



Disability Screening Assessment Project Report:

Identification of Population
Needs at the Adelaide Youth
Training Centre (Kurlana Tapa)

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**Government
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Contributions

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Executive Summary

The Adelaide Youth Training Centre (AYTC): Kurlana Tapa Disability Screening Assessment project was conducted by the Youth Justice Assessment and Intervention Services (YJAIS) team and partners during March and April 2019. The primary aims of the screening project were to identify the prevalence of disability-related needs in the population to inform both YJAIS service development, and strategic planning for the Youth Justice Services division of the Department for Human Services (DHS).

A total of 36 young people participated in at least one of the multi-disciplinary screening assessments relating to intellectual functioning, cognition, oral language processing, visual motor processing, executive functioning, sensory processing, criminogenic need and mental health. The findings illustrated a very high prevalence of complex disability-related needs which young people in AYTC: Kurlana Tapa live with and experience.

The screening project identified multiple areas of disability-related need, many of which were previously unknown or unaddressed, and which impact on service engagement, service delivery, and therapeutic activities that young people are connected with as part of their case plan. It is worth noting that some young people who already had known disabilities and were previously connected to the NDIS do not feature in this population snapshot; thus, the true rate of disability may be even higher than the results reported herein. Findings from the screening project informed the development of the YJAIS Multidisciplinary Service Framework in relation to ongoing identification of, and response to identified needs.

Broad recommendations of the project include:

- Screening assessment for disability-related needs and comprehensive assessment if indicated.
- Staff training regarding awareness of neurodevelopmental disability.
- Disability-informed policies and procedures embedded across the division.
- Stronger partnerships with YJAIS regarding referral and co-working.
- Review of client-facing documentation across the division.
- Improved business technology and intelligence.
- Development and implementation of a Sensory Modulation framework.

All young people scored **outside of the average range** for at least one aspect of **visual motor integration** (**more than half** scored in the **'severe range of impairment'** for at least one aspect)



Nine out of 10 young people were found to be **at risk for language disorder**



Almost eight out of 10 young people indicated **significant difficulties with controlling impulses**



One in three young people had **sensory needs significantly different** to the general population (i.e. 'much more' or 'much less' than most people in at least one category)



More than half the young people had **new areas of need identified** through the screening project



More than half of the young people had needs that **warranted further involvement from the multi-disciplinary YJAIS team**



Nine out of 10 young people scored **below average** for **intellectual functioning**



More than eight out of 10 young people indicated **difficulties with attention / concentration and working memory**



More than three quarters of young people indicated **challenges with executive functioning and behaviour**



1 to 2 thirds scored in the **moderate or severe range** for **Conduct Disorder, Academic Problems, Substance Abuse, Anger/Violence Proneness and Post-Traumatic Stress Disorder**



An **NDIS Access Request** was recommended for **almost one quarter** of the young people involved in the screening project



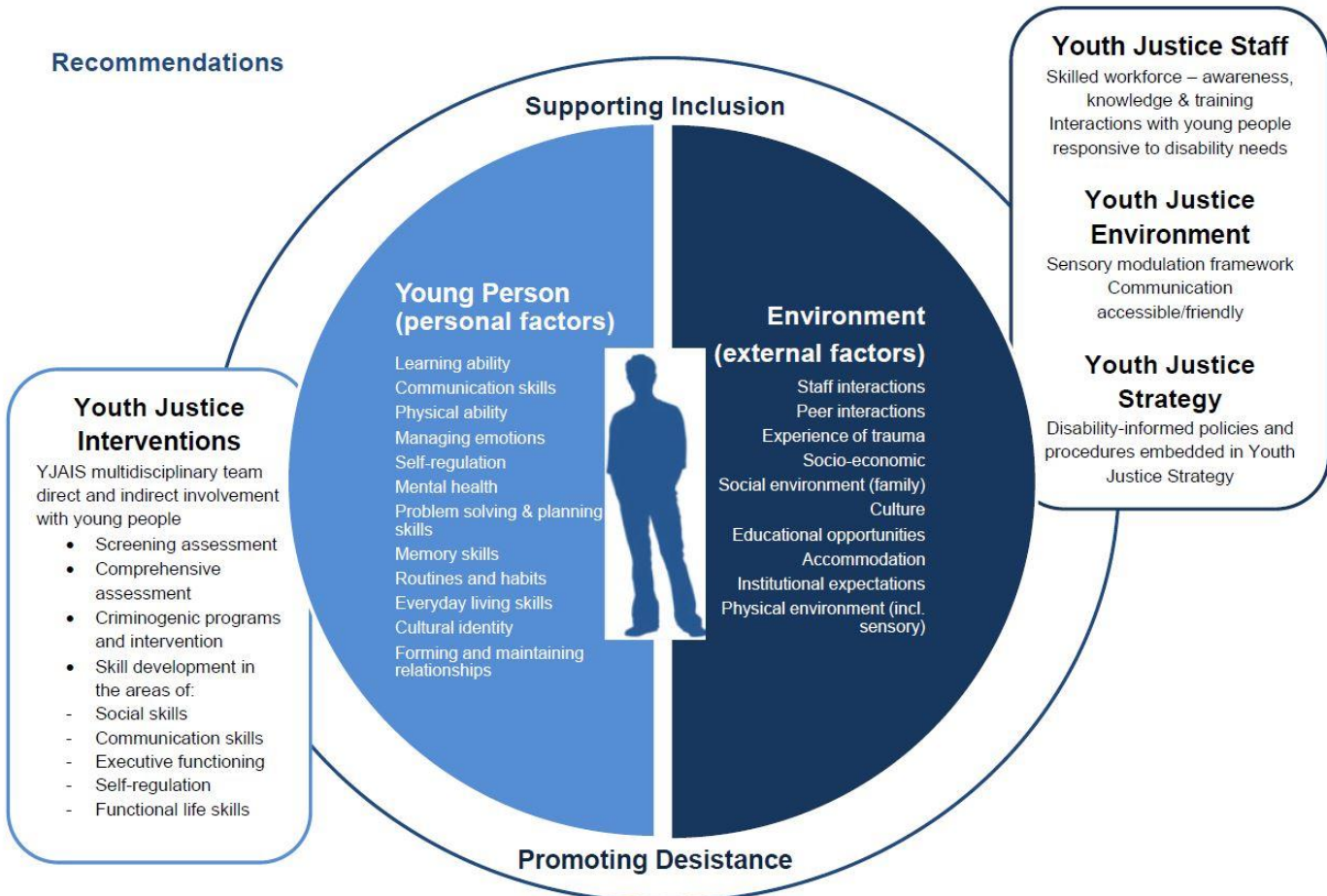
More than one third of the young people involved were **recommended for external referral to services** other than NDIS (e.g. CAMHS, Paediatrician, Department for Education)



Nine out of 10 young people were found to be at a **moderate or high risk of reoffending**



Recommendations



Introduction

The AYTC: Kurlana Tapa population Disability Screening Assessment project (herein referred to as the 'screening project') aimed to provide insight regarding:

- The prevalence of disability-related needs in the custodial population.
- The potential impacts of disability-related needs among the population.
- The prevalence of previously undiagnosed disorders within the population.
- The percentage of the population who would potentially be eligible for the National Disability Insurance Scheme (NDIS).
- The complexity of disability-related needs within the Youth Justice custodial population, and whether this complexity was associated with the length of time spent in custody.

Additionally, the screening project was intended to inform the development of a multi-disciplinary service model shaping the roles and functions of the pilot YJAIS business unit.

Supporting Documents

- Youth Justice Assessment and Intervention Services: A Multi-Disciplinary Allied Health Service Framework
- YJAIS Internal Stakeholder Consultation Group Terms of Reference
- YJAIS External Stakeholder Group Terms of Reference
- YJAIS Pilot Project Overview



Methodology

Clinical & Professional Considerations

Participant Inclusion Criteria

All residents of the AYTC were considered eligible for participation in the screening project, but project resources did not permit all young people in custody to participate. This excluded young people detained in Policy Custody, or those still undergoing intake screening/assessment in the Saltbush unit at AYTC. The behaviour of the young person was considered on a day-to-day basis, with the possibility of young people not being assessed on a particular day if their recent behaviour indicated they would be unsafe or not amenable to participation. Additional consideration was given to whether the assessment process would cause distress for individual young people. Finally, potential participants were prioritised based on their period of detention (or likely release date) to ensure participants were given sufficient opportunity to complete assessments within each of the three disciplines. Further prioritisation was given where necessary to young people about whom little information was known, rather than re-assessing young people who had established disability diagnoses.

Consent

Participation in the screening project was voluntary. Informed consent was required from all young people who met the inclusion criteria in order to participate. YJAIS commenced screening assessments with participants only after informed consent was obtained. YJAIS staff followed a standardised process of gaining informed consent from each participant using an informed consent form (Appendix A) which was designed to convey information to young people using Easy English and visual images. Specific consideration was given when developing the consent form to ensure information was understood by young people with poor literacy, English as an additional language and/or suspected intellectual, cognitive or speech/language needs.

Background Information Forms

A list of all young people scheduled to participate in the screening project was sent to Youth Justice primary allocated Case Coordinators and Case Managers to gather information about existing health reports and/or known diagnoses. A 'Background Information Form' (Appendix B) was developed to aid in this process.

Assessments

Assessments were undertaken by YJAIS staff (Deputy Principal and Senior Psychologists, Senior Speech Pathologists and Senior Occupational Therapist), and an Occupational Therapist employed by the Department for Education (Youth Education Centre).

Each young person was given the opportunity to participate in multi-disciplinary assessment where possible. Selected assessments are listed in Table 1 and descriptions of these assessments are provided in Appendix C. Assessments used in the screening project were selected with the following considerations:

- Information that the assessment yielded in terms of identifying a range of disability-related needs (e.g. risk of language disorder; identification of memory or intellectual functioning impairment), whether they were screening assessments versus comprehensive assessment, and how this information related to the project objectives.
- Assessment administration time to minimise impact on young people.
- Validity and reliability of assessments, including whether assessments were normed on Australian and Australian Aboriginal populations, where possible. Unfortunately, due to the fact that both Occupational Therapy and Speech Pathology are emerging disciplines in the Youth Justice setting, existing assessments specifically developed for use in this context were not found, and no assessments used in the screening project have been normed specifically for an Australian Aboriginal population, which is a limitation.
- Assessment purchase cost.
- There was not a consistent order of assessment by discipline across all young people because assessments were scheduled based on availability of staff and young people.
- Within disciplines; order of assessments for speech pathology were: CELF-5 screener, TNL, USP; and for psychology and occupational therapy, they were varied for each individual depending on preference of young person and background information obtained..
- Assessments used were not intended to be diagnostic in nature and there was no intention for the results to identify diagnosable disorders (e.g. as per the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition [DSM-5])¹.

¹ Hence, the terminology of “disability” or “disability-related needs” used herein is not indicative of a diagnosed disorder, but instead intended to be consistent with the World Health Organization definition of Disability: i.e. *Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.* Accessed online at: <https://www.who.int/topics/disabilities/en/>

Table 1: Discipline-specific assessments utilised in the screening project

Psychology	Occupational Therapy	Speech Pathology
Youth Level of Service / Case Management Inventory 2.0 (YLS/CMI 2.0)	Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)	Clinical Evaluation of Language Fundamentals Fifth Edition (CELF-5) – Screening Test
Weschler Abbreviated Scale of Intelligence – Second Edition (WASI-II)	Sensory Profile 2 (<15yrs) Adolescent and Adult Sensory Profile (>15yrs)	Clinical Evaluation of Language Fundamentals Fifth Edition (CELF-5) - Understanding Spoken Paragraphs
Adolescent Psychopathology Scale – Short Form (APS-SF)	Delis Rating of Executive Functioning (D-REF)	Test of Narrative Language – Second Edition (TNL2)
	Cognistat	

Logistics

Consultation with Staff and Young People

Information sessions regarding the processes, intentions and logistics involved in the screening project were conducted with AYTC Accommodation Unit staff, AYTC Assessment & Case Coordinators, Community Youth Justice Custodial Case Managers, Youth Justice Aboriginal Advisory Committee and Youth Education Centre leadership staff prior to the commencement of the screening assessments.

Internal and external Youth Justice stakeholders were consulted prior to, during and following the completion of the screening project through the YJAIS Internal Steering Group in order to:

- Gain cultural guidance for culturally safe and responsive processes within the project
- Provide operational guidance and insight regarding the completion of the screening project and the impact this would have on day-to-day AYTC operations.
- Gather pertinent information relating to individual young people.
Assist with identifying potential risks or challenges relating to individual needs of young people and prioritising assessments for young people prior to release.

Residents of each accommodation unit at AYTC who were likely to be asked to participate were given the opportunity to attend information sessions provided by YJAIS staff.

Appointment Scheduling

The YJAIS team was responsible for scheduling all assessment appointments during the screening project. Within the custodial environment of AYTC, this required multiple logistical considerations, such as:

- YJAIS staff availability and general business-as-usual workloads.
- Assessment tool availability (with multiple staff sharing resources and attempting to complete concurrent assessments)
- Operational requirements, including availability of escort staff, booking times, room availability, and court appearances.
- School commitments and other professional appointments for the residents.

Prioritisation of assessments occurred according to resident consent (or refusal) to participate; length of Detention Order/Remand period, special requests from case managers and attempts to obtain complete data (i.e. from each discipline). Where YJAIS staff was aware of and able to access existing assessments, these were used as evidence of already existing disability-related needs in order to reduce the assessment requirements and load for young people.

A weekly schedule was distributed to AYTC accommodation supervisors and managers, security and visits staff, the Youth Education Centre, Assessment and Case Coordination and Custodial Case Management teams, and Youth Justice Programs staff.

Business Intelligence and Data Analysis

Participant demographic information (e.g. age, gender, Aboriginal status, VONIY completion dates and need level identified, nights in custody) was obtained from the Connected Client and Case Management System (C3MS) with support from the Youth Justice Strategy, Policy & Reporting business unit.

Screening assessment results data was collated by YJAIS team members and entered into a spreadsheet. Data analysis was completed by a commissioned academic researcher from the University of Adelaide. Pearson Correlations, Independent Samples T-Tests and Chi-Square analyses were used to assess associations between variables and to identify between-group differences.

Partnerships

Throughout the AYTC population screening project, the YJAIS team was reliant on a number of key partnerships to ensure effective planning and implementation of the project. Table 2 provides a brief outline of these key partnerships.

Table 2: Key partnerships

Stakeholder	Nature of Partnership
External Partnerships	
Youth Education Centre (YEC) (Dept. for Education)	Assistance from Sue Maney, Occupational Therapist, to complete occupational therapy screening assessments throughout the four-week screening period. Agreement by YEC to remove young people from classrooms to allow them to participate in assessments during screening period. Sharing of education-related allied health assessments/reports for young people with pre-existing disability-related needs that had been previously identified.
Child and Adolescent Mental Health Service (CAMHS)	Assistance from Kate Desborough, Speech Pathologist, Forensic team, to complete and share information from Speech Pathology assessments for existing CAMHS clients throughout the four-week screening period.
Metropolitan Youth Health (MY Health)	Sharing of pre-existing health-related diagnoses and any pertinent medical information of participants.
University of Adelaide	Detailed analysis of assessment results data and report review by Dr. Catia Malvaso.
Department for Child Protection, Psychology Services	Sharing of relevant, pre-existing assessment reports, and notification of any imminent scheduled psychology assessments for young people under the Guardianship of the Chief Executive.
Youth Justice Aboriginal Advisory Committee (YJAAC)	Cultural consultation regarding the project; seeking input for cultural considerations especially with regards to liaison with young people and their families.
Internal Youth Justice Partnerships	
Case Managers / Case Coordinators	Collection of background information and sharing of known pre-existing diagnoses and health-related reports for participants.
Adelaide Youth Training Centre (AYTC)	Increased demands placed on operational staff (Youth Workers, Behaviour Support Officers, and in particular the Duty Supervisors) due to the high number of resident movements required during the screening period.
Youth Justice Strategy, Policy & Reporting	Collation and analysis of participant demographic data from C3MS.

Cultural and Ethical Considerations

Prior to and During Screening

Special consideration was made to ensure the impact on the participants resulting from the physical, cognitive and emotional fatigue inherent in completing assessments with three

disciplines in a relatively short time frame was not placing them at an unfair risk of harm. This was achieved by:

- remaining flexible with assessment times and being willing to re-schedule sessions if requested by the young person
- offering drink/ movement breaks throughout assessment sessions in a manner that did not impact assessment validity (i.e. between assessments)
- monitoring behavior, communication with AYTC staff, and checking in with participants
- choosing assessments to ensure the total assessment time for each discipline would not exceed approximately one hour and that participants would be provided with opportunities for ample rest between assessment sessions.

It was acknowledged that in an ideal situation, multiple assessments would not be completed with an individual on the same day. The impact of fatigue on a participant's capacity to complete an assessment and the potential impact this has on assessment scores was a constant consideration for therapists.

Appointments were scheduled to ensure participants were provided sufficient time between assessment sessions for rest and recovery. Participants were scheduled with no more than one discipline/therapist on a particular day and were not scheduled for assessment sessions on subsequent days. Due to time constraints, participants were scheduled to meet with each discipline for approximately one hour, during which the therapist attempted to complete their discipline's assessment battery.

Therapist discretion and ongoing consultation with participants and staff were used to determine whether a young person was willing and/or able to continue with each assessment. Young people were provided the ability to cease assessment sessions at any time.

Cultural Safety and English as a Second Language

YJAIS recognised the critical importance of cultural consultation to ensure that the project was designed and delivered in a culturally safe and responsive manner. YJAIS consulted with the Senior Aboriginal Advisor during the development phase of the project, regarding the project concept and methodology. Consultation was also held with the Youth Justice Aboriginal Advisory Committee, with guidance and input explicitly sought in relation to interpretation of assessment results, follow-up after assessment and engaging Aboriginal young people and their families. YJAAC members were supportive of the project.

As mentioned previously in the report, the assessments were not intended to be diagnostic. Furthermore, the language assessments were not designed to comprehensively differentiate between 'Language Disorder' or 'Language Difference'. Language Difference refers to the differences due to bi- or multi-linguism, which are not an indication of Language Disorder. The

CELF-5 Screening Test manual describes that failure to meet the age criterion indicates 'risk of language disorder' but acknowledges further comprehensive assessment is then indicated.

When young people presented with English as a Second Language (including Aboriginal Language) whereby an interpreter was needed and could not be arranged, the decision was made to not include the young person in the screening project due to the potential impact this could have on validity of assessment results.

Previous participation in assessments

Therapist discretion was used in instances where individual young people had pre-existing diagnoses or evidence of recent participation in similar assessments was accessible. In these situations, one or a number of screening assessments were omitted to ensure young people were not subjected to unnecessary repetition of assessments.

Use of visual tools to aid in assessment facilitation

The YJAIS team made every effort to ensure all young people were provided with optimal opportunities to complete each assessment to the best of their abilities. This included the use of visual aids to complement facilitation of assessments that included young people answering large numbers of questions, in particular those when they were required to provide responses via a Likert scale. Examples of visual aids used are included in Appendix E.

Incentives

Incentives to encourage young people to engage in the screening project were agreed upon through consultation with Accommodation Supervisors and young people. Young people who agreed to complete all assessments were provided the choice between 30 minutes extra television time, or five additional phone calls. These incentives were identified as they were aligned with existing incentives available for attainment by residents through the AYTC Behaviour Support Framework (BSF). Posters were developed and placed on walls in all residential units outlining basic information of the screening project and the incentives offered to participating young people (Appendix D).

It was acknowledged that no young person should feel pressured or coerced to participate in the screening assessments. As such, it was emphasised that should a young person decline to participate, that this would not have any impact upon their daily scoring or periodic review progression through the mechanisms of the BSF.

Post-Screening

Careful consideration was given to ensuring that young people were able to potentially benefit from participating in the screening assessments, either directly or indirectly. A direct benefit was considered to be greater insight and knowledge about their individual needs and the

communication of that information with their family and professional support networks, including potentially increased or enhanced direct service provision from Youth Justice and other agencies. An indirect benefit was considered to be a more informed and responsive Youth Justice service system, including operational and case management.

Following the completion of the screening project, all effort was made to ensure assessment results were disseminated to all participants regardless of whether new areas of need had been identified. A summary report template (Appendix F) was developed to ensure information was shared in a way that could be easily understood by young people and their family/caregivers. Assessment Summary Reports were uploaded to C3MS, email and/or phone contact was made with relevant Case Managers/Case Coordinators and where deemed appropriate and logistically feasible, YJAIS team members met with young people to share assessment results and to consult regarding possible next steps (discussed in more detail in Client Outcome section below). When further actions were required (e.g. external referral) YJAIS staff liaised with Case Managers/Case Coordinators regarding an action plan.

Challenges and Learnings

Throughout the screening project process, a number of challenges and learnings were identified by the YJAIS team relating to the project timeframe and sample size, staff resources, assessment limitations and interpretive considerations, and data analysis challenges. For a more detailed outline of these, refer to Appendix G.

Results

Response rate and engagement

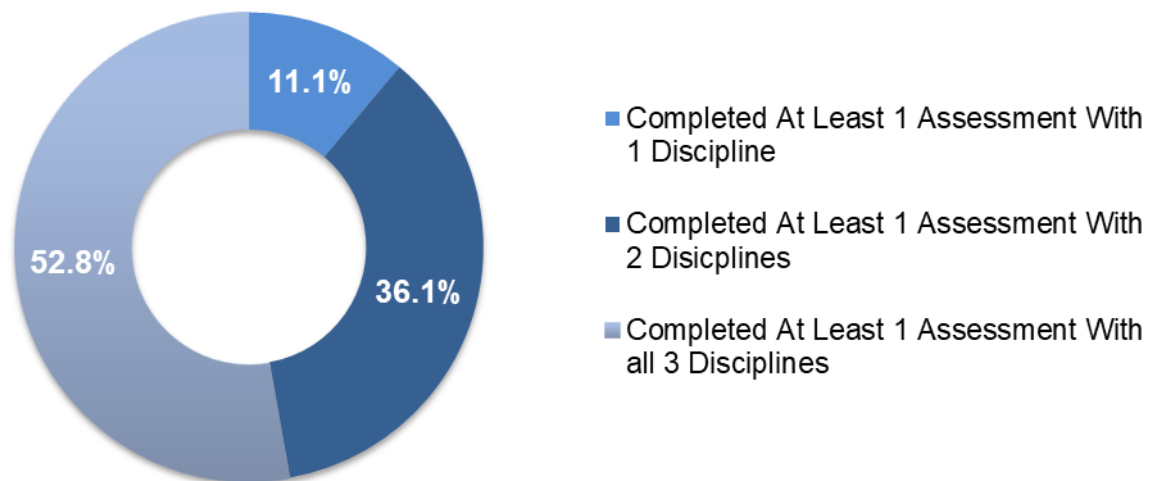
The screening project assessments took place from Monday 25 March – Thursday 18 April 2019. In that time, a total of 38 suitable young people were approached to participate in the screening project. Of these, 36 (~95%) consented to participate in at least one assessment, with two individuals declining to participate at all.

A total of 243 assessments were conducted as part of the project – with 67 psychology, 113 occupational therapy and 63 speech pathology assessments completed and included in the analysis below. This comprised 67.5% of the maximum 360 assessments that could have been completed (10 assessments per young person).

Figure 1 shows more than half of participants (52.8%) completed at least one assessment with all three disciplines, approximately a third (36.1%) of the population completed assessments with two disciplines (i.e. participant declined to participate further, or may have been released

from custody) and approximately one-in-ten participants (11.1%) completed assessments with only one discipline.

Figure 1: Representation of number of young people who participated in assessment with each discipline.



- 33 young people completed at least one occupational therapy assessment
- 30 young people completed at least one psychology assessment
- 26 young people completed at least one speech pathology assessment.

These figures appeared to be influenced by the order in which young people met with each discipline (young people were observed to be increasingly more likely to decline with each subsequent discipline they were scheduled to meet), and length of time taken to administer each assessment (whether multiple sessions were required to complete a particular discipline's assessments).

Of the assessments that were not completed, 39 were not completed due to being declined by the participants for the following possible reasons:

- Some young people experienced testing fatigue and this impacted on willingness to continue. By the time young people had seen one professional, a number of individuals reported they were not interested in participating in further assessments.
- Some young people reported they did not see the point in continuing assessments.
- Assessment times clashed with favoured school subjects, activities or other scheduled appointments.

A further 84 assessments were not completed due to reasons other than young people declining, including:

- Logistical challenges causing late arrivals for assessment times, causing a decrease in available time to complete assessments.
- Young person was released from custody.

The majority of young people agreed to participate in assessments with at least one discipline; however, the level of engagement in assessments varied. Strategies which helped engagement were the use of incentives, giving participants an option for short breaks during assessments, rapport building where possible and pairing participants with staff with whom they may already have clinical relationships.

While the majority of participants were observed to engage thoughtfully throughout assessments and the overall response rate and engagement of young people exceeded expectations, a small number of participants were observed to rush through particular tasks with little care, which may have affected accuracy and negatively impacted their scores. This was especially pertinent during the Beery VMI assessments, where accuracy is paramount. Additionally, participants only partially completed assessments. In instances where scores were deemed to have been negatively impacted by engagement, results were excluded from the data analysis, so as to not over-represent disability-related needs in the population.

Population Demographics

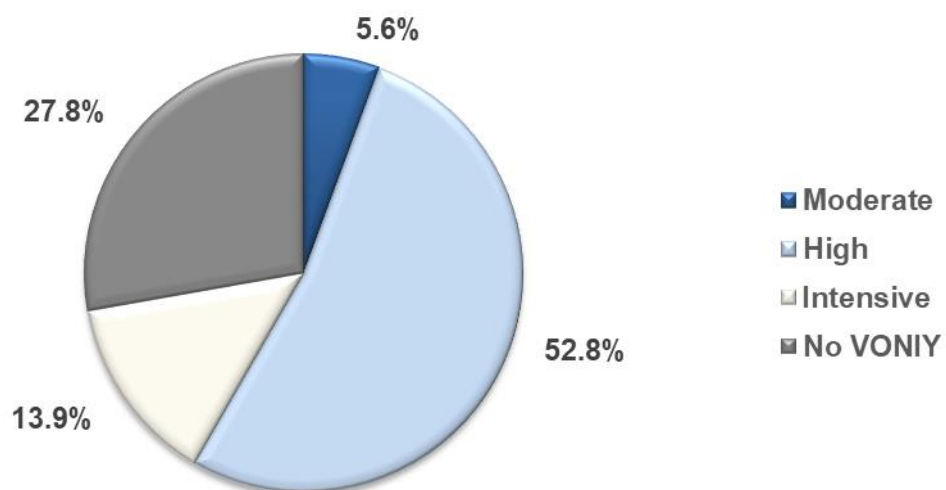
- The total number of young people who participated in at least one assessment was 36.
- The population included 7 female (19.4%) and 29 (80.6%) male participants.
- 21 participants (58.3%) identified as Aboriginal or Torres Strait Islander.
- 14 participants (37.8%) were under Guardianship of the Chief Executive.
- The youngest participant was aged 12 years at the time of assessment, with the maximum age of 18 years and a mean of 15.7 years.

Victorian Offending Needs Indicator for Youth

The Victorian Offender Needs Indicator for Youth (VONIY) is an assessment tool completed by a Case Manager for a young person who has received a sentenced order of three months or more (in custody or the community). For those young people with multiple completed VONIYs, only the most recent VONIY scores were utilised. Data analysis was completed in Sept/Oct 2019, and a small number of VONIY scores included in the analysis were completed in the months immediately after the screening assessments were completed. However, the decision was made to include all available data at the time of data collection.

- 26 participants (72.2%) had a completed VONIY at the time of the data collection, with 18 of those having multiple historical VONIY scores.
- 10 participants (27.8%) had no VONIY completed in their history with Youth Justice (Fig. 2).
- Of those with a completed VONIY, 2 young people (7.7%) were in the Moderate need range, 19 (73.1%) were in the High range and 5 (19.2%) in the Intensive range.
- In 2 cases, the most recent VONIY was completed more than one year prior.
- One participant had presented to AYTC on multiple occasions and had been remanded in custody for approximately 17 months in total since their most recent VONIY. Notably, that young person had never been a client of Youth Justice Psychology Services (YJPS) or YJAIS due to their remand status.

Figure 2: VONIY level of criminogenic need categories



Nights in Custody

The nights-in-custody figures were calculated by totaling the number of nights each participant had spent in detention (including all historic and current custodial periods) at the time of the screening project. As previously noted in the 'Participant Inclusion Criteria', assessment sessions were scheduled, in part, by prioritising young people who were most likely to remain in AYTC long enough to complete all assessments, therefore the figures included below may not be representative of the AYTC population overall.

- 20 young people (55.6%) had spent between 30 and 365 nights in custody.
- 15 young people (41.7%) had spent more than a year (>365 nights) in custody in total.

- The smallest nights-in-custody figure was 28 nights (the only participant with less than 30 days), and the largest was 1531 nights – showing that one individual had spent a total of more than four years in detention (not in one period).
- The participant population had a mean of 423.1 nights in custody and a median of 269.8 nights in custody.

Prevalence of Needs (Discipline-Specific Results)²

Psychology Assessments

Weschler Abbreviated Scale of Intelligence (WASI)

- 26 young people completed at least 2 subtests of the WASI, enabling a valid estimate of their overall intellectual functioning (FSIQ) to be calculated.
- 18 young people completed all 4 possible subtests of the WASI.
- Results (see Table 3) indicated that a higher number (15%) of the young people who were assessed were in the ‘Extremely Low’ range for the Verbal Comprehension Subscale, than for the Perceptual Reasoning Subscale (4.8%), the Full Scale IQ (2 subtests) (7.7%) and the Full Scale IQ (4 subtests) (5.6%). Scores in the ‘Extremely Low’ range are indicative of significant impairment in that area.
- Results also indicated that a higher number (88.9%) of the young people were assessed as being in the ‘Extremely Low’, ‘Borderline’ and ‘Low Average’ ranges for the Full Scale IQ (4 Subtests) as opposed to 11.1% in the ‘Average’ range, indicating that the majority of the population had at least some difficulties with intellectual functioning.
- See further discussion of these results in ‘Key Findings’ section below.

²² Further discussion of assessment results, including functional impacts, are included in the Key Messages section below.

Table 3: WASI descriptive data

Scale	Extremely Low		Borderline		Low Average		Average	
	N	%	N	%	N	%	N	%
Verbal Comprehension	3	15.0	7	35.0	5	25.0	5	25.0
Perceptual Reasoning	1	4.8	1	4.8	12	57.1	7	33.3
Full Scale IQ (2 Subtests)	2	7.7	14	53.8	7	26.9	3	11.5
Full Scale IQ (4 Subtests)	1	5.6	6	33.3	9	50.0	2	11.1

Youth Level of Service/Case Management Inventory (YLS/CMI)

- 18 young people were assessed using the YLS/CMI.
- Results (see Table 4) indicated that the large majority of scores were in the ‘High’ risk classification ranges for Prior/Current Offences (76.5%), Education/Employment (77.8%), Peer Relations (83%), Substance Abuse (72.2%), Leisure/Recreation (94.4%) and overall Total Score (50%).
- For the ‘Family Circumstances/Parenting’ category, scores were split fairly evenly across the ‘Moderate’ and ‘High’ classifications.
- The majority of scores for the Personality/Behaviour and Attitudes/Orientation categories were in the ‘Moderate’ risk classification ranges.
- Regarding the total score, 50% of the participants were identified with a risk of re-offending in the ‘High’ range and an additional 38.9% were in the ‘Moderate’ range, suggesting that the large majority of this population (88.9%) had a moderate to high risk of re-offending.

Table 4: YLS/CMI descriptive data

YLS/CMI Category	Low		Moderate		High	
	N	%	N	%	N	%
Prior and Current Offences	1	5.9	3	17.6	13	76.5
Family Circumstances and Parenting	1	5.6	9	50.0	8	44.4
Education and Employment	0	0	4	22.2	14	77.8
Peer Relations	0	0	3	16.7	15	83.3
Substance Abuse	0	0	5	27.8	13	72.2
Leisure and Recreation	0	0	1	5.6	17	94.4
Personality and Behaviour	0	0	15	83.3	3	16.7
Attitudes and Orientation	1	5.6	12	66.7	5	27.8
Total Score	2	11.1	7	38.9	9	50.0

Adolescent Psychopathology Scale - Short Form (APS-SF)

- The total number of participants assessed with the APS-SF was 23.
- Results (see Table 5) indicated that the categories with the highest percentage of responses in the ‘Severe’ and ‘Moderate’ ranges (i.e., T score above 70) were Conduct Disorder (60.9%), Substance Abuse (56.1%), Anger/Violence Proneness (40.9%), Academic Problems (34.7%), and Post-Traumatic Stress Disorder (36.4%) suggesting that a significant portion of the population presented with psychopathology and/or maladaptive behavior.
- The categories which returned the least responses in the ‘Severe’ and ‘Moderate’ ranges were Generalised Anxiety Disorder (21.7%), Major Depression (18.2%), Eating Disturbance (4.5%), Suicide (17.9%), Self-Concept (4.8%) and Interpersonal Problems (13.6%).

Table 5: APS-SF descriptive data

APS Category	T scores below 60		Subclinical		Mild		Moderate		Severe	
	N	%	N	%	N	%	N	%	N	%
Conduct Disorder	3	13.0	3	13.0	3	13.0	2	8.7	12	52.2
Oppositional Defiant Disorder	10	43.5	7	30.4	3	13.0	2	8.7	1	4.3
Academic Problems	4	17.4	7	30.4	4	17.4	7	30.4	1	4.3
Substance Abuse	4	18.2	5	22.7	0	0.0	3	13.6	10	45.5
Anger/Violence Proneness	6	27.3	2	9.1	5	22.7	8	36.4	1	4.5
Generalised Anxiety Disorder	11	47.8	4	17.4	3	13.0	4	17.4	1	4.3
Posttraumatic Stress Disorder	8	36.4	1	4.5	5	22.7	4	18.2	4	18.2
Major Depression	12	54.5	2	9.1	4	18.2	2	9.1	2	9.1
Eating Disturbance	17	77.3	4	18.2	0	0.0	1	4.5	0	0.0
Suicide	16	72.7	1	4.5	1	4.5	3	13.6	1	4.5
Self-Concept	16	76.2	2	9.5	2	9.5	1	4.8	0	0.0
Interpersonal Problems	13	59.1	4	18.2	2	9.1	3	13.6	0	0.0

Occupational Therapy Assessments

Beery Visual-Motor Integration (VMI)

All young people who completed the Beery VMI assessment ($n = 27$) recorded scores outside the average range in at least one of the three subtests, with 16 young people (59%) scoring in the 'Very low' range for at least one subtest.

- Visual Motor Integration³ scores: 22 young people (81.5%) returned scores outside the average range, with 6 young people (25.9%) recording scores within the 'Very Low' range.
- Visual Perception⁴ subtest: 20 young people (74.1%) returned scores outside the average range, with 7 young people (25.9%) recording scores within the 'Very Low' range.

³ Assesses the degree to which visual perception and finger-hand movements are well coordinated.

- Motor Skills⁵ subtest: 23 young people (85.2%) returned scores outside the average range, with 7 young people (25.9%) recording scores within the 'Very Low' range.
- 24 young people (88.9%) returned scores outside the average range for multiple subtests, and 13 young people (48.1%) were outside average range for all three subtests. 16 young people (59%) returned scores outside the average range for both the visual perception and motor coordination subtests.

For all sub-tests of the Beery VMI, the proportion of participants that scored in the 'Very Low' range (equivalent to the lowest 2% of their age range) was equal to or greater than the proportion scoring in the 'Average' range (equivalent to the middle 68% of the age group):

- Visual-Motor Integration: 5 young people (18.5%) in the 'Average' range v 6 young people (22.2%) in the 'Very Low' range
- Visual Perception: 7 (25.9%) 'Average' v 7 (25.9%) 'Very Low'
- Motor Coordination: 4 (14.8%) 'Average' v 7 (25.9%) 'Very Low'.

Sensory Profile

A total of 29 young people completed a Sensory Profile assessment. Due to the age range of participants, the Sensory Profile 2 (normed for ages up to 14 years 11 months) was used for five participants, and the Adolescent and Adult Sensory Profile was used with the remaining 24 participants. Due to the individualised, highly-variable nature of sensory processing, it is difficult to extrapolate 'trends' from the data collected from the Sensory Profile results (Figure 4).

However, several notable findings are highlighted below:

- 6 young people (20.7%) returned scores in the 'Similar to Most' range (indicating scores within the average range) for all four quadrants⁶. The remaining 23 young people (79.1%) returned scores outside the 'Similar to Most' range for at least one quadrant.

⁴ Assesses the brain's ability to make sense of what the eyes see.

⁵ Assesses motor coordination; in particular, fine motor control.

⁶ Scoring for the Sensory Profile assessments is structured according to the following quadrants:

Sensation Seeking:	The degree to which a young person OBTAINS sensory input.
Sensory Avoiding:	The degree to which a young person is BOTHERED by sensory input.
Sensory Sensitivity:	The degree to which a young person DETECTS sensory input.
Low Registration:	The degree to which a young person MISSES sensory input.

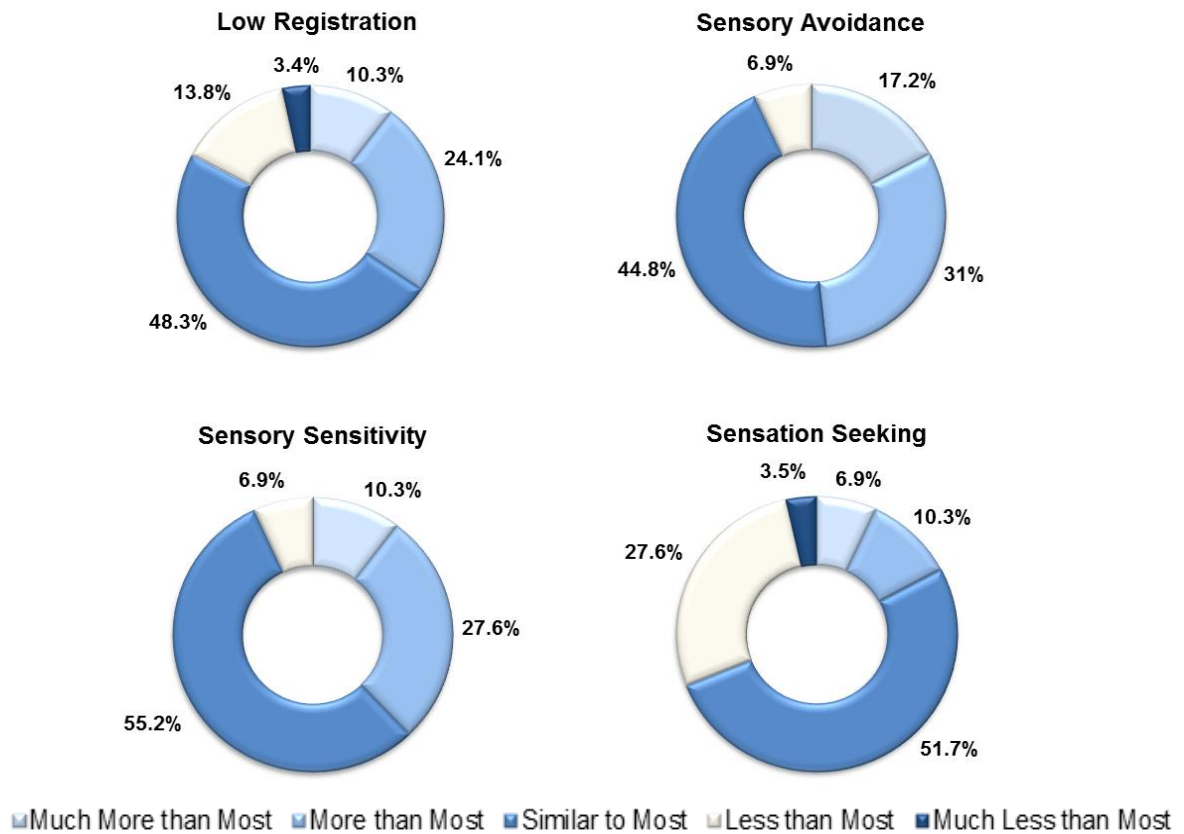
- 4 (13.8%) returned scores outside the 'Similar to Most' range for one quadrant; 8 (27.6%) in two quadrants, 6 (20.7%) in three quadrants and 5 (17.2%) returned scores outside the 'Similar to Most' range for all four quadrants.
- 10 young people (34.4%) returned scores in the Much More than Most ($n = 9$) or Much Less than Most ($n = 1$) ranges in at least one quadrant, indicating a high likelihood that their sensory processing is impacting their participation in daily tasks.
- Just under a third of participants (31.1%) returned scores in the 'Less than Most' or 'Much Less than Most' ranges for the Sensation Seeking quadrant, compared to 17.2% within the 'More than Most' or 'Much More than Most' ranges. It was the only quadrant with a greater proportion of scores in the lower ranges⁷.
- A higher proportion of the population returned scores in the 'More than Most' or 'Much More than Most' ranges for both quadrants associated with hyper-sensitivity or low-threshold⁸ quadrants – Sensory Avoiding (48.2%) and Sensory Sensitivity (37.9%); compared with the high-threshold⁹ quadrants – Low Registration (34.4%) and Sensation Seeking (17.2%).
- The majority of the population fell outside the 'Similar to Most' range in both the Sensory Avoidance (55.2% - 47.3% More or Much More than Most and 6.9% Less than Most) and Low Registration (51.7% - 34.4% More or Much More than Most and 17.2% Less or Much Less than Most) results.

⁷ Low scores in the Sensation Seeking quadrant indicates a young person may not seek additional sensory experiences. Functionally, this may lead to difficulties with task completion because these young people may lack the motivation required to complete daily life tasks.

⁸ Low-threshold items measure a person's notice of or annoyance with sensory stimuli. Functional impacts of higher scores in these areas may include a young person withdrawing from particular environments or tasks (Sensory Avoiding) or becoming distracted by sensory input or reacting to stimuli in ways that might seem disproportionate to an observer (Sensory Sensitivity).

⁹ High-threshold items measure an individual's lack of response to sensory stimuli or suggests a need for more intense sensory stimuli.

Figure 3: Sensory profile results



Delis Rating of Executive Function (D-REF)

When compiling responses in which young people reported facing particular stressors either 'daily' or 'weekly', the five stressors most frequently reported by participants ($n=28$) were:

- "I do things without thinking" (22 young people: 16 responded that they face this daily, 6 responded that they face this weekly).
- "I can't seem to concentrate on something for very long" (21: 15 daily, 6 weekly).
- "I find it hard to keep doing a boring task like homework" (20: 14 daily, 6 weekly).
- "No matter how hard I try, I can't seem to sit still for very long" (19: 16 daily, 3 weekly).
- "My mood can change from happy to mad or sad very quickly" (19: 14 daily, 5 weekly).

The highest prevalence of challenges reported by participants related to Attention and Working Memory¹⁰ (85.7% of population outside normal limits), Executive Functioning¹¹ (78.6% outside normal limits) and Behavioural Functioning¹² (75%) (Table 6). The mean T-Score for all sub-sections was above 60, indicating that population averages were in the ‘Elevated’ range for all sections. Mean T-Scores for Executive Functioning and Attention/Working Memory both fell within the ‘Severely Elevated’ range (77.9%, 83.9% respectively; Table 6).

Table 6: D-REF assessment results

D-REF Sub-Test	Mean T- score	% of participants outside “Normal Limits”
Behavioural Functioning	63.3	75%
Emotional Functioning	61.6	67.9%
Executive Functioning	77.9	78.6%
Attention/Working Memory	83.9	85.7%
Activity/Impulsivity	61.8	71.4%
Compliance/Anger Management	62.6	67.9%

NOTE: T-Scores above 60 are considered ‘Elevated’ and outside Normal Limits.
T-Scores above 70 are considered ‘Severely Elevated’

Twenty-four participants (85.7%) recorded scores outside the ‘Average / Borderline’ range on at least one subtest and 14 (50%) scored outside the average range on all sub-sections. Fifteen participants (53%) scored within the ‘Severe’ range for at least one sub-section, 13 (46%) scored in the ‘Severe’ range on multiple sub-sections and seven (25%) scored in the ‘Severe’ range on all sub-sections.

In each of the D-REF’s sub-sections, a higher proportion of participants scored within the ‘Severely Elevated’ range (>98th percentile) than the ‘Within Normal Limits’ range (1st – 69th percentile).

- Behavioural Functioning – 39.3% severely elevated v 25% within average range
- Emotional Functioning – 35.7% v 32.1%

¹⁰ Denotes the ability to store information in one’s head and retrieve it in an effective and efficient manner.

¹¹ Executive functioning is conceptualised as a young person’s higher-level cognitive ability to effectively adapt and function within the demands of the environment.

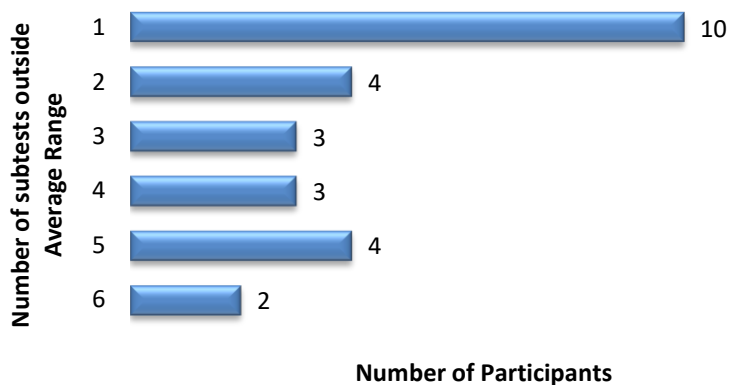
¹² Denotes the ability to regulate one’s behaviour.

- Executive Functioning – 28.6% v 21.4%
- Total Composite Score – 35.7% v 25%
- Attention/Working Memory – 32.1% v 14.3%
- Activity/Impulsivity – 39.3% v 28.6%
- Compliance/Anger Management – 39.3% v 32.1%

Cognistat

Twenty-nine young people completed the Cognistat assessment. Of those, 26 (89.7%) returned scores outside the average range for at least one sub-section. The number of areas of impairments for individuals ranged from a single area of impairment ($n = 10$), to two individuals recording scores outside the average range in six sub-tests (Figure 3).

Fig 3: Cognistat participants by number of sub-test scores outside average range



- All participants ($n = 29$) of the Cognistat achieved scores within the average range for Orientation¹³ and 26 participants (89.7%) scored within the average range for Constructional Ability¹⁴.
- Twenty-seven participants (93.1%) recorded scores within the average range for Memory Registration (immediate recall), however that figure dropped to 19 (67.9%) for

¹³ Assesses one's awareness of current day, date, time-of-day, birth date along with general knowledge questions associated with current and recent Prime Minister's and US Presidents.

¹⁴ Assesses visuoconstructional capacity (a combination of visuospatial, executive and motor capacity).

those who achieved scores within the average range in the Memory Recall (delayed recall) sub-test.

- In terms of other sub-tests that indicated the highest prevalence of difficulty, 15 young people (55.2%) returned scores outside the average range for Calculations¹⁵ and 9 individuals (31%) achieved scores outside the average range for both the Similarities¹⁶ and Judgement¹⁷ sub-tests.

Speech Pathology Assessments

Clinical Evaluation of Language Fundamentals – 5 (CELF-5) Screening Test

Of the total 36 participants involved in the screening project, 29 young people (80.5%) participated in the CELF-5 screening test to identify 'risk of language disorder/difficulty'. Only three of these young people passed, meaning that almost nine out of every 10 young people assessed (89.7%, Figure 5) did not meet the expected criterion level for their age, and may be at risk of Language Disorder (LD). This indicates that the majority of participants may be experiencing oral language difficulties.

Fig 5. Young people identified as being at risk of language disorder based on CELF-5 screening test



Understanding Paragraphs (USP, subtest of the CELF-5 full language assessment)

Of the total 36 participants involved in the screening project, only 30% (11 young people) completed the USP subtest. Eight of the 11 young people (72.7%) had moderate or severe difficulties understanding paragraph level verbal information ($n = 3$ and $n = 7$ respectively).

¹⁵ Assesses the participant's ability to complete simple mental arithmetic problems.

¹⁶ Assesses ability to determine abstract interpretations.

¹⁷ Assesses the ability of a participant to identify and understand consequences of situations and/or actions.

Test of Narrative Language 2nd ed. (TNL-2)

Of the total 36 participants involved in the screening project, 23 young people (63%) had their narrative-level language skills assessed by the TNL-2. Results suggested that for this group of young people, their ability to *tell or retell* a story (Narrative Production) was stronger than their ability to *understand* story-level language (Narrative Comprehension). For Narrative Production 82.7% participants scored at or above average compared to 65.3% scoring at or above average range for Narrative Comprehension. Of the 34.7% ($n = 8$) who scored below the average range for narrative comprehension, two scored in the very poor range, and three scored in the poor and below average ranges respectively.

Discussion of Language Assessment Results

The discrepancy between results on the CELF-5 language screener and the TNL-2 are of interest; whilst almost 90% of the 29 young people who completed the CELF-5 language screener *failed* this test, hence indicating a risk of language disorder¹⁸ only 34.7% and 17.3% of the of the 23 young people who completed the TNL-2 fell below the average range in Narrative Comprehension and Production respectively. This could be due to the fact that 16 out of 23 (69.6%) of young people assessed on the TNL-2 were aged older than the test's normative data maximum age (which stopped at 15 years 11 months). This could have led to participants' results looking better than their actual skill level (i.e. false-negative results), because 16-18 year olds 'severity rating' was measured against the normative data for 14;0 to 15;11 year old age range. However it was felt that the TNL-2 offered valuable information about functional narrative abilities, which is why a decision was made to proceed with the use of this assessment in the screening project.

For many young people, narrative (story telling) skills were a relative strength compared to their results in the CELF-5 screener and the USP, which look at foundational language skills. This could reflect the propensity for young people in youth justice being skilled at participating in everyday conversation while simultaneously masking underlying gaps in their language abilities, and struggling with the language required for academic success. The CELF-5 screener is geared more towards assessing foundation language skills and the language skills required for success in an educational environment. Difficulties with foundational oral language skills such as syntax (sentence structure), morphology (grammar), semantics (word meaning) can impact on literacy attainment in an education context and engagement in educational programs, which may contribute to pathways into offending behaviour.

¹⁸ As indicated by the test manual, Wiig, E. H., Secord, W. A., Semel, E., 2013

Differences were also found in the performance of young people on the TNL-2 comprehension component and the USP, which both examine the ability to comprehend large amounts of verbal information (one to three paragraphs in length). Although 65.3% (of 23) young people scored at or above average range on the TNL-2 Narrative Comprehension, 72.7% (of 11) young people had moderate or severe difficulties of impairment identified by the USP. A key difference between these two tests is that the TNL-2 provides high amounts of visual information (i.e. pictures) *in addition to* the verbal story that the young person is asked to understand and/or retell. The discrepancy between narrative skills (as assessed by the TNL-2) versus the CELF-5 screener and USP may reflect a testing anomaly, given the use of visual information in the TNL-2. This visual scaffolding within the TNL-2 may be a reason why many young people performed better in the TNL-2 than the USP and CELF-5 screener; consequently highlighting the benefit of using visual supports to aid receptive and expressive oral language.

Comparative analyses and Interpretation

A number of correlational and comparative analyses were conducted to gain insight into the concurrent validity between different measures which measure similar domains of functioning, and to identify any differences between groups of interest. Due to the small sample size and lack of statistical power necessary for detecting significant differences between groups, a limited number of analyses could be interpreted with confidence.

The following key questions were examined.

Are risk assessments correlated with other measures?

- The VONIY score was significantly correlated with the YLS/CMI total score $r(12) = 0.68$, $p = .004$. ***This means that, for this population, when a young person has a higher level of criminogenic need as assessed by the VONIY, then it is likely that they will have a high risk of re-offending as assessed by the YLS/CMI.*** In addition, the risk of re-offending category was found to be primarily in the 'moderate' or 'high' categories for the majority of the participants, thereby indicating the need for moderate/high intensity criminogenic intervention.
- The DREF Compliance/Anger Management score was significantly correlated with the DREF Activity/Impulsivity Score $r(26) = 0.75$, $p = .000$. ***This means that for young people, in this population, who experience difficulties with compliance and/or anger management, they are also likely to experience difficulties with activity and/or impulsivity.***
- The DREF Compliance/Anger Management score was correlated with the VONIY total score $r(20) = 0.31$, $p = .082$ and the YLS/CMI $r(13) = 0.41$, $p = .066$, however the

correlation was not found to be statistically significant. ***This means that young people who had greater difficulties complying with direction and managing their anger tended to have higher overall scores for criminogenic need and risk, but this tendency was indicative, not definitive.***

Are scores on measures assessing cognitive ability correlated with scores on measures assessing oral language skills?

- The WASI (Full Scale 4 subtests score) was significantly correlated with the TNL-2 Comprehension Percentile $r(11) = 0.75$, $p = .001$ and with the TNL-2 Narrative Language Ability Percentile $r(9) = 0.65$, $p = .015$ but not the TNL-2 Production Percentile. ***This means that for young people who have cognitive difficulties they will also have difficulties with understanding story-level oral language (i.e. large amounts of oral language presented at once).***

Are there differences in verbal comprehension scores according to level of risk of language disorder?

- There was a significant difference in WASI Verbal Comprehension Scores according to the level of risk of language disorder as assessed by the CELF-5 Screener. WASI Verbal Comprehension Scores were significantly higher in the 'at/above criterion group' of the CELF-Screener ($M=101.50$, $SD=10.61$) than in the 'below-criterion group' ($M=78.36$, $SD=8.57$), $t(14) = t(-3.51)$, $p = 0.003$. ***These results suggest that young people who are identified as 'at risk of language difficulties' by the CELF-5 language screener also exhibit more difficulties in understanding verbal information (as assessed by the WASI).***
- Moreover, more young people scored lower on the verbal subtests of the WASI than the non-verbal subtests. These results suggested that these difficulties with verbal information in this population may be more reflective of limited educational opportunities and/or speech and language disorder or differences, than actual intellectual disability, and highlight the need for targeted interventions to improve young people's educational experiences. These interventions may need to occur earlier, in the community. For Youth Justice, it also highlights the importance of recognising the differing levels of verbal capacity in this population and ensuring that staff are sensitive and responsive to this.
- Analyses involving the CELF-5 Screener need to be interpreted with caution because the majority of young people failed the test (only 3 young people scored at or above the score expected for their age).

- Both the TNL Production and the TNL NLA Index scores were not significantly related to whether Young People failed or passed the CELF-5 Language Screener

Was there a relationship between areas of need and amount of time spent in custody?

- It should be noted that the number of nights spent in custody figure was not stratified for age, and therefore young people who were of older age had a greater duration of involvement with Youth Justice and a higher 'nights in custody overall' figure than younger adolescents. As such, while the following results are of note, they must be interpreted with some caution.
- There was not a statistically significant difference between how many nights a young person spent in custody in the low/moderate risk categories (M=352.89, SD=422.98) compared with the high risk category on the YLS/CMI (M=547.50, SD=491.44); $t(16) = -.90, p = 0.38$. Although the number of nights spent in custody did not differ 'significantly' between young people scoring in the low/moderate risk categories (M, SD) compared with the high risk category (M, SD) of the YLS/CMI, ***it is clear from the absolute values that young people in the high risk category spent, on average, considerably more time in custody than young people assessed as lower risk.***
- Similarly, there was not a statistically significant difference between how many nights a young person spent in custody for the moderate need category (M=78.23, SD=27.36) compared with the high/intensive need categories on the VONIY (M=575.59, SD=414.88); $t(24) = -1.66, p = 0.11$. ***However, it is clear from the absolute values that young people in the high need range on the VONIY spent, on average, considerably more time in custody than young people assessed as having a lower level of criminogenic need.***
- There was not a significant difference between how many nights a young person spent in custody for those with below criterion scores on the CELF-5 Screener.
- Composite variables¹⁹ were created to analyse the possible impact of verbal functioning²⁰. The difference between how many nights a young person spent in custody for the average or above average verbal functioning composite (M=2.50,

¹⁹ The verbal functioning composite for average to above average functioning was based on WASI Verbal Comprehension subscale in average range and CELF-5 Screener at or above criterion.

²⁰ The verbal functioning composite for low functioning was based on the WASI Verbal Comprehension subscale in the borderline range or lower and the CELF-5 Screener below criterion.

SD=0.58) and the low verbal functioning composite (M=2.34, SD=0.55) was not statistically significant, $t(31)=0.52$, $p = 0.60$.

- A composite variable was also generated to analyse the potential impact of *complexity* of disability-related need²¹ - this was defined as below average on 3 or more assessments vs above average on 3 or more assessments. The difference between how many nights a young person spent in custody for the below average category (M=2.33, SD=0.52) compared to the average or above average category (M=2.40, SD=0.56) was not statistically significant, $t(34)=-0.27$, $p = 0.79$. This indicates that the composite variable for 'complexity' that was created, did not sufficiently discriminate (differentiate) between groups. However, given the small numbers of young people in each group, the results should be interpreted with caution.

Client-Related Outcomes

Client-related outcomes refer to the actions that were either directly or indirectly related to service responses for young people as a result of their involvement in the screening project. These outcomes are further defined in Appendix H.

- A summary report was completed for all 36 participants, which was shared with Youth Justice Case Coordinators/Case Managers, and other stakeholders when indicated, and uploaded into the Connected Client Case Management System (C3MS).
- Detailed or brief follow-up contact from the YJAIS team occurred with Case Coordinators/Case Managers for 47% of young people ($n= 29$ brief follow-up, $n = 17$ detailed), and follow-up contact occurred directly with 33% of young people ($n = 12$).
- Follow up contact with the young person was influenced by their availability and/or release from custody, or cessation of their Youth Justice mandate.

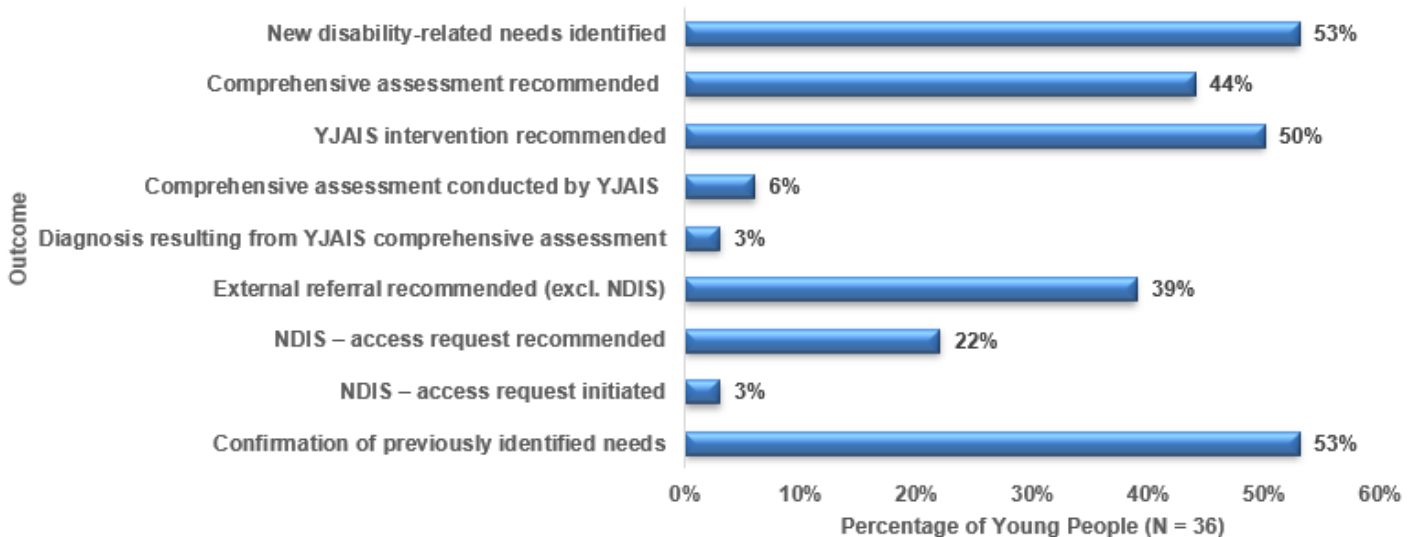
The direct outcomes for young people and their care, as a result of participating in the screening project (Figure 6) is summarised below:

- New areas of disability-related need (i.e. that were previously unknown and unmet) were identified for 53% ($n = 19$) of young people.

²¹ The complexity category was divided into two groups: scores below average on 3 or more assessment measures and scores above average on 3 or more assessment measures.

- Confirmation of previously identified needs occurred for 53% ($n = 19$) of young people, which may indicate a persistent and possibly previously under-addressed need. Some young people had previously identified needs confirmed in addition to the identification of new needs. As a result of the screening assessments, increased awareness and response to previously identified (and potentially unmet) and new needs occurred.
- Intervention from the YJAIS team (to address newly identified or confirmed disability-related needs) was *recommended* for 50% ($n = 18$) of young people, and intervention may or may not have occurred due to reasons such as release from custody, end of mandate, or staff capacity during the screening project period.
- Further comprehensive assessment for one or more areas of functioning (e.g. cognitive, language processing, memory) was recommended for 44% ($n = 16$) of young people, with two of these young people completing a comprehensive assessment via the YJAIS team. This resulted in a formal diagnosis of Intellectual Disability, and subsequent access to NDIS, for one of the young people, during the timeframe of the project.
- A recommendation for external referral to services other than NDIA (e.g. paediatrician, Department for Education, CAMHS) occurred for 39% ($n = 14$) of young people
- The initiation of an NDIS Access Request was recommended for 22% ($n = 8$) of young people and occurred for one of the eight.

Fig. 6: Direct client-related outcomes



Case Studies

The following case studies are included to provide some illustrative examples regarding the direct and indirect impact on young people as a result of their involvement in the screening project, and the impacts from gaining important information about their needs that otherwise would likely have remained unknown. Names have been changed to de-identify individuals.

Case 1: 'Matthew'

Background

Matthew was 17 years of age when he participated in the screening project. He arrived in Australia at the age of 11 years and English was an additional language. Matthew had an extensive history of offending, that commenced at an early age (11 years). Data extracted from C3MS showed that Matthew had spent a total of 1,208 days in custody since his first admission until his last release (a period totalling 3 years, 3 months over a 6-year period) with a total of 59 admissions to custody. This data emphasises the difficulties Matthew had exhibited desisting from offending behaviour.

Needs

The Screening Assessment (utilising the Weschler Abbreviated Scale of Intelligence) indicated that Matthew presented with significant difficulties in his cognitive functioning. Results of this assessment indicated that Matthew's level of cognitive functioning was within the Extremely Low Range at the 0.3 percentile. This means that approximately 99.7% of his peers performed better than Matthew. On the basis of these results, further comprehensive assessment was deemed necessary. A Child and Adolescent Mental Health Services (CAMHS) Speech Pathologist attempted to undertake screening assessments of Matthew's oral language and narrative skills. The assessments were commenced with Matthew, however he declined to complete the assessments. The following observations were made during speech pathology sessions with Matthew:

- He had some difficulties following complex spoken directions and remembering and repeating spoken sentences.
- He had difficulties remembering the main parts of a story read aloud to him and retelling this story.
- He made errors in grammar and sometimes had a slow rate of speech during conversation.
- He appeared to benefit from strategies used to support his understanding of spoken information, including using pictures and diagrams to explain ideas, summarising and repeating key information, and asking Matthew to explain concepts in his own words.

Increased Service Delivery

As a result of the Screening Assessment, a full cognitive assessment (Weschler Adult Intelligence Scale – Fourth Edition) was undertaken and confirmed deficits in Matthew’s intellectual functioning. Functional assessments (Vineland Adaptive Behaviour Scales – Third Edition) were also undertaken, which indicated that Matthew presented with deficits or impairments in his adaptive functioning. Matthew’s assessment results indicated that he met the criteria for **Intellectual Disability** in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders). Following confirmation of an Intellectual Disability, an access request to the National Disability Insurance Scheme (NDIS) was completed by Matthew’s case manager, with support from YJAIS.

Case 2: ‘Amy’

Background

Amy was aged sixteen years when she participated in the screening project. Amy identified as having Aboriginal ancestry, her first language was English, although she did have some exposure to Aboriginal English (a blend of Ngarrindjeri language and English). She was under the care of the Department for Child Protection, with a history of complex trauma, lengthy Youth Justice system involvement, substance misuse and school disengagement. Prior professional reports suggested that Amy’s presentation indicated an Intellectual Disability. However, accompanying evidence of formal, standardised assessment was not available during the collection of background information.

Needs

During the Population Screening Project, the Weschler Abbreviated Scale of Intelligence, Second Edition (WASI-II) was consented to and used with Amy. Her results indicated that Amy’s overall cognitive functioning was in the *Low Average* range. However, there appeared to be a significant discrepancy between her verbal and non-verbal cognitive abilities, with non-verbal abilities being in the *Average* range. It was noted that Amy was therefore unlikely to meet the criteria for an Intellectual Disability. Collateral information indicated that Amy had learning potential beyond what had previously been assumed.

Language screening results from the CELF-5 Screening Test (Clinical Evaluation of Language Fundamentals 5th Edition) indicated Amy was at risk of Language Disorder with her language abilities potentially being below expected levels for her age. It was considered unlikely that these difficulties could be explained by *language difference*, due to Amy’s limited exposure to Aboriginal language. On the basis of these results, further comprehensive assessment of Amy’s language skills was deemed necessary.

Increased Service Delivery

The results of Amy's cognitive screening further informed the need for a comprehensive Speech Pathology assessment with possible intervention. From a diagnostic perspective, these results were also provided to stakeholders (Youth Justice, Department for Child Protection and school staff) as part of a differential diagnosis (i.e. clarifying the prior concerns regarding Amy's intellectual functioning). Ultimately, this also informed case management and ongoing criminogenic intervention offered to Amy by Youth Justice staff.

As a result of her participation in the screening project, language assessments (including the CELF 5 battery) were conducted with Amy to evaluate her oral and written language abilities. Amy was found to have *moderate* language difficulties overall, with a marked difference in her abilities across different tasks. Results were discussed and strategies developed with Amy to support and build her language skills. These skills were practiced; for instance, making a sentence more complex by using a subordinating conjunction (e.g. 'although', 'so that'). Results and strategies were shared with stakeholders to enable her to participate in discussion and improve her ability to participate in education.

Case 3: 'Tom'

Background

Tom was aged fourteen years when he participated in the screening project. He first came to the attention of Youth Justice in March 2018 and had been in custody on remand on seven occasions since that time. He was subject to a Detention order on one occasion for a three-month period, at the time the screening project was underway.

Needs

The Screening Assessment (utilising the YLS-CMI) indicated that Tom presented with significant difficulties in his criminal behaviour and thinking (conduct), with drug and alcohol use. The CELF-5 Screener results showed that he was at risk of language disorder, that is, his language abilities were inadequate for his age. On the basis of those results, further comprehensive assessment of Tom's language was deemed necessary. Furthermore, assessment results suggested the need for offence-focussed intervention.

Increased Service Delivery

As a result of the screening assessment, comprehensive assessment of Tom's language was undertaken by a YJAIS Speech Pathologist. This comprised of the core language subtests of the Clinical Evaluation of Language Fundamentals Fifth Edition (CELF 5), the CELF-5

Observational Checklist and school observations. The assessment indicated that Tom had overall mild oral language difficulties (Core Language Score of 79, 8th Percentile Rank). He exhibited particular difficulties in understanding complex semantic concepts and understanding large amounts of verbal information. These results were discussed with Tom and strategies were developed and practiced with him to support his language in all environments. For example, asking for clarification when he has not understood what was said, using written information to support him in understanding complex spoken information. A report was written and strategies were provided to the Youth Education Centre and his community based school to support his learning. It had since been reported that he was consistently engaging in school after leaving custody in October 2019.

Key Messages

Prevalence of Needs

All young people scored outside of the average range for at least one aspect of **visual motor integration (VMI)**

More than half scored in the **'severe range of impairment'** for at least one aspect.



IMPACT:

Functional implications of poor visual motor skills can include difficulty with handwriting, reading, drawing, copying from the board at school and hand-eye coordination.

Secondary challenges associated with VMI can include disengagement and withdrawal from education services, impact on daily living skills and decreased vocational opportunities. These results show that traditional education methods are unlikely to be successful in improving the reading and writing skills of young people within AYTC without first addressing an individual's underlying visual-motor deficits.

Nine out of 10 young people were found to be at risk for language disorder



IMPACT:

Language disorder may impact on engagement and effectiveness of criminogenic, mental health, educational, and therapeutic interventions, as well as day to day functioning (e.g. following instructions, having conversations, positive social interactions) because the

young person may have difficulty understanding and responding to spoken and written information.

Language disorder may impact on social interactions because young people may not have the language skills to keep up with a conversation, understand the precise meaning of what is said or express themselves accurately. This may impact on the peer groups and activities they choose to engage with.

Other young people with language disorder might appear able to participate in conversation despite underlying gaps in their capacity to understand and express oral language. They may be skilled at masking their communication deficits leading to others thinking they are more capable at understanding and participating than they actually are.

Language disorder may impact on emotional and behavioural regulation because young people may not have the emotional vocabulary to express themselves and respond in appropriate ways.

Nine out of 10 young people scored **below average** for **intellectual functioning**



IMPACT:

Below average intellectual functioning may impact on a multitude of life domains, including personal wellbeing, social functioning and educational achievement. An individual's capacity to learn new things is likely to be compromised both in academic terms, in the acquisition of daily life skills, and in the development of personal skills such as self-management and emotional regulation.

Depending on the severity of the difficulties with intellectual functioning, memory deficits may be evident, in addition to difficulties with abstract thinking (including being unable to consider themselves an abstract figure).

These individuals may feel excluded from the mainstream education system, which may impact on their self-concept and then render them vulnerable to becoming involved with negative influences and offending behaviour. Due to their offending behaviour, they may be drawn into a criminal justice system which they have difficulty navigating. This may impact on their engagement with service providers.

Moreover, an individual's capacity to develop insight into their needs and behaviour, in particular problem behaviour such as offending, is also likely to be restricted. Depending on their developmental stage, impacts on their level of empathy may be evident. These factors consequently limit capacity to change behaviour independently, and highlight the

need for systemic interventions to alter behavioural patterns.

This indicates that all mainstream interventions need to be modified to be appropriately responsive for young people with lower than average intellectual functioning.

Nine out of 10 young people were found to be at **moderate to high risk of reoffending**



IMPACT:

The **Risk Principle** (well-established in the evidence-based applied criminology field internationally), holds that the intensity of interventions provided to a young person should match their individual risk of reoffending.

Therefore, with 90% of young people found to be at moderate and higher levels of risk, this highlights the significant need for adequate resourcing of more intensive interventions to better respond to needs amongst the custodial population.

More than eight out of 10 young people were identified as having **difficulties with attention/concentration and working memory**



IMPACT:

Deficits in attention and working memory can significantly impact a young person's daily functioning, including with activities such as time management, appointment attendance, and navigating public transport systems.

Deficits with attention and concentration may impact on educational engagement and attainment due to an inability to store and retain information. This may make the individual susceptible to distraction or at a risk of negatively influencing the engagement of peers.

Deficits in working memory can further impact a young person's capacity to sustain attention, due to difficulty retaining and manipulating information. Working memory deficits may also impact a young person's ability to multi-task, organize themselves, problem-solve, make decisions and retain information critical for effective communication with others.

Almost eight out of 10 young people indicated **significant difficulties with controlling impulses**



IMPACT:

Difficulties controlling impulses may impact on a young person's capacity to control feelings of frustration and anger. This may manifest in angry outbursts, non-compliance, argumentativeness, poor frustration tolerance and unpredictable behaviour. These challenges may significantly impact a young person's daily functioning including their ability to meet institutional expectations with regard to their conduct and behaviour.

More than three quarters of young people indicated **challenges with executive functioning and behaviour**



IMPACT:

Executive functioning deficits can lead to challenges with inattention, distractibility, difficulty initiating and sustaining engagement, poor self-monitoring, difficulty making decisions, poor reasoning skills, poor planning and organization skills, and difficulty adapting skills across different environments. All of these things can significantly impact a young person's daily functioning.

One in three young people had **sensory needs significantly different** to the general population (i.e. much more or much less than most people in at least one category)



IMPACT:

Impacts of sensory processing challenges can be complex, varied and can occasionally seem contradictory. For this reason, they should never be generalised across groups or populations. On an individual basis however, functional impacts can include (but are not limited to) difficulty sitting still, being easily distracted, poor attention/concentration, clumsiness, difficulty with handwriting and hyper- and/or hypo-sensitivity to sensory stimuli.

Subsequent challenges associated with sensory processing can include emotional lability, socially inappropriate behaviours, and unpredictable and potentially violent behaviours that may appear disproportionate to observers. Long-term impacts of sensory-related

impacts can include disengagement and withdrawal from education services and decreased vocational opportunities.

Between 1 to 2 thirds of young people scored in the moderate to severe range for Conduct Disorder, Academic Problems, Substance Abuse, Anger/Violence Proneness and Post-Traumatic Stress Disorder



IMPACT:

The endorsement of **Post-Traumatic Stress Disorder** symptoms suggests that a clinically significant proportion of resident participants experienced a level of distress and chronic physiological arousal. Local and international research in this area has shown that young people engaged with criminal justice systems are likely to have experienced a number of adverse experiences while growing up. It is possible that the high level of distress and physiological arousal identified in this population has occurred in response to adverse events that occurred during key developmental periods. It is therefore important to identify and understand a young person's triggers and trauma-related behaviour in order to provide appropriate responses to these behaviours.

Although each young person's experience is unique, a range of literature indicates that these symptoms and behaviours can include poor emotional regulation, including **Anger/Violence Proneness** towards others. This can be posited as a feature of the elevated sympathetic nervous system, whereby aggression may be a maladaptive response to perceived threat, colloquially known as "fight or flight". It may also be a learned response (through the process of modelling) in which the use of violence to solve problems and/or interpersonal conflict is seen as being preferential or more easily accessible than more adaptive skills.

Conduct Disorder, a diagnostic classification indicating a cluster of rule-breaking, dishonest and aggressive behaviours, is likely to be highly relevant to a population of young people in a custodial environment. Whilst the offending histories and presentation of each resident will vary, their involvement in the Youth Justice system has arisen from some form of illegal behaviour. Further to this, resident histories may further include aggression and other behaviours that are indicative of maladaptive problem-solving mechanisms and/or means to solve interpersonal conflict; enable avoidance of consequences; or the perpetuation of their preferred lifestyles.

Substance Abuse can be meaningfully interpreted for many young people as a means of coping with adverse life events and the ensuing negative emotional arousal associated with those events (sometimes referred to as "self-medication"). It may also fit within the

bounds of 'normal' adolescent behaviours. However, some young people are introduced to substance use at an earlier age than is typical for 'experimentation' and this can lead to dependency. Offending behaviour may serve to fund substance use and substance use may also be normalised for this population.

Academic problems may occur as a byproduct of the above-mentioned factors, such that an individual who is experiencing the effects of trauma, and associated problems with behaviour in the classroom, is more likely to have difficulties sustaining engagement in mainstream education, and to experience exclusion from mainstream educational environments.

More than half the young people had **new areas of needs identified** through the screening project



IMPACT:

The results of the screening project show the prevalence of disability-related needs in the AYTC population is much higher than existing Youth Justice data and processes are presently capable of showing. This highlights that current Youth Justice policies, strategies and practices may need to be reviewed in light of this new evidence, in order to identify needs and respond effectively.

In regular interactions, this means that young people and staff may be unaware of the challenges that exist, and therefore may not be responsive to these hidden needs during existing practice. Staff may also be unaware of the influences that these needs have on day to day behaviour and functioning within a custodial environment.

Intervention Needs

An **NDIS Access Request** was recommended for **almost one quarter** of the young people involved in the screening project



IMPACT:

NDIS access requests take considerable time and resource to complete. This has impacts on the capacity of YJAIS resources regarding the provision of evidence (comprehensive assessment and written reports) to support the access request, or to link young people with other services who may be able to do so. It also has resourcing implications for case managers who complete the access request documentation and

process.

More than half the young people had needs that **warranted further involvement from the YJAIS team**



IMPACT:

Consideration of the professional resourcing needed to be able to respond to the assessment and intervention needs of potentially half the population of young people in custody at any one time, in a timely responsive way, is required. This project does not include young people engaged in Youth Justice services in the community, who would, on the basis of this cohort evidence, also be reasonably expected to have similar levels of disability-related needs.

More than one third of the young people involved, were **recommended for external referral to services** other than NDIS (e.g. CAMHS, Paediatrician, Department for Education)



IMPACT:

This highlights the importance of awareness of available services, strong working relationships between stakeholders, and a clear delineation of roles across services, in order to meet the needs of young people. This also highlights an important role for YJAIS in informing case planning through the information gained from specialist assessment and intervention with young people.

Broad Implications

The results and key findings from the screening project have many significant implications for young people, Youth Justice staff and the wider Youth Justice Services Division.

For young people, the complexity of needs identified across multiple functional domains may impact on their daily lives in many ways, thus creating barriers to positive engagement in vocational and educational pursuits; prosocial peer interactions, connections and leisure activities; and accessibility to, engagement in, and benefit gained from therapeutic interventions. The pathways from unmet needs to offending are well-established.

For Youth Justice staff, the complexity of need is likely to influence how young people interact with and respond to staff. The effectiveness of staff approaches could be enhanced by greater awareness of and responsiveness to the identified needs of the young people. Consideration needs to be given to the training and supervision that Youth Justice staff receive in order to be able to respond appropriately to the complexity of need of young people.

For the Youth Justice Division, the complexity and prevalence of need highlights the importance of embedding a response to disability-related needs within policies and procedures as part of the Youth Justice Strategy, including considerations of human resource investment to respond to these needs.

Consideration of the nights spent in custody for young people who participated in this screening project revealed some unexpected and important information. This population sample was a point-in-time snapshot of custodial residents, and it was discovered that many young people (just under half of the sample population) had spent over a year in custody (in increments, not as one continuous period) over the course of their involvement with Youth Justice to date. A caveat for these analyses is that participants were of varying age, so a 17 year old would have had more time/opportunity to spend nights in custody compared to a 12 year old. However, this finding presents a counterpoint to the common narrative that young people are not in custody for long enough for Youth Justice to effectively intervene with them, and highlights the importance of throughcare and relational consistency, as well as the challenges and inefficiencies associated with brief court mandate-driven episodes of care.

This project has provided some evidence that neurodevelopmental disability is the norm rather than the exception for young people in custody, and as such 'business as usual' practice (including operational management and case management) should more greatly reflect this awareness. Looking at young people in custody through these lenses affirms that neurodevelopmental impairment, which can be influenced by a range of factors including adverse developmental experiences, significantly influences young people's functioning and behavior and has for too long been the *unseen elephant in the room*.

There was insufficient statistical power given the small sample size considered in this project to conclusively determine whether greater disability-related needs were significantly correlated with higher levels of actuarially defined criminogenic risk. However, high levels of disability-related need were identified *alongside* high levels of criminogenic risk and need. This suggests that any system response to the custodial population must have a dual cognisance of both areas of need and their interrelationship.

Recommendations

The findings from the YJAIS/AYTC: Kurlana Tapa Disability Screening Assessment Project support the need for the following future considerations in Youth Justice strategic and business planning:

- This project has demonstrated that the needs of many young people are likely be missed through sole reliance on the VONIY and business rules established around its use. It is recommended that **screening assessment for disability related needs is necessary** for all young people engaged with Youth Justice, in order to identify and respond appropriately to them in the context of their needs.
- Careful consideration of the divisional resourcing to enable follow up for young people whose screening has identified the presence of needs and the recommendation for subsequent **comprehensive assessment response is also required**. Consideration also needs to be given to further delineating and formalising the concurrent responsibilities of partner agencies with whom Youth Justice connects, in particular the Department for Child Protection, the Department for Health (CAMHS), and the Department of Education.
- Given the high prevalence of needs in the population, all staff in the custodial, community and strategy/policy business areas of Youth Justice should be provided with **educational training opportunities** regarding awareness of neurodevelopmental disability, how young people with those needs can present, and how their needs are best responded to.
- Youth Justice should ensure that **disability-informed policies and procedures** are embedded across the business, and a targeted workplan to achieve this should be included in strategic planning.
- Youth Justice staff are strongly encouraged to **refer to YJAIS** if disability-related needs are known or suspected, and are considered to have an impact on young person's behaviour and/or functioning. YJAIS should continue to **strengthen partnerships** with business units and teams across the division, and monitor service framework implementation to ensure that specialist allied health services are visible, accessible and provide timely responses to staff requests for consultation, assessment and intervention.
- Review of existing **Youth Justice client-facing documentation** should be undertaken, and a workplan developed to make them communication and youth friendly and accessible (i.e. translate them into Easy English/Communication Friendly formats. This could be done in partnership between the Youth Justice Policy unit and YJAIS Speech Pathologists.

- Improved **business technology and intelligence** is required to:
 - capture information about client disability-related need at the individual level to better inform service planning and response, and in order to be able to regularly report on these needs at the population level.
 - share information across all business units of Youth Justice, with easily identified information about disability related needs. These needs are prevalent enough that where they have been identified in the past, on previous mandates and in other areas of the division, they need to be visible to all Youth Justice staff and partner agencies.
- Development and implementation of a **Sensory Modulation framework** to respond to the sensory processing needs of young people in custody (and the impact of sensory needs on challenging behaviours) is indicated. The aim of a Sensory Modulation framework is to pro-actively enhance the safe and secure care of young people and to minimise the use of physical interventions, mechanical restraints and use of safe rooms. This is likely to include an **environmental audit** to investigate the impact of social, physical, institutional and sensory environment on daily functioning for residents of the AYTC.



Government
of South Australia

Department of Human Services

Appendix A: YJAIS Multi-Disciplinary Screening Assessment Consent Form

WHO:

The Youth Justice Assessment and Intervention Service (YJAIS) team includes:

- Psychologists
- Speech Pathologists
- Occupational Therapists

WHAT:

The team will be doing assessments with most of the young people at AYTC over the next few weeks.

You will meet with three people who will meet with you for one hour at a time.

The team will talk to your Case Manager and teachers as well.

WHY:



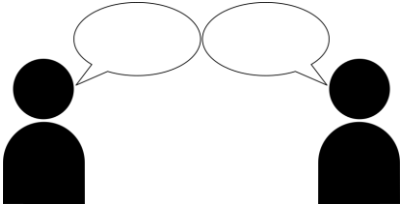
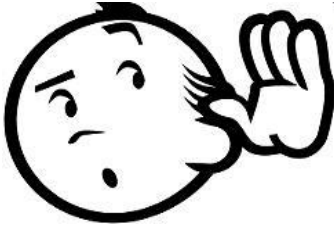
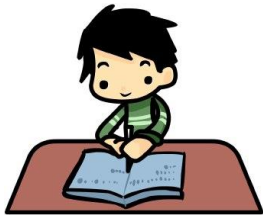



These assessments will help Youth Justice to understand the difficulties that you may have that may make learning and doing things hard for you.

AFTER:

After the assessment we will give you and your Case Manager information about what you found easy (your strengths) or difficulty to do.

You can choose whether this information is shared with others to help you with learning and supports.

The assessments will look at:

<p>Thinking</p> 	<p>Feeling</p> 
<p>Talking</p> 	<p>Listening</p> 
<p>Learning and Memory</p> 	<p>Behaviour</p> 
<p>Self-care</p> 	<p>How you react to different sensations</p> 

I consent to participate in the YJAIS screening assessment project.

Young Person Full name: _____ Signature: _____

Date: _____ Completed with Staff member (name/role): _____

Appendix B: YJAIS Multi-Disciplinary Screening Assessment Project Background Information Form

The Youth Justice Assessment and Intervention Service (YJAIS) team greatly appreciates and values your assistance in completing this form to support the Multi-Disciplinary Screening Assessment Project.

Please email completed form, and direct any queries to:

DLDSYouthJusticeAssessmentAndInterventionServiceReferrals@dcsi.sa.gov.au

Form details	
Name of person completing form:	Role:
Date form completed:	
Identifying information about the Young Person	
Client ID number	
Client age (at the time of completing this form)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Australian Aboriginal Aboriginal language group _____ <input type="checkbox"/> Australian Torres Strait Islander <input type="checkbox"/> Australian Non-Aboriginal <input type="checkbox"/> Other _____
Spoken English Proficiency	<input type="checkbox"/> English is the only known language <input type="checkbox"/> English is an additional language
Geographic location of residence	<input type="checkbox"/> Rural/remote <input type="checkbox"/> Metropolitan
Has the young person been the subject of Child Protection notifications (whether substantiated or not)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care arrangements	<input type="checkbox"/> Out of Home Care <input type="checkbox"/> Guardianship of the Chief Executive: Care and Protection order - 12 months <input type="checkbox"/> Guardianship of the Chief Executive: Care and Protection order – 18 years
Offending-related information	
Index Offence	
Number of prior offences	
Number of presentations to custody	
Current court status	<input type="checkbox"/> Sentenced Mandate end __/__/____ <input type="checkbox"/> Remand (insert checkbox) Court date __/__/____

Presence of disorders/disabilities					
Disorder Type	No (No documented evidence of disorder)	Yes- Incomplete documentation (Reported in file but no supporting documented evidence found)	Yes- Documented (Confirmed diagnosis with professional documentation of diagnosis for example psychology, paediatrician or speech pathology reports or assessments)		
			Date of most recent evidence (Report/assessment)	Report author (Profession/organisation)	Comments (Severity level if available)
General Health					
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>			
Ear Health problems	<input type="checkbox"/>	<input type="checkbox"/>			
Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Disorders					
Intellectual Disability (ID)	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>			

Disorder (ASD)					
Foetal Alcohol Spectrum Disorder (FASD)	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Language Disorder (DLD)	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory Processing Disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Mental Health					
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>			
Oppositional Defiance Disorder (ODD)	<input type="checkbox"/>	<input type="checkbox"/>			
Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (enter other disorders that were not in the list provided)					
Issues with self-care and/or life skills	<input type="checkbox"/>	<input type="checkbox"/>			
Memory issues	<input type="checkbox"/>	<input type="checkbox"/>			
Other:		<input type="checkbox"/>			
		<input type="checkbox"/>			

Young Person's involvement with other agencies			
Agency	No history involvement	History of involvement	Present active involvement
Child and Adolescent Mental Health Service (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Child Protection (DCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department for Education Support Services (e.g. Speech Pathology, Psychology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Services of South Australia (DASSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Young Person's involvement with National Disability Insurance Scheme (NDIS)				
<input type="checkbox"/> Not applicable (no current involvement or applications lodged with NDIS)				
<input type="checkbox"/> NDIS application in process				
<input type="checkbox"/> NDIS services being received. Services being used:				
<input type="checkbox"/> Support coordination	<input type="checkbox"/> Plan manager	<input type="checkbox"/> Support workers	<input type="checkbox"/> Speech Pathologist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Assistive technologies	<input type="checkbox"/> Other:	

Appendix C: Detailed outline of assessments used

A brief outline of the rationale for the inclusion of each assessment is included below, along with a discussion of any extra considerations made prior to or during their facilitation.

Area of Need	Assessment	Description	Time
Psychology			
Criminogenic Risk	Youth Level of Service/Case Management Inventory	Assesses needs related to risk of re-offending covering the domains of <ol style="list-style-type: none"> 1. Prior and current Offences/Dispositions 2. Family Circumstances/Parenting 3. Education/Employment 4. Peer Relations 5. Substance Abuse 6. Leisure/Recreation 7. Personality/Behaviour 8. Attitudes/Orientation 	45-90min interview 1-2hr file review
IQ	Wechsler Abbreviated Scale of Intelligence (WASI-II)	The WASI-II is a general intelligence test designed to assess specific and overall cognitive capabilities and is individually administered to children, adolescents and adults (ages 6-89 years, 11 months).	20-30 min
Mental Health	Adolescent Psychopathology Scale (APS)	The APS is a multidimensional self-report instrument designed to evaluate specific DSM-IV symptoms found in adolescents and to assess other psychological problems and behaviours that may interfere with an adolescent's psychosocial adaptation and personal competence. It examines domains that may suggest the need for direct and expeditious intervention. Normed for ages 12-19 years.	40-60 min
Occupational Therapy			
Visual Processing / Motor Coordination	Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI)	The Beery VMI assesses visual-motor skills in children and adults (2yrs to adult). It is a non-verbal assessment that helps assess the extent to which individuals can integrate their visual and motor abilities. The results can be used to indicate individuals who are likely to experience difficulties in tasks such as reading and writing. The assessment consists of three subtests: <u>Visual Perception:</u> Visual perception refers to the brain's ability to make sense of what the eyes see. This is not the same as visual acuity which refers to how clearly a person sees (for example "20/20 vision"). A person can have 20/20 vision and still have problems with visual perceptual processing	15-20min

		<p><u>Motor Coordination</u>: A person's motor coordination is a measure of his or her ability to use the muscles, joints, nerves and other parts of the body together to perform a particular task.</p> <p><u>Visual Motor Integration (VMI)</u>: The degree to which visual perception and finger-hand movements are well coordinated.</p>	
Sensory Processing	<p>Sensory profile child</p> <p>Sensory profile adolescent-adult</p>	<p>The Sensory Profile assessments evaluate the possible contributions of sensory processing to a client's daily performance patterns and provide information about everyday sensory experiences and the impact on behaviour in different settings.</p> <p>Two separate Sensory Profile assessments were utilised, depending on the age of the participant. The Sensory Profile 2 for children from under 15 years and the Adolescent and Adult Sensory Profile for those aged 15 years and older.</p> <p>Scores are separated into four quadrants, with scores providing a rating (compared to age-based peers) for each quadrant.</p> <p>The quadrants are described as:</p> <p>Sensation Seeking/Seeker: The degree to which a young person OBTAINS sensory input.</p> <p>Sensory Avoiding/Avoider: The degree to which a young person is BOTHERED by sensory input.</p> <p>Sensory Sensitivity/Sensor: The degree to which a young person DETECTS sensory input.</p> <p>Low Registration/Bystander: The degree to which a young person MISSES sensory input.</p> <p>Although scoring differs slightly between the versions of Sensory Profile assessments, for the purpose of comparison, only the quadrant scores have been included in the analysis.</p>	<p>Child: 10-15 min</p> <p>Adolescent-adult: 25-30min</p>
Executive Functioning	<p>Delis Rating of Executive Function (D-REF)</p>	<p>The D-REF provides a structured method for young people (aged 5-18 years) to report the frequency of behaviours or difficulties that identify executive functioning problems. The assessment can be administered via a parent, teacher or a self-rating questionnaire.</p> <p>D-REF results provide individual scores for the following categories – Behavioural Functioning, Emotional Functioning, Executive Functioning, Total Composite Score, Attention/Working Memory, Activity/Impulsivity & Compliance/ Anger Management.</p> <p>All D-REFs administered as part of the population screening project were completed as self-reports, completed by the young people in an interview-style format.</p>	<p>15-20min</p>

Functional Cognition	Cognistat	<p>The Cognistat is a brief screening tool that can be used to identify areas of dysfunction in multiple areas of cognition. The Cognistat consists of 11 sub-tests, each scored individually – Orientation, Attention, Memory Registration (immediate recall), Comprehension, Repetition, Naming, Constructional Ability, Memory Recall (delayed recall), Calculations, Similarities and Judgement.</p> <p>This assessment was used in the screening project, as it addressed areas of cognition (i.e. memory recall and elements of working memory) that are not included in the WASI and it is normed for use with participants aged 12 years and older.</p>	10-15 min
Speech Pathology			
Language Screening	Clinical Evaluation of Language Fundamentals (Fifth Edition)- Screening Test (CELF-5 Screening Test)	<p>The CELF-5 Screening test identifies the likelihood of language disorders but is not a diagnostic tool. It has high specificity and sensitivity measures in identifying whether language abilities appear adequate for their age, or whether further language assessment is warranted.</p> <p>The assessment is criterion referenced, meaning that individuals receive a “pass” or “fail” according to age-referenced cut-off scores. This assessment is normed on the Australian and New Zealand population.</p> <p>Age range: 9;0 – 21;0 years</p>	15-20 min
Comprehension of spoken language	CELF-5 Understanding Spoken Paragraphs subtest	<p>This is a standardised subtest from the comprehensive CELF-5 assessment battery. The CELF-5 battery provides in depth evaluation of an individual's oral language abilities and, in conjunction with other information, may be used to as a diagnostic tool for language disorder. This assessment is normed on the Australian and New Zealand population.</p> <p>The Understanding Spoken Paragraphs subtest evaluates the ability for the young person to listen to and sustain attention to spoken paragraphs and answer factual, inferential and predictive questions. Age range: 9;0 – 21;0 years</p>	15 min
Oral Narrative competency	Test of Narrative Language (TNL-2)	<p>The Test of Narrative Language–Second Edition (TNL-2) is a norm-referenced assessment tool that examines a young person's ability to understand and tell stories. Narration is an important aspect of spoken language, not usually measured by oral-language tests, and examines discourse level language skills.</p> <p>In this test, participants look at five detailed pictures and:</p> <ul style="list-style-type: none"> - answer questions about narratives they hear - retell a narrative they hear - creating their own oral narratives based on the pictures. <p>Scores are obtained on a young person's Comprehension (receptive language), Production (expressive language) and overall Narrative Language Ability Index. Scores reflect Normative data is based on data from the United States of America. Age range: 4;0- 15;11yo</p>	15 - 20 min

Appendix D: Resident Incentive Poster

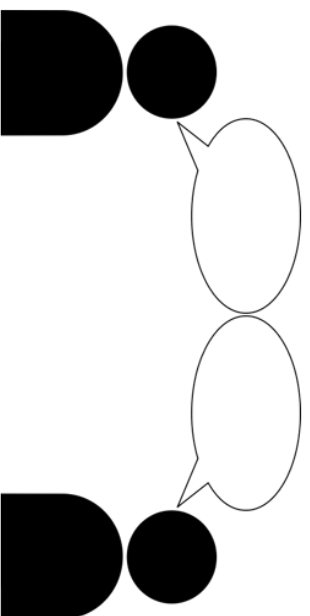
Understanding your skills

What am I being asked to do?

Meet up
with 3
people on
different
days



Do some thinking and
talking tasks. About 1 hour
with each person



**so we
can
support
you
better**

Who? YJAIS Team
(Youth Justice Intervention and
Assessment Team – formerly
Psychology Services)

What's in it for Me?

Choose either:



30 min

extra TV time

Or

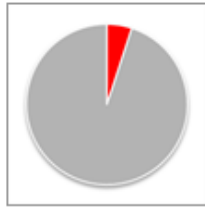


5 extra

phone calls

Appendix E: Examples of Visual aids used

(Used when facilitating Sensory Profile assessment)



Almost Never



Seldom



Occasionally



Frequently



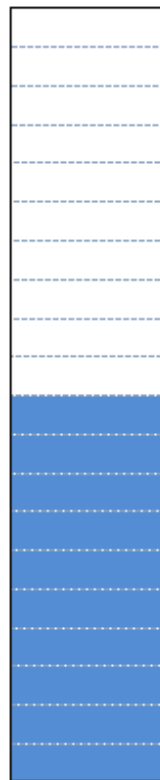
Almost Always



Almost Never



Seldom



Occasionally



Frequently



Almost Always

Appendix F: YJAIS Multi-disciplinary Screening Assessment Summary Report

Young Person's Name:	Date of report:
Date of birth:	Age:

What is this report about?

This young person **recently completed some formal screening assessments** with the Youth Justice Assessment and Intervention Service (YJAIS) team, to identify whether they are likely to have difficulties in different areas of development. **This report tells how the young person went with those assessment tasks, and suggests strategies or further actions to support them.**

Assessment Findings

Psychology	Date Seen:	<input type="checkbox"/> Not seen	<input type="checkbox"/> Incomplete
<i>Overall cognitive functioning</i>	<input type="checkbox"/> No Concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Responding to visual information</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Responding to verbal information</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Emotional/ mental wellbeing</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Behaviour and thinking (conduct)</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Drug and alcohol use</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Getting involved with school and work</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Connection to family/friends (interpersonal)</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
Speech Pathology	Date Seen:	<input type="checkbox"/> Not seen	<input type="checkbox"/> Incomplete
<i>Overall language abilities</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Understanding what is said</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Talking and telling a story</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Conversation skills</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
Occupational Therapy	Date Seen:	<input type="checkbox"/> Not seen	<input type="checkbox"/> Incomplete
<i>Thinking and remembering</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Body's response to what it sees, hears, feels and tastes</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Visual-motor skills</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern
<i>Complex thinking , planning and organising</i>	<input type="checkbox"/> No concern	<input type="checkbox"/> Some concern	<input type="checkbox"/> Significant concern

Key Points from Assessment

Psychology:

Speech Pathology:

Occupational Therapy:

Key Strategies to Support Young Person

- Allow young person time to respond to questions and instructions
- Check with young person that they have understood what you have said
- When talking to the young person, use simple sentences and repeat important information in different ways/multiple times.
- When possible, use visual information (such as pictures or written words) to help the young person understand)
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Possible Next Steps

- Psychology
- Speech Pathology
- Occupational Therapy

Comments:

Involvement With NDIS

The National Disability Insurance Scheme (NDIS) helps to fund and set up the supports and services people need. People who are eligible to receive NDIS supports are those with a recognised disability, including disabilities that affect thinking and behaviour.

- This young person is already an NDIS participant. **Consider sharing this report information with NDIS**
- Screening assessment results suggest that **NDIS involvement is not indicated**
- Screening assessment results suggest that **NDIS involvement may be appropriate** and that further comprehensive assessment is considered
- Screening assessment results suggest that **an Access Request to the NDIS should occur**

Comments:

Contact

If you require further assessment information, or wish to discuss this report, please contact the YJAIS team on: DLDHSYouthJusticeAssessmentAndInterventionServiceReferrals@dcsi.sa.gov.au

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Appendix G: Challenges and Learnings

Timeframe and sample size

Due to time constraints incumbent upon the YJAIS pilot project, four weeks were allocated to complete the screening assessments. Subsequently, the participant group is relatively small. Therefore, while this data provides a valuable snapshot of needs across a brief period of time, the reliance that can be placed on the generalisability of the data from this cohort across the overall population is limited. Prior to the commencement of assessments, there was a hope that the collated data could be used to illustrate the complexity²² of needs among the population; however, the data was unclear on this due to only six participants not meeting this criterion.

Ideally, a longer period of time would have provided the opportunity to include a greater number of participants and allow for all assessments to be completed across a higher number of participants. This would add greater richness to the available data, and the potential for more statistically stronger data analyses.

Staff Resources

The nature of the screening project posed challenges for staffing resources within the YJAIS team and the AYTC team more widely. The movement of young people to and from assessment sessions placed considerable strain on AYTC operational staff, who were required to accommodate the increased workload among the usual resident movements between residential units, school and other appointments.

Additional staff-related challenges that were noted throughout the screening period were:

- Several YJAIS team members were employed on a part-time basis, limiting availability and available time for assessment completion
- YJAIS owns single copies of all assessments, therefore assessment resources were required to be shared among team members across two campuses
- Competing demands impacting the availability of rooms and access to young people during the screening period.

Assessment instrument considerations and limitations

Throughout the screening period, several intricacies and oddities were detected through the repeated administration of particular assessments. A particularly significant limitation of all of the

²² Defined by *falling below average on three or more areas assessed*.

assessment tools was the lack of norms for Aboriginal and Torres Strait Islander young people. A brief outline of other issues is included below:

Sensory Profile

Challenges arose in administering the Adolescent and Adult Sensory Profile (AASP). The assessment is intended to be used as a self-assessment, however the language used in the questions is occasionally complex, with the use of 'double-negative' language. The literacy, cognitive and intellectual challenges prevalent was expected to pose a challenge and the AASP was therefore conducted in a structured interview format. Regardless of these challenges, it is the opinion of the YJAIS/YEC Occupational Therapists, that in some situations the AASP was insufficient in identifying areas of sensory-related need for individuals towards the younger end of the assessment's normed spectrum. This was evidenced by a number of participants self-reporting sensory-related needs that were not reflected in their assessment results and multiple instances where results did not reflect therapist or staff observations. On two instances, the Occupational Therapists completed both the Sensory Profile 2 (completed by a staff member familiar with the young person) and the AASP with particular individuals when such discrepancies were noted (and participant ages allowed this). Results showed considerable disparity between assessment scores and in these cases, the SP2 was believed to reflect staff and therapist observations more accurately. The reason for these disparities is unclear, however the implication of this is the belief that the AASP results may have under-represented the needs of some participants, possibly reflecting a limited capacity for insight or self-reflection. This is a known limitation of self-report measures.

CELF-5 v TNL-2 Results

There were inconsistencies between the results of the two key language assessment tasks; the Clinical Evaluation of Language Fundamentals – 5 (CELF-5) Screening Test and the Test of Narrative Language 2nd Edition (TNL-2).

Several factors may have contributed to this finding. More than half (69.6%) of those who completed the TNL-2 were outside of the age range for the normative data, as they were older than 15 years 11 months. Hence their standard scores and percentile ranks were being compared to a younger age range.

The order of administration for the assessments was the CELF-5 Screening Test followed by the TNL-2. A number of struggling participants only completed the first assessment and then chose to stop due to significant challenges. This means that several young people who may have performed poorly in the TNL-2 did not go on to complete this assessment.

Unlike the CELF-5 Screening Tool, the TNL-2 is not normed against the Australian population. Due to it being normed against the American population, this may lead to discrepancies and inaccuracies in the scores.

It is hypothesised that young people may perform better with the TNL-2 because this has more visual information (pictures) to support young people to respond. In addition, this assessment examines functional narrative skills needed for everyday conversation which may be a strength for

many young people in youth justice, and may in particular be a cultural strength for Aboriginal young people. Conversely, the CELF-5 examines foundational language skills, and those required more in an academic environment. These skills may be less necessary for many young people involved with youth justice, such as those who engage with school infrequently.

Weschler Abbreviated Scale of Intelligence - Second Edition (WASI – II)

The WASI-II presented some limitations for several reasons. It is not normed on an Australian population, potentially creating a disadvantage to this population with the verbal subtests. Other concerns regarding language were raised for the young people whose first language differed from English.

Youth Level of Service Inventory/Case Management Inventory 2.0 (YLS/CMI 2.0)

Ideally, the YLS/CMI 2.0 would have been completed for every young person who was involved in the screening project. However, the YLS/CMI 2.0 presented some challenges in administration due to the length of time taken to investigate collateral information. More preparation time prior to the commencement of the project may have enabled sufficient investigation of collateral information so that during interview with the young person, less information needed to be sought, thereby reducing the length of interview time.

The Adolescent Psychopathology Scale – Short Form (APS – SF)

One major limitation of the APS-SF was identified and that was the lack of cultural considerations. The APS-SF is very strongly influenced by a diagnostic (medical model) conceptualisation of mental health.

Data-informed v therapeutic application of assessments

Although consideration was made regarding ideal assessments for project purposes, the assessments used in the screening project were selected from the pool of available resources which were initially purchased for informing therapeutic interventions rather than the gathering of statistically-significant data for research. At the time of purchasing YJAIS's multi-disciplinary assessment resources, details about and mechanisms that would later be employed in the screening project's data analysis were unknown. As a result, while some assessments used within this project have featured in published research studies, other assessments utilised may not be considered as a gold standard for research or data-collection purposes. Should a similar screening project process be completed in the future, consideration could be given to the assessment tools utilised, to ensure that the data collected is as representative of the population as possible, and an optimal balance between qualitative and quantitative, objective and self-report information is achieved.

Appendix H: Client Outcome Category Descriptions

Process and information sharing (indirect)	
Screening report completed & shared	A multi-disciplinary screening report was completed and uploaded to C3MS
Contact with CC/CCM (brief)	An initial email was sent to Case managers informing them of the screening report upload to C3MS and inviting them to contact YJAIS for further discussion
Contact with CC/CCM (detailed)	An in-depth email or phone call occurred with the case manager, discussing results and/or suggestions and strategies
Contact with Client	A one-off conversation occurred between YJAIS worker and Young Person – e.g. informing them of their results and/or suggestions
Direct client-related Outcomes	
New needs identified	New (previously unknown) disability-related needs were identified as a direct result of the screening assessments. The screening assessment highlighted areas of need that were previously unknown and unmet.
Confirmation of previously identified needs	Results from the screening assessment confirmed/were consistent with previous findings, which may include assessment reports from early childhood/primary school. This indicates a persistent and possibly unaddressed need.
Comprehensive assessment recommended	Further comprehensive discipline-specific assessment <u>was recommended</u> . The assessment may or may not have occurred.
Comprehensive assessment conducted by YJAIS	Further comprehensive discipline-specific assessment <u>occurred</u> via YJAIS as a direct recommendation of the screening assessment.
Diagnosis from comprehensive assessment	Screening assessment led to further comprehensive assessment, which led to a diagnosis of Intellectual Disability or Developmental Language Disorder.
External referral recommended (excl. NDIS)	Screening assessment resulted in recommendation for an external referral relating to disability related needs (e.g. paediatrician, Dept for Education, CAMHS). Does not include NDIS.
NDIS – access request recommended	The young person was identified as suitable for an NDIS access request, as a result of screening assessment findings. An access request to NDIS was recommended.
NDIS – access request initiated	An access request to NDIS was initiated for the Young person (by any YJ or DCP staff member) as a result of the screening assessment
YJAIS intervention was recommended	YJAIS intervention was recommended and may or may not have occurred due to reasons such as YP's release or staff capacity.