

Response ID ANON-RZFY-NZH8-K

Submitted to **Working Together to Safeguard Children: changes to statutory guidance**
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Introduction

What is your name?

Name:

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What is your organisation?

Organisation:

Royal College of Speech and Language Therapists (RCSLT)

What is your email address?

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Would you like us to keep your responses confidential?

No

Reason for confidentiality:

Revisions to chapter three: Multi-agency safeguarding arrangements; and new regulations on relevant agencies

1 As set out in paragraphs 4-7 of Chapter 3 of the draft 'Working Together to Safeguard Children' 2018 it will be the responsibility of the safeguarding partners' representatives to determine how they work together in respect of their arrangements. All three partners have equal and joint responsibility for local safeguarding arrangements, and each safeguarding partner will appoint their own representative. We do not propose to set out in statutory guidance who these representatives should be, as it is a matter for safeguarding partners. Do you agree with this approach?

No

Question 1 - Leadership - reasons :

*Language and communication skills as a predictor of neglect

- There is a link between communication problems and child abuse and neglect (Sylvestre A, et al. Language Problems Among Abused and Neglected Children: A Meta-Analytic Review. Child Maltreat 2015; November 30: 1-12; Law J and Conway J. The effect of abuse and neglect on the development of children's speech and language. Development Medicine and Child Neurology 1992; 34 (11): 943-948.)
- Children who experience abuse and neglect are more likely to have communication and interaction difficulties. (Sylvestre A, et al. Language Problems Among Abused and Neglected Children: A Meta-Analytic Review, Child Maltreat 2015; November 30: 1-12.)

*Communication needs and risk of abuse

The link between safeguarding and communication difficulties also works in the opposite direction: children who have complex needs are at greater risk of abuse and this is in part because of their communication difficulties. Studies suggest:

- Disabled children are more likely to experience abuse than their peers and that children with communication difficulties could be at greater risk of abuse than other disabled children. (Stalker K and McArthur K. (2010) Child abuse, child protection and disabled children: a review of recent research, Child Abuse Review 2010; p2 and 14.

Snow P. Child maltreatment, mental health and oral language competence: inviting speech-language pathology to the prevention table. International Journal of Speech-Language Pathology 2009; 11(2): 95-103.

- Some of the most vulnerable children are those whose impairments prevent them from communicating what has happened to them, and who may therefore deliberately targeted by some perpetrators of abuse. (Westcott H and Jones D. Annotation: the abuse of disabled children, Journal of Child Psychology and Psychiatry 1999; 40(4): 497-506.)

In light of this, and the recognition in What to do if you're worried a child is being abused: Advice for practitioners (HM Government, 2015), which states children "may have speech, language and communication needs which may make it difficult to tell others what is happening", RCSLT recommends that representatives have experience in understanding the potential communication needs of both children requiring safeguarding and young perpetrators.

It is vital that possibly undetected speech, language and communication needs (SLCN) are considered when investigating the causes of safeguarding issues. In any investigation where vulnerable children are involved, enabling the participation of those involved by ensuring there is support for any SLCN (and indeed that there have been appropriate attempts to identify it) is crucial.

2 Safeguarding partners can choose specific agencies which they believe to be relevant to the work of safeguarding and promoting the welfare of children in their area. The 'Local Safeguarding Partner (Relevant Agencies) (England) Regulations' details the specific agencies which safeguarding partners can choose from. It is important to note that certain key agencies are not listed, as their functions are commissioned or otherwise overseen by one or more of the safeguarding partners - for example, general practitioners come under NHS

England, and housing under the local authority. Do you agree with this indicative list?

No

Question 2 - Relevant Agencies reasons:

The important issue is that safeguarding partners and specific agencies can recognise SLCN and know when to refer children and young people to speech and language therapy service for a full assessment and can then differentiate any investigation/ questioning so it is accessible to children and young people with SLCN.

The reasons for this are:

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It is vital that possibly undetected speech, language and communication needs (SLCN) are considered when investigating the causes of safeguarding issues. In any investigation where vulnerable children are involved, enabling the participation of those involved by ensuring there is support for any SLCN (and indeed that there have been appropriate attempts to identify it) is crucial.

Question 2 - Relevant Agencies - agencies to add or remove:

3 All schools (including maintained schools, special schools, independent schools, academies and free schools) have key duties in relation to safeguarding children and promoting their welfare. As set out in paragraphs 18-19 of Chapter 3 of the draft 'Working Together to Safeguard Children' 2018 we expect all local safeguarding arrangements to contain explicit reference to how the safeguarding partners plan to involve, and give a voice to, all local schools and academies in their work. Do you agree that this expectation should be stipulated in statutory guidance?

Yes

Question 3 - Schools and other educational partners - reasons:

Given the links between communication needs and child abuse and neglect (see evidence in our response to question one), this expectation should include how schools plan to involve and give voice to children and young people with speech, language and communication needs (SLCN) who might be at risk of abuse or be perpetrators.

4 The safeguarding partners must include arrangements for scrutiny by an independent person of the effectiveness of safeguarding arrangements, and how best to implement a robust system of independent scrutiny will be a local decision. Paragraph 20 of Chapter 3 of the draft 'Working Together to Safeguard Children' 2018 states that safeguarding partners should involve a person or persons who are independent, for example by virtue of being from outside the local area or having no prior involvement with local agencies. Do you agree with this?

Yes

Question 4 - Independent Scrutiny - reasons:

Given the links between communication needs and child abuse and neglect (see evidence in our response to question one), this should include the effectiveness of any arrangements for any children and young people with speech, language and communication needs (SLCN).

5 Paragraph 24 of Chapter 3 of the draft 'Working Together to Safeguard Children' 2018 makes it clear that safeguarding partners should agree the level of funding secured from each partner and relevant agency, to support the new safeguarding arrangements. Decisions on funding are for local determination, but contributions should be equitable and proportionate to meet local needs. Do you agree that this is the right approach?

Yes

Question 5 - Funding - reasons:

6 Safeguarding partners must publish a report at least once in every 12 months, setting out what they (and their relevant agencies) have done as a result of the arrangements, and how effective the arrangements have been. These reports will be a key element of local accountability and self-assessment. At paragraph 29 of Chapter 3 of the draft 'Working Together to Safeguard Children' 2018 we have set out a non-exhaustive list of parameters for these reports in guidance, to ensure a nationally consistent set of useful and high quality publications. Do you agree with this approach?

Yes

Question 6 - Reporting - reasons:

The report should also set out how this data has then been used to plan services.

7 The safeguarding partners should consider carefully how multi-agency safeguarding arrangements will work in their area. This includes determining how best to ensure that clear criteria for taking action are made available to relevant agencies and others in a transparent, accessible and well-understood way. Currently, Local Safeguarding Children Boards are required to produce a threshold document. We are not proposing to specify in statutory guidance how, and in what format, the safeguarding partners should make their criteria for action available. Do you agree with this approach?

Not Answered

Question 7 - Threshold document - reasons:

Revisions to chapter four: Learning from serious cases; and new regulations on local and national reviews

8 Paragraphs 15-17 of Chapter 4 of the draft 'Working Together to Safeguard Children' 2018 set out the actions the safeguarding partners should take on receipt of a notification of a child safeguarding incident, and the relationship between the safeguarding partners and Panel from then on. Do you agree with the procedure as set out?

Not Answered

Question 8 - procedure - reasons:

9 The Act makes clear that the Panel and safeguarding partners respectively have responsibility to determine whether a review is appropriate, on the basis of whether the review may identify improvements that should be made to safeguard and promote the welfare of children. Regulations may require the Panel and safeguarding partners to take certain matters into account when taking the decision on cases to review, and guidance may support this. Regulation 4 sets out national review criteria which the Panel would be required to take into account when deciding whether to commission a national review. Regulation 18 sets out local review criteria which safeguarding partners would be required to take into account when deciding whether to commission a local review. Paragraphs 20 and 37 of Chapter 4 of the draft 'Working Together to Safeguard Children' 2018 set out additional circumstances for consideration. Do you agree with these criteria and circumstances?

Not Answered

Question 9 - criteria and circumstances reasons:

10 Paragraphs 23-24 and 41-42 of Chapter 4 of the draft 'Working Together to Safeguard Children' 2018 set out the factors which the safeguarding partners and the Panel respectively should consider when commissioning reviewers for local and national reviews. Do you agree with these factors?

No

Question 10 - factors - reasons:

When commissioning reviewers for local and national reviews, the safeguarding partners and the panel should consider the need for reviewers to have experience in understanding the potential communication needs of any participants to ensure they are recognised and accommodated.

11 Paragraphs 25-28 and 43-46 of Chapter 4 of the draft 'Working Together to Safeguard Children' 2018 set out the procedures which the safeguarding partners and the Panel respectively should follow when supervising local and national reviews. Regulations 12-14 of the 'National and Local Child Safeguarding Practice Review (England) Regulations' add requirements regarding the Panel's supervisory powers. We do not propose to include further details in the regulations relating to procedures for reviews. Do you agree with these proposals?

Not Answered

Question 11 - proposals - reasons:

12 Paragraphs 30-33 and 48-52 of Chapter 4 of the draft 'Working Together to Safeguard Children' 2018 set out the expectations for the final report which the safeguarding partners and the Panel respectively should follow. These paragraphs also cover timescales for

publication and arrangements for submitting final reports. Do you agree with these expectations and timescales?

Not Answered

Question 12 - expectations and timescales - reasons:

13 The Act allows the Secretary of State to make regulations to set up a list of reviewers, from which safeguarding partners could be required to select reviewers for local reviews. To maintain maximum flexibility in the system, we do not propose to set up such a statutory list at this time. Do you agree with this approach?

Not Answered

Question 13 - approach - reasons:

14 Do you have any comments on the content of the 'National and Local Child Safeguarding Practice Review (England) Regulations which you have not already covered above?

Not Answered

Question 14 - content of Review Regulations:

Revisions to chapter five - Child death reviews

15 In reviewing the circumstances around the death of a child, the overarching aim is to prevent future child deaths. We have heard from stakeholders that the term “preventable” has posed a hindrance to learning. Instead of asking about preventability, we propose that the child death review process should consider and identify “modifiable factors”. That is, contributory factors to a death, that could be modified to reduce the risk of future child deaths. Do you agree with this approach?

Not Answered

Question 15 - modifiable factors - reasons:

16 We have heard from stakeholders that the distinction between ‘expected’ and ‘unexpected’ child deaths can lead to confusion (partly because it may depend from whose viewpoint the question is being considered). We propose a new approach, which allows each individual death to be responded to appropriately, rather than determining whether or not a death meets certain criteria for investigation. This is about working differently, and changing the initial stages of the process. It does not imply an additional burden. Do you agree with this approach?

Not Answered

Question 16 - expected / unexpected - reasons:

17 The Wood Review recommended that the area covered by child death reviews should cover ‘a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death’. The new legislation gives the child death review partners flexibility to agree that two or more local authority areas may work together as a single area. We are proposing that the geographical ‘footprint’ of the arrangements should be locally agreed, based on patient flows across existing networks of NHS care. Child death review partners should come together to develop clear plans outlining the administrative and logistical processes for their new arrangements. Child death review ‘footprints’ should typically cover a child population such that they review 80-120 child deaths each year Do you agree with these proposals?

Not Answered

Question 17 - areas - reasons:

18 We propose that families should be assigned a “key worker” to act as a single point of contact who they can turn to for information on the child death review process, and who can signpost them to sources of support. This is already best practice and should not imply an additional burden. More information on the role of the key worker is available in chapter 6.5.1 of the Child Death Review Statutory Guidance. Do you agree with this proposal?

Not Answered

Question 18 - key workers - reasons:

19 We propose that every child’s death is reviewed at a child death review meeting involving practitioners directly involved in the the child’s care, prior to being discussed anonymously by the Child Death Overview Panel (CDOP). The nature of this meeting will vary according to the circumstances of the child’s death and the practitioners involved. It would (for example) take the form of a final case discussion following a Joint Agency Response to a sudden unexpected death in infancy; or a hospital-based mortality meeting following a death on a neonatal unit. The purpose of the child death review meeting is to ensure local learning and reflection. In contrast, the purpose of the CDOP is to provide independent scrutiny of each case, ensuring this is from a multi-agency perspective. Do you agree with this

proposal?

Not Answered

Question 19 - child death review meeting - reasons:

20 Practitioners involved in the care of the child who died should be invited to attend the child death review meeting. If they cannot attend, they should submit a report, for which a Form B may be used. We propose that Child Death Overview Panel administrators work closely with child death review partners to gather and collate these reports. Please see Chapter 4 of the Child Death Review Statutory Guidance for more information on this process. Do you agree with this proposal?

Not Answered

Question 20 - reports for the child death review meeting :

21 A revised Form C is proposed at Appendix 5 of the Child Death Review Statutory Guidance. We have heard from stakeholders that two of the form's domains - 'family and environment' and 'parenting capacity' - are not helpful distinctions. We propose changing these domains to 'Social environment including family and parenting capacity', and 'Physical environment', respectively. Do you agree with this proposal?

Not Answered

Question 21 - revised Form C - reasons:

22 We have heard from stakeholders that in many cases reports from child death review meetings (particularly hospital mortality meetings) are not routinely sent to CDOPs. We propose that all child death review meetings should routinely send a report to the CDOP, to inform its independent review of the case. This approach is intended to strengthen the link between the local review and the CDOP process, while also allowing for the right balance between local reflection and independent scrutiny of practice. Do you agree with this proposal?

Not Answered

Question 22 - Child death review meeting report - reasons:

23 Chapter 7 of the Child Death Review Statutory Guidance outlines expectations in a number of specific circumstances, including: deaths of UK-resident children overseas; deaths of children with learning disabilities; deaths of children in adult healthcare settings; suicide and self-harm; deaths in inpatient mental health settings and deaths in custody. Do you feel we have covered an appropriate range of specific situations?

Not Answered

Not Answered

Question 23 - expectations - reasons:

24 We have heard from stakeholders that some types of deaths (e.g. suicides) may best be reviewed at a themed CDOP meeting. This may apply when deaths from a particular cause are of small number and/or require specialist expertise to inform the discussion. In these circumstances, we propose that neighbouring CDOPs and designated doctors for child death liaise and co-ordinate their approach. Do you agree with this approach?

Not Answered

Question 24 - child death review process focus - reasons:

Transitional arrangements

25 Paragraphs 14-15 of the transitional guidance explain the proposal that child death overview panels have a 'grace period' of up to two months following the start of the child death review partner arrangements in their area in which to complete any outstanding child death reviews. Do you agree with this proposal?

Not Answered

Question 25 - grace period - reasons:

26 Paragraphs 23-25 of the transitional guidance explain the proposal that Local Safeguarding Children Boards should have a 'grace period' of up to 12 months following the start of the safeguarding partner arrangements in their area in which to complete and publish outstanding serious case reviews. Do you agree with this proposal and with the guidance on handling information?

Not Answered

Question 26 - publish SCRs - reasons:

27 Paragraphs 27-31 of the transitional guidance set out how safeguarding partners should manage information emerging from serious case reviews. Do you agree with these proposals?

Not Answered

Question 27 - info from SCRs - reasons:

Any other comments

Are there any other comments you wish to make concerning the changes proposed?

Any other comments:

Following our responses, we are keen to highlight the importance of those working in safeguarding teams recognising that some of the children and young people they are working with, including those who have been abused, are at risk of abuse, or are perpetrators of abuse, may have identified or unidentified speech, language and communication needs (SLCN). These needs can impact on a child's ability to make themselves understood (expression), their ability to understand what is being said to or asked of them (comprehension), and their ability to know how to speak to different people in the right kind of way at the right time (social communication). Unless SLCN are identified and appropriately responded to children and young people may be at risk of not being able to access and benefit from safeguarding programmes.

Speech and language therapists have unique expertise in speech, language and communication. They:

- support other professionals who work with children with SLCN. This can involve training social work teams in how to identify and support children with SLCN and helping police officers to determine whether a child's communication difficulties may have prevented him or her from reporting injuries inflicted through abuse.
- help to develop the speech, language and communication skills of children who have experienced abuse, and assist them in expressing their views and recounting their experiences. This can involve helping them to express themselves in interviews and modifying the level of the questions being put to them.
- play an important role in the detection of abuse and neglect. Where communication and interaction needs are believed to be an indicator of underlying concerns regarding the safety and welfare of a child, speech and language therapists can establish communication strategies and can contact and work in partnership with relevant local agencies in assisting victims of abuse to disclose harm.

We also note that there are references to delayed speech and speech and language therapy in the recently published Evaluation of the Safeguarding Children Assessment and Analysis Framework (SAAF) Research report. Going forward if the Case Report Form detailed in Appendix G were to be used more widely, we would recommend that those filling it out are trained to recognise not only delayed speech, but also other forms of speech, language and communication needs, and have access to speech and language therapy services if they have any queries about the communication skills of the child or young person.