

**Speech Pathology Australia's Submission to the
Draft Report from Queensland Productivity Commission's Inquiry into
Imprisonment and Recidivism**

17 April 2019



Imprisonment and Recidivism Inquiry
Queensland Productivity Commission
PO Box 12112
George Street QLD 4003

Dear Commission

Speech Pathology Australia welcomes the opportunity to provide comment to the Queensland Productivity Commission (the Commission) on the Draft Report for the Inquiry into Imprisonment and Recidivism. Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 9500 members.

Speech pathologists are university trained allied health professionals who specialise in assessing, diagnosing and treating speech, language, and communication disorders, and swallowing difficulties. The impact of communication and swallowing difficulties can be considerable, negatively affecting an individual's academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life.

There is a substantial body of evidence demonstrating a strong association, with complex, multifactorial links, between speech, language and communication needs (SLCN) and contact with the criminal justice system. Research demonstrates a high prevalence of language disorders in both youth and adult custodial populations, but these speech, language and communication needs are often not recognised or effectively managed. Identifying and supporting the speech, language and communication needs of individuals at risk of, or in contact with, the justice system is vital for the prevention or exacerbation of social and behavioural difficulties (including offending behaviour), and to enable people to participate fully in social, educational and vocational activities, in turn known to reduce the risk of initial or further contact with the justice system.

Speech pathologists play an important role in early identification and assessment of communication (and swallowing) difficulties, for populations at risk of future contact with the justice system, as well as in the management of communication (and swallowing) difficulties in people already in the justice system. Speech pathologists add a unique clinical skill set to multidisciplinary teams, contributing information regarding an individual's communicative capacity and functioning (or swallowing abilities as appropriate) to other members of staff, ensuring that information given to people with, or likely to have, speech, language and communication needs is as accessible and meaningful as possible (including supporting the effective delivery of criminogenic programs designed to reduce recidivism), as well as conducting direct assessments and therapy when necessary.

However, access to speech pathology in the Queensland justice system, particularly for adults, is currently extremely limited, and we would welcome the Commission's support in recommending an expansion of speech pathology services across the lifespan, including in criminal justice settings.

We hope the Commission finds our comments, advice and evidence useful. If we can be of any further assistance or if you would like to discuss anything in more detail please contact [REDACTED]

Yours faithfully



Gaenor Dixon,
National President

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Speech Pathology Australia's Submission in Response to the Draft Report for the Inquiry into Imprisonment and Recidivism

Speech Pathology Australia welcomes the opportunity to provide comment to the Productivity Commission (the Commission) in response to the Draft Report for the Inquiry into Imprisonment and Recidivism. We have structured our feedback in response to relevant key topics raised in the Draft Report, including in relation to specific Draft Recommendations and include, where appropriate, research evidence and examples of best practice that we hope the Commission finds useful. We preface our remarks with background information on communication (and swallowing) disorders and offending behaviour and the role of speech pathologists working in the justice sector.

About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 9400 members. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia.

The CPSP credential is recognised as a requirement for approved provider status under a range of funding programs including Medicare, all private health insurance providers, some Commonwealth aged care funding, Department of Veteran Affairs (DVA) funding and the National Disability Insurance Scheme (NDIS).

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia is also well placed to monitor and progress workforce developments and initiatives. Speech Pathology Australia accredits the 26 university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development (CPD) program for the profession and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce. The Association also manages the formal complaints process for the profession and can, if necessary, place sanctions on practice for any member who is demonstrated to contravene the profession's Code of Ethics.

About speech, language and communication needs (SLCN)

Individuals with speech, language and communication needs have difficulties communicating effectively with other people without support or interventions. The terms 'speech', 'language' and 'communication' are often used interchangeably, but they refer to different skills, all of which are required to have successful interactions with other people in various domains of everyday life:

- Speech requires the ability to pronounce sounds in words accurately and clearly, in a way that can be understood by other people. It also includes speaking fluently, without stumbling or stuttering, and speaking at an appropriate rate, pitch, volume and intonation to add meaning and expression to the words.
- Language refers to both receptive language or comprehension (i.e. understanding what people say) and expressive language (i.e. combining appropriate words into sentences to exchange information

and express thoughts, feelings, and ideas and to build conversations). Verbal language may be oral (spoken) or written (reading and writing).

- Communication refers to how we talk with other people, for example modifying how we talk depending on the situation and navigating often complex and unpredictable social interactions. It includes unwritten rules of social communication, such as taking turns or staying on topic in conversations, as well as nonverbal communication, for example the understanding and use of eye contact, gestures and facial expressions. Successful communication also requires the ability to consider another person's perspective and intentions, and to understand the wider social and environmental context.

The Australian Bureau of Statistics's 2015 Survey of Disability, Ageing and Carers (SDAC), estimated that 1.2 million Australians have some level of communication disability, ranging from those who function without difficulty in communicating every day but who use a communication aid, to those who cannot understand or be understood at allⁱ. Speech, language and communication needs can affect people of any age and can arise from a range of conditions. Difficulties may be present from birth (e.g. in the case of fetal alcohol spectrum disorder, intellectual disability, or autism spectrum disorder), become apparent during childhood or early adolescence (e.g. severe speech sound disorder, developmental language disorder, or early onset mental illness), late adolescence/adulthood (e.g. from brain injury, stroke, progressive neurological conditions or late-onset mental illness), old age (e.g. from dementia, or Parkinson's disease), or be caused by an injury (e.g. traumatic brain injury) or acquired disease (e.g. Parkinson's Disease or dementia), and/or alcohol or other drug abuse. People with speech, language and communication needs, which may or may not be associated with other physical or cognitive disabilities, frequently require interventions and supports from multiple areas of public service (including health, disability and education sectors and mental health services).

The impact of unidentified and/or unmet speech, language, and communication needs

Oral and written communication skills underpin the majority of our interactions with other people and the world around us. Speech, language and communication needs are often considered to be a 'hidden' disability, and when not recognised and treated, can negatively affect an individual's educational engagement and academic achievement, employment opportunities, mental health, social participation, ability to develop relationships, and overall quality of life. It is known, for example, that unmet speech, language and communication needs can contribute to specific psychological and behavioural consequences e.g. irritability and aggression (in part due to frustration and/or a limited repertoire of appropriate behavioural responses), limited attention/concentration/self-regulation, reduced responsiveness/lack of spontaneity, increased risk of anxiety or depression and self-harm, reduced self-esteem and reduced quality of life.ⁱⁱ

Young children entering school with oral communication difficulties are more likely than their typically-developing peers to struggle to acquire literacy skills, which in turn negatively impacts the development of more complex oral language and academic skills.ⁱⁱⁱ This has the potential to start a cycle which can increase the likelihood of behavioural difficulties, disengagement from school and engagement in anti-social behaviour, a well-documented trajectory termed the school-to-prison pipeline.^{iv} In addition to contributing to poorer educational outcomes, Speech, language and communication needs are also

associated with reduced employment opportunities and restricted choice of career prospects, increased social stress and peer relationship problems, social miscommunications and misinterpretations, and difficulties establishing positive peer, professional, and romantic relationships (due to the need for complex communication skills such as conflict resolution, problem-solving, and empathy) resulting in social isolation and subsequent risk of participation in antisocial peer groups.^v

Unrecognised or unsupported speech, language and communication needs often have negative consequences for both people's ability to access and engage with the justice system; and for those working in the criminal justice system to be able to respond appropriately to individuals' needs. They also have implications for participation in investigative interviews, competency to stand trial and understand court process, relationships with legal counsel, understanding of legal concepts and constitutional rights, ability to discuss issues related to safety and risk, perception of reliability of the testimony, involvement in verbally-mediated interventions, and post release employment prospects.^{vi} Once in custodial or community justice settings, behavioural problems and criminogenic factors are an understandable focus of many programs, but without due consideration of the role of impaired receptive and expressive language skills (including literacy), such interventions are likely to achieve only limited success. People with unrecognised speech, language and communication needs are likely to struggle to access treatment and rehabilitation programmes which are typically delivered verbally. For example, one research study^{vii} found that approximately 40 per cent of offenders had communication difficulties such that they would be unable to access and benefit from verbally-mediated rehabilitation programmes, such as anger management or drug rehabilitation courses which has consequences for re-offending. There is also a risk that, if speech, language and communication needs are not identified and supported, individuals may not be able to participate fully in verbally-mediated physical and medical assessments, and discussions regarding their future employment, housing, and other social needs. Indeed, it has been suggested that decreased verbal ability is one of the factors that may contribute to engagement in persistent offending behaviour and therefore the inclusion of speech pathology provision in custodial rehabilitative programs may reduce recidivism.^{viii}

Prevalence of speech, language and communication needs in the justice system

Research in Australia and internationally has consistently identified the high prevalence of previously undiagnosed language difficulties in offending populations^{ix} Difficulties have been identified in both receptive language (understanding) and expressive (spoken) language/communication skills such as:

- listening and attention;
- vocabulary and grammar;
- higher level abstract language, such as understanding metaphors and idioms, or making inferences;
- identification and verbalisation of emotions;
- telling and retelling of events and stories;
- social communication and interaction.

It is common for these difficulties to be masked, with people often presenting instead with avoidant or difficult-to-manage behaviours, contributing to the under-identification of speech, language and communication needs among offenders.

The 2015 NSW Young People in Custody Health Survey^x found that 80 per cent of detainees assessed had a core language score below the average range, with 49 per cent scoring in the very low/severe

range of impairment. In addition, 94 per cent of detainees scored below the average range of the *Reading Comprehension* subtest with 78 per cent scoring in the range indicating severe difficulties. In a Victorian study, approximately 50 per cent of young people in custody without other known developmental difficulties were found to have an oral language impairment, and there was a significant association between the severity of offending behaviour and the severity of language impairment.^{xi}

Several other neurodevelopmental disorders with associated speech, language and communication needs, such as ADHD, ASD and fetal alcohol spectrum disorder (FASD) are overrepresented in the justice system.^{xii} It is also known that a childhood history of complex trauma, which is also associated with communication difficulties^{xiii} is a risk factor for mental illness, violent offending and subsequent incarceration.

The *Victorian Prisoner Health Survey*^{xiv} identified considerably higher rates of conditions associated with communication and/or swallowing difficulties, such as poor dentition, hearing difficulties, brain injuries, mental illness, self-harm, suicidal ideation and attempts, chronic respiratory diseases, and recent hospitalisation than would be expected in the general population. Many of the prison population reported having left school before completing year 10. In a report by the Victorian Ombudsman it was identified that, at that time, few people in prison had completed high school (6 per cent of men and 14 per cent of women), the majority had low levels of literacy and numeracy, and many (particularly women) had histories of various forms of abuse. They also noted that there were high rates of intellectual disability and acquired brain injury in both male and female prison populations, but “despite this, identification and assessment is ad hoc, and reliant on non-specialist staff.”^{xv}

There are also additional complexities (such as social and cultural differences impacting how people communicate and their engagement in the assessment and intervention process, common co-morbid conditions such as hearing loss from chronic otitis media, and the potential need to work with language interpreters if Standard Australian English is not the first language) to consider when someone comes from a culturally and linguistically diverse background, including an Aboriginal or Torres Strait Island community, which is significantly over-represented in youth and adult corrections data.^{xvi} Further, as the prison population ages, it is anticipated that there will be an increasing number of people with communication (and/or swallowing needs) as a result of both the ageing process and complex physical and mental health comorbidities.^{xvii}

The role of speech pathology in custodial settings

“It is very rare that you find something which is capable of making a really significant contribution, particularly to successful rehabilitation, and when you do find it you want to go for it. I have to admit that in all the years I have been looking at prisons and the treatment of offenders, I have never found anything so capable of doing so much for so many people at so little cost as the work that speech and language therapists carry out.”^{xviii} Lord Ramsbotham to the House of Lords, England, 2006

Speech pathologists are the university-trained allied health professionals who specialise in diagnosing and treating speech, language, communication and swallowing problems. It is a speech pathologist’s role to assess communication (and swallowing skills) and provide both direct intervention (one-to-one or small group therapy) and education/consultation services (e.g. professional development and capacity-building of other staff). Speech pathologists also play a role in the assessment and remediation of literacy

difficulties, which are often experienced by those with underlying speech or oral language difficulties, and can therefore complement the role of educators.

Language disorder in people in contact with the justice system has implications for individuals' competency to stand trial, participation in the investigative interview and court process, relationships with legal counsel, understanding of legal concepts and constitutional rights, ability to discuss issues related to safety and risk, perception of reliability of the testimony, involvement in verbally-mediated interventions, and post release employment prospects.^{xix} Speech pathologists are now being employed to act in a variety of roles, including as expert witnesses; providing education to legal professionals in recognition of communication impairment; suggesting strategies to assist the client to provide a complete and meaningful narrative; assessing communication impairment prior to interview and trial; and (subject to legislative provision) supporting communication during questioning.

Although it is still an emerging field, speech pathology intervention within Australian custodial settings has been found to be effective. In a clinical trial in NSW,^{xx} six young people in custody, with identified language disorder, took part in individually-tailored one-on-one speech pathology intervention, once or twice per week over a 7 to 16-week period. Intervention targets ranged across vocabulary, and comprehension, social communication, and literacy. The young people all met their initial treatment targets, with gains demonstrated on re-administered standardised language tests, positive therapeutic engagement observed, increased confidence noted by other staff, and perceived utility by participants. In addition, staff in the detention centre expressed consistently positive views about the speech pathology intervention trial, indicating that "they learnt a great deal about the complexity of communication difficulties in this population, and that this information informed and guided their own practices. They expressed surprise at the engagement of young people in the [speech pathology] service and supported its embedding in the youth justice setting."^{xxi} Several of the staff members participating in the focus groups also speculated that the benefit of [speech pathology input] might extend to improved long-term behavioural self-management and even to reducing the risk of recidivism.

Similarly, an intervention trial in a youth justice facility in Victoria, involving a series of four empirical single case studies, that evaluated the extent to which one-to-one speech pathology intervention improved the language skills of male young offenders and the feasibility of delivering speech pathology services, showed improvements in the targeted communication skills, many of which were statistically significant. The data indicated evidence of the feasibility of speech pathology services, despite considerable barriers, including a high frequency of disruptions and cancellations.^{xxii}

Speech pathology provision in custodial (and community justice) settings may involve both direct and indirect input, and typically encompasses three tiers of intervention, including, but not limited to:

- Tier 1: Universal Interventions - including targeting whole populations, attempting to prevent and minimise the impact of speech, language and communication needs or swallowing difficulties, as well as general environmental modification and staff/carer capacity building which will benefit all those in the justice setting, such as:
 - contributing to the intake screening assessments of all detainees to ensure their oral and written communication skills, and swallowing abilities, are considered, and associated risks are recognised and mitigated;
 - education to those in the individual's environment (including custodial officers, educational and vocational staff, and other allied health professionals) regarding the short and long-term

- psychological, behavioural and social impacts of speech, language and communication needs or swallowing disorders and ways that these difficulties may be managed more effectively;
- assisting with the development and design of resources to inform and educate key stakeholders regarding the impact of speech, language and communication needs on people's behaviour and involvement in the justice system;
 - ensuring that all staff within the prison system use appropriate types and levels of language in their interactions, instructions and/or intervention programs, including the support for more pro-active strategies of managing behaviour to reduce the number of aggressive incidents, and the implementation of more effective verbal de-escalation and debriefing should a challenging situation arise;
 - ensuring that forms and documents are suitably adapted to reflect the profile of communication needs in this population, including developing simple visual resources to assist comprehension of rules and procedures.
- Tier 2: Targeted Interventions - seeking to address the difficulties, reduce risk factors, and increase protective factors in populations particularly at risk of speech, language and communication needs, and includes:
 - the provision of group therapy, including (where turnover of prisoners is rapid), short-term workshops focused on skill development in areas such as verbal conflict resolution, social skills, literacy skills, communication for employment opportunities, and parent-child communication;
 - joint-working with other clinicians to interpret and scaffold other interventions (including offence-specific programs) to enable people with communication difficulties to participate effectively in all aspects of their rehabilitation;
 - joint-working with other clinicians to support the safe meal-time management of individuals with, or at risk of, swallowing difficulties.
 - Tier 3: Specialist Interventions - aiming to address the specific difficulties of individuals who show additional needs that are not met by universal or targeted interventions, for example:
 - further assessment of the speech, language and communication needs, literacy, and/or swallowing skills of those in the justice system to profile their communication/swallowing strengths and weaknesses and identify any clinically diagnosable communication or swallowing disorders;
 - providing individual speech pathology interventions in custodial settings to improve functional communication (including literacy) and swallowing of the individual;
 - implementing multi-modal communication strategies such as augmentative and alternative communication systems (AAC);
 - making tailored suggestions regarding an individual's behavioural or psychological management, including involvement in transition planning for the person when they leave custody, highlighting services they will require to support their oral and written language development, as well as assisting the person's understanding and active participation in their transition planning and delivery.

Examples of speech pathology initiatives in adult custodial settings:

Tasmania

In 2017, speech pathologist Rosalie Martin was awarded Tasmanian Australian of the Year for her work with adults in Risdon Prison in Hobart. One intervention implemented was a prison literacy pilot program which has shown to be effective in increasing individuals' ability to read accurately and comprehend written text and showed that "it is never too late to support dignity in the communicatively disadvantaged by expanding their communication skills. Two elements were key: (1) the manner of engagement: kind, non-judgmental, non-punitive; and (2) professionally delivered language and literacy intervention: quality assessment, individually nuanced, and evidence-based. With this combination, significant progress was effected, even within the rigidity and trauma of prison."^{xxiii}

Wales, United Kingdom

In 2018, HM Prison Berwyn in Wales commenced a trial of speech and language therapy (SLT - the term used in the UK for speech pathology), employing 1.5 FTE speech and language therapists. In the first year, clients (including many with known cognitive or mental health disabilities, or physical health needs, as well as those without other known co-morbidities) were supported for communication and swallowing needs. The speech and language therapists also provided training to a number of key staff groups such as the integrated healthcare team, the forensic psychology department and college tutors on language processing and strategies for communication. It found that managing the swallowing (dysphagia) needs of clients at HMP Berwyn without them needing to leave the site improved client care and provided cost savings to the establishment.

A successful case study example related to an individual with Asperger's whose communication skills were assessed by a speech and language therapist and then given weekly therapy sessions to help him gain a better understanding of his Asperger's and associated anxiety. The therapist subsequently prepared a report highlighting his specific communication needs for the individual's parole hearing and six months later he was granted parole. The speech and language therapist's work continued to explore any post release concerns, to improve conversation skills for job interviews and to develop friendships with more confidence as well as develop a personalised crisis management plan for life in the community.^{xxiv}

Speech Pathology Australia's feedback regarding specific recommendations in the Draft Report

Speech Pathology Australia urges the Commission to recommend the need to recognise, and address, through the inclusion of speech pathology services, the extremely high rates of speech, language and communication needs in youth and adult prison populations, which to date have not been considered. Speech pathologists play a vital role in the identification and management of these needs whether at a population health promotion/prevention level, through early intervention for those identified as having/being at increased risk of speech, language and communication needs (e.g. those with a history of adverse childhood experiences) and within schools, or at an individual level, such as at the first contact with the justice system, in community justice settings, custodial settings, and throughcare post-release. Ensuring timely access to speech pathology assessment and services may result in risk factors for entry

to the school-to-prison pipeline being mitigated, through improved educational and vocational engagement and outcomes and a reduced risk of initial contact with the justice system. For those individuals already in the justice/correctional system, identifying and supporting their speech, language and communication needs can increase engagement/participation in verbally-mediated criminogenic programs and restorative justice practices, and, given the benefits of good communication in the maintenance of positive social networks and education/employment, may reduce future recidivism.

As we have highlighted, effective communication underpins all interactions between individuals and professionals working with them within the justice system and as such the key points we have raised above are pertinent to the majority of the Commission's recommendations, however we also wish to provide additional comments specific to Draft Recommendations 3, 10 and 15 as follows:

Draft Recommendation 3

The Queensland Government should introduce victim-focused restitution and restoration into the sentencing process. This system should:

- *give victims the option of engaging in a process of restitution and restoration with the offender prior to sentencing*
- *provide victims and offenders with a wide range of options for achieving restoration for harms inflicted, including financial and non-financial compensation*
- *reflect and enforce, through the sentencing process, agreements that are reached between the victim and offender*
- *provide mechanisms to ensure that courts consider any residual public interest in final sentencing*
- *allow normal court processes to proceed where victims choose not to pursue restitution or restoration or where victims and offenders cannot reach agreement*
- *include appropriate protections for victims and offenders.*

Victim-focused restitution and restoration should be made available for any offence where a victim is identifiable.

Speech Pathology Australia recommends that if there is to be increased victim-focused justice processes, e.g. victim-offender agreements and restorative justice conferences, possible speech, language and communication needs must be considered as the restorative justice process draws heavily on the oral language abilities of all parties. For example, the offender needs to "listen to complex and emotionally-charged accounts of the victim's perspective and formulate their own ideas into a coherent narrative that is judged as adequate and authentic by the parties affected by the wrongdoing."^{xxv} Research has demonstrated that the majority of young people participating in restorative justice conferences did not understand what they had been asked by conference facilitators, had difficulty articulating their remorse, and often only answered 'yes' to questions.^{xxvi} If, as the Commission recommends, restorative justice practices are increased in part to reduce recidivism, it is essential to support people's participation in such processes, including recognising and managing any speech, language and communication needs. Practical recommendations for the modification of restorative practices includes the provision of communication training to restorative justice convenors (in collaboration with speech pathologists) and modified communication in all restorative justice practices for all parties (as it is known that people with disabilities are also over-represented as victims), in order to ensure these processes are fully understood by everyone involved.

Draft Recommendation 10

To improve rehabilitation and reintegration of prisoners, and to reduce recidivism, the Queensland Government should introduce an effective throughcare model into the adult criminal justice system. The features of this model should include:

- *clear objectives to rehabilitate and reintegrate prisoners*
- *adequate resourcing to meet these objectives*
- *a focus on individual rehabilitation needs of prisoners*
- *coordinated service delivery*
- *sufficient delegation of authority*
- *transparency and accountability mechanisms that would encourage continuous improvement*
- *incentives to reduce reoffending.*

In developing this model, consideration should be given to ways to foster markets and community involvement in services that support rehabilitation and reintegration.

Speech Pathology Australia commends the stronger focus on rehabilitation in corrections and welcomes initiatives such as the Borallon Training and Correctional Centre Project and Project Booyah, but we assert the need for the identification and remediation of speech, language and communication needs (including literacy) to be an integral part of all such initiatives/programs.

Reducing recidivism is understandably a key priority for justice agencies, however when defining recidivism, different definitions are used in different studies and by different agencies, including varying outcome measures, how repeat offending behaviour is defined (e.g. whether it is any subsequent charge, or conviction, or only the same type of offence), how data are gathered (e.g. by self-report, or data from police, courts, or corrections), and the length of the observation period.^{xxvii} Caution should be taken in considering recidivism in binary terms (reoffending vs not reoffending) as this does not take into account the tendency for people's behaviour to improve over time, so the potential benefits of an intervention on longer term trajectories may be missed if trends over time cannot be studied in a nuanced way.^{xxviii} With that in mind, it is possible to consider factors that may influence an individual's likelihood of engaging with offending, or repeat offending, behaviour, and the impact that speech pathology may have in mitigating some of these factors.

Programs targeting criminogenic factors are often verbally-mediated, using language as the primary medium for change, and involving the comprehension and interpretation of abstract information, metacognitive, metasocial, and metalinguistic skills (i.e. thinking/talking about their own thinking, communication, and social skills), narrative skills, using language to discuss/solve problems, social cognition, and expressive language. People with speech, language and communication needs are likely to struggle to engage effectively in verbally-mediated programs that are specifically intended to reduce the risk of reoffending, with studies consistently demonstrating the mismatch between the oral and written language demands of general offending behaviour programs and those individuals expected to participate in the programs.^{xxix} It is also important to consider the language used when issuing bail conditions, as a lack of understanding, potentially due to unidentified speech, language and communication needs, may contribute to a failure to comply, and the recording of an instance of re-offending.

Important protective factors against recidivism are known to include social, educational, and vocational engagement.^{xxx} Recognising and addressing an individual's speech, language and communication needs can help them initiate and maintain relationships, improve educational outcomes, and benefit from vocational opportunities. A correlation between the severity of offending behaviour and the severity of language impairment has been found,^{xxxi} but encouragingly there is recent evidence indicating that young adults whose developmental language disorder was identified and treated (through intensive speech pathology intervention in childhood and attendance at language units in schools) are at reduced risk of future contact with the police than their age-matched peers, suggesting that early speech pathology intervention may have distal outcomes in relation to offending.^{xxxii} Improving communication can also help people develop crucial negotiation and conflict resolution skills, which in turn can reduce the likelihood of them engaging in further offending behaviour.^{xxxiii}

Similarly, poor reading comprehension has been shown to be an independent predictor of recidivism,^{xxxiv} so it is essential that literacy difficulties of young people and adults in contact with the justice system are also addressed. In Tasmania, speech pathologists have implemented the Just Sentences literacy program with adults in custody, with the success in the intervention allowing "the men to know themselves better, process personal challenges, and gain clarity and hope about their futures".^{xxxv} Although it is understood that many custodial facilities offer literacy programs, speech pathologists can add considerable value to this through the provision of tailored, individualised, and dignified interventions following detailed assessment of oral and written language and phonological processing skills.

We commend the Queensland government on the recent provision of additional funding (in response to the Independent Review of Youth Detention Centres in Queensland) to implement a speech pathology service in youth justice. This initiative was the first of its kind in Australia, and was in recognition of the role speech pathologists can play when fully embedded in justice settings, working with people who may present with a range of difficulties – including language disorders, mental health issues, challenging behaviour, difficulties with executive functioning, substance abuse, and those who have experienced trauma, neglect and/or attachment difficulties as well as collaborating with multi-disciplinary staff who are also working with them. The aim of the speech pathologists' role is to break down communication barriers and provide practical communication strategies to the individuals and the people who support them, in order for them to be able to effectively communicate their opinions and needs to others. The speech pathology team in Queensland Youth Justice (now falling under the Department of Child Safety, Youth and Women) consists of six speech pathologists: one senior practitioner, two at each of the two youth detention centres, and another speech pathologist working across community youth justice service centres. Speech Pathology Australia would support the expansion of the speech pathology service to be included in multi-disciplinary allied health teams at each of the major youth justice service centres across Queensland.

We are aware of some, albeit limited, speech pathology input into adult justice settings in Queensland - a 0.5FTE speech pathology position (through Queensland Health) in the forensic service at The Park Centre for Mental Health in Brisbane, and it is understood that there is a private practice in Townsville that has been providing speech pathology for National Disability Insurance Scheme (NDIS) participants who have been released from prison and are on Dangerous Prisoners (Sexual Offenders) Act 2003 (DPSOA) orders. However, it is the position of Speech Pathology Australia that assessment of speech, language and communication needs should become part of the mandated intake assessment procedures in prisons, and that speech pathologists be included in the multi-disciplinary workforce providing services in all adult justice settings. Indeed, for speech language and communication needs to be fully recognised

and managed, a speech pathologist should be included in the correctional staff teams, as opposed to operating in a purely consultative role.

Finally, while we acknowledge that, in the current economic and political climate, funding for new roles and interventions such as speech pathology can be difficult to source, it is our position that the many potential short and long term benefits of identification and intervention for speech, language and communication needs should be recognised and the utilisation of the specialist skills of speech pathologists across an individual's lifespan (including once in contact with the justice system) considered essential.

Draft Recommendation 15

The Queensland Government should:

- *fill gaps in preventative service delivery where stigmatisation prevents accessibility or funding (such as programs that encourage self-referrals to prevent sexual offending), and establish trials where these are suitable*
- *establish a trial program through schools to identify and better support at-risk children to prevent disengagement from the education system.*

As noted above it is known that unmet speech, language and communication needs can have significant psychological and behavioural consequences, including contributing to the school-to-prison pipeline, and there are many other factors that place someone at a greater risk of both developing speech, language and communication needs and entering the justice system (such as social disadvantage, trauma, cognitive impairment, mental health problems, and traumatic brain injury).

With early intervention known to be cost effective as well as developmentally efficacious^{xxxvi}, it makes sense to ensure timely access to essential services. Indeed, research into the impact of childhood language difficulties (age 4 to 13 years) on healthcare costs in Australia found that “language difficulties are associated with increased healthcare costs at key developmental milestones, most notably early childhood and as a child approaches the teenage years, and suggests there is value in implementing effective early intervention to reduce the downstream costs on the health system.”^{xxxvii} Similarly, the Murdoch Children's Research Institute asserted that:

“Economic modelling of UK data has estimated that every UK pound invested in speech and language therapy yields a six-fold increase in lifetime earnings. On face value, this may represent a cost borne only by individuals or families, but this cost is borne by the whole nation through an increased welfare burden, lower productivity and lost tax revenue, reduced social cohesion, and higher criminality.

It is harder to pinpoint the exact cost of Language Impairment to the nation as the costs are borne by a range of sectors and departments, including education, welfare and justice. However, we know that Language Impairment not only prevents individuals from achieving their maximum potential but limits national prosperity and advancement.”^{xxxviii}

However, as identified in the Draft Report, many services operate in silos. This poses a particular challenge for the identification and management of speech, language and communication needs which could be argued to fall under multiple services, such as Education, Health, Mental Health, Justice, Child Protection/Family Services, and Disability, as there is often disagreement about whose responsibility it is

to provide (and fund) speech pathology services. It is vital that agencies work together, including consideration of joint-funded models of service provision, to ensure adequate support of speech, language and communication needs with more effective identification and management of these needs in early childhood, in schools, health services as well as within specific youth and adult justice settings.

It is also important to recognise the role that speech pathologists can play in relation to health promotion and prevention of language and socio-emotional/behavioural difficulties at a population level, in particular with populations known to be at an increased risk of contact with the criminal justice system, such as those from a socially disadvantaged background, individuals who have suffered trauma, abuse or neglect, children and young people who are in out-of-home care, and people from Aboriginal and Torres Strait Islander backgrounds. Speech pathology as a profession has a significant role to play in advocating for vulnerable young people at each point in the school-to-prison pipeline, and after contact with the justice system.^{xxxix}

If Speech Pathology Australia can assist the Queensland Productivity Commission in any other way or provide additional information please contact [REDACTED]

References cited in this submission

ⁱ Australian Bureau of Statistics (2017) Australians living with communication disability, <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features872015?open=document&tabname=Summary&prodno=4430.0&issue=2015&num=&view>

ⁱⁱ See:

Cohen, N., Vallance, D., Barwick, M., Im, N., Menna, R., Hordezky, N., & Isaacson, L. (2000). The interface between ADHD and language impairment: An examination of language, achievement, and cognitive processing. *Journal of Child Psychology and Psychiatry*, *41*, 353-362. doi: 10.1111/1469-7610.00619

Botting N., Durkin K., Toseeb U., Pickles A., & Conti-Ramsden G. (2016). Emotional health, support, and self-efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology*, *34*, 538–554. doi: 10.1111/bjdp.12148

Law, J., Rush, R., Schoon, I., & Parsons, S. (2009). Modeling developmental language difficulties from school entry into adulthood: Literacy, mental health and employment outcomes. *Journal of Speech, Language and Hearing Research*, *52*, 1401-1416. doi: 10.1044/1092-4388(2009/08-0142)

Clarke, A. (2006). Charting a life: Analysis of 50 adolescents in a long-stay mental health unit. In *Proceedings of 17th World congress of the International Association for Child and Adolescent Psychiatry and Allied Professionals Conference*. Melbourne: Australia

Jerome, A. C., Fujiki, M., Brinton, B., & James, S. L. (2002). Self-esteem in children with specific language impairment. *Journal of Speech Language and Hearing Research*, *45*, 700-714. doi: 10.1044/1092-4388(2002/056)

Eadie, P., Conway, L., Hallenstein, B., Mensah, F., McKean, C., & Reilly, S. (2018). Quality of life in children with developmental language disorder. *International Journal of Language and Communication Disorders*. Early online. doi: 10.1111/1460-6984.12385

ⁱⁱⁱ Snow, P. (2014). Oral language competence and the transition to school: Socio-economic and behavioural factors that influence academic and social success. *International Journal on School Disaffection*, *11*(1) 3-24. doi: 10.18546/IJSD.11.1.01

^{iv} Christle, C.A., Jolivette, K., & Nelson, C.M. (2005). Breaking the School to Prison Pipeline: Identifying School Risk and Protective Factors for Youth Delinquency, *Exceptionality: A Special Education Journal*, *13*(2), 69-88. doi: 10.1207/s15327035ex1302_2

^v See:

Clegg, J., Hollis, C., Mawhood, L., & Rutter, M. (2005). Developmental language disorders-a follow-up in later adult life: cognitive, language and psychosocial outcomes. *Journal of Child Psychiatry*, *46*(2), 128-149. doi: 10.1111/j.1469-7610.2004.00342.x

Conti-Ramsden, G., Mok, P.L.H., Pickles, A., & Durkin, K. (2013). Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioral functioning. *Research into Developmental Disability, 34*(11), 4161–4169. doi: 10.1016/j.ridd.2013.08.043

Wadman, R., Durkin, K., & Conti-Ramsden, G. (2008). Self-esteem, shyness, and sociability in adolescents with Specific Language Impairment (SLI). *Journal of Speech, Language and Hearing Research, 51*, 938-952. doi: 10.1044/1092-4388(2008/069)

Cohen, N. J., Farnia, F., & Im-Bolter, N. (2013). Higher order language competence and adolescent mental health. *Journal of Child Psychology and Psychiatry, 54*(7), 733-744. doi: 10.1111/jcpp.12060

^{vi} See:

Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in Youth offenders. *International Journal of Language and Communication Disorders, 42*(5), 505–520. doi: 10.1080/13682820601053977

LaVigne, M., & Van Rybroek, G. (2011). Breakdown in the language zone: The prevalence of language impairments among juvenile and adult offenders and why it matters. *US Davis Journal of Juvenile Law and Policy, #37 (research paper no. 1127)*. Retrieved from: <http://ssrn.com/abstract=1663805>

Snow, P. C., & Powell, M. (2004). Interviewing juvenile offenders: The importance of oral language competence. *Current Issues in Criminal Justice, 16*(2), 220-225. Retrieved from: <http://heinonline.org/HOL/LandingPage?handle=hein.journals/cicj16&div=23&id=&page=>

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

^{vii} Bryan, K (2004) Preliminary study of the prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders, 39*(3), 391-400. doi: 10.1080/13682820410001666376

^{viii} See:

Bellair, P., McNulty, T., & Piquero, A. (2016). Verbal ability and persistent offending: a race-specific test of Moffitt's Theory. *Justice Q. 33*(3), 455-480. doi: 10.1080/07418825.2014.918166

Walle, E. (1973). *The taskforce report on speech pathology/audiology service needs in prison*. Washington D.C.: The American Speech and Hearing Association

^{ix} See:

Anderson, S.A.S., Hawes, D.J., & Snow, P.C. (2016). Language impairments among youth offenders : *A systematic review*. *Children & Youth Services Review, 65*, 195-203. doi: 10.1016/j.childyouth.2016.04.004

Blanton, D. J., & Dagenais, P. A. (2007). Comparison of language skills of adjudicated and nonadjudicated adolescent males and females. *Language, Speech, and Hearing Services in Schools*, 38(4), 309–314. doi: 10.1044/0161-1461(2007/033)

Sanger, D. D., Moore-Brown, B. J., Magnuson, G., & Svoboda, N. (2001). Prevalence of language problems among adolescent delinquents: A closer look. *Communication Disorders Quarterly*, 23, 17-26

Snow, P. & Powell, M. (2011). Oral language competence in incarcerated young offenders: Links with offending severity, *International Journal of Speech-Language Pathology* 13(6), 480-489. doi: 10.3109/17549507.2011.578661

^x Justice Health & Forensic Mental Health Network and Juvenile Justice NSW (2017). *2015 Young People in Custody Health Survey: Full Report*. New South Wales, Australia:
<http://www.justicehealth.nsw.gov.au/publications/2015YPICHSReportwebreadyversion.PDF>

^{xi} Snow, P. & Powell, M. (2011). Oral language competence in incarcerated young offenders: Links with offending severity, *International Journal of Speech-Language Pathology* 13(6), 480-489. doi: 10.3109/17549507.2011.578661

^{xii} See:

Bower, C., Watkins, R.E., Mutch R.C., Marriott, R., Freeman, J., Kippin, N., Giglia, R. (2018) Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *British Medical Journal*. 8:e019605. doi:10.1136/bmjopen-2017-019605

Hughes, N., & Chitsabesan, P. (2015). *Supporting young people with neurodevelopmental impairment*. Centre for Crime and Justice Studies. Retrieved from:
<https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/Supporting%20young%20people%20with%20neurodevelopmental%20impairment.pdf>

^{xiii} Honorato, B., Calttabiano, N., & Clough, A. (2016). From trauma to incarceration: exploring the trajectory in a qualitative study in male prison inmates from north Queensland, Australia. *Health Justice*, 4(3) doi: 10.1186/s40352-016-0034-x

^{xiv} Deloitte Consulting for the Department of Justice, Victoria (2003). *The Victorian Prisoner Health Survey*. Government of Victoria. Retrieved from: http://assets.justice.vic.gov.au/corrections/resources/9942bb47-37d5-4043-8b29-1f79b060f33f/victorian_prisoner_health_study_february_2003_part1.pdf

^{xv} Victorian Ombudsman (2015). *Investigation into the rehabilitation and reintegration of prisoners in Victoria*. Retrieved from: <https://www.ombudsman.vic.gov.au/getattachment/5188692a-35b6-411f-907e-3e7704f45e17>

^{xvi} Australian Institute of Health and Welfare (AIHW) (2015). *The health of Australia's prisoners 2015*. Cat. no. PHE 207. Canberra: AIHW. Retrieved from: <https://www.aihw.gov.au/getmedia/9c42d6f3-2631-4452-b0df-9067fd71e33a/aihw-phe-207.pdf.aspx?inline=true>

^{xvii} Baidawi, S., Turner, S., Trotter, C., Browning, C., Collier, P., O'Connor, D., & Sheehan, R. (2011). Older prisoners—A challenge for Australian corrections. *Trends and Issues in Crime and Criminal Justice*, 426. Australian Institute of Criminology. Retrieved from: <https://aic.gov.au/publications/tandi/tandi426>

^{xviii} Lord Ramsbotham, House of Lords debates, Friday, 27 October 2006, Young Offenders: Speech and Language Therapy 2:20 pm <https://publications.parliament.uk/pa/ld199697/ldhansrd/pdvn/lds06/text/61027-0007.htm#06102742000250>

^{xix} Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in Youth offenders. *International Journal of Language and Communication Disorders*, 42(5), 505–520. doi: 10.1080/13682820601053977

^{xx} Snow, P.C. & Woodward, M.N. (2016). Intervening to address communication difficulties in incarcerated youth: Six case studies. *International Journal of Speech Language Pathology*. doi: 10.1080/17549507.2016.1216600

^{xxi} Snow, P.C., Bagley, K., & White, D. (2017). Speech-language pathology intervention in a youth justice setting: Benefits perceived by staff extend beyond communication. *International Journal of Speech Language Pathology, Early online*, 1-10. doi: 10.1080/17549507.2017.1297484.

^{xxii} Swain, N.R. (2018). *Speech-language pathology intervention for young offenders*. University of Melbourne.

^{xxiii} Martin, R. (2018). Just Sentences: Human rights to enable participation and equity for prisoners and all, *International Journal of Speech-Language Pathology, Early online*, 1-5. doi: 10.1080/17549507.2018.1422024

^{xxiv} Learoyd, J. (unpublished). *Speech and Language Therapy (SLT) HMP Berwyn Year 2017 to Year 2018 Report (Year 1 of Service)*.

^{xxv} Hayes, H., & Snow, P. (2013). Oral language competence and restorative justice processes: Refining preparation and the measurement of conference outcomes. *Trends and Issues in Crime and Criminal Justice*, 463. Canberra, ACT: Australian Institute of Criminology.

^{xxvi} Riley, M., & Hayes, H. (2017). Youth restorative justice conferencing: facilitator's language – help or hindrance? *Contemporary Justice Review*, 1-15.

^{xxvii} Payne, J. (2007). Recidivism in Australia: findings and future research. Research and Public Policy Series No. 80. Australian Institute of Criminology. Retrieved from:
https://www.researchgate.net/profile/Jason_Payne10/publication/267703058_Recidivism_in_Australia_findings_and_future_research/links/550a66380cf26198a63aa9ae/Recidivism-in-Australia-findings-and-future-research.pdf

^{xxviii} Snow, P.C., Bagley, K., & White, D. (2018). Speech-language pathology intervention in a youth justice setting: Benefits perceived by staff extend beyond communication. *International Journal of Speech-Language Pathology*, 20(4), 458-467. doi: 10.1080/17549507.2017.1297484

^{xxix} See:

Bryan, K. (2004). Preliminary study of the prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders*, 39(3), 391–400. doi: 10.1080/13682820410001666376

Davies, K., Lewis, J., Byatt, J., Purvis, E., & Cole, B. (2004). An evaluation of the literacy demands of general offending behaviour programmes. *Findings*, 233, 1-4. Retrieved from: <https://core.ac.uk/download/pdf/4160965.pdf>

^{xxx} Shepherd, S.M., Leubbers, S., & Ogloff, J.R.P. (2016). The role of protective factors and the relationship with recidivism for high-risk young people in detention. *Criminal Justice and Behaviour*. XX(X), 1–16. doi: 10.1177/0093854815626489

^{xxxi} Snow, P. & Powell, M. (2011). Oral language competence in incarcerated young offenders: Links with offending severity, *International Journal of Speech-Language Pathology* 13(6), 480-489. doi: 10.3109/17549507.2011.578661

^{xxxii} Winstanley, M., Webb, R.T., & Conti-Ramsden, G. (2018). More or less likely to offend? Young adults with a history of identified developmental language disorders. *International Journal of Language and Communication Disorders*, 53(2), 256-270. doi: 10.1111/1460-6984.12339

^{xxxiii} Crace, J. (2006). Talking your way out: A short course in oral communication skills is proving to be best way to stop prisoners reoffending. *The Guardian*. Retrieved from:
<https://www.theguardian.com/uk/2006/feb/28/ukcrime.furthereducation>

^{xxxiv} Rucklidge, J. J., McLean, A. P., & Bateup, P. (2013). Criminal offending and learning disabilities in New Zealand youth: Does reading comprehension predict recidivism? *Crime & Delinquency*, 59(8), 1263–1286. doi: 10.1177/0011128709336945

^{xxxv} Martin, R., & Barns, G. (2015). Legal-literacy confluence: An innovative team approach to literacy intervention. In 12th Biennial International Australasian Corrections Education Association Conference, Hobart, Australia.

^{xxxvi} See:

Urbis Pty Ltd (2015). Invest now, save later. The economics of promotion, prevention and early intervention in mental health. Australia. Retrieved from:

https://mhaustralia.org/sites/default/files/docs/invest_now_save_later._the_economics_of_promotion_prevention_and_early_intervention_in_mental_health_-_urbis.pdf

Valentine, K. & Katz, I. (2007). Review paper on the cost effectiveness of early intervention programs for Queensland. Report prepared for the Queensland Council of Social Service Inc. Retrieved from:

https://www.qcross.org.au/sites/default/files/Cost_effectiveness_of_early_intervention_programs_for_QLD_report.pdf

^{xxxvii} Cronin, P. et al (2017) "The impact of childhood language difficulties on healthcare costs from 4 to 13 years" Australian longitudinal study. *International Journal of Speech-Language Pathology*, Vol19 No. 4, ISSN 1754-9507

^{xxxviii} Murdoch Children's Research Institute, Centre of Research Excellence in Child Language (2014) Submission to the Senate Community Affairs Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia

^{xxxix} Snow, P.C. (2019). Speech-Language Pathology and the Youth Offender: Epidemiological Overview and Roadmap for Future Speech-Language Pathology Research and Scope of Practice. *Language, Speech, and Hearing Services in Schools*.1–16. doi: 10.1044/2018_LSHSS-CCJS-18-0027