

## Speech, language, communication and neuro-disability screening tool

### Supporting Guidance

The Speech, language, communication and neuro-disability area in AssetPlus is based on the Royal College of Speech and Language Therapists' (RCSLT) screening tool which has been made broader to include other elements of neuro-disability in line with CHAT (Comprehensive Health Assessment Tool) neuro-disability section.

These screening questions should be completed in relation to all young people and can be conducted by practitioners / non-specialist health staff. Judgements will need to be made based on your observation of the young person (e.g. how s/he responds in interviews or in everyday interactions) and also on any information provided by parents/carers or teachers.

Teams/local areas/establishments will need to set their own thresholds and cut-off points for deciding on when further action is required, depending on local services and resources. The further action required could be another assessment or referral to a specialist (such as a speech and language therapist, CAMHS or paediatric health services). Which option you use will depend on how the services are available in your team, local area and organisation.

A "Yes" or "Sometimes" answer to any of the screening questions should be followed up with additional information in the 'further exploration' text box at the end of the tool and result in a 'fast-tracked' referral being made for the CHAT neuro-disability assessment to be prioritised by a specialist health worker, or alternative local tools/practices. A full CHAT assessment should also be conducted within the timelines specified by the Offender Health Research Network in CHAT as there are high levels of co-morbidity (i.e. two or more disorders or illnesses occurring in the same person) in this group of children and young people.

### Using the electronic version of the tool

As well as using a printed version the tool can be filled out electronically, so that practitioners can save this in the young person's case record. To complete electronically:

- Click the answer box to enter a cross. Re-click to unclick the box.
- When entering text in the further exploration boxes click on the furthest left point of the field.
- The rest of the tool is locked down (i.e. only answer boxes can be ticked or further exploration text completed).

In all cases it is important to record the young person's name, date of birth and date of completion of the tool at the top of the document.

## Some additional examples and guidance to support answering questions in the screening tool:

### **Speaking**

- Have difficulty thinking of the words they want to say? *E.g. Often answers with “don't know” or “can't remember”*
- Only use very simple vocabulary? *E.g. Uses simple short sentences or uses non specific or empty words, for example 'some', 'things' or words such as 'thingy' - like that of a much younger child.*
- Have difficulties explaining things? *E.g. do they leave out important details or give information out of sequence?*
- Is their speech difficult to understand? *E.g. do they stammer/stutter or find it hard to say long words; do they mispronounce words frequently or mumble unintelligibly?*

### **Understanding spoken language**

- Have difficulty remembering things people say? *E.g. people's names or words you have explained to them.*
- Have difficulty following spoken instructions or only follow part of them?
- Have difficulty understanding the meaning of words?

### **Non-verbal**

- Have difficulty using non-verbal communication? *E.g. unusual eye contact (too little or too much), body language, facial expression or proximity (distance between communicators).*
- Have difficulties showing emotions? *E.g. do they smile or laugh at the right times?*

### **Social skills difficulties (inc. Autistic Spectrum Disorders)**

- Have difficulties initiating and/or maintaining friendships?
- Is socially awkward and/or inappropriate? *E.g. difficulty using the appropriate personal space, using eye contact, initiating and maintaining conversation on a topic or obsessive about a particular topic.*
- Appear frustrated or anxious when there is no obvious cause?
- Have difficulty thinking about the thoughts/feelings of others?
- Has been diagnosed with social communication difficulties? (including Autistic Spectrum Disorder, Pervasive Development Disorder, Aspergers, Semantic Pragmatic Disorder). Additional guidance on Autistic Spectrum Disorder (ASD) can be found below this guidance.
- Has a professional/ family member expressed concerns about social communication skills?

Also consider whether the young person reacts beyond the normal level to unexpected changes in routine, for example late changes to appointments.

### **Education needs & Learning Disability**

Many young people who offend will have educational needs secondary to learning, emotional and behavioural difficulties. A subgroup of young people may have a learning disability or a specific learning difficulty which is important to differentiate to allow young people to access educational support and to also ensure interventions are appropriately adapted.

- Have problems with reading or writing?
- Have difficulties with time concepts? *e.g. telling the time, using a calendar, understanding date and time concepts such as 'day after tomorrow'?*
- Needs support in daily living skills? *e.g. washing, getting ready for school/college, cooking etc.*
- Have any Special Educational Needs been identified? A “Yes” answer to this question should be followed up by completing the further exploration question specific to Special Educational Needs (as well as giving details in the further exploration text box at the end of the tool):

## FURTHER EXPLORATION

If you have answered “Yes” to “Have any Special Educational Needs been identified?” then please provide details of special educational needs here:

**Identified SEN** – options of *Specific Learning Difficulty (SpLD)*; *Moderate Learning Difficulty (MLD)*; *Severe Learning Difficulty (SLD)*; *Profound and Multiple Learning Difficulty (PMLD)*; *Behaviour, Emotional and Social Difficulty (BESD)*; *Speech, Language and Communication Needs (SLCN)*; *Autistic Spectrum Disorder (ASD)*; *Visual Impairment (VI)*; *Hearing Impairment (HI)*; *Multi-Sensory Impairment (MSI)*; *Physical Disability (PD)*, other please specify

Adjacent to each of the above selections are the responses options which also need completing. This is intended to show what action has been or is being taken by services to address the identified needs.

**Responses to identified SEN** - drop-down box giving options of *Informal local response*; *Statement of SEN*; *Learning Difficulty Assessment*; *Learning Disability Assessment*; *Education, Health and Care Plan*; *Other please specify*.

An ‘informal local response’ could be a number of actions decided locally but which don’t meet the formal definition of other statutory responses (e.g. SLT Report or School Action Plus register)

- Has a professional/ family member expressed concerns about learning needs?

Further questions on Autistic Spectrum Disorders, Learning Disability and Educational Needs can be found in the CHAT Neurodisability assessment section and guidance in the supporting manual (see further resources below).

### **Traumatic Brain Injury**

- Head injury that caused him/her to be knocked out or dazed or confused? [A traumatic brain injury occurs when the head receives a severe blow or jolt, for example in an accident, fall or assault, causing the brain to be damaged.](#)

An acquired brain injury (ABI) is an injury to the brain that has happened AFTER a period of normal post birth development. The biggest group of ABI is Traumatic Brain Injuries (TBI) - the trauma being an assault, fall or such incidents as road accidents. Other forms of ABI include damage through illness (such as encephalitis or meningitis), a stroke, a brain tumour or poisoning.

Further questions on TBI can be found in the CHAT Neurodisability assessment section and guidance in the supporting manual (see further resources below).

## FURTHER EXPLORATION

Detailed information should be provided in the evidence box about any issues identified in this section.

**Please provide as much detail as possible here (Evidence Box):** [e.g. is there something unusual about the way the individual communicates? Please give examples such as ‘difficult to have a conversation with them/fixed smile/reluctant to talk’, etc.](#)

## **Practice points and further resources:**

The Offender Health Research Network have published a 'Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS)' which includes further supporting information on Traumatic Brain Injury, Speech, Language and Communication Impairment, Learning Disability and Educational Needs and Autistic Spectrum Disorders within the Neurodisability Assessment (4.4.5). Along with the CHAT tool it can be found at <http://www.ohrn.nhs.uk/OHRNResearch/CHAT> :

*Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), October 2013 (Version 1), Copyright © 2013 The Offender Health Research Network.*

*Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), January 2014 (Version 2), Copyright © 2014 The Offender Health Research Network.*

Young people identified with mild to moderate brain injury will need support from everyone working in the youth justice system. Staff can access additional information on strategies to support young people through the following Disabilities Foundation (<http://www.thedtgroup.org/brain-injury.aspx>) and the Child Brain Injury Trust (<http://youthzone.childbraininjurytrust.org.uk/index.html>) and <http://childbraininjurytrust.org.uk/>

Some young people will require specialist input from a speech and language therapist for example but there are also steps that anyone working in the youth justice system can take to improve their ability to communicate with and support individuals with speech, language and communication needs. See for example, resources for youth justice published by The Communication Trust (<http://www.thecommunicationtrust.org.uk/> and <http://www.sentencetrouble.info>).

The Royal College of Speech and Language Therapists has also produced 'The Box' training package specifically to help professionals working in the justice system to identify and confidently address communication difficulties. For more information please go to: [http://www.rcslt.org/speech\\_and\\_language\\_therapy/the\\_box\\_training\\_for\\_the\\_criminal\\_justice\\_sector/open](http://www.rcslt.org/speech_and_language_therapy/the_box_training_for_the_criminal_justice_sector/open)

Additional information, support and training by The National Autistic Society is also available (<http://www.autism.org.uk/>)

The above is not an exhaustive reference list of support but they are considered a good starting point.

**If you have any questions or comments of the contents of this guidance, please contact [assessment@yjb.gsi.gov.uk](mailto:assessment@yjb.gsi.gov.uk)**

## References:

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Crawford, E. and Bull, R. (2006) 'Teenagers' difficulties with key words regarding the criminal court process', *Psychology, Crime & Law*, vol 12, no 6, pp653-667.

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