

THE IMPORTANCE OF SCREENING FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN) IN POLICE CUSTODY

Abstract: People who have speech, language and communication needs (SLCN) are more prevalent in criminal justice settings than in the wider population. Previous research focusing primarily on young people and the prison population has led to calls for early interventions and screening, particularly in youth justice settings. NHS Liaison and Diversion referrals in a single police force region in England were screened for SLCN over a period of three months. The results indicate a need for early identification of SLCN for all age groups, and for those with no previous SLCN related diagnoses.

Key words: SLCN, Screening, Police Custody, L&D

Introduction

The police custody setting is one of the most challenging environments a person can experience in terms of communication requirements (Holloway *et al.* 2020). The suspect is required to respond to complex questions (Herrington and Roberts 2012) with potentially unfamiliar vocabulary (Sowerbutts *et al.* 2020) and rapid topic changes, while remembering and articulating an experience in sequence, against a milieu of heightened emotions (Skinns and Wooff 2021). Unsupported speech, language and communication needs (SLCN) represent a significant barrier in this context where engagement is heavily reliant on effective comprehension and communication (Macrae and Clarke 2020; Eastbrook and Snook 2012).

SLCN have been described as a ‘hidden’ disability; with difficulties such as poor understanding and use of expressive language are often not noticeable to non-experts (Neave-DiToro *et al.* 2019). The social model of disability identifies societal and environmental barriers which are disabling for people with impairments (Oliver 1996). Prior research has identified that there are a range of disabling barriers in the criminal justice system. Research which links disability theory and criminology has predominantly focused on victims of crime (see for e.g., Pearson *et al.* 2022; Macdonald, Donovan, and Clayton 2017; McCarthy 2017; Mathews 2018). Research into the experiences of suspects or offenders has been conducted, but is less extensive (see for e.g., Barnett 1986; Browning and Caulfield 2011; Parsons and Sherwood 2016; Hollomotz and Schmitz 2018; Rogers 2020; Gormley and Watson 2021). The available research suggests that disabled perpetrators are overrepresented in criminal justice (Richards and Ellem 2019; Hyun *et al.* 2014; Thorneycroft and Asquith 2021) and that significant barriers exist for people with mental health conditions, specific learning difficulties or learning disabilities (Talbot 2008; Macdonald 2012; Bone 1998; Browning and Caulfield 2011) and that they are significantly disadvantaged as a result (Gormley and Watson 2021).

SLCN identification is vital in order to ensure access to fair justice outcomes (Nolan 2018). A suspect’s ability to fluently put forward their understanding of a specific situation is not only a central tenet of social and criminal justice (Grubb and Hemby 2018) but is also essential in the collection of reliable evidence (Gudjonsson 2003; Gudjonsson 2018; Farrugia and Gabbert 2020). The inability of a suspect with SLCN to fully comprehend the seriousness of the situation and the proceedings that they are subject to is likely to impede their full and meaningful participation at each stage of the legal process (Nolan 2018; Clarke *et al.* 2012).

Whilst some conditions can have a recognised SLCN component (such as Autistic Spectrum Conditions, Aphasia, Traumatic Brain Injury), this research identifies that well over half of the people who have gone on to make use of the Speech and Language Therapy (SLT)

service within this police custody setting did not have a primary diagnosis of a condition which would signify SLCN. This study highlights the ‘invisible’ nature of communication impairment to both the individual and those around them. Whilst this study is based within England, speech language and communication needs will be present within any language and should therefore be of international interest.

At present there is little or no screening for SLCN embedded within standard police custody training, and book-in procedures may not readily identify SLCN indicators for suspects (Gulati *et al.* 2020; Macrae and Clarke 2021). Where screening does occur there is limited SLT provision within Liaison and Diversion (L&D) services to support those who are identified¹. Given that interventions and support are more likely to be put in place for people with specific diagnoses or known conditions within this setting, the findings indicate that the SLCN of many of the people who encounter the police will go unrecognised. We contend that there is a significant need for SLCN screening and SLT intervention across all ages - particularly at the early stage of contact with the justice system. This additional screening would mean that SLCN are identified at the point at which a suspect first encounters the criminal justice system which could significantly reduce reoffending risk by enabling individuals to access support and interventions. Barriers to understanding and engagement could be reduced leading to better outcomes for suspects and for victims.

This paper will begin by defining SLCN and the associated risks for suspects, and the current support available to mitigate these risks. Screening data are presented which indicate the level of previously unidentified and unsupported SLCN need. These findings are considered in relation to what they add to the previous body of knowledge, and the implications for future policy and practice. We conclude that there is a significant hidden need for additional SLCN

¹ At the time of the study the research site was the only police force region with a full time SLT embedded in the L&D service in England

screening in police custody, and that this should incorporate adult detainees and people with no previous SLCN related diagnosis.

Speech, Language and Communication Needs

Speech, language and communication needs (SLCN) encompass a wide range of difficulties related to all aspects of communication. Coles *et al.* (2017) identified the following skills as being involved in successful communication:

- **Attention & Listening:** The ability to attend, listen, process and remember what is said. This can include screening internal and external sensory stimuli so that verbal information is prioritised. An example of communication deficits associated with attention and listening can be seen in people who have attracted a diagnosis of attention deficit hyperactivity disorder (ADHD).
- **Receptive Language:** The ability to understand what the other person is saying because you can decode their vocabulary, the order of words in the sentence and because you have shared reference points regarding the definition of terms within your lived experience. An example of receptive language impairment that may be undiagnosed and 'invisible' is Developmental Language Disorder which impacts on people from childhood and into adulthood (Botting 2020).
- **Expressive Language:** The ability to convey ideas through spoken language. This involves choosing the right words to say and putting them in the right order to form a coherent and concise description, explanation or narrative. Skills in expressive language can be disrupted by head injury, excessive substance misuse or dementia (Hughes *et al.* 2017; Budd 2020; Peel 2017).
- **Speech:** The articulation and pronunciation of sounds in words in a fluent manner so that the listener can clearly understand the messages being conveyed. Clear speech can

be impacted by a wide range of conditions such as dysfluency (stammering) (Rima *et al.* 2021) or dysarthria (slurred speech) (McAuliffe *et al.* 2017).

- **Social Interaction and Social Cognition:** The ability to relate to others in a socially appropriate manner. This includes using communication for a range of purposes, such as requesting and rejecting, giving information, conversing and expressing emotion. It also relates to how well a person interacts with other people and how appropriate those interactions are in a given situation. It requires the ability to understand the unspoken rules of conversation and decode non-verbal communication (e.g., body language, tone of voice, and facial expression). Examples of conditions which include challenges in the domain of social interaction are Learning Disability, Autistic Spectrum Conditions and severe enduring mental health diagnosis such as psychosis (Morrison *et al.* 2020; Little *et al.* 2017).

SLCN Risks in the Criminal Justice System

SLCN are recognised as a significant risk factor for offending (Bryan *et al.* 2015), and people with SLCN are disproportionally represented in the criminal justice system (Anderson, Hawes and Snow 2016) across both youth and adult age groups (Macrae & Clark 2020, Talbot, 2010). SLCN may be an individual's primary presenting difficulty or may be characteristic of another condition such as Autism, ADHD, Learning Disability, Traumatic Brain Injury, Foetal Alcohol Syndrome Disorder or Social, Emotional and Behavioural Difficulties; all of which are overrepresented in the criminal justice system (Hughes *et al.* 2012). Between 66% and 90% of young offenders have 'low language skills'; 46-67% were found to be in the poor or very poor range (Bryan *et al.* 2007). Bryan *et al.* (2015) identified that of 14.4% of 109 young people in a secure training centre needed 1-1 support. Young people with language impairments have an increased likelihood of being arrested (Brownlie *et al.* 2004). International studies indicate

that this high prevalence is a global rather than a national trend (Sanger *et al.* 2001; Snow and Powell 2004; 2005).

The varied and complex presentation of SLCN can make early identification difficult. Whilst impairment of pronunciation is relatively easy to detect without any professional expertise, SLCN are mostly a ‘hidden’ disability and so difficulties such as poor understanding and use of expressive language are usually less noticeable to non-experts (Neave-DiToro *et al.* 2019). In police custody settings, few of the professionals that a detainee is likely to encounter will have any expertise in identifying SLCN, much less providing appropriate support (Oluboku 2019). This can have a negative impact on custodial proceedings and place justice at risk. McRae and Clarke found in their research that:

a young offender presenting with SLCN may not only lack the skills to understand the language appropriate to the forensic setting, but struggle to articulate their version of events and lack the skills to ask for help or demonstrate that they had misunderstood (2020: 542)

SLCN are overrepresented in populations that encounter the legal system. This group includes children excluded from school (Clegg *et al.* 2009), children who truant from school (Snowling *et al.* 2000) and looked after children (McCool and Stevens 2011). Around one third of young people who have attracted a criminal conviction have speaking and listening skills below the tested level of an 11-year-old. This creates outcomes whereby the young person is unable to access education and treatment programmes due to poor language and literacy skills (Davis *et al.* 2004). Despite evidence base which articulates wide-ranging consequences including increased levels of substance use, self-harm, and violence (Hughes *et al.* 2017) the individual needs of the person are often not identified (Bryan 2015). Sowerbutts *et al.* (2021) provide a review of the available research which is focused on provision for young offenders; they found that a range of communication difficulties were identified including difficulties with unfamiliar vocabulary, misunderstandings, and problems with narrative construction.

The literature focusing on adult SLCN in the criminal justice system is more limited. Up to 80% of adult prisoners present with SLCN (McNamara 2012). In one study, all adults known to a single probation service had ‘below average’ speech, language and communication skills (Pierpoint *et al.* 2010). Over a third (35%) of adult offenders have speaking and listening skills below level 1 of the UK National Curriculum which would be expected of a child aged five (Kerwyn-Nye 2012). Around 40% of adult offenders find it difficult or are unable to access and benefit from programmes which are verbally mediated such as anger management, substance misuse or drug rehabilitation. The success of such interventions contributes to the reduction of reoffending risk (Bryan 2004) and often are a requirement for consideration of release on licence (Dyke *et al.* 2020).

By its very nature the criminal justice system makes considerable language and communication demands (King and Murphy 2014; Bryan *et al.* 2007; Bryan *et al.* 2015) which put those with SLCN at a disadvantage in their interactions with justice and therefore in need of support (Macrae and Clark 2020). Those undergoing police investigation are faced with situations that necessitate the ability to process, retain and understand a high volume of complex information in stressful (Skinns and Wooff, 2021) and fast-paced environments (Coles *et al.* 2017); this can be particularly difficult for those who have SLCN which impair their ability to communicate effectively. Parsons and Sherwood (2016) describe disabling barriers for adults with learning disabilities in relation to communicating and accessing information during their time in police custody, and Gormley and Watson (2021: 505) describe the need for suspects to ‘continually self-disclose impairment or support needs and to locate their own resources’.

Being interviewed by the police or giving evidence in court requires a person to respond to complex questions (Herrington and Roberts, 2012; Sowerbutts *et al.* 2021) to tell their story, to provide details in precise sequence, and to explain and justify complex and abstract concepts

such as intention, motivation, and decision-making (Fujiki *et al.* 1999). The key issues that would have a direct negative impact on communication as a person navigates the criminal justice system were examined by Lavigne and Van Rybroek (2013) and include: poor vocabulary (word knowledge), difficulty processing complex sentences/directions, deficient auditory memory (remembering what is said), difficulties staying on topic, deficient narrative skills (giving comprehensive and coherent verbal accounts), inability to grasp inferences, difficulty learning new material, limited skills to seek clarification, limited ability to recognise and articulate emotional states, difficulty reading social cues, insensitivity to cause and effect (predicting consequences) and difficulty interpreting the motivations and thoughts of others.

Fenner, Gudjonsson and Clare (2002) consider the difficulties that are encountered in deciphering the meaning of the police caution; their experimental study found a limited understanding among both suspects and the general population of the police caution regarding the right to silence. While 96% claimed understanding, only 11% were able to demonstrate full understanding (2002: 83).

The qualified right to silence is problematic, it requires explanation (Skinns *et al.* 2017). Police officers do not always fully understand it fully themselves, and so would struggle to reword/ simplify/ explain (Blackstock *et al.*, 2014). The verbal delivery of the caution has also been found to be problematic; rather than being intentional difficulties in understanding could result from the flat monotone delivery which then does not impart the importance or the meaning (Kemp, 2018b). This is compounded by the fact that neurodivergent adults and those with specific learning difficulties are known to ‘mask’ as are often ashamed of their difficulties, and so when asked if they understand will agree that they do, when in fact they do not.

The language used in police interviews is often particularly complex, alternating between informal conversation and formal verbal communication which makes use of a legal terms and jargon (Oxburgh *et al.* 2010). The complexity of language within a custody setting

is compounded by a potential for the interviewee to be undergoing an elevated level of environmental distress (Skinns and Wooff 2021).

The risks of SLCN in terms of potential detriment to justice outcomes were explored by Coles *et al.* (2017) and include: being agreeable to things not fully understood, making uninformed choices which may lead to inappropriate admission or sentencing, and jeopardising compliance with conditions/court processes, particularly given that those with SLCN are less likely to indicate whether they have understood or ask to for clarification (Lanz 2009). SLCN can also impact how a person's demeanour and engagement style is perceived, by hindering how capably they can build the rapport and relationships required in forensic settings (LaVigne and Van Rybroek 2011). The potential effect of such presentations includes a person being misperceived as reluctant to participate in proceedings (Snow and Powell 2004). Similarly, difficulties altering communication for their audience (e.g., knowing how to speak to a friend vs the magistrate) risks a person's engagement style being misinterpreted as boredom, rudeness, disrespect or even a lack of cooperation and concern (Snow and Powell 2004), which in turn may influence sentencing.

In terms of the measures implemented to reduce recidivism - such as education and interventions to reduce risk - active participation on the part of the person with SLCN is required. Because these programmes rely heavily on the use of verbal communication, people with a limited speech, language and communication ability are disadvantaged (Kelder *et al.* 2014). There is a risk of longer prison stays, recall to prison from release on licence, re-offending, and deterioration of physical and emotional well-being if individual support needs are not identified and met.

People with a SLCN have a higher-than-average chance of being convicted than those without such a need and in turn are more likely to reoffend. With regards to release and reoffending, the Ministry of Justice (MOJ) have identified that 62.7% of adults who are

released from a custodial sentence will go on to reoffend within 12 months (MOJ 2020). The MOJ also suggest that such reoffending has social and economic costs of somewhere in the region of £16.7 billion (MOJ 2019). There is then an economic argument that SLCN should receive a greater focus in the criminal justice system alongside the arguments made here regarding access to justice as a significant financial saving may be made if engagement with support and services for those with SLCN can be improved.

SLCN can be supported in a custody setting, but only if they are identified. Undetected SLCN are detrimental to justice outcomes as difficulties in effectively understanding and expressing information can have a detrimental impact on an individual's access to justice across the entire criminal justice system (CJS) (LaVigne and Van Rybroek 2013). In order to reduce reoffending and improve outcomes for people with SLCN within the criminal justice system, it is essential that early identification occurs.

Current SLCN Support in Police Custody Settings

Research indicates that 'vulnerable' adults face barriers in active participation, and that services to support them in police custody environments often do not consider their needs or perspectives (Peacock and Cosgrove 2018; Jessiman and Cameron 2017; Macdonald *et al.* 2021). It is a requirement of Code C of the Police and Criminal Evidence Act (PACE 1984) that support is offered to vulnerable people who are under criminal investigation. While 'vulnerability' under PACE relates to identified or identifiable mental health conditions or disorders, the notes for guidance 1G (p11) further provide that "because an individual does not have, or is not known to have, any such condition or disorder, does not mean that they are not vulnerable for the purposes of this Code".

PACE Code C was amended in 2018 to broaden the parameters beyond those with clearly defined and diagnosed conditions. Code C 1.13 (d) provides that "'vulnerable' applies

to any person who, because of a mental health condition or mental disorder...may have difficulty understanding or communicating effectively” (i) or “does not appear to understand the significance of what they are told, of questions they are asked or of their replies” (ii). SLCN therefore constitute a vulnerability under the code, and so suspects with SLCN are subject to the provisions and protections that it contains, and the presence of an Appropriate Adult (AA) is required. National Appropriate Adult Network (NAAN) service standards (3.9b 2018: 43) refer to the need for AAs to be able to “Describe how the different forms of mental vulnerability may affect a child/adult during detention or a voluntary interview (e.g., speech, language and communication needs)”. It is not however a statutory requirement that all AAs be trained, or that all AA schemes are NAAN members, and the ability to describe does not equate to an ability to support. Support incorporating a high level of spoken content is often less meaningful and effective for people with SLCN (Bryan 2004; Bryan *et al.* 2007). The service that AAs offer is not SLCN specific, and the presence of an AA can add to the communication load by being largely verbal (Hughes *et al.* 2017).

In addition to AAs, support for vulnerable people in custody can be provided as part of diversionary schemes and services. L&D services are commissioned by NHS England as an all-age provision which aims to identify and support vulnerabilities in people when they first encounter the criminal justice system (NHS 2019). L&D services are purposed to support all types of vulnerability including SLCN. Their remit is to:

identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders (NHS no date b).

L&D is a process whereby people of all ages passing through the criminal justice system are assessed and those with mental health concerns, learning disabilities, substance misuse problems and other vulnerabilities are identified as soon as possible in the justice pathway (NHS 2019: 6)

The services aim to support people through the preliminary stages of the criminal justice system pathway. This can include onward referral to health or social care services or, where

appropriate, enable the individual to be diverted from the criminal justice system into an alternative setting such as secure hospital. By undertaking these activities, L&D services aim to improve overall health outcomes and to support in the reduction of re-offending. To be successful in this aim, early identification of SLCN is required. L&D offer a range of support types and include a range of specialist support workers in both clinical and non-clinical roles. The L&D service specification (NHS 2019) refers to SLCN assessment as a workforce skill, however it is only mentioned once, and is specifically referred to as a “children’s assessment skill” (NHS 2019: 18).

Support for detainees and suspects is available for all suspects in the form of free and independent legal advice (UK Government, no date), however legal advisors do not have any expected communication function or any remit with regard to supporting vulnerability beyond making referrals, and uptake of legal representation is low. Just under half of adult detainees request to see a free and independent legal advisor (Kemp 2018a; Kemp *et al.* 2011) with it being provided to around three quarters of those who request (Kemp *et al.* 2011).

As outlined above, whilst detainees have access to a range of support mechanisms within police custody, these are offered by a range of different sources and these sources do not have a specific SLCN focus. As this research has identified, this is concerning because a significant number of people who come into police custody have some form of speech, language, and communication need.

Methodology

The data presented here includes 1052 screening results collected by L&D practitioners using a bespoke SLCN screening tool between September 2019 and September 2020. The L&D service is a multidisciplinary team which includes Speech and Language Therapy (SLT). The screening was designed by the Advanced Speech and Language Therapist within the L&D

service to support appropriate onward referrals from non-specialists and to increase the rate of referrals. The screening tool identifies people who potentially have SLCN so that these people can access specialist assessment. Practitioners within the L&D service are not SLCN specialists but received awareness training to support the use of the screening tool within the custody environment.

The screening that was conducted focused on the three domains of ‘understanding’, ‘expression’, and ‘conversation/ interaction’. There are 13 indicators of SLCN within these three domains as follows:

Understanding

1. Difficulties listening or paying attention to what is said
2. Difficulties remembering and/or following instructions or questions
3. Requires repetition and/or simplification of information
4. Difficulties understanding the meaning of words/terms used
5. Takes things literally

Expression

6. Uses simple vocabulary
7. Uses words out of context
8. Has difficulty finding the words they want to use
9. Difficulties describing and/or explaining thoughts, feelings & experiences
10. Struggles to recount a sequence of events in a coherent manner

Conversation/Interaction

11. Difficulties engaging in appropriate conversation or following the rules of conversation
12. Struggles to recognise another’s viewpoint or feelings
13. Limited use of non-verbal communication to show they are listening

In order to make the screening tool as accessible as possible to L&D practitioners the tool employs a red, amber, green (RAG) scale. This enables the practitioner to specify whether the indicator was observed frequently (red), occasionally (amber) or not observed (green). Each indicator attracts a numerical score which indicates impact of the specific indicator. If a score of 3 or greater is obtained, a referral to the SLT for specialist input is initiated. For those who meet the threshold for referral to the SLT, a comprehensive assessment of SLCN is completed in order to offer advice to those working directly with the individual. This enables information

relating to ability to understand, express and engage to be articulated and employed so that the person can fully participate in the processes and procedures which they are subject to.

The results of the screening have been statistically analysed using SPSS software (Statistical Package for Social Scientists). The results presented are descriptive frequencies and crosstabulations as appropriate to the analysis of categorical (nominal and ordinal) data. Where crosstabulation is used, a Pearson's chi-square test of statistical significance has been employed in order to ensure that the results are not random occurrences but rather are robust and clear patterns in the data. Significance has been tested to $P \leq .05$ so that the authors be confident to a minimum of a 95% limit in the significance of the findings presented. All of the data tables that are presented here are significant to $P=0.00$. The data were collected by L&D practitioners with no specific research aims or interests, and no specific SLT agenda, which offers increased reliability. Later rescreens of the sample by the speech and language therapist indicate that there is significant underscoring/ undercounting due to lack of specialist knowledge amongst those conducting the screening, and so the findings here are likely to be conservative in the estimates made.

The data were collected within police custody sites in a single police force region in the North-East of England. The force area in question is recognised as having issues with social degradation and this has a recognised impact on speech and language development (Dockrell *et al.* 2015; Locke *et al.* 2002). The sampling area contains a mixture of rural and urban housing, with 632,061 households in the area. Almost 95% of the population are white, while 5% (77,106) are from minority ethnic groups, mainly Asian or Asian British (3%). Almost 30% of families in the region have a member with a long-term health problem or disability (Northumbria PCC 2021). Whilst the area does have pockets of affluence it has been hit hard economically by a shift away from heavy industry; the area is one of the weakest economically and has some of the highest levels of deprivation in England (Goodair and Kenny 2019). The

authors do not seek to extrapolate any inference about exact levels of SLCN need beyond the area of study, this will vary with demographic makeup of a region. Our purpose is to present a significant data set in an understudied area of practice to assert that need is underassessed and under supported in the area of study, and that this may then imply that further study at a national level may similarly find high levels of unidentified and unsupported SLCN.

Findings

The incidence and prevalence of SLCN in people in police custody is examined in the following section. The data are presented in each of the three domains of ‘understanding’, ‘expression’, and ‘conversation/interaction’ that are employed in the screening tool, and the extent to which SLCN across the three domains co-exist within the sample are examined. Data is presented in relation to whether a diagnosis of SLCN was in place prior to screening and consideration is given to whether the person being screened is categorised as a youth or an adult.

Table 1 - Observed SLCN across the three domains of Expression, Understanding, and Conversation / Interaction

In order to consider incidence and prevalence of SLCN, the authors considered the total screening tools completed by L&D practitioners. Of the 1052 completed screens, 814 found no observed SLCN. This equates to 22.65% of people screened for SLCN within police custody being found to have needs in at least 1 domain. To conceptualise this further, this percentage indicates that 1 in 5 vulnerable people within police custody will also have specific SLCN.

The 22.65% of screening tools which showed SLCN were further analysed to identify further information regarding need. Table 1 captures the need in each domain within this

subgroup. The analysis demonstrates that people with SLCN in police custody are likely to have needs in more than one domain.

Table 2 - Observed co-occurrence of SLCN across the three domains of Expression, Understanding, and Conversation / Interaction

Table 2 offers further specifics on the prevalence of SLCN per domain. Table 2 shows that where SLCN were observed, they were not restricted to one domain, and in fact in over half (120/238) of the cases where a need was observed, it was observed across all three domains.

Of the one in five people in police custody identified as having SLCN, the majority had needs in all three domains. 5 people in every 100 in police custody will have needs in 1 domain. Between 5 and 6 people in every 100 in police custody will have needs in 2 domains, and 11 in every 100 people in police custody will have needs in all three domains.

Table 3 – Prior diagnosis of SLCN by observed domain

Data on prior diagnosis of SLCN in people in police custody was collected in 178 of completed screening tools. This is 16.9% of the total data set. Of those referred for SLT specialist assessment (n=180), 36.1% (n=65) had a prior diagnosis associated with SLCN such as an autistic spectrum condition, learning disability, traumatic brain injury, or ADHD. Of those referred for SLT specialist assessment, 62.8% (n=113) had no prior diagnosis that would indicate SLCN. In each of the three domains, there was a higher level of need identified amongst previously undiagnosed individuals than those with a previous diagnosis. The overwhelming trend across all three domains was that there was not a prior diagnosis of SLCN in place, with over half of those with observed SLCN in each domain within the group referred to the SLT having no prior diagnosis.

Table 4 - SLCN by observed domain and age category

Age group of individuals were considered and analysed per SLCN domain. In 82.9% (n=872) of cases the data relating to age category was not collected. Of those where data was available, almost three quarters (73.3%, n=132) were adults and just under one quarter (26.7%, n= 48) were youths.

The data detailed a high level of SLCN among the adult cohort:

- 63.4% (n=121) of those with needs related to expression were adult
- 62.7% (n=126) of those with needs related to understanding were adult
- 63.5% (n=94) of those with needs related to conversation and interaction were adult

The highest area of SLCN for the adult cohort was ‘understanding’ where 95.5% of the adults referred for SLT specialist assessment had a need in this area (compared to 87.5% in the youth cohort). The highest area of SLCN for the youth cohort was ‘expression’ where 97.9% of young people referred for SLT specialist assessment had a need in this area (compared to 91.7% in the adult cohort). In both the adult and youth cohort, the ‘conversation and interaction’ domain presented as the least SLCN for police in police custody (n=94, 71.2% for adults and n=38, 79.2% for youths).

Table 5 – Co-existing SLCN compared by SLCN diagnosis

In table 5, 65 people who were observed by L&D practitioners to have SLCN had a prior SLCN related diagnosis. This makes up 6.2% of the entire screened sample and over one third (36.5%) of those screened. Almost two out of every three referrals to the SLT (63.5%) therefore had no prior diagnosis that would indicate an SLCN, and without screening their support needs would not be able to be identified or accommodated. Of those with SLCN in 2 or 3 domains and referred for SLT specialist assessment, more than 50% had no prior diagnosis

of SLCN, demonstrating that people in police custody can have complex communication needs without having attracted a diagnostic label, and therefore indicating a need for an increase in screening of people who come into police custody.

Table 6 – Co-existing SLCN compared by age category

Analysis presented in table 6 shows that while the majority of individuals referred for SLT specialist assessment in each domain were adults, the prevalence of overlapping domains is comparable for the adult and youth cohorts. Indeed, 5.3% of adults referred for SLT specialist assessment had SLCN in only one domain (n=7), whilst 28.8% had needs in two domains (n=38), and 65.1% of adult individuals referred for SLT specialist assessment had needs across all three (n=86). For individuals within the youth cohort referred for SLT specialist assessment, the incidence was similar with 4.2% of individuals observed to have a SLCN in only one domain (n=2), 17.1% of youth individuals referred for SLT specialist assessment having needs across two domains (n=13), and 68.8% of youth individuals having needs across all three domains (n=33).

To summarise, approximately 1 in 5 of the sample had SLCN in at least one domain, and 1 in 10 had SLCN across all 3. Over half of those with identified SLCN had no previous diagnosis that would indicate a support need. Unidentified SLCN were found among both adults and young people, with adults more likely to have needs relating to understanding and youths more likely to have needs relating to expression. The implications of these findings for policy and practice are considered in the following section.

Recognising SLCN Support in Police Custody

The work of Bryan *et al.* (2015) recognised that a considerable number of young people (at least 60%) accessing the youth justice system had difficulties with speech, language and

communication that are unrecognised. This research builds upon this previous body of knowledge to show that there is also a significant level of unrecognised need in adults and that needs varied and co-occurred across a range of domains of need in both adults and young people. Approximately two thirds of those with identified SLCN in this sample were adults, and of these 71.7% had needs across all three domains of understanding, expression, and conversation and interaction.

Removing barriers for an individual with SLCN so that they can better understand information, express themselves and engage during legal processes supports the achieving of best evidence and the creation of ‘the accurate and comprehensive accounts that are rich in detail’ described by Milne and Bull (2003: 112). Alongside the goal of ensuring equal access to justice, as with Bryan *et al.* 's (2015) findings with young people, there is an economic case for speech and language interventions for adults within the criminal justice system. SLT intervention can reduce time and cost associated with interviews which are optimised in terms of effectiveness and can potentially lead to a reduction in inappropriate cases being brought to the court.

Over one fifth (22.6%) of the individuals in the sample were observed by L&D practitioners to have a speech, language and communication need. One in ten (10.7%) were observed to have an SLCN and had no previous related diagnosis that would signal this need to professionals, clinicians, or practitioners that they encounter while in police custody. When taken separately, in each of the three domains of understanding, expression, and conversation/interaction, more than half of those within the cohort referred to the SLT for specialist assessment had no prior SLCN related diagnosis. There was a difference found in the dominant domain of SLCN in adults who were most likely to be observed to struggle with understanding, compared to youths who were most likely to struggle with expression. Where SLCN

are observed within an individual, either adult or youth, these are most likely to occur concurrently (to overlap) across all three domains.

There is a clear need for expansion of screening to identify SLCN needs at the point of entry to the CJS, particularly for adults and those with no prior diagnosis whose needs are not currently identified or met. The majority of those who had identifiable needs had no prior diagnosis that would indicate inability to engage fully in the legal process. The success of the screening tool may also be located in the training which is given to L&D practitioners. If this is the case, training in SLCN screening is a requirement. Ultimately, there is little value in screening people for SLCN if there is no access to SLT specialist assessment. The study would indicate that commissioning SLT services within the L&D multidisciplinary team is required.

This research has identified that 64% of the adults within the sample who were referred for SLT specialist assessment did not have a prior diagnosis of SLCN but did require the support of a Speech and Language Therapist. This creates a risk of SLCN being overlooked. The inconsistent nature of L&D provision which varies by geographical area combined with a limited number of trained and operational speech and language therapists ² means that where SLCN are identified access to support of an SLT can not be assured in the short term.

Within the clinical sample, SLCN were identified because of the use of the SLCN screening tool and an operational SLT pathway within the L&D service. It would be logical to assume that across a wider population many people who do not have a prior diagnosis of a condition associated with SLCN are at a genuine disadvantage both during police interviews and throughout the criminal justice journey. While this has an obvious cost to the individuals concerned, the societal and financial costs - to victims of crime, society, and to the wider criminal justice system - also require that the needs of these individuals be addressed. Whilst some evidence does exist that police officers alter the complexity of their language when

² there are around 17,000 practising SLTs in the UK (Royal College of Speech and Language Therapists, no date)

interviewing young people in comparison to adults (McCardle 2018), and with those identified as having intellectual disabilities (Young *et al.* 2013) this research has identified that a significant number of police suspects did not fall into these categories, with around two thirds of those with identified needs being adult, and having no prior diagnosis that would indicate a need, and thus the interviewing officer may not have recognised the need to amend their language and communication as required. This in turn may mean that a number of those interviewed may not have fully understood what was being said to them or be fully able to respond, and referrals to individuals or agencies that might be able to provide support would not take place.

As well as improved efficiencies during the interview and charging phases, identifying and supporting those with SLCN will also have a positive effect on their ability to get the most out of rehabilitation programs. A considerable number of offending behaviour programmes require a level of oral language competence equal to GCSE ³ (Davies *et al.* 2004). Ensuring that people with SLCN who access such provision are suitably equipped to partake fully will increase effectiveness and will go some way to reducing the social and economic costs of reoffending; the Ministry of Justice currently estimates the financial cost to be in the region of £16.7 billion (MOJ 2019). Ultimately, addressing the shortfall in SLCN identification could significantly reduce reoffending risk via enabling individuals to access support and interventions by reducing barriers to understanding, engagement and compliance. As LaVigne and Van Rybroek outline:

Due process and other constitutional rights in juvenile and criminal court are, by their nature, language based and require a satisfactory level of linguistic and communicative ability if they are to be accessed and exercised in a meaningful fashion (2013: 72)

³ this is a qualification which is typically taken at age 15 or 16 to mark the end of key stage 4 in England, Wales and Northern Ireland

As L&D are already tasked with providing independent support to vulnerable detainees, they could provide an improved service of SLT for those with SLCN if detainees were able to be screened and referred. Early identification and support for SLCN and the positioning of this within L&D is not without its challenges. The criminal justice system and the National Health Service in England are both under a great deal of financial strain and there are competing needs for access to available resources (Ismail 2020). Increased SLCN provision does carry an additional resource implication, however the net economic gain in terms of “savings for health and social care services, improved quality of life, and productivity gains – exceed the costs” (Marsh *et al.* 2010: 5).

Conclusions

This paper has identified a significant level of SLCN in people within the police custody setting. The data has shown a need to screen people in police custody for SLCN with the option to refer those identified as having SLCN to an SLT for specialist assessment. The referral (or lack of) for SLT specialist assessment has serious implications for these individuals in respect of access to support services and interventions. Not having the ability to communicate and understand the custody process and beyond means that many people do not have full access to justice (Holloway *et al.* 2020, Browning and Caulfield 2011). Previous research has focused heavily on the SLCN of young people (see for e.g., Bryan *et al.* 2007; Bryan *et al.* 2015; Brownlie *et al.* 2004) – specifically young people who have attracted a custodial sentence and are residing within the young offender estate. The data presented here indicates need among both young people and adults in custody who have no clinical diagnosis that would indicate this need to those that could offer or refer for support.

The authors contend that further screening and further research is needed, and that this should include comparative analysis of demographic factors which could impact upon levels

of SLCN. This paper builds upon previous research in SLCN which has identified a clear need for extensive screening and interventions for young people who encounter the criminal justice system in order that they may be successfully diverted away from further criminality and interaction with the police in future. The clear implication of the findings that are presented here is that there is an urgent need to increase SLCN screening in police custody settings, and in particular for adults who have been the subject of less previous research and for those who have no prior SLCN related diagnosis to indicate a need for intervention of support. It will be necessary to raise awareness among police officers, and to embed SLCN screening within the booking in procedure so that SLCN become a fully recognised vulnerability for the police, in the same way as other vulnerabilities covered within the provisions of PACE Code C. PACE Code C was amended in 2018 to broaden the parameters beyond those with clearly defined and diagnosed conditions, SLCN are included within its provisions meaning that an AA should be provided where SLCN needs are identified. This research has further shown significant SLCN among vulnerable people who do not have any SLCN related diagnosis. While a helpful legal ‘safeguard’ for many vulnerable people, AAs are not however routinely trained SLCN specialists. The role is often lacking in sufficient regulation, supervision, or training around SLCN. This impacts on the effectiveness of support offered in SLCN domains.

Enabling early SLCN screening and SLT specialist assessment will be a significant step forward in removing barriers, enabling access, and reducing recidivism. The data presented here is a call for extensive all-age screening programmes to be embedded within all police custody settings to identify the need at the earliest possible point of entry into the justice system. By meeting speech language and communication needs it is possible to maximise the chances of fair justice outcomes, to promote meaningful engagement in proceedings for individuals with SLCN, and thereby to reduce future risk levels and reduce reoffending.

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TABLE 1
Observed SLCN across the three domains of Expression, Understanding, and Conversation / Interaction

	No observed SLCN	Observed in Expression	Observed in Understanding	Observed in Conversation and interaction	Total
Number observed	814 (77.4%)	191 (18.2%)	201 (19.1%)	148 (14.1%)	1052 (100%)

TABLE 2
Observed co-occurrence of SLCN across the three domains of Expression, Understanding, and Conversation / Interaction

	No observed SLCN	Observed in 1 domain	Observed in 2 domains	Observed in 3 domains	Total
Number observed	814 (77.4%)	56 (5.3%)	62 (5.9%)	120 (11.4%)	1052 (100%)

TABLE 3
Prior diagnosis of SLCN by observed domain

	No observed SLCN	Observed in Expression	Observed in Understanding	Observed in Conversation and interaction	Entire Sample (referred and unreferred)
Prior diagnosis	1 (0.1%)	59 (30.9%)	60 (29.9%)	53 (35.8%)	65 (6.2%)
No prior diagnosis	0	107 (56%)	107 (53.2%)	77 (52%)	113 (10.7%)
Data not collected (detainee unreferred)	813 (99.9%)	25 (13.1%)	34 (16.9%)	18 (12.2%)	874 (83.1%)
Total	814 (100%)	191 (100%)	201 (100 %)	148 (100%)	1052 (100%)

TABLE 4
SLCN by observed domain and age category

	No observed SLCN	Observed in Expression	Observed in Understanding	Observed in Conversation and interaction	Entire screened sample
Youth	0	47 (24.6%)	42 (20.9%)	38 (25.7%)	48 (4.6%)
Adult	1 (0.1%)	121 (63.4%)	126 (62.7%)	94 (63.5%)	132 (12.5%)
Data not collected (detainee unreferred)	813 (99.9%)	23 (12%)	33 (16.4%)	16 (10.8%)	872 (82.9%)
Total	814 (100%)	191 (100%)	201 (100%)	148 (100%)	1052 (100%)

TABLE 5
Co-existing SLCN compared by SLCN diagnosis

	No observed SLCN	Observed SLCN in 1 domain	Observed SLCN in 2 domains	Observed SLCN in 3 domains	Entire screened sample
Prior diagnosis	1 (0.1%)	1 (1.8%)	18 (29%)	45 (37.5%)	65 (6.2%)
No prior diagnosis	0	8 (14.3%)	32 (51.6%)	73 (60.8%)	113 (10.7%)
Data not collected (detainee unreferred)	813 (99.9%)	47 (83.9%)	12 (19.4%)	2 (1.7%)	874 (83.1%)
Total	814 (100%)	56 (100%)	62 (100%)	120 (100%)	1052 (100%)

TABLE 6
Co-existing SLCN compared by age category

	No observed SLCN	Observed SLCN in 1 domain	Observed SLCN in 2 domains	Observed SLCN in 3 domains	Entire screened sample
Youth	0	2 (3.6%)	13 (21%)	33 (27.5%)	48 (4.6%)
Adult	1 (0.1%)	7 (12.5%)	38 (61.3%)	86 (71.7%)	132 (12.6%)
Data not collected (detainee unreferred)	813 (99.9%)	47 (83.9%)	11 (17.7%)	1 (0.8%)	872 (82.9%)
Total	814 (100%)	56 (100%)	62 (100%)	120 (100%)	1052 (100%)