding children and young people

# Partnership working



Early Years and Childcare  
Partnership

H & SS re-organisation: Community and  
Social Services Division

Children and young people's strategic  
framework

# **Maternal Early Childhood Sustained Health Visiting Project**

- FN & HC leading
- Improve child health and development by helping parents to interact with their children in developmentally supportive ways.
- Other agencies supporting health visitors to empower and support families

# Youth Justice system

- Identify the current prevalence of oral language impairment for local young people in the youth justice system



# Address awareness raising and training needs

- the impact of oral language difficulties,
- the signs shown by young people with communication needs
- strategies to support young people with communication needs.

# Possible signs of a young person with communication needs

## Poor social and conversation skills

- They appear to overreact to jokes and sarcasm or become very angry at something that isn't identifiable to anyone else
- They are very quiet and hold back and then just follow along with everyone else
- They will watch to see if other people laugh and then will laugh too but would not be able to explain what was funny
- They avoid conversations and communication by avoiding appointments and group situations. They may spend more time on their own and may prefer to eat alone and appear to like Loss of Association time
- They avoid conversations and communication by 'hiding' in groups – in a group of their own peers they can laugh along and feel normal. They may be extremely difficult to see on a one to one basis

## Poor organisational skills

- They are disorganised and chaotic. They will regularly forget what they are supposed to be doing. They may ask for the time constantly or ask what's happening for the rest of the day
- They forget to bring things for their appointments or forget appointments altogether
- They have trouble putting things in the right order and will forget what's happening next. They may have trouble telling you what happened in the correct sequence of events

## Unclear speech

- Their speech may be difficult to understand – they may mumble, have a lisp or a stammer



## Poor understanding

- They do not follow your instructions or do not follow them properly - they may only do the last thing you asked them to do or just look blank
- They may break rules again and again despite constant reminders from staff. They may not learn from past experiences or understand the consequences of their actions

## Poor language skills

- They may repeat themselves when recounting events or stories and may get lost while trying to tell you something
- They may not be able to say things in the right order or sequence – this will get worse if they are stressed or under pressure
- You may become confused about what it is they are trying to tell you
- They may appear to be 'making stuff up' or lying because of the pauses, repetitions and confusion

## Poor reading and writing skills

- They pretend to be able to read and/or avoid reading and writing
- They may have slow reading and/or writing speed and poor spelling and will therefore have problems filling out forms
- Their handwriting is not clear and they may use capital letters to disguise difficulties with reversible letters (e.g. d/b)
- They misread similar words (e.g. was / saw, county / country)

## Poor number skills

- They have difficulty remembering a string of numbers such as telephone numbers
- They may get dates and times wrong when recalling events and appointments

# **How you talk and interact with a young person with a communication need can make a big difference:**

- They will engage more and want to participate
- They will understand more and are less likely to kick off and disengage
- You will spend less time having to manage their behaviour
- Education, skills training, offending behaviour or any other direct work will be more successful
- There will be better outcomes from court reports and Youth Rehabilitation Orders