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Speech Pathology Australia

Speech Pathology Australia's Submission to the The Royal Commission into the Protection and Detention of Children in the Northern Territory

28 October 2016

The Speech Pathology Association of Australia Limited
ABN 17 008 393 440

Office of the Royal Commission
Royal Commission into the Detention of Children in the Northern Territory
PO Box 4215, Kingston ACT 2604
via email ChildDetentionNT@royalcommission.gov.au

28 October 2016

Dear Commissioners

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7000 members including 45 members based in the Northern Territory (NT). Speech pathologists are the allied health practitioners who specialise in treating communication disorders and swallowing difficulties (dysphagia). There are an estimated 1.1 million Australians who have a communication disorder.

Communication problems encompass difficulties with speaking, hearing, listening, understanding, reading, writing, social skills, and using voice. Communication problems in children and young people can arise from a range of conditions and may be present from birth (e.g., Foetal Alcohol Spectrum Disorder, Autism Spectrum Disorder), emerge during early childhood, or be caused from an injury or development of disease (e.g., traumatic brain injury, alcohol or drug related brain injury).

There is robust evidence from Australia and internationally that the impacts of communication problems are far reaching and debilitating, resulting in poor educational outcomes (including literacy), early school leaving, reduced employment opportunities and an increased likelihood of social, emotional and mental health issues.

Evidence from the UK and Australia suggests that between 50 per cent and 90 per cent of young offenders have underlying communication problems. These problems are even more likely to be evident in young offenders from Aboriginal and Torres Strait Islander backgrounds. Some of these children and young people will not have received a diagnosis previously, and there is evidence to indicate that young offenders are often misdiagnosed as having a behavioural problem or conduct disorder when in fact they have an undiagnosed and untreated speech, language or communication disorder.

Speech Pathology Australia welcomes the opportunity to provide comment to the Royal Commission into the Protection and Detention of Children in the NT. To inform our submission we consulted with our NT members to ascertain their views and experience of the child protection and juvenile justice systems in the NT in relation to providing speech pathology services to those with communication needs. We also consulted with leaders in our profession who have experience working and/or undertaking research in youth justice systems in other states.

Speech Pathology Australia sees two overarching issues to address. Firstly, the need to identify and support those children and young people with communication problems currently interacting with the NT justice system. Secondly, there is a need to improve the early identification and early intervention system within the NT to respond to the needs of young children with speech, language and communication problems and those in the community at risk of following the trajectory towards the youth justice system.

We preface our comments relating to the questions raised in the Royal Commission's Terms of Reference with background information about the role of speech pathologists in providing care for children and young people with communication needs and highlight the benefits of providing early intervention speech pathology services. We conclude our submission with a set of recommendations for consideration, some for immediate action and other more preventative measures to implement over the longer term.

On behalf of our profession and Territorians with communication needs, their families and carers, we hope that you find our comments and suggestions useful to your inquiry.

Yours faithfully

Privacy

Gaenor Dixon
National President

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Speech Pathology Australia's Submission to the The Royal Commission into the Protection and Detention of Children in the Northern Territory

About speech pathologists and Speech Pathology Australia

Speech pathologists are the university trained allied health professionals who specialise in assessing and treating speech, language, communication and swallowing problems. Speech pathologists work across the life span with infants, children, adolescents, adults and the elderly with communication and swallowing problems. Speech pathologists undertake a four-year undergraduate degree or a two-year graduate entry Masters degree to be qualified as practising clinicians.

Speech pathologists provide health services in the acute care (hospital), sub-acute care, rehabilitation and primary care sector (including community health, general practice and mental health services) as well as within other sectors such as disability, residential and community based aged care, education, youth justice, prisons and community settings.

Speech pathologists work in both publicly and privately funded services. In recent years, there has been a significant shift in the location of service delivery from a previous emphasis on government employed positions to the private sector, including private practice, not-for-profit and non-government organisations.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7000 members (including 45 members based in the NT). Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be regulated by government through the Australian Health Practitioners Regulation Agency (AHPRA).

Children and young people with 'communication needs'

Some children and young people have problems with their speech, language and communication that are permanent and affect their functioning in everyday life. Difficulties in speech, language and social communication can occur in isolation or in combination with other difficulties. Communication problems encompass difficulties with speaking, hearing, listening, understanding, reading, writing, social skills, and using voice.

Communication problems in children and young people can arise from a range of conditions and may be present from birth (e.g., Foetal Alcohol Spectrum Disorder, Autism Spectrum Disorder), emerge during early childhood (e.g., severe speech sound disorder), or be caused from an injury or disease (e.g., traumatic brain injury, alcohol or drug related brain injury, brain infections such as meningitis).

Language problems are more common amongst children and young people from low socioeconomic backgrounds; research shows that the combined effects of poor academic achievement, family dysfunction and low socioeconomic status are significant predictors of deviant peer affiliation and engagement with youth justice, particularly for boys.[i]

Table 1 provides information about the different domains, which together form the concept of 'communication'. People with communication difficulties may experience difficulties in only one of these communication domains, but many will have difficulties in more than one. Additionally, if children experience developmental communication difficulties in one domain, this can impact on their development

of skills in other domains. For example, children with speech difficulties may have fewer and shorter interactions with communication partners (because of their speech difficulties), which in turn means they have fewer and reduced opportunities to develop their language skills. Such children also often struggle with the transition to literacy in the early years of school.

Table 1. Domains of Communication[ii]

Speech refers to:	**Language refers to:**	**Communication refers to:**
Saying sounds accurately and in the right places in words	Speaking and understanding	How we interact with others (social communication)
The sounds people make to communicate words	Using words to build up sentences, sentences to build up conversation and longer stretches of spoken language This relies on competence with vocabulary and grammar.	Language is used to represent concepts and thoughts
Speaking fluently, without hesitating, or prolonging and repeating words	Understanding and making sense of what people say	Using language in different ways to question, clarify, describe
Speaking with expression with a clear voice, using pitch, volume and intonation to support meaning		Non-verbal rules of communication, good listening, looking at people, gesture

It is important to understand that communication problems can present in many forms. It may be obvious to the untrained person that a child or young person has communication needs because of the coexistence with other physical disabilities or because the child or young person is non-verbal or using an electronic or picture system to augment their spoken language.

However, in many cases the communication problems experienced by many children and young people may be invisible to the untrained person. Their communication impairments exist without any obvious signs, yet the child's capacity to understand and use language can be severely compromised and the effects on their access and participation in educational and social settings (including literacy and learning) can be significant. Some children's communication support needs will be apparent early in school life, manifested as unclear speech or difficulties in understanding or using language. Other children's needs may become apparent later in their educational career when the demand on communication competencies increases. This may present with problems in literacy development (i.e. reading and spelling), general learning and/or social skills. A child or young person may begin to exhibit behaviours of concern (aggression, disruptive behaviour in class, disengagement, and/or anti-social behaviour) because of an underlying/undiagnosed communication disability.

In terms of the prevalence of communication problems in children and young people in Australia, we have reliable information from a number of sources:

Information from the Australian Early Development Census (2012) indicates that 17.4 per cent of Australian children are developmentally at risk or vulnerable in language and cognition and 25.3 per cent are developmentally at risk or vulnerable in communication skills and general knowledge at school entry.

Language and early literacy problems affect approximately 17 per cent of four year old Australian children[iv]. In Australian schools, teachers report 22.3 per cent of children at school entry have poorer expressive language (producing and using speech) and 16.9 per cent have poorer receptive language (understanding) skills than their peers[v] [vi].

Available information about the prevalence of speech, language and communication impairment in secondary school aged young people is skewed by the high number of students who 'drop out' after Year 10. However, one large study based on New South Wales (NSW) students estimated 11 per cent of students in secondary school have a communication disorder[vii]. There is no evidence to indicate that the prevalence of communication disorders in secondary school aged young people would be significantly different from this in other states and territories.

In recognition of the prevalence of communication problems and in accessing speech pathology services in Australia, in 2014 the federal Senate Community Affairs References Committee held an inquiry into the prevalence of speech, language and communication disorders and speech pathology services in Australia. Parliamentary Privilege [redacted]

- [redacted]
- [redacted]

[redacted]

The impact of communication problems on outcomes for children and young people

There is good evidence internationally and within Australia that the rates of undiagnosed communication problems amongst children and young people who come in contact with the youth justice system are significantly higher than in community samples. Recent Australian studies indicate conservatively estimated rates of around 40- 50 per cent for young male offenders completing custodial sentences and some international estimates are even higher.[ix]

Over half of all children with poor communication skills also have a behavioural disorder,[x] further reducing learning opportunities, options and effectiveness, and leading to premature disengagement from school. Children with communication problems are at greater risk of bullying and report less school enjoyment than their peers.[xi] Teachers rate their social skills, including interactions with peers and with teachers as poorer than children without communication disorders.[xii]

Parliamentary Privilege [redacted].[xiii]

When no remediation support is available, the communication problems of school children in the primary years typically persist into adolescence. Problems that persist into secondary years are not only

extremely unlikely to spontaneously resolve, but are also likely to have compounded with a range of learning, mental health, behavioural, and social problems increasing the complexity of support that is required.[xiv]

When entering secondary school, children who have a history of communication difficulties are at a social disadvantage. They may have struggled for years to make and keep friends, and now the stakes are higher, with even greater reliance on peers versus family for meeting social needs.[xv] For some young people, help is not available in a timely way, and problems can multiply resulting in a spiralling interaction between communication, behaviour, and mental health, ultimately leading to antisocial and potentially criminal behaviour.

A recent meta-analysis of research into the outcomes for children with language impairment in early childhood identified that these children were twice as likely to show internalising (anxiety and depression) and externalising behavioural problems in later childhood and adolescence. Further, children with a history of language impairment were over 1.5 times more likely to meet criteria for attention deficit hyperactivity disorder (ADHD) in later childhood or adolescence than their typically developing peers.[xvi-xvii] These issues have long-term negative implications for school engagement and educational attainment

There is evidence that adolescents with language disorders are over-represented in the juvenile justice systems in Australia.[xviii] Few of these children and young people will have received a diagnosis previously. Indeed, young offenders are often misdiagnosed as having a behavioural problem or conduct disorder when in fact they have an undiagnosed and untreated speech, language or communication disorder.[xxviii]

Evidence from the United Kingdom (UK) and Australia suggests that between 50 per cent and 90 per cent of young offenders may have underlying communication problems.[xix] The NSW Young People in Custody Health Survey includes a Core Language Score, which is a measure of general language ability and is considered to be a reliable way to quantify a young person's overall oral language performance. The most recent survey, in 2015 collected data from 214 young people and found 82.2 per cent scored below the average range for Core Language, this comprised: 89.7 per cent of the young people from an Aboriginal and Torres Strait Islander (ATSI) background and 74.3 per cent of the young people who were not from an ATSI background.[xx] Scoring below the average range is likely to result in the young people having difficulties in understanding what is said to them and/or problems expressing their own thoughts and feelings verbally.

There is also evidence of a correlation between the seriousness of offences and language problems. Those with poorer language competence are more likely to commit crimes that are more violent.[xxi] Additionally, there is a high prevalence of neurodevelopmental disorders in the youth offending population, many of which have an impact on communication skills. For example, learning disabilities may affect 32 per cent, autism 12 per cent, and previous brain injury 65 per cent of young offenders.[xxii]

Notably, however, neurodisability is not the explanatory factor for high rates of language impairment identified in Australian studies, as young people with such disabilities typically self-select out of such studies. It is also notable that in these Australian studies, the average age of the young offenders is 17-19 years, indicating that problems that may have been evident (though undiagnosed) in childhood, do not spontaneously resolve with age. A study involving 100 young people completing custodial sentences in the NSW youth justice system, 30 of whom were from Aboriginal and Torres Strait Islander backgrounds, found that just over a third (34 per cent) had completed no more than Year 8 at school (with eight having not progressed beyond primary school). Forty-four per cent reported special school attendance of some form (usually a special behavioural school setting) and 87 per cent reported a history of school suspensions and/or expulsions.[xxiii]

Communication problems in Aboriginal and Torres Strait Islander children

While there is limited accurate data on the prevalence of communication disorders amongst Aboriginal and Torres Strait Islander children, Parliamentary Privilege [redacted] s.' [xxiv]

A longitudinal study that sought to describe the speech and language competence of a large geographically diverse sample of Indigenous Australian children aged 3–7 years, identified the extent of parental concern about their children's hearing, speech, and language skills. Data derived from parent report indicated that approximately one quarter of parents expressed 'worries about the study child's speech.' [xxv]

Recurrent otitis media, (OM), a middle ear infection, can, for many children, impact negatively on speech, language and cognitive development. OM is experienced earlier, more frequently and more severely in Aboriginal and Torres Strait Islander children than other children in Australia and even though the infection can be treated, it is the most common cause of hearing loss in these children. Parliamentary [redacted] [xxvi]

Speech and communication related problems arising from acquired hearing loss can be compounded by the widely acknowledged challenges in access to relevant health (including speech pathology) services experienced by Aboriginal and Torres Strait Islander communities in Australia.

Addressing the issue of OM in Indigenous children requires systematic interventions that cross health, education and social services.

Aboriginal and Torres Strait Islander children and young people are detained in the NT detention system (compared with the other states and territory) at higher rates than non-Indigenous peers. AIHW[xxvii] data indicate that:

- *In 2014–15, the rate of young people aged 10–17 under supervision on an average day was lowest in Victoria at 14.4 per 10,000 and highest in the Northern Territory at 54.1 per 10,000, the national rate was 21.5 per 10,000.*

- *In community-based supervision, the rate of young people aged 10–17 on an average day ranged from 12.8 per 10,000 in Victoria to 39.2 per 10,000 in the Northern Territory; the national rate was 18.2 per 10,000.*

- *In detention, it ranged from less than 1.5 per 10,000 in Victoria to 15.6 per 10,000 in the Northern Territory; the national rate was 3.3 per 10,000.*

- *In the Northern Territory the rate of Indigenous young people aged 10–17 under supervision on an average day was 111.9 per 10,000, compared with 6.5 per 10,000 for non-Indigenous young people. Nationally, the rate of Indigenous young people aged 10–17 under supervision on an average day was 180 per 10,000, compared with 12 per 10,000 for non-Indigenous young people. Indigenous*

young people aged 10–17 were therefore about 15 times as likely as non-Indigenous young people to be under supervision on an average day.

Coupled with the higher rates of acquired hearing loss and associated communication problems, and the evidence of the high prevalence of communication problems in the total population of young offenders in Australia - it seems reasonable to presume that the vast majority of children and young people detained in the NT are likely to have wide-ranging but undiagnosed speech, language and communication problems.

Children and young people with communication disorders interacting with the justice system

Children and young people are (by virtue of their developmental stage) vulnerable witnesses in judicial proceedings. However having a communication impairment further jeopardises a young person's ability to comprehend instructions or questions, to describe an event in a logical and sequential manner, to understand the complex language used in the legal system and/or to express themselves adequately. In addition, young people with communication disorders interacting with the justice system are highly likely to struggle with:

- understanding court orders, sentence and probationary conditions, procedures and processes
- understanding words including "victim", "breach", "guilty", "liable" or "remorse" or "conditional", for example one of the main reasons for breach of sentence conditions is caused by a lack of understanding of the conditions associated with the order or sentence[xxviii]
- verbalising and managing emotions, understanding social expectations, communicating with and understanding others, all of which may lead to negative behaviours
- participating in and benefiting from academic programs within custodial settings
- participating in programs or supports that work to reduce reoffending such as behavioural therapies and counselling.[xxix]

The criminal justice system has high language demands, with processes that assume developed comprehension and expressive communication skills. This is particularly problematic for individuals with communication needs required to interact with the justice system whether as a victim, witness or the accused. This holds true for both adult and youth justice systems.

Understanding language impairments in young offenders is important for a number of reasons. Most notably because they usually go undetected, so service providers in correctional facilities are frequently unaware of the nature and implications of such impairments in the young people they are working with.[xix]

The child or young person's ability to provide meaningful testimony, to tell their story, to explain events, or to respond to questioning or instruction is therefore reduced[xxx] and they are more susceptible to making inappropriate confessions (acquiescing), changing their story and/or becoming totally uncommunicative. Distress and anxiety can add to the communication confusion and result in a cycle further reducing the ability to understand and respond appropriately to questions and instruction. There is also a risk that these children and young people are then labelled as rude, challenging or uncooperative, and for this label to stick as they move through the justice system.[xxxi]

The role of speech pathologists in the youth justice system

Speech pathology services are recognised as essential in the diagnosis and remediation of speech, language and communication difficulties. Children and young people involved in the justice system should be equally entitled to these evidence-based speech pathology services as they are to any other government funded health services.

A lack of understanding of communication difficulties and associated issues such as language comprehension, auditory processing, cognitive communication difficulties or higher level executive functioning, in the absence of obvious physical, sensory of intellectual impairments, can easily result in a young person's behaviour being misconstrued by officials as a lack of cooperation, or recalcitrance. The interview process and questioning conventions of the justice systems in Australia as well as the knowledge, skills and attitudes of the various communication partners such as the police, defence or prosecution lawyers, magistrates or judges, and detention centre staff can exacerbate these problems for the child or young person.

Once a child or young person with a communication problem has contact with the justice system (whether or not they have committed a crime) they are at a disadvantage in their participation in the system. From the first interview with police through to the entire court proceedings, as well as participation in restorative or rehabilitative programs, the need for speech pathology involvement and support is evident:

- **Assessment and diagnosis** - ideally, screening assessment should be carried out, prior to interview, to identify those children and young people with clinically significant language deficits that will compromise their participation within, and access to, justice in its most basic sense. Many young offenders with communication problems have difficulty providing an account of their actions and as such expose themselves to misperceptions as to their authenticity. Assessment and diagnosis of communication difficulties should be completed by qualified speech pathologists.
- **Communication intermediaries** - appropriately qualified experts who enable effective communication, in this instance this would include assessing the linguistic competence of the child or young person and identifying the adjustments necessary to ensure effective communication at all stages of the criminal justice process. The role of the 'communication assistant/intermediary' varies (both in overseas countries and in some state jurisdictions in Australia). In some cases, the communication intermediary needs to support others to understand someone who has expressive speech and language problems. Others need to act as advisors to courts, counsel and the police and at other times they will need to intervene in response to linguistically inappropriate questioning, or advise on what type of questioning is needed in order for the person with communication impairment to fully participate in the process. The extent to which an intermediary needs to intervene depends on the types of barriers faced by an individual and the process in which they are interacting. Speech pathologists, due to their specific training in the assessment and management of people's communication difficulties, are well placed to be employed as communication intermediaries and are currently working in some capacity in South Australia and NSW. Speech Pathology Australia wrote to the Royal Commission in August 2016 requesting that Communication Intermediaries be employed to assist children and young people providing evidence to the Royal Commission.
- **Restorative Justice Conferencing (RJC)** - this approach brings together the perpetrator (who must have pleaded guilty in a court of law), the victim(s), and a trained convenor, in order that a conversation can take place between the parties about the effect of the perpetrator's wrongdoing on the victim(s). Speech pathology researchers have identified a number of concerns about the use of RJC with young offenders with unidentified language impairments and the risks this could entail for all parties - the offender, the victim(s) and for the wider community.[xxxii]

- **Therapy interventions and services** - for those children and young people in detention, access to intervention targeting remediation of communication problems and development of functional communication and literacy skills is a crucial component of the programs implemented within custodial settings. Improving communication and literacy and raising awareness of communication needs enables young people to participate in the interventions offered in the youth justice system, which are often dialogue-based such as counselling, cognitive behaviour therapy and interpersonal therapy, all of which place considerable demands on language processing and production skills.
- **Training** – delivering ongoing programs to all staff working within youth justice settings, including youth officers, case managers, psychologists, management and education staff, and where possible, to all who work with young people in the wider justice system including police. This is aimed at better identifying potential communication problems, understanding their impact, considering communication needs when planning and implementing behavioural management strategies and raising awareness of the role of speech pathologists in providing support. There is also a role for speech pathologists to provide structured training, as well as support and collaborative working with teaching and staff in education settings in detention centres, to improve their capacity to work with these young people.
- **Visual aids** - all communication related resources and education material should be designed and developed with the input of speech pathologists to ensure that it is 'communication accessible' – written in such a way that it is easily understood by children and young people with communication impairments.

Access to speech pathology services

In the youth justice system

Given the prevalence of communication disorders among children and young people in custody or in the youth justice pathway, speech pathology services and expertise is essential. However, despite this need, currently in Australia there is limited involvement of speech pathologists in any aspect of the state and territory-run youth justice systems.

At the time of the Senate Inquiry into the prevalence of communication impairments in 2014, there was only one speech pathologist working full-time in the youth justice system in the whole of Australia - at Parkville Youth Justice Precinct in Victoria. Parliamentary Privilege [redacted]'[xxxiii, xxxiv]

Other access to speech pathology services across the country was small scale and *ad-hoc* through research projects, occasional private practice assessments and interventions, and sporadic visits from educational speech pathologists (employed by state-based Departments of Education) as part of their general, mainstream educational caseload. These limited services fell far from meeting the communication needs of young offenders and unfortunately two years later in 2016, the situation has not improved significantly and interventions remain fragmented and scattered.

For example, in South Australia's Youth Education Centre in Adelaide, a speech pathologist has had a dual role supporting the students and supporting/educating staff to better cater for students with communication problems. A language screening questionnaire was introduced into the assessment process to identify those students who might benefit from a more thorough assessment, results suggested that up to 50 per cent of students in detention had some form of communication disorder.[xxxv] It was recently announced that the speech pathology role will continue in 2017 and will be increased from 0.5 FTE to 0.6 FTE.

For diagnosis as part of heath care

Children and young people in detention in the NT may have had access to the health system to diagnose and treat communication problems.

Ideally, identification of a communication need and access to the appropriate specialised support would happen considerably earlier than when a young person first interacts with the youth justice system. Currently, the evidence indicates that the identification of children with communication disorders in Australia is parent-led; it is unclear how identification occurs within vulnerable families or for at risk children.[xxxvi, xxxvii] Opportunities may present to parents to support them to reflect on their child's development through:

- Maternal and Child Health well-child visits (in all states and territories except Queensland)
- A GP or paediatrician appointment to discuss developmental concerns.
- Self-referral to public specialist assessment and intervention services including early childhood intervention and Community Child Health services in each state and territory - however, waiting time is a significant barrier.

There is also opportunity to support identification and intervention for children with communication problems at preschool/kindergarten. These services are attended by around 82 per cent of children in the year before they start school[xxxviii] and fall under the jurisdiction of the Department of Education in each state and territory. However, our members report that it is not common for speech pathology services to be available or provided through preschools in the NT and in most other states and territories (with the exception of South Australia where Department of Education speech pathologists support children across both preschools and schools).

We are acutely aware of gaps in speech pathology service availability, especially in rural and remote areas of Australia, for example, one third of rural localities in NSW and Victoria do not have regular speech pathology services available within a 50-minute drive.[xxxix] For those living in areas of Queensland, the NT and Western Australia the proportion may be higher.

[redacted]

In the education sector

Speech pathologists are trained to work within schools, alongside teachers and other educational team members and with parents to improve educational outcomes for children. They add value to teaching and learning through assisting individual students or groups of students, collaboratively working with teachers

to develop or enhance targeted, whole class, or whole school programs, and identifying and facilitating strategies to support students to access learning.

Speech Pathology Australia members have, for many years, identified access to speech pathology services by Australian school children as an area with significant variability and major gaps. Victoria, Queensland, South Australia and Tasmania provide speech pathology services for students in public schools, through the relevant department of education. New South Wales, NT, Australian Capital Territory, and Western Australia have either no education department services, or very limited provision.

The NT has a demonstrably high need for support in relation to supporting Territorian children with communication problems to participate in the educational system. This was acknowledged in 2012, in a letter from the then Chief Minister (Hon Paul Henderson) to Speech Pathology Australia, to quote, "there is a high demand for speech pathology, particularly for children aged 4-7 years."

Services in the NT for school-aged children are provided by the NT Department of Health, with only one speech pathology position sitting within the Department of Education. Services are extremely limited, with even children who have severe problems being able to access little or any direct therapy from speech pathologists. For example, in Alice Springs, a child of school age will wait approximately 12 months for a speech pathology assessment, and will only be provided with indirect support (e.g., teacher training or a program for parents to implement) rather than direct one-to-one, or small group therapy by the speech pathologist.

Access to speech pathology services is particularly problematic for rural and remote based schools. For example, in the NT, access to services for school-aged children is possible through Department of Health employed speech pathologists. However, these are usually based in urban areas (Darwin or Alice Springs) and access for remote students is at best via a consultative service from a visiting speech pathologist. This means that Indigenous students in remote communities often have the most limited access to speech pathology services - when they are often the children and young people who need them most, due to the high rates of communication impairment resulting from high rates of otitis media in the Aboriginal and Torres Strait Islander child population.

Evidence of the value of providing speech pathology services in the youth justice system

Speech and language intervention in the custodial setting can prove beneficial[xl] with a recent study demonstrating that over 75 per cent of youth offenders receiving speech pathology input showed an improvement across all communication areas targeted, and 88 per cent improved in the key oral language areas targeted.[xli]

The information obtained from the Speech Pathology in Youth (Justice) Custodial Education (SPyce) Project carried out at Parkville College in Victoria makes a valuable contribution to the significant body of evidence highlighting the necessity of speech pathologists within youth justice settings. This project provided an evidence based model for the involvement of speech pathologists within an educational institution for young people serving sentences or on remand. The study showed wider gains in engagement with education and training for these young people, and that other staff working in the program gained confidence in working with young people with communication problems.[xxxiii]

Findings from a recent Phase 1 clinical trial of speech-language pathology services in a NSW juvenile justice detention centre found that therapeutic engagement was strong and the tailored intervention had good participant attendance and positive feedback regarding its usefulness.[xl] All participants made measurable gains over a brief period of intervention (two to four months).

Evidence from the UK also highlights the benefits of identifying and addressing speech, language and communication needs in youth offending services as well as providing speech and language therapy to 'looked after' children (children in Out-of-Home Care) and those seen as at risk. '*By the time young people enter the youth justice system, many of those with speech, language and communication needs (SLCN) have developed strategies for masking its impact and are probably unaware that they have an SLCN. This is why many SLCN are only recognised after a young person has entered the criminal justice system and not before. Often, the issues are not identified until a psychologist or speech and language therapist has assessed the individual'.*[xlii]

The County Durham Youth Offending Service (CDYOS) in the UK highlighted the benefit of speech and language therapy to help support young people with communication difficulties in the youth justice system. This service also described the benefits of having a Clinical Lead Speech and Language Therapist[1] consult with staff to improve the way they work with young people with such needs. This work included: staff training, implementation of the speech, language and communication needs screening and pathway for young people who offend, as well as the development of its 'ClearCut Communication' resources designed using the combined skills of the Speech and Language Therapist with youth justice expertise.[xliii]

Similarly for children in out-of-home care, or those seen as at risk by social services, the impact of unmet and unidentified speech, language and communication needs and their links with offending is well established. Indeed, the UK's Royal College of Speech and Language Therapists argues that anyone working with these children should be aware of the possibility that they may have speech, language and communication needs and cites research - showing that these needs are often unidentified. [xliv]

"Identifying and then meeting speech, language and communication needs is critical to supporting early attachment, later adolescent social and emotional development and in order to access education, all of which are essential to protecting children from criminalisation. Yet in many cases, the implications for looked after children with speech, language and communication needs are neither identified nor understood by those working to support the child/young person." [xlv]

A report into the UK's youth justice system used a single case study to illustrate the potential cost savings of early intervention; estimating around £111,000 per person would be saved up to the age of 16 years if early intervention (including but not limited to speech therapy) were provided to young children identified to be at risk of offending[xlvi]. In Australia, estimates of comparable savings cannot yet be established, given the lack of speech pathology services within youth justice settings.

Speech Pathology Australia's response to the Commission's Terms of Reference

Speech Pathology Australia consulted with its NT members as well as its members based in other states and territories who are experienced in providing services and undertaking research in the youth justice systems. We offer the following professional views in response to the relevant scope of inquiry outlined in the Letters Patent.

[1] Speech and Language Therapist is the term used in the UK for Speech Pathologist.

1. What improvements could be made to the child protection system of the Northern Territory, including the identification of early intervention options and pathways for children at risk of engaging in anti-social behaviour?

Children and young people in the justice system typically have troubled pasts, often with child protection involvement and invariably have disengaged early from education.

Speech Pathology Australia members who provide assessment and therapy under individual short-term contracts to children in the NT child protection system highlight the long term impact of a lack of access for vulnerable children to assessment and therapy. This lack of systematic screening of communication skills in young children through the educational and health settings is resulting in vulnerable children (those already seen as at risk by social services in child protection or placed in kinship care) falling through service gaps and experiencing delays in being identified and referred to relevant health services. As discussed, any delay and/or failure to diagnose communication impairment early in a child's life is an opportunity lost and will result in children missing out on the proven benefits of early intervention. A 2007 NSW audit of child protection files[xlvii] found that the second most frequently indicated referral was to speech-language pathology (SLP). This equates to over 3000 children in NSW alone who require referral for SLP assessment and intervention.

The aims of early childhood intervention are to meet the child's identified needs and to promote their optimal development, wellbeing and community participation. The early childhood years are crucial in laying the foundation for later developmental outcomes. Communication skills are cumulative,[xlviii] and therefore the efficient acquisition of skills in later childhood is affected by the preceding skill set. Speech pathologists are also able to support children's functional communication skills in the preschool years, which can reduce challenging behaviours[xlix] - for example, by providing a child with the verbal means to request or deny something, rather than hitting or pushing another child. Early intervention is particularly important for children who are vulnerable and are already at risk of poorer health, developmental, educational and wellbeing outcomes due to social disadvantage. Early intervention is one component to support these children and hopefully avoid the 'school-to-prison' pipeline described in the international literature.

In addition to this fundamental concern about lack of systematic screening, our members raise the following specific issues with the current child protection system in the NT:

- Carers and child protection workers do not receive specific training on how to identify and support children with speech, language and communication problems.[2]

- There is a lack of support for carers which means they often suffer from 'burn out'' and relinquish care of 'difficult' children, exacerbating the child's emotional issues. As described previously, children with untreated communication impairments may act out behaviourally to mask their communication problems.

[2] The Small Talk project explored if there was a tool or other means that would assist practitioners who are not speech pathologists to identify which children, who have experienced abuse and/or neglect, would benefit from a referral to a speech pathologist or audiologist for an assessment and timely intervention to redress speech, language or hearing difficulties. The combination of training on the developmental consequences of abuse and neglect, the speech and language needs, and indicators of problems for children and culturally informed approaches to assessment was consistently well received - http://www.childhoodinstitute.org.au/Assets/560/1/BSSmallTalkFinalReport.pdf

- Consistency of carers - in some cases children are moved frequently between different care arrangements. A change of carer can also mean changing schools and losing contact with friends and biological and foster-siblings and teachers. These changes disrupt attachments and the social-emotional development of the child. Frequent re-location may also interrupt any opportunities that exist for appropriate identification and referral to relevant health services for these children.

- Consistency of case managers – a high turnover can lead to fractured coordination of care, gaps in knowledge of a child's history and their family history.

- A lack of due diligence for contracted allied health workers in the NT where credentials such as proof of registration/membership with relevant regulatory body, insurance, Working with Children or Police checks are not reliably requested/checked.

- Communication - assessment reports/results are not shared with relevant people in the child's life when their circumstances change, for example, if a new case manager is appointed, often therapists and even carers are not notified; likewise when children change carers (and address) their school may not be notified.

- In some cases, children are seen at school for speech pathology services because of logistical factors (carers may too busy with multiple children to get to appointments at clinics or distances are too far to travel). This results in carers not being involved in therapy or home programs and they are therefore unable to learn how to incorporate speech pathology strategies into their routine. This limits progress and the generalisation of learning from therapy settings to everyday use for the child.

- When children return to family care, there is little opportunity to handover the speech pathology strategies to family carers. This means the child is not having their therapy practice 'reinforced' in their broader social and family life.

- There is usually only short-term funding of speech pathology interventions - 10 weeks at a time as a maximum. The contract renewal process takes time which is inconvenient, the child may lose their place, progress stalls, and when the case manager has to change, the whole therapy arrangement tends to fall apart. A break in the therapeutic relationship (changing therapists) or a disruption in the therapy process can have impacts on clinical outcomes for these children.

- Too much emphasis is placed on proactive individuals such as case managers, carers or in some cases school staff, insisting on and advocating for assessment.

- When a child who has had little opportunity to learn English has only recently entered the child protection system an interpreter will be necessary to assess home language(s). This will help determine if there is any existing clinically diagnosable communication disorder or if communication difficulties are due to English not being their first language.

A range of recommendations are made at the conclusion of this submission relating to improvements for the child protection system in the NT. These recommendations focus on improvements to be made to early childhood health and early intervention services to ensure that young children at risk of interacting with the NT youth justice system and who have communication impairments are identified early and provided with appropriate health and educational interventions during the early childhood 'window of opportunity' for therapeutic gains.

2. What measures should be adopted by the Government of the Northern Territory, or enacted by the Legislative Assembly of the Northern Territory, to prevent inappropriate treatment of children and young persons detained at the relevant facilities:

Identifying children and young people with communication needs interacting with the justice system

There is good evidence that poor language and communication skills are linked with increased challenging, anti-social, and offending behaviour. In part, this is because children and young people are unable to express themselves verbally and/or use verbal conflict resolution skills. Currently there are difficulties in identifying children and young people who have communication needs in the youth justice systems across Australia.

Given the high rates of communication difficulties in youth offender populations, staff training should be predicated on an assumption that communication skills are an area of vulnerability. It is essential for all children and young people currently detained within the youth justice system in the NT to be assessed by a speech pathologist to determine if they have a clinically diagnosable communication disorder. It is also imperative that processes and protocols are put in place that all 'new entrants' to the youth justice system are assessed as early as possible, ideally before being interviewed by police. Once a communication need has been identified, appropriate speech pathology intervention should be provided for as long as necessary.

In addition to clinical assessment, ongoing training of all youth detention staff is also essential to bring about a cultural shift that not only raises awareness of communication problems and their impact on children's behaviour but also encourages a therapeutic approach rather than physical response to challenging behaviour. In everyday interactions, it is possible for staff to manage their own communication style such that misunderstandings are minimised and emotionally dysregulated responses are less likely to occur. When youth justice staff are responding to, or 'managing' problem behaviour it is imperative for them to consider possible undiagnosed communication difficulties as an underlying cause of the child's behaviour. It is essential to think about what the child might be trying to achieve/communicate through that behaviour, and try to help them to develop their verbal/social skills so that in the future they can communicate the same thing in a less aggressive, more socially appropriate ways. Staff require specialist training in order to acquire these skill sets.

Speech Pathology Australia supports the development of a comprehensive and standardised tool to facilitate assessment of a child's communication skills (such as checklists and/or a 'triaging' system). Speech Pathology Australia can offer the services of Australia's leading speech pathologists with expertise in working with young people in justice systems to assist the NT government to develop this tool.

Training of justice personnel to identify communication problems and interact with children with specific communication needs

As stated above, the provision of training to youth detention centre staff is essential to help identify communication problems in children and young people, improve understanding of behaviour associated with communication problems, and to raise awareness of how speech pathologists can support children with communication needs. An additional benefit of such training is that staff can become more skilled at adapting their own communication skills e.g. simplifying language so the young person is able to

understand, delivering intervention programs in a more meaningful way and using more effective verbal de-escalation techniques to minimise the need for physical interventions.

However, training is only the first step in bringing about the necessary change in the collective culture of detention centres towards adopting and implementing a therapeutic approach to managing challenging behaviour within these facilities. Initial training, specifically to help identify and understand communication issues, helps raise awareness but such guidance needs to be constantly reiterated and incorporated into all training programmes, policies and procedures within the youth justice system. There are a number of ways to implement this, for example by adapting intervention and behaviour management programs, having clear reinforcement and policy direction from management and senior staff, changing policy documents and even the wording on incident report forms where appropriate. In order to upskill both the children and young people, as well as the staff in correctional facilities, both 'bottom up' and 'top down' approaches are required.

Indeed if the aim is to encourage children and young people to resolve situations verbally rather than physically, it makes no sense that staff respond to incidents physically (except as an absolute last resort). A reduction in the use of physical restraint was attributable to staff training at the Red Bank secure children's home in Birmingham (UK) where five out of seven young offenders in one section had a learning difficulty and challenging behaviour. Staff were involved in physically restraining these young offenders on two to three occasions every day. After receiving communication training and guidance from a speech and language therapist, the staff were able to reduce the number of restraints used to two per week.[l] Evidence of such a dramatic change in the way in which challenging behaviour is managed in a youth justice facility warrants investigation and piloting of similar interventions in the NT justice system.

It is important that any training programs to improve understanding of communication needs and to support detention centre staff and justice system officials to interact with children with communication problems are developed with the input of experts in this area and provided in formats that are easily accessible. Speech pathologists should be involved in the design, implementation, and evaluation of such specialist training and education material, and have input into all other training provided to detention centre staff.

Improve access to speech pathologists

There is a growing body of evidence that shows young people in the justice system are at high-risk for significant, yet typically, undiagnosed and therefore untreated, oral language difficulties.[xlv]

It is essential for speech pathologists to:

- Assess those in the system, as well as those entering the system for the first time, to identify any clinically diagnosable communication disorders.
- Interpret assessment information and profile a young person's communication strengths and weaknesses, and communicate this information and its impact to others in their environment
- Act as trained, independent communication intermediaries where needed.
- Provide speech pathology interventions in custodial settings to improve functional communication of the children and young people.
- Provide training and secondary consultation to detention centre staff and other key stakeholders on ways in which verbally mediated interventions (e.g. cognitive behaviour therapy) may be adapted to better meet the communication needs of the youth justice population.
- Be consulted in the development and design of resources to inform and educate key stakeholders regarding the impact of communication problems on young people's behaviour and involvement in the justice system.

- Be involved in the design and delivery of literacy interventions, given the fundamental importance of oral language skills (e.g. vocabulary, phonemic awareness, comprehension) in establishing reading and writing skills.[li]
- Be involved in 'transition' planning for the young person when they leave detention, highlighting services they will require to support their oral and written language development, and also assist the young person's understanding and active participation in their transition planning and delivery.

3. The access, during the relevant period, by children and young persons detained at the relevant facilities, to appropriate medical care, including psychiatric care:

While it is a recognised legal requirement to provide medical care to those in detention facilities, medical care is only one component of the health care that should be provided to children and young people in such settings. Support to children and young persons detained in facilities should be comparable to that accessible for children and young people in the community – and therefore should include access to the relevant multidisciplinary 'health' practitioners that they would need to access if they were community based (including nurses, and allied health services such as speech pathology, occupational therapy and psychology). At present children in NT detention centres have no access to speech pathology services.

Speech Pathology Australia is recommending that children detained in NT justice settings be able to access *at least* the same level of multidisciplinary health care that they would be able to access under Medicare or state government programs were they to be living in the community. However, the evidence of the complex health needs (particularly communication needs) of the detained youth justice population warrants the investment of additional levels of health care services for these children over and above those provided to the general paediatric population. Medical and health services provided to children detained in these facilities also need to be culturally appropriate, for example, the Aboriginal definition of good health is not just the absence of disease but refers to the "social, emotional and cultural well-being of the whole Community." Parliamentary Privilege [redacted].[lii]

There is no one size fits all approach with regard to supporting children and young people in detention facilities – nor is there for general community health services. All services, including medical and allied health care, provided should be tailored according to an individual child's clinical needs and involve a multidisciplinary approach where there is evidence this approach leads to positive clinical outcomes.

As we have highlighted, children and young people with language disorders are over-represented in the youth justice systems in Australia and by the very nature of their disorders, they are likely to face significant barriers to expressing their needs verbally, and to understanding information provided to them by others. Specialist support and access to interventions should be routinely provided, where clinically indicated, as soon as assessment identifies a need. The provision of health care services must not be reliant on the young person verbally requesting such services.

Summary and recommendations for consideration

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 7000 members including 45 members based in the Northern Territory (NT). Speech pathologists are the allied health practitioners who specialise in treating communication disorders and swallowing difficulties (dysphagia).

Communication problems encompass difficulties with speaking, hearing, listening, understanding, reading, writing, social skills, and using voice. Communication problems in children and young people can arise from a range of conditions and may be present from birth (e.g., Foetal Alcohol Spectrum Disorder, Autism Spectrum Disorder), emerge during early childhood (e.g., severe speech sound disorder), or be caused from an injury or development of disease (e.g., traumatic brain injury, alcohol or drug related brain injury).

There is robust evidence from Australia and internationally that the impacts of communication problems are far reaching and debilitating, resulting in poor educational outcomes (including literacy), early school leaving, reduced employment opportunities and an increased likelihood of social, emotional and mental health issues. Evidence from Australia and the UK suggests that between 50 per cent and 90 per cent of young offenders have underlying communication problems. Some of these children and young people will not have received a diagnosis previously, and there is evidence to indicate that young offenders are often misdiagnosed as having a behavioural problem or conduct disorder when in fact they have an undiagnosed and untreated speech, language or communication disorder.

Confounding issues relating to the high detention rate of Indigenous children and young people in the NT, rural and remote health service access, multi-lingualism in Indigenous young children and the impact of acquired hearing loss in Aboriginal and Torres Strait Islander communities, coupled with the evidence of communication impairment in youth offending populations suggests that the vast majority of children detained in the NT youth justice system will have some form of speech, language and communication problem.

Speech Pathology Australia welcomes the opportunity to provide comment to the Royal Commission into the Protection and Detention of Children in the NT and provides the following recommendations for the Commissioners consideration:

Immediate, short-term recommendations:

1. Arrange for appropriate screening and assessment of all children and young people already detained in the NT justice system by speech pathologists to identify those with clinically diagnosable communication problems
2. Establish processes to ensure speech pathologists undertake assessment to identify a communication issue routinely for all children when they enter the justice system for the first time.
3. Provide speech pathology intervention immediately to all children and young people who are diagnosed with a clinically diagnosed communication problem.
4. Provide access to communication intermediaries for those children and young people identified with communication needs to aid their participation in the justice process.
5. Commit the necessary funding to ensure that speech pathology services are part of the health care services provided to children in the NT justice system.
6. Provide training, in the first instance to all youth justice staff, to address the lack of understanding of communication difficulties and impact on children's behaviour (e.g. communication problems being misconstrued as a lack of cooperation, or recalcitrance).

Proactive, longer term/ongoing preventative recommendations:

7. Improve access to speech pathologists and their expertise in all government funded universal health, early childhood and primary education settings.

8. Improve access for targeted population groups to early childhood intervention and health services (including speech pathologists). These groups should include families at risk of interacting with the child protection system, children currently within the child protection system, and rural and remote Indigenous children.
9. Provide ongoing training to address the lack of understanding of communication difficulties and associated issues to all relevant key stakeholders working in youth justice in the NT (including frontline staff, management, psychologists and custodial education).
10. Establish processes to promote a cultural shift that not only raises awareness of communication problems and their impact on children's behaviour but also encourages a therapeutic approach rather than physical response to that behaviour through a top-down direction from senior staff/management: this may be achieved by:
    - adapting intervention and behaviour management programs
    - changes to policy documents and forms
    - staff training at youth detention centres
11. In consultation with speech pathologists, develop visual aids and other resources to help both children and young people with communication problems as well as detention centre staff to communicate effectively to each other.
12. Implement speech pathology service provision in NT government secondary schools (extended to 'special behavioural schools') to provide targeted support to students with communication and literacy difficulties and to provide teachers with whole of classroom strategies.
13. Involve speech pathologists in the education team at education centres within youth justice services to contribute to the curriculum, consult with educators and other justice staff, and provide targeted support to young offenders, to improve their language, literacy and social interaction skills, with the aim of reducing recidivism.

If Speech Pathology Australia can assist in any other way or provide additional information please contact Dr Ronelle Hutchinson, Manager of Policy and Advocacy on 03 9642 4899 or contact by emailing policy@speechpathologyaustralia.org.au.

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