

Safeguarding

Key points

Safeguarding means protecting people's health, wellbeing and human rights. SLTs have a statutory duty to report safeguarding concerns, follow up concerns and work across agencies promoting the welfare of children and adults at risk

SLTs working across health and/or education organisations or working independently must be fully aware of national and local safeguarding systems.

Children with speech, language and communication needs (SLCN), disabilities and/or complex needs are at greater risk of maltreatment. Children who suffer abuse or neglect are at increased risk of speech, language and communication needs. SLTs have a specialist role with expertise to support other professionals to improve awareness of how a child may be communicating abuse, neglect or ill treatment

SLTs may need to train other professionals, such as social workers, advocates, police or colleagues in the criminal justice system.

These pages include:

- definitions
- prevalence of abuse
- raising and escalating concerns in the workplace
- organisational issues and concerns
- relevant national guidance, policy, legislation and frameworks
- resources, including finding evidence and journal articles.

Responsibilities

SLTs have a statutory duty to report and follow up on safeguarding concerns and work across agencies promoting the welfare of children and adults at risk.

HCPC standards of conduct, performance and ethics

Report concerns about safety

7.1 You must report any concerns about the safety or well-being of service users promptly and appropriately

7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns

7.3 You must take appropriate action if you have concerns about the safety or wellbeing of children or vulnerable adults (now termed 'adults at risk')

7.4 You must make sure that the safety and well-being of service users always comes before any professional or other loyalties

7.5 You must raise concerns regarding colleagues if you witness bullying, harassment or intimidation of a service user, carer or another colleague. This should be done following the relevant procedures within your practice or organisation and maintaining the safety of all involved.

Follow up concerns

7.6 You must follow up concerns you have reported and, if necessary, escalate them

7.7 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.

As in all areas of practice, individual practitioners should seek help and/or advice if the situation is something beyond their experience or competence.

Further information on [meeting the HCPC standards](#)

Definition of safeguarding

Safeguarding describes protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is a key component of health and social care and includes:

- infants
- children
- young adults
- adults at risk (previously termed 'vulnerable adults').

Central to safeguarding is the principle that all are responsible for recognising and raising concerns, enabling children and adults to live free from abuse or neglect.

SLTs will work in partnership with different agencies supporting people who are affected by crime and their carers and colleagues to help keep children and adults safe, based on the SLT's expertise in supporting communication. This expertise includes skills in understanding and supporting individuals with communication difficulties and also extends to the SLT's role in communicating with other agencies and professionals about safeguarding issues and processes.

The **Office of the Public Guardian's safeguarding policy** (updated 2023) describes safeguarding as: "A term we use to describe how we protect adults and children from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities.

Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk and put steps in place to help prevent abuse or neglect".

Safeguarding relates to the following, against children or adults at risk of:

- abuse
- assault
- neglect
- discriminatory acts

These each have specific legal definitions and SLTs should be aware of local policies regarding different forms of abuse. For legal definitions of significant harm across the four nations please see

relevant national policy sections.

You can find a glossary of terminology for **safeguarding**

Abuse and neglect

These take many forms and can lead to a violation of someone's human and civil rights, by another person or persons. Abuse can be physical, financial, verbal or psychological (Dept. of Health/Home Office, 2014).

The Office of the Public Guardian describes ten categories of abuse including: physical; sexual; psychological; domestic and organisational.

Other forms of abuse may include:

- forced marriage
- organised and complex abuse
- peer on peer abuse
- risks to an unborn child/ren
- female genital mutilation
- radicalisation
- fabricated or induced illness.

Please note that abuse may include more than one category and in some cases the form of abuse may not be described adequately by any of these categories listed.

The term 'toxic trio' refers to the combined impact of:

1. mental illness
2. domestic abuse
3. substance misuse.

These rarely exist in isolation. They have been identified as common features of families where harm to children has occurred and are viewed as indicators of increased risk of harm to children and young people.

Further detail and definitions on the nature of abuse and safeguarding across different ages is available on the NICE website:

- Safeguarding adults in care homes [NG189] (2021)
- **[Child abuse and neglect \[QS179\] \(2019\)](#)**
- **[Child abuse and neglect \[NG76\] \(2017\)](#)**
- **[Violent and aggressive behaviours in people with mental health problems \[QS154\] \(2017\)](#)**
- **[Learning disabilities: challenging behaviour \[QS101\] \(2015\)](#)**

- **Child maltreatment: when to suspect maltreatment in under 18s [CG89] (2009)**

SLTs should also be aware of documents specific to children and to adults at risk, while also accessing local guidance and protocols, for example:

- **London child protection and practice guideline** (Greater London)
- **Safeguarding Children Procedures Manual** (Greater Manchester)

Serious case reviews (SCR)

SCRs relate to both children and adults at risk and each would have this triggered either through **Safeguarding Adults Board**, or the child equivalent can be found on the **NSPCC website**. A SCR takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future. **Other parts of the UK** have their own systems in place to learn from cases. SLTs may contribute as part of the multidisciplinary team.

Working with capacity and consent, Mental Capacity Act

SLTs, as specialists in communication, have a role in supporting others (professionals, patients and caregivers) to understand levels of an individual's capacity, and their ability to give informed consent.

For more detailed information, please view the RCSLT **mental capacity** pages.

Please also see case study: **'Advance statement to support fluctuating capacity around dysphagia and mealtime choices'**.

SLT contact with children

SLTs should be aware of the links between SLCN and risk of abuse and research (Silvestre et al 2015; Snow 2009; Law & Conway 1992) has suggested that children:

1. With SLCN, disabilities and/or complex needs are at greater risk of maltreatment. They may have difficulty identifying and/or disclosing their abuse. Their communication difficulties may lead to them being targeted by perpetrators of abuse.
2. Who experience abuse and neglect are more likely to have communication and interaction difficulties. SLCN may therefore be an indicator of abuse and neglect with difficulties in interaction and attachment also present.
3. Exposed to domestic violence frequently present with PTSD and are likely to be at significant risk of developing speech and language delay.

This will likely impact on adolescent and adult life with service users presenting with communication and interaction difficulties. Research suggests a link between SLCN and increased risk of antisocial behaviours. (Bryan, K et al, 2007).

Speech and language therapy assessment should consider the potential impact of childhood neglect and abuse.

Multi-agency public protection arrangements (MAPPA) sets out and explains the arrangements which are in place to ensure the successful management of violent and sexual offenders.

SLTs may be involved in supporting SLCN working with perpetrators, witnesses or people affected by sexual offences. The MAPPA guidance sets out the responsibilities of the police, probation trusts and prison service. It also mentions how other agencies may become involved, for example the **Youth Justice Board**, who will be responsible for the care of young offenders.

There are differences in safeguarding documentation across the four home nations in the UK. The NSPCC offer an overview and further guidance with links to relevant pages for the four nations specifically:

- **England**
- **Northern Ireland**
- **Scotland**
- **Wales**

Communication, disability and safeguarding children

Research papers suggest that children with disabilities, including those with SLCN, are more vulnerable to abuse (Sullivan & Knutson 2000). SLTs' expertise in communication and assessment of developmental needs is a key role for multidisciplinary working.

SLTs will be aware of the need for extra support and time to facilitate disclosure and understanding for a child or adult with disabilities. In addition, the SLT will need to consider, assess and advise others on limited levels of:

- communication
- cognition
- capacity
- social isolation
- difficulties with obtaining consent

Children who suffer abuse or neglect are at increased risk of speech, language and communication needs (SLCN). Links between language delay (sic) and neglect have been highlighted in studies (Law & Conway, 1992; Fox et al, 1988; Allen & Wasserman 1985, Sylvestre et al 2016).

They may present with social communication difficulties, attachment deficits and limited emotional understanding and expression. SLTs should be aware that SLCN may be an indicator of abuse or neglect. Where there is suspected abuse or cause for concern, the SLT must activate safeguarding procedures.

SLTs have a specialist role with expertise to support other professionals to improve awareness of how the child may be communicating abuse, neglect or ill treatment. For children or adults with disability and/or communication needs, the SLT will work with other agencies to support the person affected by crime in disclosure, helping to elicit history and adapting approaches including interviewing strategies.

SLTs may need to train other professionals such as:

- Social workers
- Advocates
- Police
- Colleagues in the criminal justice system

This will ensure the person affected by crime is appropriately supported to understand and express him or herself during the safeguarding process. SLTs supporting people with SLCN may also find that they are involved in working with witnesses and perpetrators of abuse to support their

understanding and expression of information.

Communication also extends to skills in joint working with other disciplines. SLTs should be aware of the need to work with a wide range of professionals and caregivers and how to share information appropriately. Failures and delays in communication between professionals have repeatedly been flagged as a source of delay which may compromise safety.

SLT contact with adults

The term 'adults at risk' is increasingly being used in favour of the former term 'vulnerable adults'. This change in terminology is clarified in the government's **Safeguarding Policy** (Sec 5.2, Office of the Public Guardian, 2023): "The term 'adult at risk' is used in this policy to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the person affected by abuse. We use 'adult at risk' as an exact replacement for 'vulnerable adult' as that phrase is used throughout existing government guidance."

For concerns related to adults, consideration must be given to capacity (see **Mental Capacity Act 2005**).

Further useful clarification on definitions of safeguarding related to adults is given by the **Care Quality Commission**, where they detail safeguarding adults as:

- protecting their rights to live in safety, free from abuse and neglect
- people and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening
- making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

In England and Wales, the disclosure and barring service (DBS) allows organisations to **check a person's criminal record** when they apply for certain roles, for example in healthcare or childcare. A DBS check has no official expiry date. Any information included will be accurate at the time the check was carried out. There is an update service which offers information online.

There are different rules for **getting criminal record checks in Scotland** and **getting criminal record checks in Northern Ireland**.

Raising and escalating concerns

SLTs must report any concerns about safety and must be aware of national and local guidance, and the systems in place, for timely and effective reporting of safeguarding. SLTs must know the name of their local safeguarding lead and the local policy for raising a safeguarding concern. The HCPC standards clearly explain the requirements for **reporting concerns**. These principles relate to all SLTs working across any or all age groups.

SLTs working exclusively with adults will need to be aware of safeguarding relating to children, and vice versa, as they may witness or suspect abuse related to their immediate caseload. This extends to suspected abuse of service users referred for SLT, abuse within families of service-users or safeguarding concerns related to other individuals encountered during working hours.

Raising concerns: children

SLTs have a duty to comply with the national standards around safeguarding of children. SLTs must know the named lead for safeguarding in their organisation. For smaller organisations, or SLTs working in more isolated settings, individuals must ensure they are fully aware of how to raise safeguarding concerns through local agencies such as local authority children's services department.

Statutory guidance from NICE states that health professionals and people working in local authorities, education, police, children and adult services (including public, voluntary or charity) must have a safeguarding policy and clearly designated processes for reporting and escalating any suspected abuse. All services and organisations must support this with robust arrangements for sharing information and ensure training and supervision is in place for professionals working with the child or adult at risk.

Working together to safeguard children (2023) gives further information on the principles of safeguarding for all professionals, which states:

"Any recommendations should make clear what is required of relevant agencies and others both collectively and individually, and by when, and focussed on improving outcomes for children."

The NSPCC offer a wide range of information and research, including advice, helplines and guidance for professionals and the public.

Health service providers will have a named safeguarding lead as an expert professional to give advice and support to other health professionals. There will also be access to a named lead for safeguarding in education settings. Other organisations will have a lead officer to coordinate

safeguarding for the employees of each organisation. **Local authorities** have a designated officer (LADO, England and Wales) as a point of contact for any safeguarding concerns or actions. This officer is accessible for anyone (health, education or general public) who wishes to raise a concern.

SLTs in Northern Ireland must be aware of the **UNOCINI guidance** and processes for assessment and referral outlined in the Northern Ireland Dept of Health webpages. In Scotland, SLTs should be aware of the **National Guidance for Child Protection** and the local Child Protection Committee's guidance.

Raising concerns: adults at risk

The Care Act 2014 (see fact sheet 7) requires local authorities to set up a safeguarding adults board (SAB) in their area, giving these boards a clear basis in law for the first time. These boards will include the local authority, NHS and the police, and will develop shared plans for local safeguarding issues.

This act also states that Safeguarding Adult Reviews (SAR) will be held if an adult with care and support needs, dies as a result of abuse or neglect and there is concern about how one of the SAB members acted:

“The reviews are about learning lessons for the future. They will make sure SABs get the full picture of what went wrong, so that all organisations involved can improve as a result.” (Care Act, 2014)

SLTs working across England and Wales should be aware of the **Office of the Public Guardian**. This executive agency (part of the Ministry of Justice) has a legal duty to supervise deputies appointed by the **Court of Protection** and investigate complaints about people acting under the Court of Protection.

In Northern Ireland, a similar function is carried by the **Office of Care and Protection (OCP)** for patients judged to have a mental disorder and deemed incapable of managing their financial affairs. The OCP will generally appoint a ‘controller’ to deal with the day-to-day management of the patient’s financial affairs. This can be a relative, a friend, or perhaps a professional advisor or solicitor. **The Regulation and Quality Improvement Authority (RQIA)** is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services

Scotland has the **Adults with Incapacity (Scotland) Act 2000** and further information is available on the **Office of the Public Guardian** website (Scotland). This agency supervises and supports adults at risk regarding financial and welfare issues.

Mate crime

Mate crime refers to the false befriending of an adult at risk (usually someone with learning disabilities). The false friend then goes on to exploit and abuse the person. This type of mate crime (i.e. abuse) has included loss of independence, financial exploitation, physical and sexual abuse, and even murder. See the [Safety Net project](#) for further information. This project has easy read information and downloads explaining the principles of mate crime.

Hate crime

This can be physical or verbal abuse or threats against someone with disabilities. [Stop Hate UK](#) is one UK organisation working to challenge all forms of hate crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for people affected by crime, witnesses and third parties. Some areas have a specific 24 hour hate crime phone line.

Raising concerns: colleagues in the workplace

For safeguarding concerns around a vulnerable person SLTs should contact their local safeguarding lead officer, the LADO or in emergency the police, if, for example direct harm is observed or suspected.

Safeguarding concerns may relate to a colleague where the SLT is suspected of being either a person affected by crime or a perpetrator. Safeguarding would apply to any child or adult at risk and SLTs should ensure the line manager is fully involved in the reporting process and actions taken. For concerns regarding fitness to practice the HCPC website has links for the public, employers and for registrants against **whom concerns have been raised**. The HCPC provide comprehensive information and standards for speech and language therapy practice (for both public and professionals).

The HCPC has powers to refer information to the [Disclosure and Barring Service \(DBS\)](#), [AccessNI](#) or [Protection of Vulnerable Groups Scheme \(PVGS\)](#). SLTs should be aware of local whistle blowing protocols and ensure that any safeguarding concerns are raised, documented and that these are followed up.

Writing safeguarding policies

The NSPCC detail [how to write a safeguarding policy](#) to provide clear guidance on how to protect children from harm.

It is important that any organisation working with children or young people have clear guidelines about how to keep children safe and respond to child protection concerns. Working together (2023) requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and share information with other professionals to support early identification and assessment.

SLTs should be aware of their local safeguarding process and their local safeguarding lead. Local authorities in England will have a local authority designated officer (LADO), (Wales, Northern Ireland, Scotland use different terms such as 'Designated Senior Manager'), whose role is to give advice and guidance to employers and voluntary organisations; liaise with the police and other agencies; and monitor the progress of cases ensuring they are dealt with quickly, consistent with a thorough and fair process.

Independent SLTs should access training and local authority information to ensure they are fully aware of how to comply with HCPC standard 7 (Report concerns about safety). SLTs will need to follow the HCPC standard in maintaining accurate and contemporaneous notes documenting concerns, actions taken and contacts during the safeguarding process. SLTs will be expected to surrender these if required as part of legal procedures.

Northern Ireland has different structures. SLTs must be aware of the processes within Health & Social Care Trusts.

Identifying and reporting concerns

Taking appropriate action

If you are reporting a crime that is in progress or if someone is in immediate danger, call 999. Contact the local police if you think a crime has been committed or contact the local council if you think an adult is at risk or is being abused.

SLTs should be aware of the indicators of abuse and the variation in presentation to take appropriate action following local procedures. This is relevant not just for a patient on the active caseload but should include concerns regarding parents, carers, siblings and others accompanying a patient.

This may relate to concerns about a person affected by crime or a perpetrator of abuse. SLTs play a key role in supporting individuals to understand and express concerns. Their expertise can provide strategies to enable people with communication needs to express their concerns and assist disclosure of abuse.

Reporting concerns: children

The Care Act 2014 offers clear concise advice regarding documentation/record-keeping and reporting. The SLT will be accountable for what is documented and communicated.

The NSPCC detail **types of child abuse** and further advice is available on the helpline. If you're in a situation where a child discloses abuse to you, there are a **number of steps you can take**, for example:

- listen carefully to what they're saying
- give them the tools to talk
- let them know they've done the right thing by telling you
- tell them it's not their fault
- say you'll take them seriously
- don't confront the alleged abuser
- explain what you'll do next
- report what the child has told you as soon as possible

The LADO may be contacted by any professional or member of the public who has information and wishes to raise a safeguarding concern. In Northern Ireland reports should be directed to Gateway Services.

The Working Together document provides flowcharts describing the process of reporting, assessing, the referral process into local authority children's social care and the process for implementation of immediate protection if required.

SLTs should consult their line manager and local lead for safeguarding and ensure that any concerns are followed up. As health professionals SLTs may be involved in assessment and multi-agency discussions ensuring appropriate information is shared and actioned. Further general information can be [found on gov.uk](#).

Suspicion and unusual behaviour in children

SLTs must keep a record of any unusual behaviour, comments and presentation of the child, ensuring that this remains objective. Discussion with a line manager and safeguarding lead will ensure SLTs complete the appropriate actions and systems, the NSPCC advise on the [signs, symptoms and effects of child abuse and neglect](#).

'Sharp end' (witnessing child abuse first hand)

If the SLT is in a situation where abuse of a child is witnessed or suspected, SLTs should immediately discuss with their line manager and report to the local safeguarding lead. SLTs should make sure that the report is followed-up. SLTs must ensure they access support and supervision specific to the safeguarding concern. You could also contact the [NSPCC helpline](#).

It is important to consider your own local or service policies and follow these accordingly.

Reporting concerns: older people and adults at risk

[The Care Act 2014](#) has full details of the process and responsibilities of health professionals in reporting abuse (suspected or actual).

It details how each local authority must establish a Safeguarding Adults Board (an "SAB") for its area. The objective of an SAB is to help and protect adults in its area in cases of safeguarding concerns.

Websites such as [The National Careline](#), [Mencap](#) and older people's charities have information on how to recognise and describe abuse of adults at risk, and on [gov.uk](#).

Reporting concerns: care homes and home carers

SLTs should follow local procedures and contact the local council authority if you're concerned about:

- abuse within a care home
- abuse or mistreatment by a carer

The Care Act 2014 gives further detail of process and responsibilities of health professionals in reporting abuse (suspected or actual).

Regulators of health and social care services in their respective nations:

- **The Care Quality Commission** (England)
- **The Care Inspectorate** (Scotland)
- **The Regulation and Quality Improvement Authority (RQIA)** (Northern Ireland)
- **The Care Inspectorate Wales** (Wales)

Reporting concerns: NHS hospital or clinic care

SLTs should follow local procedures and contact local safeguarding officers, this may include contact with the manager of the hospital or clinic if you're worried about someone.

Recording form/tool for assessing neglect

For concerns around possible neglect there are questionnaires designed to structure assessment and recording of any concerns. The SLT would work closely with other agencies such as health visitors completing this assessment. For example, the **NSPCC Graded Care Profile 2 (GCP2)** is a questionnaire which considers different aspects of family life 'graded' on a scale of 1 to 5 (NSPCC, 2015).

SLTs may be able to source local information and a similar measuring tool through their local safeguarding partners. For adults at risk with suspected neglect, similar information may be required.

Full disclosure

SLTs must follow local reporting procedures and ensure that they communicate their concerns fully with their line manager. SLTs must maintain careful documentation including verbatim accounts from the child or adult at risk.

Prevalence of abuse

Research has shown that there is a higher prevalence of abuse for people with disabilities and this may also include mental and/or physical health conditions, while:

- people with mental ill health are more likely to experience domestic abuse
- 70 percent of female psychiatric inpatients, and 80 per cent of those in secure settings have histories of physical or sexual abuse (**Adult safeguarding and domestic abuse**)

National guidance has responded to serious case reviews of individuals and also whole service reviews, such as:

- Winterbourne View
- Francis report
- Jersey care home abuse enquiry review

Charitable organisations such as **Mencap, Alzheimer's Society, Ann Craft Trust** offer information on safeguarding specific to their populations.

There is also growing research focusing on disclosure of abuse and highlighting positive and negative experiences.

SLTs' expertise in supporting communication is a key skill, both directly with the person affected by crime in a situation of disclosure, but also in supporting other professionals communicate appropriately with persons affected by abuse or witnesses of abuse who have SLCN.

SLTs may also be involved in communication strategies supporting a perpetrator to understand or express themselves in safeguarding investigations '**No one noticed, no one heard**' NSPCC

Children's prevalence

The NSPCC offer statistics for incidence and prevalence in abuse of children and young adults and quote **Ofsted figures** suggesting three child deaths per week from abuse or neglect. NSPCC suggest that 21% of child deaths are "modifiable" (or potentially avoidable) (Department for Education, DfE) (2013).

However, the NSPCC also suggest that many cases do not come to the attention of the authorities. NSPCC England and Wales publish summaries of **statistics about offences** to indicate how many children have been abused. (Please note: neither Scotland nor Northern Ireland publish statistics on

prosecutions of child abuse offenders)

However, one offender may have abused more than one child, or one child may have had more than one offence committed against them, by one or more offenders. Therefore it is not possible to tell how much child abuse **results in a criminal conviction** and the figures will be underestimates of the actual incidence of abuse.

Putting Children First (Dept of education, 2016) describes the guidance for social services (aimed at social workers and the multidisciplinary teams working together with parents and carers): “These children face challenges which most of us can only imagine. They may have disabilities, or have faced abuse and neglect. They may have been let down time and again by the people who are supposed to love and protect them. They may be being exploited by perpetrators preying on their vulnerability.

The horrors of the serious cases we all know about – Daniel Pelka, Hamzah Khan, Ellie Butler, the children exploited so terribly in Rotherham – demonstrate just how heartbreaking the consequences can be when we fail to protect our children.”

Local Safeguarding Children Boards (LSCBs) have led with data collection introduced from 01 April 2008.

This is designed to collect information on the number of child death reviews completed and the decisions made by **Child Death Overview Panels** on behalf of their LSCBs in England.

A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved.

Adult’s prevalence

Statistics for adults suffering abuse come from varying sources.

The **NHS Abuse of Vulnerable Adults** (sic) report offers an overview and the key findings are that:

- Physical abuse and neglect were the most common types of abuse reported in referrals, accounting for 28 per cent and 27 per cent (respectively) of all allegations
- Alleged abuse was more likely to occur in the adult’s own home (39 per cent of all locations) or a care home (36 per cent)
- The source of harm was most commonly reported as a social care worker (32 per cent of all perpetrators) or a family member (23 per cent)

Other data is available following the introduction of the **Care Act (2014)**.

For the 2015-16 reporting year there were 102,970 individuals with concerns (these may include multiple risks) under **Section 42** of the Care Act (England).

Please Note: The Safeguarding Adults Collection only includes cases of alleged abuse where a council safeguarding service has been notified and has entered details on to their system. It is likely that there are cases of abuse that have not been reported to councils.

An international study investigated the prevalence of elder abuse and found higher than expected rates:

“High lifetime prevalence rates confirm that elder abuse is a considerable public health problem warranting further longitudinal studies” (Estami et al 2016)

People with dementia are at higher risk of elder abuse (Cooper et al, 2008) and may be subject to mistreatment and abuse in the community or in care homes and hospitals, and may include the following types of abuse:

- Psychological
- Financial
- Emotional
- Sexual or physical

This also includes the inappropriate prescription of antipsychotics. In most cases of repeated abuse, the abuser is well-known to the older person.

There may also be abuse of power of attorney, as 15% of carers said that the person for whom they care had been a person affected by financial abuse (**Alzheimer’s Society, 2011**)

See also the **Action on Elder Abuse campaign** (with links for each of the four nations)

For a wider discussion of the issues around adults with learning disabilities and abuse please see:

- **‘Out of sight’** report (Mencap 2012)
- **Department of Health, No secrets** (guidance on protecting vulnerable adults in care)

Statistics

- **Statistics: child death reviews**
- **Statistics: children in need**

Referral and working with other agencies

Interprofessional communication and decision-making

The findings from published serious case reviews and legal proceedings consistently recommend the need for improved inter-agency communication. SLTs will support colleagues and communicate across services to improve sharing of information.

SLTs may be involved in supporting the person affected by crime to express information and to understand the process of safeguarding. SLTs can contribute information on development of language and communication and support other professionals in assessment. In addition, SLTs may contribute to interagency work with witnesses and perpetrators of abuse during safeguarding investigations.

NSPCC report that: “Most case reviews flag the issue of inadequate information sharing and ineffective work with colleagues and other agencies. The knowledge held by an individual practitioner or agency may not, on its own, appear worrying but when collated the overall picture may indicate a more significant level of concern and risk.”

Practical barriers to information sharing include using different and incompatible IT or paper systems and diverse interpretation of policy, procedure and protocol.

This **Child Sexual Exploitation paper** (2017) explains the importance of inter-agency communication and advises that while significant progress has been made challenges remain. Important areas for improvement include:

- the practical implementation of information sharing guidance
- common risk assessment processes, as set out in *Working Together* following an evidence-based model which looks at risk factors, vulnerability, protective factors and resilience and which prioritises professional judgement and does not rely on simplistic scoring
- clarity about professional roles and thresholds for action across universal, targeted and specialist services
- more effective sharing and recording of intelligence
- better coordination of statutory and voluntary sector services
- more streamlined management of multiple agencies’ engagement with persons affected by crime and their families

SLTs in contact with children

Research describes links between abuse, neglect and language delay and disorder.

In cases of suspected child abuse SLTs will share information with key professionals such as GPs, health visitors, education and social services. SLTs have specialist knowledge of development and communication and this will inform other professionals and support decision making around safeguarding referrals.

Working together to safeguard children guidance, says: 'When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents, carers, or family network to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children's social care.'

The NSPCC has information on research highlighting findings from serious case reviews and the need for sharing information and following up processes. This includes [resources describing](#) aspects related to professionals working in health, education, social services and CAMHS among others. The NSPCC include topics around risk factors for different types of child abuse, challenges for professionals and learning for improved practice.

SLTs in contact with adults at risk

The same principles apply with SLTs working closely with health and social services to report and follow up concerns around suspected abuse of adults at risk.

The CQC have an assessment framework (2024) that contains a [quality statement on safeguarding](#)

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SLTs working with adults with learning disabilities or autism should be aware of the RCSLT 5 Good Communication Standards which describe how to support communication for people with learning disabilities or autism in specialist hospital or residential settings.

Confidentiality and disclosing information

SLTs will establish and maintain trusting relationships with adults and children as part of the assessment and intervention process, promoting a safe space for disclosure.

The individual will also need support, understanding the SLT's need to report information and to implement safeguarding processes.

This is outlined in the HCPC section 5, and for more detailed information please also see the RCSLT:

- [Confidentiality pages](#)
- [Consent pages](#)

[Government guidance](#) offers advice for practitioners providing safeguarding services on information sharing.

Sharing information, inter-agency collaboration

Government advice and studies have demonstrated the need for early and continued sharing of information. SLTs must ensure that information and concerns are passed on to the local authority, sharing separate pieces of the 'jigsaw' may be critical to keeping the child safe.

SLTs must not assume that someone else will have taken responsibility for communicating concerns.

[National guidance](#) on the principles of recording and sharing information states that information sharing should be:

- necessary and proportionate
- relevant
- adequate
- accurate
- timely
- secure
- recorded.

In an emergency, timeliness is key and SLTs should consider whether obtaining consent may incur a delay.

Prevention of harm to the individual is paramount. At times it may be appropriate to breach confidentiality to report a safeguarding concern, it may be unsafe or inappropriate to seek consent. As above, documentation must be carefully and fully maintained.

Documentation and record keeping

Careful recording of suspected or disclosed abuse is crucial and for more detailed information on record keeping please see:

- [RCSLT information governance guidance](#)

- **RCSLT guidance on writing for work**

Ongoing practice – working with child or parent

SLTs continuing involvement with service users on the caseload (child or adult and their caregivers) during or following a report of suspected abuse will need ongoing support and supervision.

Guidance is available from statutory bodies and also organisations such as NSPCC. For children remaining with a family or carer, SLTs should be **aware of the safeguarding issues** around the child and their potential impact:

“It is important that continued contact is not misinterpreted as informed choice or an indication of absence of harm. Practitioners should maintain their relationships with children and young people and continue to exercise professional curiosity and create safe spaces for disclosure.

Continued contact with perpetrators should be seen as part of the complex power dynamic of the abusive relationship, similar to that in some situations of domestic abuse. Practitioners should continue to reach out to persons affected by crime and not make the offer of services dependent on formal disclosure. Many persons affected by crime are only able to disclose after the provision of support, often months or even years down the line.”

Other concerns

Prevent strategy (counter terrorism)

This **government initiative** aims to educate and stop people becoming involved with or supporting terrorism, this is a programme of early intervention linked to **Prevent**.

Concerns regarding colleagues/others (i.e. someone not currently on active caseload)

Person affected by abuse

For any concerns, or suspected abuse, SLTs should seek advice through local safeguarding procedures, reporting and escalating concerns as appropriate. This would include concerns regarding colleagues, patients on the SLT's caseload and their caregivers, or other people with whom the SLT has contact.

Fitness to practise

The HCPC outlines **their process for raising any concerns**. This may be by members of the public, other professionals or SLTs.

Escalation: reporting and follow up concerns

Safeguarding processes and reporting of concerns depend on careful follow-up.

Making a referral or passing on information to another agency requires follow up to maintain effective communication and to ensure responses and support are timely, see HCPC standard 7.3.

Supervision related to safeguarding

Newly qualified health professionals need to discuss all their complex safeguarding cases during supervision.

Experienced practitioners should bring three or four complex cases to supervision for in-depth discussion and analysis. Insight from these discussions should then be transferred to all cases with similar issues.

Supervisors should encourage their staff to reflect on the emotional impact of managing complex cases. Health professionals should escalate failures in processes to managers so that action can be taken.

Independent SLTs need to source appropriate clinical support and supervision specific to safeguarding following HCPC standards.

Supervision and training are statutory requirements. Organisations must provide appropriate supervision and support for staff, including undertaking safeguarding training (Section 11 of the Children Act 2004 referenced in **Working together to Safeguard Children (2023)**).

SLTs working in organisations such as NHS, education, third sector and those working independently should receive regular training and updates relevant to their practice. Independent SLTs, or SLTs working across health and education organisations, must ensure they have access to supervision and support and are fully aware of the local safeguarding systems.

Further information on supervision can also be found on the RCSLT **supervision webpages**.

Organisational issues and concerns

Concerns around resistance or non-compliance

SLTs may encounter patients, caregivers and professionals who appear resistant to the SLT's advice and recommendations. The HCPC standards list include working with informed consent, as registrants must "promote and protect the service user's interests at all times" ensuring consent is informed and decision making supported throughout the therapeutic process. SLTs must be aware that service users therefore have a right to refuse services as long as there is no safeguarding risk. In these situations, SLTs will ensure clear record-keeping and access support and supervision from managers.

When resistance or non-compliance becomes a safeguarding concern, SLTs must raise this through the local protocols for safeguarding concerns with local authorities. Non-compliance may include repeated failure to attend SLT appointments, safeguarding concerns should be raised where this is likely to cause significant harm to child or adults' health, general care or development.

SLTs should offer clear outcome measures in discussion with the patient and/or their proxy to ensure that the patient's perspective is considered as an integral part of setting therapy aims and targets for intervention (Enderby, John and Petheram, 2013). SLTs should also consider the mental capacity of the patient and be aware of the **5 principles of the mental capacity act** including 'unwise' decision making.

- See also RCSLT guidance on **supported decision making and mental capacity**

Business continuity

Safeguarding concerns may be an issue raised where SLTs have concerns about size of their caseload, staffing and adequate provision of services.

This will also apply when SLTs have referred a patient for specialist assessment or second opinion, delays in this may affect the safety and well-being of the patient.

Local protocols will describe procedures for raising concerns; NHS systems include patient safety software for risk management in healthcare. Other organisations should have systems and procedures in place to report, record and action concerns with appropriate managerial escalation.

Local authorities will have a designated officer for raising safeguarding concerns. **Supervision** should be integrated into procedures for supporting SLTs reporting concerns.

Whistle blowing

SLTs with concerns regarding safeguarding within safe practice of individuals and organisations can follow the **HCPC flowchart guidance for whistleblowers**.

Use of social media

Adults at risk and children may communicate information through the use of social media which leads the SLT to concerns around safeguarding. This could relate to patients, professionals and/or caregivers.

The RCSLT and the **HCPC** clarify professional responsibilities for use of social media at work and also outside work time.

The following RCSLT guidance offers more information:

- **Confidentiality guidance**
- **Information on social media**

National Guidance

Please note: the resources in this list are provided for informational purposes only. No endorsement is expressed or implied, unless otherwise stated. While we make every effort to ensure this page is up to date and relevant, we cannot take responsibility for pages maintained by external providers.

- [Adult safeguarding and domestic abuse](#)
- [Alzheimer's Society: Mistreatment and abuse of people with dementia](#)
- [Care Act factsheets](#)
- [Child sex exploitation](#) (2017)
- [CQC - Safeguarding people](#)
- [CQC: Statement on roles and responsibilities for safeguarding children and adults](#)
- [HCPC: Raise a concern](#)
- [HCPC: Vetting and Barring](#)
- [Information sharing advice for practitioners providing safeguarding services](#)
- [Multi-agency public protection arrangements \(MAPPA\)](#)
- [NHS: Mental Capacity Act](#)
- [Department of Health & Social Care: Care and support statutory guidance](#)
- [NSPCC statistics on child abuse](#)
- [NSPCC: Writing a safeguarding policy](#)
- [RCSLT 5 Good Communication Standards](#)
- [Report abuse of an older person](#)
- [Report child abuse](#)
- [Report hate crime](#)
- [Safeguarding children and young people: roles and competences for healthcare staff](#)
- [SCIE: Adult safeguarding sharing information](#)
- [Statistics: children in need](#)
- [The Safety Net project](#)
- [Working together to safeguard children](#)
- [NICE and SCIE Quick Guide \(2018\) Getting help to overcome abuse: a quick guide for young people receiving support](#)

NICE guidelines

Further guidance is available on the NICE website. These include flowcharts of safeguarding processes and provide quality standards, briefings and guidance, covering:

- [Safeguarding \(various\)](#)

- Children's social care (various)
- Adult's social care (various)
- Vulnerable groups (various)
- People with learning disabilities (various)

Scotland:

- Child Protection
- Adult support and protection

Wales:

- National Office for Care and Support
- Wales Safeguarding Procedures
- National Independent Safeguarding Board

Northern Ireland:

- Recognising adult abuse, exploitation and neglect
- Child protection
- Reporting child abuse and neglect

Policy

England:

- Section 31 of the Children Act 1989 (England and Wales)
- Mental Capacity Act (2005)
- The Care Act (2014)
- Safeguarding children and young people (2014)
- National Service Framework for Children, Young People and Maternity Services
- Multi-agency public protection arrangements (MAPPA)
- Safeguarding policy: protecting vulnerable adults
- Social Care of Excellence - safeguarding adults
- NHS England information on safeguarding
- SCIE information on Local Safeguarding Boards (LSCBs)

Scotland:

SLTs working in Scotland should be aware of:

- **Part 2 of the Children Act Scotland** (1995)
- **Adults with Incapacity (Scotland) Act 2000**
- **Adult support and protection (Scotland) Act 2007**
- **Scottish Government Child protection guidance** Scottish Government

Wales:

SLTs working in Wales should be aware of:

- **Section 31** of the Children Act 1989 (England and Wales)
- **Rights of Children and Young Persons Measure** (2011) which incorporates the UN Convention on the Rights of the Child into domestic law
- **Safeguarding and protecting people for charities and trustees**
- **Social Services and Well-being (Wales) Act** 2014

Northern Ireland:

SLTs working in Northern Ireland should also be aware of:

- Articles 2 and 50 of the **Children Order** (Northern Ireland, 1995)
- **Children NI Order** (1995)
- **Understanding the Needs of Children in NI** (UNOCINI) 2011
- **Co-operating to Safeguard Children and Young People in Northern Ireland**

Resources

Professional development scenarios

Our professional development scenarios cover a broad range of subjects you may encounter in your professional life, including issues ranging from duty of care and safeguarding to mental capacity and supported decision making, and cover all four domains of the Professional Development Framework. The scenarios are relevant to members at all stages of their careers and who are working in a variety of often complex employment situations. Each scenario provides a work-based problem for you to consider and is designed to encourage reflective practice. You can work through the scenarios on your own, with a colleague or supervisor, or in groups. For instance, you could work through a scenario in team meetings, peer supervision sessions or at a CEN meeting. Working through the scenarios counts towards your continuing professional development (CPD).

elearning

- NHS England Safeguarding Adults
- SCIE Safeguarding Adults
- NHS England Safeguarding Children and Young People
- NSPCC e-learning courses

Local Influencing

Guidance and resources to enable you to demonstrate to your local stakeholders how you:

- deliver their objectives
- improve outcomes for them
- improve outcomes for people who benefit from speech and language therapy.

[RCSLT factsheet on safeguarding](#)

Evidence

Finding evidence

Access research articles through our [RCSLT Journals Collection](#) and more resources to support using evidence based practice in our [Research Centre](#).

Journal articles

- Boland, B., Burnage, J. & Scott, A. (2014). Protecting against harm: safeguarding adults in general medicine. *Clinical Medicine*, 14 (4), 345-348.
- Gonzalez Izquierdo, A., Ward, A., Smith, P., Walford, C., Begent, J., Ioanna, Y & Gilbert, R. (2014). **Notifications for child safeguarding from an acute hospital in response to presentations to healthcare by parents.** *Child: care health and development*, 41(2), 186-193.
- Harwood, R., Stewart, R. & Bartlett, P. (2007). **Safeguarding the rights of patients who lack capacity in general hospitals. Do the Bournemouth proposals for England and Wales help or hinder?** *Age and Ageing*, 36, 120-121.
- Manthorpe, J. (2011). **Recording Skills in Safeguarding Adults: best practice and evidence requirements.** *Journal of Interprofessional Care*, 25(5), 386-387.
- Stokdale E. & Abbas, E. (2016). **G295(P) Safeguarding children with disability.** *Archives of Disease in Childhood*, 101, A165-A166.

Contacts

Organisations

- [Care Quality Commission \(CQC\)](#)
- [Health and care professions council \(HCPC\)](#)
- [NSPCC](#)
- [Dept of education](#)
- [Age UK](#)
- [Alzheimers Society](#)
- [Action on Elder Abuse](#)

Other key contacts

- [NHS](#)
- [HCPC](#)
- [Dept of Health](#)
- [Office of the Public Guardian](#)
- [Disclosure and Barring Service](#)
- [NICE](#)
- [Prevent](#)
- [Social Care Institute for Excellence](#)
- [Scope](#)
- [Mencap](#)
- [BiLD](#)

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- Cooper, C., Selwood, A. and Livingston, G., 2008. The prevalence of elder abuse and neglect: a systematic review. *Age and ageing*, 37(2), pp.151-160.
- Crawford, H., Leslie, P. and Drinnan, M.J., 2007. Compliance with dysphagia recommendations by carers of adults with intellectual impairment. *Dysphagia*, 22(4), pp.326-334.
- Department of Health, 2015 No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
<https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>
- Enderby, P., John, A. and Petheram, B., 2013. *Therapy outcome measures for rehabilitation professionals: speech and language therapy, physiotherapy, occupational therapy*. John Wiley & Sons.
- Eslami, B., Viitasara, E., Macassa, G. et al. 2016 *Int J Public Health* 61: 891.
<https://doi.org/10.1007/s00038-016-0816-x>
- Fox, L., Long, S.H. and Langlois, A., 1988. Patterns of language comprehension deficit in abused and neglected children. *Journal of speech and hearing disorders*, 53(3), pp.239-244.
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Please **contact us** with any feedback on these pages.