

Response ID ANON-R8VF-A2MW-W

Submitted to Independent Review of Children's Social Care Services - Initial Consultation on the recommendations
Submitted on 2023-12-01 16:49:49

About You

Q1 Are you responding

on behalf of an organisation? (Please complete question 7)

Q2 About You - An individual. Are you a child/young person (under the age of 18)?

No

Q3 Are you a child/young person with care experience?

No

Q4 Have you ever engaged with family and children's social care services?

Yes

If yes, in what capacity? (Examples include - as a foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive):

Our members would be involved in the support, assessment and therapeutic work for all children, inevitably, these would include children with disabilities and looked after children. Indeed we have specialist SLT in these areas.

Q5 Do you work with children or families in a social care capacity?

Yes

Q6 If you answered yes to question 5, do you work in:

the Statutory Health and Social Care Sector?

If other, please specify::

RCSLT NI not only represent members employed by HSCT, but also those practicing independently.

Q7 If you are responding on behalf of an organisation, please provide the name of the organisation.

Organisation name::

Royal College of Speech and Language Therapists Northern Ireland (RCSLTNI)

Chapter 1 – Guiding Principles

Q1 Do you agree with the categorisation of these recommendations as guiding principles? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes

Comments::

The RCSLT NI agree with the categorisation of the recommendations given as guiding principles. We would welcome SLTs and our other Allied Health Professional colleagues being involved in any consultations. Our members are best placed to detail the services and supports already in place, including SLTs in the wider multidisciplinary team context.

Q2 Are you content with the proposal to adopt the principles to guide future reform in this area of service provision? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes

Comments::

The RCSLT NI advocate for a full review of current services which are provided to children, young people and their families. The role of a Speech and Language Therapist (SLT) is embedded across the lifespan and SLTs are highly skilled and equipped to support families as and when required. SLTs have excellent working relationships with other professionals, and form part of many different multidisciplinary teams.

The RCLT NI would like to emphasise the importance of good communication with our health and social care colleagues and other agencies to support and inform the best service, of which there are many excellent models in place.

Q3 Do you accept the position taken in connection with recommendation 29?

Yes

Comments::

The RCLT NI agree with this position, we strongly believe there needs to be accountability for the provision of care for our children and young people. This is best placed under the Department of Health, where other support services can be easily identified and accessed to support children, young people and their families in the health and well-being, as an individual or family unit.

Q4 Are there further comments that you would like to make in terms of how we ensure that the 'Guiding Principles' identified by the Review are being adopted?

Yes

Comments::

The RCLT NI would welcome a robust, transparent process which details which information will be recorded and include outcomes in a timely fashion. This will allow full consideration to be given to any changes or amendments made to any of the guiding principles after the evaluation of this consultation has taken place.

Chapter 2 – More Effective Family and Children's Services

Q5 Do you agree with the decision by the Department of Health to implement, through an already established programme board, recommendations 25, 28, 30, 33 and 49?

Undecided

Comments::

The RCLTNI does not feel it is within its' professional remit to respond to all of these specific recommendations.

However, we strongly agree with recommendation 49 regarding addressing childhood poverty.

We would however like to add that Allied Health Professionals are integral to the multidisciplinary working group and representation should be included in any planning decisions and groups going forward.

Q6 Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?

Yes

Comments::

We would recommend that consideration is taken to the important role that SLTs and other Allied Health Professionals have within all aspects of a child and young persons care and development.

The RCLT NI advocate for the support of foster carers in understanding any speech, language and communication needs that their child may present with and knowing how to help. Evidence indicates that looked after children have a high rate of speech, language and communication needs, which are often overlooked (Chambers et al, 2010).

Research has shown that children in care are known to have a high prevalence rate of DLD as part of their complex profile. In a study by Clegg et al. (2021) on care leavers, 90% were found to have below-average language abilities and over 60% met the criteria for DLD with difficulties in literacy, developmental disorders, and social, emotional, and mental health concerns. This builds on previous research that has shown that children in care experience SLCN, although, these are often overlooked and not acted on compared to the emotional difficulties these children face, despite the prevalence rates being similar (26% and 24% respectively), (Chambers et al., 2010).

The impact is also compounded by the fact that children and young people in care experience lower levels of formal qualifications, and employment and engage in criminal activity (Clegg et al., 2021). In NI statistics show that older children in residential care, 29%, had been cautioned or convicted of an offense.

Q7 Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support? (Recommendation 22)

Yes

If you selected yes, how might the reset be best achieved/delivered?:

The RCLTNI respect the pivotal role of families in all aspects of a child's social, emotional, cognitive and physical development. Our members value the support of family as an integral part of the therapy/ intervention process. Families enable carry over of speech and language advice outside of the clinic or classroom environment which helps achieve positive outcomes for all. However families need varying levels of support to enable them to help their

child or young person. Our members are very skilled at working with all types of families including those who may have additional needs including speech, language and communication needs themselves. It is important to note that the SLT may be the first point of contact for a family and therefore the first professional to recognise the extent of the child/ family's need and seek support via onward referrals.

The RCSLT NI believe that all staff and families would benefit from clarity of the roles and responsibilities of the professionals who provide family support. There should be a clear pathway and criteria for making onward referrals. It is often our members' experience that when a referral to social services has been made, it may be rejected as family support does not meet the threshold. Our concern is that families who are in immediate need of support or in crisis, are not eligible for help and therefore the situation escalates.

Family representatives / service users should be included in all aspects of service planning including where any changes to current services are being considered.

Furthermore, family members who themselves are neurodivergent or have some form of speech, language or communication need, should also be supported to engage, ensuring all information given is in accessible formats (including easy read letters with pictures, texts or video versions). It is often the case that families do not answer the telephone, nor respond to letters and are then discharged. It is important to note that this should not be taken as a direct decline for services/ support but it could be due to speech, language or communication needs that hinder these forms of communication from families.

Q8 Do you agree that Sure Start should be expanded so that children (age 0-3) and families outside current Sure Start catchment areas can avail of Sure Start services? (Recommendation 23)

Yes

If you selected yes, should expansion be targeted for those outside catchment areas and, if so, how?:

The RCSLT NI believe that all new parents, regardless of socioeconomic status, should be able to access support. However, we acknowledge that this needs to be done with caution for several reasons. Dedicated funding would be essential to ensure that services are adequately expanded in specific areas, rather than diluting already existing services.

Furthermore, a complete review of the current Sure Start services should be undertaken before any changes are made. It is important to shine a light on things that work well but also acknowledge aspects which are less effective to ensure changes and additional services are evidenced based and outcome driven.

In reality, there is no apparent confirmed funding for any expansion of Sure Start and with our current workforce crisis for Speech and Language Therapists this is concerning. Note - we continue to lobby for an increase in the number of commissioned places for new students at Ulster University, as well as for alternative routes into the profession (for example, apprenticeships).

Please note that the RCSLT NI recognise that Sure Start is an excellent and evidenced based resource for families who are living in more deprived areas, enabling those children to have a fairer start in life. Our members have concerns that those in similar areas are excluded due to post code 'cut-offs' and that there are many needy families missing out. Therefore, we would suggest that the areas of deprivation are reviewed and the most deprived, outside of the identified wards that Sure Start are already working in, would be considered as next to receive Sure Start intervention. However it is important to note the current social housing model requires a certain percentage of new developments to be made available for those requiring social housing. This means that those living in situations of deprivation and poverty may actually be living in a more affluent postcode, and unable to avail of supports.

We are also aware that families of varying levels of socio-economic status will experience the need for support when parenting. Therefore, the RCSLT NI would recommend that all families are able to access online universal supports, lots of which are already available. This would be a simple and quick way to spread knowledge and support.

The RCSLT NI do not however agree that expanding Sure Start to all postcodes across NI is an effective use of resources.

If targeted based on need, how should children be identified to Sure Start projects?:

As mentioned above, we would suggest a review of the current model of Sure Start and the wards and postcodes included. The next more deprived areas should then be considered for addition, if it is felt that an expansion is required.

Parents can currently self-refer to Sure Start through its open referral system. Sure Start prides itself on being a non- stigmatising service and families appreciate this, which is why they engage in the support on offer. However, even now, some families (within the Sure Start areas) continue to be hard to reach and their circumstances are such that they cannot avail of supports even when very much needed.

It is vital that Sure Start maintains good links between social care, health visiting, AHP and GP services. Our members have told us that sometimes it is assumed that families who are registered with Sure Start are also accessing other services, this is not always the case.

The RCSLT NI believe that there must be opportunities for multiagency communication which is key to supporting families in need. Need is not always defined by social economic status it could be defined as a parenting support need, befriending need, need of the child or parents and be based on what the Sure Start service could offer in terms of support.

The RCSLT NI would caution, as has been mentioned in the report, that social care professionals do not leave the family support role to another agency such as Sure Start, but engage with Sure Start and work together to complement each other in the family support process. A public health approach would add to self-awareness of empowering families to recognise and manage their own needs.

What difference do you consider expansion would make?:

Only if properly funded and resourced, any expansion into the next most deprived areas would allow for a more equitable service for those families in newly identified areas. Families could benefit from all services Sure Start has to offer. SLTs in Sure Start offer training to early years staff and parents increasing the wider awareness of speech, language and communication needs and education on how to support the developing child in this area. It is well known the importance of early language acquisition and the impacts of unidentified or unsupported speech, language and communication needs (SLCN) on a child's academic achievements and emotional and mental wellbeing in later life. We also know that in more deprived areas, upwards of 50% of P1 children begin school with some form of SLCN. Sure Start support can help mitigate the risks and work to close the gap between children from the more deprived areas and their peers.

How might this expansion of services be achieved using the existing 38 Sure Start projects?:

As stated, there are some expansion areas attached to the 38 Sure Starts already which are working very well. The RCSLT NI acknowledge that this could be replicated, the information from the census helping determine where young families are located in NI. It is imperative however to note that the Sure Start service would be significantly diminished if expanded to other areas without adequate funding and resourcing. It is prudent to mention that when England expanded their Sure Start services (between 2002-2004), despite doubling their funding, it was not adequately resourced or planned and ultimately Sure Start services began to close their doors.

Any expansion needs to be carefully thought out and consulted, with a plan of progression ensuring secured funding, resources and staff to deliver. The RCSLT NI is aware that the current NI Sure Start service works well but they are not without their challenges. Currently they are under considerable financial strain, therefore, it cannot be expanded without consideration to the points raised above.

Sure Starts are based in communities and mostly served by the Community and Voluntary sector. This keeps them close to the communities they serve and they in turn can respond quickly to the needs of these communities. Therefore, the RCSLT NI would recommend that Sure Start remains within Health rather than sit within the ALB, but remain closely linked to those services within it.

Q9 Do you agree that the provision of Sure Start services should be extended to older children, i.e. aged 4 to 10? (Recommendation 23)

Undecided

If you selected yes, should provision be targeted and, if so, how? :

The RCSLT NI suggest that Sure Start is extended only to the end of Primary 1. This would allow for continuity of trusted services and relationships while the child transitions to the school setting. It would help families build relationships with schools and link/ signpost to other professionals or services that may be required on an ongoing basis. This would only be for children already known to Sure Start, not for new referrals. Note this expansion would need to be adequately resourced.

Sure Start SLTs have a unique set of skills to support teachers in nursery and P1. Our members feel there is no current rationale to go beyond Primary 1, as this would undoubtedly dilute the early intervention aspect of Sure Start.

Which services/ support should be available for children aged 4 to 10 through Sure Start?:

After primary 1, interventions should be delivered through educational based teams already available via the Education Authority and not via Sure Start, i.e. Language and Communication Services, Early Years and RISE NI team depending on the individual need of the child or young person. We would recommend consultation with RISE NI coordinators to determine if their pilot into Key Stage 2 proved successful. We are aware that the outcomes have been positive but funding for this will end in March 2024 and RISE NI are waiting to see if funding will be extended. This impacts on retention of trained staff.

These services could be available for children/ families who have more persistent concerns and are likely to require further intervention and support. When a child requires more specialist support, a referral to a community SLT may be required.

How would extended services for children aged 4 to 10 integrate with their attendance at pre-school/ school?:

Our members feel there needs to be a clear understanding on the role of Health and Education and how they work together for the needs of the child.

Children in Primary 1 accessing Sure Start, particularly children with SEN, would hopefully be able to attend school for longer periods of time with adequate support. Anecdotally, our members recently reported that one mainstream primary school class had 5 children commence Primary 1 with no verbal speech/ means of communication. The teacher was overwhelmed and unsure of how to access help. Of these 5 children, none were known to SLT or other services. Had Sure Start been involved (due to the proposed expansion into the next most deprived areas), staff could have supported the transition for the child, family and the teacher.

If services were provided in schools, this could reduce the number of missed appointments at Health and Wellbeing Centres, allowing the child to access the support they require at the time they require of it. We know that family support offered by Sure Start also supports parental routines and encourages attendance at nursery, school and appointments.

What support should be available for parents/ families of children aged 4 to 10 through Sure Start?:

For children 5 to 10 the following services would be useful but do not need to be delivered by Sure Start:

- Parent training - including information on speech, language and communication needs
- Staff training for education
- Neurodevelopmental training as offered currently by RISE NI team

- Family support for individual families on a short-term basis

How might this extension of services be achieved using the existing 38 Sure Start projects? :

The RCSLT NI does not agree with a full expansion of Sure Start up to the age of ten, as this is not inline with the early intervention premise of Sure Start as a whole. If an expansion is however agreed, we would suggest that to begin with, the current 38 Sure Starts review and see if it is possible to support families and schools with the transition to formal education for those over 5.

What challenges or risks might it create/generate and how might these be overcome?:

Workforce and funding issues will certainly be a challenge. The RCSLT NI would welcome support to progress the SLT workforce review from 2018. The implementation of this review has stalled given the lack of a functioning Assembly. We need to address and increase the amount of commissioned Speech and Language Therapy places at Ulster University to assist in mitigating the increasing needs. In September 2023 we have 38 places, however ten of these were due to funding from the Irish government and will not likely be repeated in 2024. Therefore, we will be back to 28 places. The workforce review stated the need for 40 places by 2024, yet this review is already out of date. The review also recommended that alternative routes into the profession are introduced including apprenticeships and masters programmes. Both of these options are available in other parts of the UK, and we will continue to lose our workforce if we do not provide the same opportunities in NI.

What benefits would Sure Start services bring to families with children in this age group?:

Expansion of Sure Start into Primary 1 (as we suggested above) would allow for families to avail of support and expertise at the unsettling time of transition to P1. It would likely ease the transition period for both the child, parent and teacher as the Sure Start staff could provide necessary advice and supports. It would also allow for the support and upskilling of education staff in speech, language and communication needs – transferable skills for working with all children in their classes.

Q10 How do you consider other family support services could be expanded to meet the needs of children aged 4 to 10? (Recommendation 23)

Comment::

Family hub services available through CYPSP are currently available and could link better with Education colleagues to offer a more comprehensive and wide reaching service across NI.

The Nurturing parenting program (<https://www.familylinks.org.uk/10-week-nurturing-programme>) has proven to have good outcomes for Sure Start families and can be offered for other ages and stages.

Consultation would be required on who and how these are delivered to an older age group focus.

A joined-up approach of all community services is required and must be at the forefront of all developments.

Currently, depending on where you live, there could be competing services or no services available at all. The RCSLT NI would recommend a review of services available with the view to ensure equitable access to allow families to access supports already out there, for example, online resources, i.e. Help Kids Talk - Early Talk Boost and Talk Boost.

At present some health services are moving into the public health arena and offering services that are already available in the area through Sure Start. There are many similar programs that are common among the community and voluntary sector offered by Action for Children, Barnardos, Save the Children, Life Start and others. Once again, the RCSLT NI suggest that a review of these services is carried out to avoid duplication of services and inefficient use of resources.

Q11 Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)

Undecided

Comments::

RCSLT NI feel that this is outside our area of expertise to comment on.

Q12 Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)

Not sure

Comments::

RCSLT NI feel that this is outside our area of expertise to comment on. However, we do advocate for the support of foster carers in understanding any speech, language and communication needs that their child may present with. Evidence indicates that looked after children do have a high rate of speech, language and communication needs, which are often overlooked (Chambers et al, 2010).

Q13 Do you agree that children with a disability should not automatically transition from children's services to adult services at age 18? (Recommendation 31)

Yes

Comments::

RCSLT NI believe that this should be reviewed on a case by case basis and should be needs led, the focus should always be on the best outcome for the young person and not dictated by age.

Q14 What do you consider to be a suitable transition period for children and young people with a disability moving to adult services? (Recommendation 31)

Comments::

The RCSLT NI are aware that in England children and young people with SEN are monitored and reviewed until the age of 25 years in regards to their education. We feel that the transition period, if the age is extended before moving to adult services, should be on an individual basis and needs led, always placing the young person at the forefront for any support they require.

Q15 Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)

Yes

Comments::

The RCSLT NI believe that the transition period should be case specific.

Q16 Do you agree that a transitions advice and advocacy service is required in Northern Ireland? (Recommendation 32)

Yes

Comments::

Yes we agree that both health and social care services would benefit from a transitions advice and advocacy service that could provide individual advice for complex cases that require more discussion. VOYPIC is an excellent example of this model. The RCSLT NI strongly believe that the voice of the child is paramount and should be listened to. However there are children and young people with speech, language or communication needs who need supported to communicate their thoughts/ messages. SLTs are experts in communication and may be needed to support the child to voice their needs during a time of transition.

Q17 How do you suggest the advice and advocacy service is provided? (Recommendation 32)

Comments::

VOYPIC is an excellent model to learn from. We would suggest a review of all advice and advocacy services currently available, this includes individual services within each trust. A review should include outcomes and best practice. Funding and adequate resourcing is essential to ensure effective services which are equitable regardless of postcode/ trust.

The RCSLT NI would like to add that SLTs, as experts in communication should be called upon for training and support for any such services created. This would need funded.

Q18 Is there scope to combine implementation of recommendation 32 with recommendation 36?

Undecided

Comments::

We would need further information in order to make a clear recommendation.

Q19 Do you agree that the Gillen Review should continue to help shape civil and family justice modernisation priorities? (Recommendation 34)

Undecided

Comments::

The RCSLT NI feel this is outside our area of expertise to be able to comment. We do wish to highlight the rate of speech, language and communication needs within the justice system (at least 60% of young offenders have language difficulties, Bryan et al, 2007) and how SLTs play a vital role in assessing and supporting children, young people and staff. Consideration should also be given to parents and families who themselves may have speech, language or communication needs and require accessible information and adequate supports.

Q20 Do you agree that informal arrangements between members of the judiciary and leaders of children's social care services should be put in place as recommended? (Recommendation 35).

Undecided

If yes, please specify.:

The RCSLT NI does not feel this is within our remit to comment.

Q21 Do you agree that improvements are necessary in how parents, who are engaged with children's social care services, are supported, including through advocacy support? (Recommendation 36)

Yes

Comments::

The RCSLT NI acknowledge the benefits of organisations and services coming together to support families. As previously mentioned, parents may themselves experience speech, language or communication difficulties and therefore struggle to effectively engage with all aspects of the social service system. All information should be inclusive and in accessible formats.

The RCSLT NI would recommend that all social services and health care staff undertake Communication Access training to ensure they are skilled and able to support families with speech, language and communication needs.

www.communication-access.co.uk

Q22 Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)

Undecided

If yes, please specify. If no, do other mechanisms currently exist which we can draw and build on?:

We welcome support and advocacy. The RCSLT NI feel there should be a review of the current advocacy services available and consultation with the experts in the field that could help inform the outcome of having this delivered by an independent organisation or not. If it is decided that an independent organisation is best, there will need to be strict and clear guidance and governance arrangements and processes in place to ensure safety and effectiveness of the services provided.

SLTs are often the first professional involved and therefore the first to recognise the extent of family support required at any time. Therefore communication with all professionals is key across health and social care divisions. Clear recommendations for sign posting are essential given our duty of care to those children and their families.

Q23 Is there scope to combine implementation of recommendation 36 with recommendation 32 ?

Undecided

Comments::

We would need further information before we could comment.

Q24 Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children's social care services? (Recommendation 37)

Undecided

Comments::

Our members can understand the benefit of this, however, it is vital for young people to have a stable support network in place. Issues can and will arise if there is only one named person to facilitate this for them i.e. they could retire, leave the profession, go on a period of long term leave and as a result, the young person is left with a period of instability and an unknown wait for a replacement, which might be someone they are unfamiliar with.

We would suggest that there are a number of named people who are able to step in and support the young person as and when required.

Q25 Do you agree with the plan under the Mental Health Strategy to further develop emotional health and well-being services and mental health services for children and young people? (Recommendation 42)

Yes

Comments::

The RCSLT NI agree this with recommendation and envisage SLT to play a key role in this area. The recently published Mental Health Workforce Review indicated that NI should have at least 96 SLTs working within mental health, including children's services. Note there are currently no SLTs working within CAMHS in NI. Whilst we welcome the acknowledgement of the service that SLT can provide in this field, there are issues in making this a reality, due to workforce pressures. This again, highlights the need for more SLT places to be commissioned at undergraduate level in NI and the exploration of other avenues into the profession.

Q26 Are there any other approaches that could be considered? (Recommendation 42)

Yes

Comments::

The RCSLT NI would like more information to fully respond to this question. When children are known to social services, they have more than likely experienced trauma, e.g. having significant ACEs and therefore it is imperative that any staff working with them are trauma informed and adequately trained.

Who is staffing this separate service, their qualifications and experience of working in this area?

Is there access to clinical support / supervision from CAHMS?

Will they be adequately trained to recognise when onward referral for more specialist support is required?

What is the criteria to access this level of support?

Staff in this service would need to be trained to acknowledge where speech, language and communication needs are creating a barrier for the child accessing supports - which are often in the form of talking therapies. Referral to SLT may be required.

Q27 Do you agree with the proposal to undertake a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility in response to the concerns raised by the Review? (Recommendation 43)

Yes

Comments::

Q28 Is there another approach that could be taken to address the concerns raised in connection with Beechcroft Child and Adolescent Mental Health Unit in-patient facility? (Recommendation 43)

Not sure

Comments::

It is not within our remit to comment further.

Q29 Do you agree with the Department's position in relation to the need for an in-patient facility for children with a disability? (Recommendation 44)

Undecided

Comments::

We would like clarity of the term 'disability' as we feel this is unclear.

Children with disability are more likely to have speech, language or communication needs and therefore we recommend that a SLT post is included in any new service or ward created.

If there is a steering group/ planning group created to move this forward, we would ask that a SLT or representative from RCSLT NI is invited to join to advise.

Q30 Do you agree with the proposal to undertake a review of service provision at the Iveagh Centre in-patient facility, alongside implementation of the Strategic Framework for Children with a Disability? (Recommendation 44)

Yes

Comments::

It is always worthwhile to undertake a review of services to ensure safe and effective practices.

Q31 Are there any other steps that you consider the Department needs to take in connection with the concerns raised by the Review? (Recommendation 44)

Not sure

Comments::

It is not within our remit to comment further.

Q32 Have you any further comments about how social care services for children and families could be improved, taking account of what the Review found?

Yes

Comments::

The RCSLT NI supports the recently appointed SLT roles within Looked After Children in 4 out of the 5 trusts. We also acknowledge our member who has taken up post as an AHP safeguarding lead in one of the trusts. Note - this is the only post of its' kind in NI. This role demonstrates the importance of joined up working between AHPs and nurses in health and staff in social services. This role promotes safeguarding and wellbeing of the child and offers training, support and a level of accountability between all professions involved.

The RCSLT NI would recommend funding to ensure that both roles are commissioned within all 5 trusts to ensure equity of service and overall safety of our children. Ultimately these roles improve outcomes for the children and families involved.

Chapter 3 – Operational/Organisational Effectiveness and Efficiency

Q33 Are you content for recommendation 14 to be considered as part of ongoing internal organisational re-design work within the Department of Health?

Yes

Comments::

Q34 Are you content for recommendation 15 to be taken forward through the review, revision and re-issue of Departmental circulars that deal with the statutory relationship between the Department of Health and Health and Social Care Trust children's social care services?

Undecided

Comments::

Q35 Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?

Yes

Comments::

The RCSLT NI agree that case management reviews should be speedier and more participative of all of those involved including family. The outcome of any case management reviews should be disseminated and communicate with all staff in a timely manner.

Q36 Are you content for recommendation 47 to be considered through the Children's Social Care Strategic Reform Programme and ongoing work relating to the Department's Core Grant Scheme?

Yes

Comments::

The RCSLT NI feel this allows for a more stable workforce and will enable families to access the supports they need when they need them. This will strengthen the voluntary and community sector's ability to expand their offerings given the security of continued funding. This will serve to benefit the children, young people and their families.

Q37 Do you agree with the group of recommendations relating to the establishment of a Children and Families ALB in place of current arrangements? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Undecided

Comments::

The RCSLT NI has concerns regarding the creation of an ALB. Largely there is a dearth of information and clarity around the interface of SLTs and other AHPs with the social care system within the new ALB.

The RCSLT NI acknowledge the significant pressures there are across the system but we are not sure that creation of an ALB will lessen these pressures.

Our concerns include those around data systems, governance, safety and accountability. Details around these important areas have not been made explicit in the review. For example, a SLT working within children's residential care homes may sit within the new ALB, however they would require professional speech therapy supervision from an SLT, not a social worker. How would that work in practice if the SLT was no longer working for the trust? Or would they remain in the trust?

AHPs must adhere to HCPC guidelines for supervision.

Our members need detail and clarity to fully understand how removing social care from the Trusts will benefit all.

Furthermore, we are unsure how you can remove health from the social care needs of the child. We must take a holistic approach to supporting our children and young people and are unsure how this will be possible if we become divided.

Q38 If you disagree with the recommendation to establish a Children and Families ALB, do you consider that there is an alternative (to a new ALB) way to address the systemic and endemic issues identified by the Review? (Recommendations 7, 12, 13, 38, 45 and associated

recommendations 40 and 41)

Undecided

Comments::

The RCSLT NI would recommend revisiting the processes already in place within the trusts, investing in the current workforce and improving any areas of concern. There are opportunities to develop and strengthen roles already within the HSCT which are still within their infancy, i.e., SLT within the looked after children service is still in its infancy.

We would like clarity of all services which would fall under the ALB as this is not clear to our members.

Q39 The Review Report identifies which services should fall within the scope of a new ALB and those which should not. Do you agree with the report's assessment of those services? (Recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

Undecided

Comments::

More consultation and collaboration with all AHPs and other professionals involved is recommended.

Q40 Do you agree that a Children and Families ALB should be able to develop and operate its own quality assurance and development processes? (Recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

Undecided

Comments::

Our members would request more information.

However, if this relates to accountability, we would have concerns that any quality assurance and development processes are only managed internally. We believe this should come from an external agency to fully safeguard children and young people and their families. It will also allow for full transparency.

Q41 If you answered yes to Q40, how would these processes replace or supplement existing quality assurance arrangements, for example those managed by RQIA or statutory functions reporting to the Department of Health? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Comments::

N/A

Q42 Do you agree that a Regional Care and Justice Centre should be developed on the Woodlands site in place of the current arrangements? (Recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

No

Comments::

A regional approach/ centre is needed however the location is not ideal.

Having a regional centre in Bangor is not ideal. Bangor is not a regional location for families and young people across Northern Ireland, especially as transport links are poor.

Q43 Do you agree that the development of a Regional Care and Justice Centre on the Woodlands site should be conditional on the establishment of a Children and Families ALB? (Recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

No

Comments::

If the ALB does not go ahead, we would continue to be supportive of a regional centre. We understand that this has been in planning for some time now and our members feel it is much need.

Q44 Assuming that Lakewood could be repurposed, what services do you consider could be offered/provided on the Lakewood site? (Recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

Comments::

We are unable to comment.

Q45 Do you agree that there should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families? (Recommendation 16)

Yes

Comments::

The RCSLT NI always advocate for multidisciplinary and multi agency working to enable a person-centred, holistic approach to care. SLTs are highly skilled professionals and bring a unique set of skills and expertise to any MDT. We recommend that they are part of any and all MDT and multi agency front line teams going forward.

Q46 If you answered yes to Q45, which agencies and professions do you consider should be involved in frontline teams and services to assist children and families and in what capacity? (Recommendation 16)

Comments::

The RCSLT NI always advocate for multidisciplinary and multi agency working to enable a person-centred, holistic approach to care. SLTs are highly skilled professionals and bring a unique set of skills and expertise to any MDT. We recommend that they are part of any and all MDT and multi agency front line teams going forward.

Q47 Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)

Yes

Comments::

As above, the RCSLT NI believe in joint working in all circumstances.

Q48 If you answered yes to Q47, what is the best way to make this happen? (Recommendation 18)

Comments::

Looking at good practice and outcome measures will help inform the delivery and make up of any multidisciplinary team and care pathways. The RCSLT NI believe that SLTs have a key role to play within children's services given that 10% of children present with a persistent and long term speech, language and communication need.

Q49 Do you agree with the proposal to reject Recommendation 19? If no, please explain why?

Yes

Comments::

The RCSLT NI feel that records and information should be available on one system. Having different information systems only hinders good inter professional communication and can have significant safeguarding implications for the child and family involved.

Q50 Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)

Yes

If you selected yes, what arrangements could be made?:

We agree that making teams multi professional will ensure a holistic approach to the child, young person and their family.

What challenges might this bring?:

There are challenges associated with changes in any staff teams - work will be needed to support staff to embrace change and understand the roles of the other professionals.

Also, the needs of the community and population will influence what is needed in that area and should be taken into account .

Time

Funding and capacity of the workforce

Supervision - clinical versus operational

What benefits can we expect any proposed new arrangements to deliver?:

Evidence shows how multi professional and multi agency teams lead to improved outcomes for children and their families as they feel more supported.

Having MDTs allows for the expansion of knowledge across the team and a more cohesive service overall.

Quick sharing of information with colleagues.

Q51 If appointed, which areas of children's policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)

Comments::

Our members would welcome more clarity around this.

Q52 Would having a dedicated Minister help to give full effect to recommendation 39, that is, give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?

Not sure

Comments::

Q53 Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?

Undecided

Comments::

Q54 Do you have any further comments on how family and children's social care services should be organised to address the range of issues identified in the Review Report?

No

Comments::

Chapter 4 – Workforce

Q55 Do you have any comment to make on how we further stabilise the children's social care workforce? (Recommendation 3)

Yes

Comments::

The RCSLT NI recognise the increasing complexity of need within our children and young people. We acknowledge the pressures on social workers and social care staff in dealing with these complex needs. Therefore we recommend multi professional working to support and ease pressures on social service staff. This could include SLTs and other AHPs, as well as community and voluntary organisation support. Within SETRUST, the AHP CYP Lead works closely with AHP colleagues and is a great example of joined up working with social care colleagues. We would recommend this post be extended to all trust regions given the positive outcomes.

The social care workforce should achieve pay parity with other areas of the UK.

Q56 Given that the current shared service model (as it relates to recruitment and other corporate services) was developed to deliver greater value for money, do you consider that there are significant risks with moving away from that model as recommended? Please explain your answer. (Recommendation 8)

Undecided

Comments::

This is not within our remit to comment.

Q57 Are there other measures that could be put in place or steps taken to address recruitment delays currently experienced within children's social care services? (Recommendation 8)

Yes

Comments::

Pay parity with other parts of the UK would help stabilise the NI workforce.

Q58 Do you have any comments specific to grading and banding structures within children's social care services? (Recommendation 9)

Yes

Comments::

Although this is for only social care staff, we would recommend that a review is opened to all AHPs.

Agenda for change is the model in operation in NI. Social work posts and progression through the bands should be based on experience and job matching in line with other teams on agenda for change. We would have concerns that a social work team leader would be paid at a higher band than another professional, for example a nurse or AHP, who holds similar responsibilities in line with their job description. This will cause AHP and nursing unions to take similar action for these groups which may result in a stalemate, and subsequent workforce challenges.

Q59 Do you have any comments specific to the delivery of a greater skills mix within frontline teams? (Recommendations 10 and 17)

Yes

Comments::

Greater use could be made of social work assistants, support staff and parent specialists within teams - as well as the AHPs, including SLTs.

Q60 Do you have any comments specific to a trainee social worker programme, the Open University route or to widening access to social work courses more generally? (Recommendations 10 and 20)

Yes

Comments::

RCSLT NI welcome the exploration of alternative pathways into the field of social work training. There are skilled staff and individuals with considerable expertise who would be an asset to this field.

Q61 Do you think that there are advantages to reintroducing a trainee scheme for social work? (Recommendations 10 and 20)

Yes

If yes, please explain your reasons. :

RCSLT NI support this recommendation.

Q62 Do you have any comments to make about how we can improve retention of social workers in children's services? (Recommendation 11)

Yes

Comments::

As discussed in the report, NI has the additional complexity of the troubles, which impact families, children and the staff who support them. We would welcome a tiered structure of support, which social workers can access, especially therapeutic counselling should it be required.

Q63 Do you have any comments specific to post-qualifying development programmes, in particular the proposal to link them with specialist areas of practice and with career progression within children's social care services? (Recommendation 21)

Yes

Comments::

RCSLT NI would welcome specialist areas of practice. We believe that social care service staff need to fully understand and appreciate the importance and impact of speech, language and communication needs of a child, young person and their family. We would recommend that additional training is set up for all professionals to access this learning and strategies to mitigate the challenges.

Chapter 5 – Making and Tracking Progress

Q64 Are you content with the proposal to host a conference in Autumn 2024? (Recommendation 53)

Yes

Comments::

The RCSLT NI supports this proposal.

Q65 Are you content with the proposed theme of the conference? (Recommendation 53)

Yes

Comments::

We support the idea to have children and parents at the centre of an annual conference.

Q66 Are there further comments that you would like to make in terms of how we assess whether sufficient progress is being made?
(Recommendation 53)

Yes

Comments::

Ensure AHPs, including SLTs are part of any working/ steering groups created from this review.

All updates should be shared widely and in a timely manner. Having accessible forms of reports is also very important.

There should be easy mechanisms for quick feedback from staff and parents on progress made.

Outcomes are essential, we are often focussed on outputs/ numbers of children seen per day, for example.