



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Diwylliant a Chymunedau
The Culture and Communities Committee**

**Dydd Mercher, 4 Tachwedd 2009
wednesday, 4 November 2009**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Alun Cairns	Ceidwadwyr Cymreig Welsh Conservatives
Janice Gregory	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lesley Griffiths	Llafur Labour
Mark Isherwood	Ceidwadwyr Cymreig Welsh Conservatives
Bethan Jenkins	Plaid Cymru The Party of Wales
David Lloyd	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Jackie Freer	Therapydd Iaith a Lleferydd Arbenigol (Fforensig), Canolfan Brian Oliver Highly Specialist Speech and Language Therapist (Forensic), Brian Oliver Centre
Dr Alison Stroud	Aelod o Goleg Brenhinol y Therapyddion Iaith a Lleferydd Member of the Royal College of Speech and Language Therapists

Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol
Assembly Parliamentary Service officials in attendance

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Tom Jackson	Clerc Clerk

Dechreuodd y cyfarfod am 9.30 a.m.
The meeting began at 9.30 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Janice Gregory:** Good morning everyone and welcome to this meeting of the Communities and Culture Committee. I welcome everyone in the public gallery. If anyone has a mobile phone, a BlackBerry or any other electronic device about their person, please switch it off, because they interfere with our broadcasting equipment. The National Assembly for Wales operates through the media of the Welsh and English languages. Translation is available on channel 1 and the sound can be amplified on channel 0. There is no fire alarm testing this morning, so, if the alarm sounds, I ask everyone to leave the building in a safe manner, following the guidance of the ushers.

[2] I have received apologies from Lynne Neagle and there are no substitutions.

[3] I remind you that there will be a Plenary debate this afternoon on the now dissolved Broadcasting Sub-committee's inquiry into the Welsh newspaper industry and that, next week, we will debate in Plenary the Communities and Culture Committee's inquiry into promoting arts on the world stage.

9.32 a.m.

Ymchwiliad i Gyfiawnder Ieuenctid Inquiry into Youth Justice

[4] **Janice Gregory:** We are continuing our inquiry into youth justice. I thank Members for allowing us to include an additional item of oral evidence gathering on the agenda today. I welcome the witnesses. We have Dr Alison Stroud, who is the Wales policy officer of the Royal College of Speech and Language Therapists—good morning to you—and Jackie Freer, who is a highly specialist forensic speech and language therapist for the Brian Oliver Centre. Thank you both for coming to committee at very short notice. When I saw the paper on the subject that you are here to talk about today, I was very interested in it, and I am delighted that committee members agreed to our including this additional item. You have raised some very important questions. Members will ask you a series of questions. There are no trick questions, and they are all relevant to the paper that you presented to us, which was most useful. We have 40 minutes for this item. I would be more than happy for you to make a few introductory remarks, and we will then move into questions, or we can go straight into questions. We will do whatever you are most comfortable with. Alison, will you be leading on this?

[5] **Dr Stroud:** Yes. We are very grateful to committee members for giving us this time to present some of the work that has been going on. As an introduction, there are more speech and language therapists working in the criminal justice system in England than there are in Wales; we probably have about one and a half in Wales. It is very early days and it is a new field, but the evidence that is coming out from Professor Karen Bryan's research work shows that up to 60 per cent of young offenders, particularly the boys, have identifiable speech, language and communication support needs. Jackie has come down from England for us. She has an innovative post, and has stories and evidence at her fingertips to show the benefits that seem to be there for young offenders who then get the support of speech and language therapy.

[6] **Ms Freer:** I was one of the speech and language therapists involved with the pilot research project that was carried out with Professor Bryan. We gathered evidence and came to the conclusion about the 60 per cent figure that Alison has just referred to. I currently work in special hospital provision for offenders. So, I still maintain that contact and that speciality.

[7] **Janice Gregory:** We shall move on to the questions; the first one is from Lesley.

[8] **Lesley Griffiths:** In your paper you say that

[9] 'a 2003 Polmont Young Offenders Institute survey found 70% of young men had significant communication problems'.

[10] Can you explain a bit more about that study, and what specific communication difficulties young men have?

[11] **Dr Stroud:** Jackie will probably take most of that question. The point that I want to make clear—and some committee members have heard me talk about this before—is that a

physical or mental disability does not always help to identify a communication disability. The research looked at young boys who had speech, language and communication skills that were identified as being below their natural cognitive ability. We are talking about speech and language impairment that is not necessarily related to a learning disability—it is not that they are not bright children. You obviously get people whose speech and language skills are at the same level as their cognitive ability who may have a learning disability. However, the study looked at people who have normal cognitive skills, but their speech and language skills are -1 or -2 standard deviations below everything else. That is a very specific speech, language and communication support need. It is a hidden disability, because it will be masked by strategies that the boys will develop, such as aggressive or violent behaviour and over-sexualised language. Jackie is the expert, so I shall hand over to her.

[12] **Ms Freer:** As Alison said, there are children and young people who have difficulties relating to their education and cognition. As many of those young people have come from disruptive backgrounds or have failed in the education system, they have not had access to the parenting, the role models and so on that are needed to develop their speech, language and communication skills on a normal pathway. So, they are below the level of their peers who are out in the community. We are talking about difficulties with social communication, that is difficulties understanding people's body language or facial expressions, and in understanding vocabulary, particularly if it is quite specific. Once you enter the criminal justice system there is a lot of legal jargon; we use a lot of phrases that you may or may not be familiar with, and young people have difficulty with that as well. There are difficulties in understanding long sentences and being able to remember information. A speech and language therapist would consider all of those as being aspects of a communication difficulty. As Alison said, many of these young people have become very adept at adopting strategies to cover up those skills, by avoiding engaging with services or engaging in violent or disruptive behaviour to distract from their difficulty.

[13] **Alun Cairns:** I want to ask about speech and language therapy and the support that you give. The special educational needs of pupils throughout their time at school, from when they start right through to the time that they leave, has been a subject that we have touched on because of the influence that that may well have been in their ending up in the criminal justice system. If speech and language therapy needs are addressed early on, are they cured, as it were, or sorted? I know that I am using rough or inappropriate phrases, but you perhaps need to humour me on this. If speech and language therapy needs are identified and resolved quite early on, does that mean that those needs do not arise later? Is there a need for speech and language therapy as an ongoing support throughout school? Could one solution in relation to speech and language therapy deficiencies be to have a far more intensive amount of support early on in the child's life, which would result in less of a need for support later on?

[14] **Dr Stroud:** There is a lot in that question, and it is thought-provoking. A quick analogy would be to say that the situation right now is that we have a bath that is full of problems—

[15] **Alun Cairns:** What do we have, sorry?

9.40 a.m.

[16] **Dr Stroud:** A bath—a bath, which is full at the moment. We need to turn the tap off—which is what you are talking about with regard to doing intensive work with young boys earlier—and stop the bath from filling up. That would be one solution because, often, these children come from chaotic backgrounds and will not attend a traditional, middle-class appointment at a health centre for speech therapy. If we try to find them in school, they may not be there either—remind me to tell you about an incident in north Wales, in case I forget. That is one end, which is about turning the tap off, but we have a bath full at the moment, so

we also need to pull the plug, which will be about putting intervention into the prisons and the youth offending institutes, which Jackie is now doing. There is a great benefit already being found in that end of the work. The other end of turning that tap off has been a thorny problem for years with regard to how to reach difficult-to-access children and communities.

[17] On the north Wales incident, we have a speech and language therapist in Wales working in youth offending. She has been employed as a result of two serious incidents with boys in north Wales who ended up in the criminal justice system after committing two serious offences. As part of the investigation into these two incidents, it was found that they had been, as younger children, referred to speech and language therapy, but were never seen; they never attended appointments or accessed the service. As a result, it was decided as an innovative approach by the health team and the youth offending team up there to employ a speech and language therapist. It has been so successful over a short time that they are looking to employ more. I hope that answers the whole question. Jackie may want to tell you about the effects and real benefits that they are finding if you go into the full-bath end of the service.

[18] **Ms Freer:** On the question about ongoing support needs, even if we manage to access these families and children earlier on, give some input and look at correcting some of the difficulties that they have, people move and there is a transition across different services or different education systems. People's communication needs change. Even though you may remedy something in one situation, for want of a better description, when they then come into a different system, like the criminal justice system, or move into a work environment, they will probably need support to learn new skills to be able to cope in that environment. Some of the work that we did with some of the young people was about not only supporting them to survive and access services while they were in the criminal justice system, but also to prepare them for release. So, we looked at interview skills and communication skills that would be needed on a work placement for example. We looked at the communication skills that they would need to go out and access a local GP surgery or catch a train. All of those things require communication skills that are different to another situation. So, in relation to ongoing support, that was the type of work that we did.

[19] **Janice Gregory:** Please ask a very brief supplementary because of time, Alun.

[20] **Alun Cairns:** Thank you for your indulgence, Cadeirydd. Is there a shortage of speech and language therapists? There is a perception—I do not know whether it is a reality, which is why I am asking the question—that if you need to get speech and language therapy support to pupils in schools, which is a better way of accessing it rather than through the health centre or whatever, there is a shortage. Is there a shortage that means that we are not getting at pupils with special educational needs who need speech and language therapy support?

[21] **Dr Stroud:** There is a shortage in funding for posts and this type of service is not commissioned or planned for, to use the new NHS terminology. There are no posts funded. Five, six or seven years ago, we had a famine of trained people, which the Welsh Assembly Government has corrected. However, most of the posts are funded through the NHS, and there is, of course, financial pressure.

[22] **Alun Cairns:** What about in the education sector?

[23] **Dr Stroud:** There are no funded posts. People are trained, so for a newly-qualified post, you would currently have plenty of applicants. There are trained speech and language therapists who are currently working in Tesco. We need the posts to be funded; there would be no problem in getting the people.

[24] **Eleanor Burnham:** Briefly, before my laid question, do you believe that all of the

emphasis that the Welsh Assembly Government has rightly placed on vulnerable areas and people through Sure Start, Flying Start and Communities First and so on, include your input into early identification and intervention because there are parenting support aspects to the programmes that I have mentioned? If all that has been going on, where have we gone wrong?

[25] **Dr Stroud:** There are tiers of service provision and Flying Start and Sure Start are targeted provisions for socioeconomically vulnerable groups. The funding has been mostly controlled through local authority powers and, sadly, not enough speech and language therapy provision—because speech and language therapy is a health profession—has been embedded in that funding. Early language and play schemes are fine for children who will develop on a normal pathway, but perhaps slightly slower because of their socioeconomic deprivation. However, the children about whom we are talking have more of a disorder and that is not only about a general delay, but about the need for specialist intervention. So, the language and play schemes would be good for a whole raft of population, but for those who are going down a disorder route and are developing cover-up strategies, like behavioural—

[26] **Eleanor Burnham:** So, is there a gap and, given the new health boards, would you expect that gap to be closed and for your provision to be more naturally included in all of this?

[27] **Dr Stroud:** Yes, that would be good. I understand that the children and young people's partnership plan might be reviewed to ensure that speech and language therapists are established as part of that team. You do not need loads of them, but they do provide benefits. Jackie has a story about a young boy in one area, who was at the other end and did not get support.

[28] **Ms Freer:** To pick up on what you said about the programmes that are already in place to support parents and families, I was involved with working with some of the young people in custody who were parents themselves, so we ran a parenting group in that environment. From my experience of working with these young people, I know that it is still difficult for them to access the services put in place to meet their needs; they are still not accessing those services generally.

[29] **Eleanor Burnham:** Why not?

[30] **Ms Freer:** I do not know. It may be down to their perception of a service or to its location or just to the skills needed to access the service in terms of being able to organise yourself, to plan and to get from A to B and so on.

[31] **Eleanor Burnham:** Credaf eich bod wedi ateb y cwestiwn hwn eisoes, ond a oes gennych fwy o dystiolaeth bod pobl ifanc dan glo yn fwy tebygol o gael problemau cyfathrebu o gymharu â'r cyhoedd yn gyffredinol? **Eleanor Burnham:** I believe that you have answered this question already, but do you have more evidence that young people in custody are more likely to have communication problems as compared with the general public?

[32] **Ms Freer:** Yes, the evidence suggests that they are more likely to experience difficulties for several reasons, one of which is that many of them come from chaotic backgrounds and have started their lives with a delay in their developmental and communication skills. They have not accessed the education system either, which has also had an effect. There are also factors such as acquired health issues—for example, head injuries, if there have been incidences of violence in the past—and substance misuse which could affect communication skills further down the line. There is also a higher incidence of mental health difficulties among these young people, which, again, can impact on communication skills, which become evident once you are in the environment of the criminal justice system.

[33] **Dr Stroud:** We are also supervising research work currently undertaken by the University of Glamorgan into the prevalence of speech, language and communication problems in chronically unemployed young men. Again, those results are similar to others, revealing a figure of 60 per cent and that is after setting it at a -2 standard deviation below everything else. So, that is quite a big gap.

9.50 a.m.

[34] **Ms Freer:** Some international research has been done that shows that young people who have language and communication difficulties are at greater risk of offending, regardless of all the other factors that I have just mentioned. That research was done in Denmark.

[35] **Alun Cairns:** I want to talk about basic skills provision. Based on your experience, are the basic skills needs in relation to literacy and numeracy, for example, and other types of learning difficulties being properly addressed in custody and is there sufficient continuity of provision upon release? I couple that with a question about the importance of basic skills in order to hold down employment.

[36] **Ms Freer:** I can only speak from my experience of being in a few establishments in the criminal justice system, but the provision is often set up in a similar way to how it would be in a school environment. For most of these young people, education has been a completely negative experience. So, putting them into that situation again in a similar set up is difficult for them in terms of engagement, because of their negative experiences in the past. There is also a difficulty with some young people if they have had a statement of special educational needs and have had support out in the community, because that is void once you enter the criminal justice system. So, you do not receive the amount of hours of support that you were assessed as needing. It is difficult to pick that up again once you are released. We are also talking about a group of people who, because of their age range, fall between services. So, they are possibly at the point of leaving school, but an adult education environment would not be suitable either, because of a lack of skills in other areas as well as basic educational skills.

[37] **Dr Stroud:** In addition, a lot of the programmes are delivered verbally and if your understanding of language is such that it would be like us being in France—unless you are all fluent French speakers; I am not—where we half get it and half do not. A lot of the drug rehabilitation programmes and the basic skills programmes are delivered verbally, and they are just not getting half of it. If they do not get it, they just say, ‘yeah’. That is how they end up not going through the criminal justice system well, because of the use of language in the criminal justice system. The boys say, ‘We just keep saying “yes” to everything. We don’t really understand what’s going on and what’s being said to us’. That is where speech and language therapy comes in, because we can identify the people who are having that sort of difficulty and do something about it.

[38] There was an interesting case where there was a young person with behavioural problems in one unit and he was transferred to you, Jackie; it is an interesting story about the benefits that can arise.

[39] **Ms Freer:** A young man was a persistent offender and had been in and out of the neighbouring establishment to the one that I was working at. He was from Wales, which is a coincidence. His speech was poor and he had lots of other difficulties—he had substance misuse difficulties and anger management issues. He could not make himself understood at all to the staff or his peers in the prison system. There was a lot of taunting from his peer group, and his way of dealing with that was through violence and aggression. As a result, he did not engage with any of the regime’s programmes or day-to-day activities and spent most of his time in segregation, which is not good for someone’s general mental health and

wellbeing.

[40] I was approached to make an assessment to see whether support could be offered to him and he transferred into the prison where I was working, so that he could access the speech and language therapy service. The service had been established there for about 18 months and the staff had all received training, which is another part of the speech and language therapist's role, so the environment was one where staff were used to looking at behaviour in terms of communication, giving people more time and being aware of the types of difficulties that these young people might be experiencing. So, when he transferred to the institution where I was working, he was able to access speech therapy to address his specific difficulties, but, obviously, the environment and the culture was much more supportive, and he was able to pursue an education, get a job in a workshop, and engage with substance misuse programmes, and he did not spend any time in segregation. That is not to say that he did not experience periods of agitation, when he potentially could have been violent, but the staff were equipped through training and awareness of communication difficulties to deal with him.

[41] **Dr Stroud:** This is one of the strong benefits that have built up. It is not just what you can do for the individuals, but how you can create the environment by training the staff around them, giving them strategies to deal with situations so that they do not end up in violence and aggression.

[42] **Mark Isherwood:** What evidence do you have to support your statement that:

[43] 'A third of children with speech and language difficulties develop mental health problems with resulting criminal involvement in many cases'?

[44] **Ms Freer:** There has been a lot of evidence, and a lot of research has been carried out into the incidence of mental health problems in populations in criminal justice system generally. People in this group are more at risk. As a result of communication difficulties, they cannot engage with their peer group or with rehabilitative programmes, education and all the other things that we have spoken about. If you cannot engage in those things because of communication difficulties, your self esteem is affected, and that can lead to mental health difficulties.

[45] **Mark Isherwood:** You are quite specific in stating that is a third. Is there some specific evidence that we can refer to, to support that figure?

[46] **Ms Freer:** I am sure that there is, but, off the top of my head—

[47] **Dr Stroud:** We can certainly find that and pass it on the committee by going through our reference list.

[48] **Janice Gregory:** Can I ask that you drop us a note on that? Mark, are you happy with that?

[49] **Mark Isherwood:** Yes.

[50] **Dr Stroud:** Oh, here it is—we have the reference here. It has been published in the *Journal of the American Academy of Child & Adolescent Psychiatry*. We can give you the reference.

[51] **Mark Isherwood:** Thank you; that is great.

[52] **Lesley Griffiths:** We have been told that the Welsh Assembly Government is going

to put in a nine-month scheme for improved CAMHS provision at the young offender facility at HM Prison Parc. Keeping your answer to Mark in mind, how do you think that will help to deal with the cases that you referred to?

[53] **Ms Freer:** Any additional input that the young people receive, and any additional services offered in an establishment, will be beneficial. The CAMHS staff would also require training, because, as with other health professionals, we often assume that they have an understanding of our role, and that may not be the case. So, there is a role there for speech and language therapy to educate the CAMHS service going into that establishment.

[54] **Lesley Griffiths:** I should have said that the two people who are being put in are a psychologist and a mental health nurse, so they will not necessarily have specific experience of speech therapy.

[55] **Dr Stroud:** One of our recommendations is for some pilot work to be done in Wales on whether the benefits of speech and language therapy show themselves. I visited Parc recently, where I met some young boys in a group of a similar size to this meeting. Two of those boys had extremely good speech, language and communication skills, and they had leadership roles in the prison. Other boys would sit quietly in a chair at the back, withdrawing from the group. You can quickly pick out those who have speech and language problems, as they just disengage from the group.

[56] **Bethan Jenkins:** In your evidence you say that

[57] ‘a national study carried out in 2001/02 showed that the recidivism rates fell by as much as 50% for individuals who received targeted speech and language therapy to improve their oral language skills in their first year after release’.

[58] Can you tell us a bit more about that?

[59] **Ms Freer:** Obviously, it is not just the speech and language therapist alone that has given rise to that figure, but if people are able to address their speech, language and communication needs, they are able to engage more effectively with clinical psychologists, for example, who may be addressing their offending behaviour or substance misuse, and that has an impact on their likelihood to re-offend on release. So, speech and language therapy cannot do that in isolation; it is about improving skills so that the young people can access the other services effectively.

10.00 a.m.

[60] **David Lloyd:** Diolchaf i chi am eich papur. A wnewch ehangu ar yr hyn a ddywedasoch ynddo? Beth ddylai Llywodraeth Cymru wneud i fynd i'r afael ag anghenion pobl ifanc â phroblemau llefaru iaith a chyfathrebu pan maent wedi eu carcharu, ac hefyd pan maent wedi cael ei rhyddhau? Mae gennych restr yn eich papur, ond yr wyf am roi'r cyfle ichi ehangu ar yr rhestr hwnnw o'r hyn yr ydych yn disgwyl i'r Llywodraeth wneud ynglŷn â'r sefyllfa.

David Lloyd: I thank you for your paper. Will you expand on what you said in it? What should the Welsh Government do to tackle the needs of young people with speech and communication problems while they are in prison, and also when they are released? You have a list in your paper, but I want to give you the opportunity to expand on that list of what you expect the Government to do about the situation.

[61] **Dr Stroud:** Our top call is that we need to start to address the lack of speech and language therapy provision in Wales. Only one speech and language therapist is employed specifically in north Wales, and there is a bit of a girl in Cardiff. There are about 50 such

therapists in special interest groups in England, and England has been increasing posts, and the pilot work seems to be showing benefits. So, we would recommend that we try some pilot work in Wales. That is our top call.

[62] **Eleanor Burnham:** Mae gennyf gwestiwn ynglŷn â'r bobl ifanc sy'n cael eu cadw mewn sefydliadau diogel yn Lloegr. A ydych yn rhagweld unrhyw broblemau o ran gwella'r gwasanaethau tra bod llawer o bobl ifanc Cymru dros y ffin yn Lloegr? Yr ydym wedi bod yn gweld rhai ohonynt, ac mae'n debyg eich bod chi yn eu gweld hefyd.

Eleanor Burnham: I have a question about the young people who are kept in secure institutions in England. Do you envisage any difficulties in improving the services while there are young people from Wales over the border in England? We have visited some of them, and you probably also see them.

[63] **Dr Stroud:** What difficulties are you referring to?

[64] **Eleanor Burnham:** The fact that they are from Wales, have cultural and linguistic nuances, are over the border in England and are quite a distance away from home.

[65] **Dr Stroud:** Oh, I see what you mean. There is a specific Welsh language issue around speech and language therapy in Wales in any case, and many of the committee members will be aware that work has been going on for many years to try to develop a speech and language therapy course in Bangor, which would facilitate further research into the linguistic breakdown of Welsh speakers, which there is less understanding of and research on compared with the English language. So, we need specific evidence around people whose first language is Welsh and why it is breaking down.

[66] **Eleanor Burnham:** You would obviously need to take on Welsh-speaking or bilingual therapists.

[67] **Dr Stroud:** Yes.

[68] **Ms Freer:** I will refer again to the story that I told earlier about a young man from Wales who was in an establishment in England. It is about training the staff and making them aware that communication needs can also be about bilingual issues. With that young person, there was some ignorance on the part of the prison staff in thinking that the fact that he had a strong accent contributed to them not being able to understand him, but he actually had a speech disorder. He was not bilingual. Although he could speak a little Welsh, he did not deem himself to be fluent. Had he been, the issue would have been for me to have access to a bilingual therapist who could support me, so there needs to be a link across so that there is access to those specialists to support people in custody in England.

[69] **Dr Stroud:** Furthermore, there are also bilingual support workers. You do not always need these tiers of service—you do not always need a professional speech and language therapist, because you can work through support workers, which are a cheaper workforce too.

[70] **Lesley Griffiths:** You referred to staff training in a previous answer to me. If you look at the professionals and the support staff who work in young offender facilities, what evidence do you have that learning difficulties among people held on the secure estate are under-diagnosed, and what further action is needed to ensure that their needs are identified as early as possible?

[71] **Ms Freer:** The Prison Reform Trust has done some research on identifying the numbers of people with learning disabilities and other hidden disabilities, including mental health and other physical hidden disabilities. They are things that people may not declare, including hearing impairments and visual impairments. The statistics come from that.

[72] **Dr Stroud:** We are working on the assessing semantic skills through everyday themes screening tool to ensure that there is something in that on screening for speech, language and communication disorders separate from learning disabilities.

[73] **Ms Freer:** That work is ongoing and it looks at the assessment tools that are used in the criminal justice system, so that questions about speech, language and communication can be included in order to identify difficulties earlier.

[74] **Lesley Griffiths:** Do think that the professionals who work in those facilities need more training?

[75] **Ms Freer:** Yes, definitely.

[76] **Janice Gregory:** Do you have a timescale for the development of this?

[77] **Ms Freer:** It is hoped that it will be out, having been amended, ready for use next year sometime. I cannot be any more specific than that.

[78] **Janice Gregory:** That is fine. It has given us some idea.

[79] **Mark Isherwood:** How can speech and language therapy and therapists help with the important work, as you highlighted a couple of minutes ago, of staff training and raising awareness in the management of young offenders with communication difficulties?

[80] **Ms Freer:** On the training that we been able to provide so far, which is ongoing, the Royal College of Speech and Language Therapists is looking at putting together a training pack that can be delivered in a range of criminal justice settings—some speech and language therapists are accredited—whether that is for a youth offending team or a custodial setting. That is work in progress at the moment. Speech and language therapists are used to training other people and to making that training relevant to that environment and staff group. In my experience, being able to increase their awareness of what types of difficulties we are talking about gets them to think about the behaviour of the young person in a different way and that it might be a strategy to avoid communication, and then you can give them some easy tips to use. So, we are not talking about anything complicated or detailed, but something that is practical that people can take away and implement immediately and that makes that young person easier to manage on a day-to-day basis.

[81] **Bethan Jenkins:** You have already touched upon some aspects with regard to the Welsh language and people having to go into the secure estate in England. You mentioned that you would like for there to be training on bilingual communication with some of the people in custody in England, Jackie. We have asked many other people who have come before us whether they agree or disagree with devolving the secure estate to Wales. Do you see that as an alternative to having to train those people, who obviously do an effective job? Would it be helpful for you to be able to train people in Wales in a Welsh setting where other services would be closer to the people who are in custody?

[82] **Dr Stroud:** Anything more local is more suited to the situation, because it can be tailored to local needs.

[83] **Janice Gregory:** The final point, as I am sure you will be pleased to hear, is one from me. You have touched on what you would like to see as a recommendation. What will happen is that this inquiry will come to an end, we will then present our findings to the Welsh Assembly Government and the Minister will respond. We have asked everyone who has come before us to give evidence whether they have a specific recommendation that they would like

to see contained in that report. This is your opportunity to tell us, in detail, what your recommendation would be.

[84] **Dr Stroud:** We have made our six calls to the Welsh Assembly Government. It is clearly an innovative area for speech and language therapy. There is strong evidence related to the need to just train other people to understand that behaviour breakdown can occur because someone simply does not understand. We would welcome it if we could afford to do some pilot work on that in Wales.

[85] **Janice Gregory:** Thank you both very much for taking the time to come to committee this morning to give evidence. It was very important and, as I have said, I was so touched by the information provided in your paper. It has been a worthwhile exercise for us to gather this piece of evidence. Thank you both very much for your attendance. You will be sent a transcript of this morning's proceedings. Members are bored with hearing me say this, but I do have say that you need to check the transcript for factual accuracy but you cannot take out something that you wish that you had not said. Please check it and let us know whether you feel that everything is okay.

10.10 a.m.

Cynnig Trefniadol Procedural Motion

[86] **Janice Gregory:** To allow the committee to consider issues emerging from Members' visits to the secure estate in England and Wales, and to consider the draft terms of reference and the call for written evidence for the committee's inquiry into making the most of major sporting events in Wales, I propose that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).

[87] I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.11 a.m.
The public part of the meeting ended at 10.11 a.m.*