



Department of  
**Health, Social Services  
and Public Safety**

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## **Co-operating to Safeguard Children and Young People in Northern Ireland**

### **Consultation Questionnaire**

#### **RESPONDING TO THE CONSULTATION**

The DHSSPS / NI Government Departments are seeking your views on the draft policy document 'Co-operating to Safeguard Children and Young People in Northern Ireland' Please use this questionnaire to tell us your views on the draft document.

Please send your response, **no later than 21 August 2015**, to:

**DHSSPS Core Team**

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BELFAST BT4 3SQ

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Please note that all responses will be treated as public and may be published on the DHSSPS website. If you do not want your response to be used in this way, or if you would prefer for it to be used anonymously, please indicate this when responding.

(See Statement of Confidentiality and Access to Information Legislation below).

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Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with access to information legislation: these are chiefly the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004 (EIR).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice (section 45) with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the DHSSPS.

For further information about confidentiality of responses please contact the Information Commissioner's Office

### **Information Commissioner's Office Northern Ireland**

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Please tick the box below if you do want your response to be treated as anonymous.

**I want my response to be treated as anonymous.**

Thank you for completing this questionnaire and providing input to this consultation.

## ABOUT YOU

### Consultee Details

I am responding as... *(Please tick appropriate option)*

A member of the public

A professional / practitioner working with children, young people and families *(Please specify which area / sector)*

Health and Social Care

Education

Justice

Other.....*(Please specify)*

On behalf of an organisation

Other.....*(Please specify)*

### Question 1(b):

Please enter your details below:

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## POLICY AIMS AND PRINCIPLES

### Question 1:

Do you agree with the aims and principles in the draft policy? (*Please tick one option only*)

Yes

No

If no, please explain why and / or let us know how you think these could be improved.

### Section 1:3 Policy Aims

The Royal College of Speech and Language Therapists (RCSLT) agrees with the stated aims in the draft policy. However it is crucial that the implementation guidelines clearly state the need to recognise the links between speech, language and communication difficulties as a risk factor and predictor to neglect and abuse. This link should be duly considered by all those responsible for safeguarding, and needs to be set out clearly in guidelines in order to fulfil this policy's aims of early identification of need and risk, and intervention support to families, children and young people. This is set out more fully in our answer to question 4.

### Section 1:5 Principles

RCSLT believes that the stated principle of ensuring that voice of children and young people should be heard could be strengthened by a specific reference to meeting the communication needs of children with speech, language and communication difficulties.

Speech, language and communication difficulties affect more children and young people in Northern Ireland (NI) than any other single condition and are core impairments for many children with a learning, physical or sensory disability.<sup>1</sup>

Seven per cent (or two in every classroom) of all children have speech, language and communication needs (SLCN), rising to fifty per cent of children from socially disadvantaged communities<sup>2</sup>. A prevalence study in the Colin area in Belfast in 2009 highlighted that 41% of children entering primary one had speech, language and communication difficulties<sup>3</sup> and in Twinbrook a similar study identified a 55% prevalence rate of SLCN in pre school children.

Difficulties may be due to brain development problems or other physical or sensory impairments. They may also, however, be due to reduced developmental opportunities in the child's family and educational environment which limit the child's learning of language. There is evidence that reduced developmental opportunities are commonly linked to social disadvantage and/or neglect.

Very young mistreated children commonly have speech and language delays and unusual

<sup>1</sup> Northern Ireland Speech and Language Therapy Task Force: Report on Speech and Language Therapy Services for Children and Young People, July 2008

<sup>2</sup> All Party Parliamentary Group on Speech and Language Difficulties (Westminster): The Links Between speech, language and communication and social disadvantage (Feb. 2013): [http://www.rcslt.org/governments/docs/appg\\_report\\_feb\\_2013](http://www.rcslt.org/governments/docs/appg_report_feb_2013)

<sup>3</sup> Coulter, Halligan and Jordan, 2009

interaction. This is often associated with the way that they have developed attachments with their parents. Communication problems and delayed speech and language development are some of the most obvious effects of neglect. However, neglect has proved difficult to identify because it involves acts of omission rather than commission and often there is no physical evidence for it.

Evidence has shown that children and adults who have complex needs are more at risk of abuse and this is in part because of their communication difficulties. Studies have suggested that disabled children are more likely to experience abuse than their peers and that children with communication difficulties could be at greater risk of abuse than other disabled children.<sup>4</sup>

Many of the children and young people in the cases of abuse and neglect that have hit the headlines have been identified as having speech and language difficulties. Some of the most vulnerable children are those whose impairments prevent them from communicating what has happened to them (and who may therefore be deliberately targeted by some perpetrators of abuse).<sup>5</sup>

Particularly given the evidence for the heightened risk of harm and abuse for children with communication difficulties and the increased prevalence of SLCN among the community at large as mentioned above, we believe this policy could be improved by making a specific reference to meeting the communication needs of these children and young people. For example... 'they should be consulted and involved in all matters and decisions which may affect their lives. *Due consideration should be given to a child's communication needs and appropriate communication support be provided where necessary*'.

This would complement the existing and welcomed requirement, in section 7.2.9 Children and Young People with Disabilities, that particular attention should be given to their preferred method of communication and will ensure that all children and young people with a communication difficulty can be involved in all matters and decisions which affect them.

## DEFINITIONS:

### Question 2:

Do you agree with the definitions in the draft policy document? *(Please tick one option only)*

Yes

<sup>4</sup> Stalker, K. and McArthur, K. (2010) Child abuse, child protection and disabled children: a review of recent research, [Child Abuse Review](#) (see p. 2 and p. 14). Snow, P. (2009) Child maltreatment, mental health and oral language competence: inviting speech-language pathology to the prevention table, [International Journal of Speech-Language Pathology](#), 11(2), pp. 95-103 (see p. 99).

<sup>5</sup> Westcott, H. and Jones, D. (1999) Annotation: the abuse of disabled children, [Journal of Child Psychology and Psychiatry](#), 40(4), pp. 497-506 (see pp. 503-4).

No

If no, please explain why and let us know how you think this could be improved.

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## SAFEGUARDING RESPONSIBILITIES

### Question 3:

Do you agree with the safeguarding responsibilities of key agencies and sectors as set out in section 3 of the draft policy document? (*Please tick one option only*)

Yes

No

If no, please explain why and let us know how you think these could be improved.

## PREVENTION AND EARLY INTERVENTION

### Question 4:

Do you agree with the policy for prevention and early intervention as set out in section 4 of the draft policy document? (*Please tick one option only*)

Yes

No

If no, please explain why and let us know how you think these could be improved.

As mentioned above, the links between safeguarding and communication difficulties are evidenced in a number of ways and may in some instances be a predictor of neglect. The Royal College of Speech and Language Therapists consider that this link needs to be clearly stated in the implementation guidelines for all professionals who work with children and young people and have safeguarding responsibilities.

The strong association between poor speech and language development and parenting skills is now well documented. At a presentation in Northern Ireland, Professor Pam Snow from Monash University Australia stated that 'the rate of language impairment in children from a *maltreated* background is higher (25%) compared to children from a *non-maltreated*

background who are from a comparable socio economic background (17%), compared to the general population (10%)<sup>6</sup>. Children who have experienced maltreatment are likely to have language problems, particularly in receptive domains and may therefore be harder to detect’.

There is also global evidence that poor language ability in the early years increases the risk of antisocial behaviour at 14 years of age<sup>7</sup>. The authors of these studies argue that overcoming oral language deficits in the early years should be a focus of prevention and early intervention strategies aimed at reducing the prevalence of antisocial behaviour.

Another study emphasises the link between language impairment and *out of home* (Looked after Children). ‘In our most recent study of 100 young males completing custodial sentences the prevalence of language impairment increased to sixty two per cent in those who had a history of out-of-home care placement – in itself a marker of extreme vulnerability, but in many cases a missed early intervention opportunity’<sup>8</sup>.

These considerations underline the importance of systems for *early identification of communication difficulties*. Such difficulties need to be picked up not only in their own right but also as a potential indicator of welfare issues. Early identification of communication deficits is therefore critical in ruling out parenting and other social welfare concerns. Speech and Language Therapists (SLTs) are involved in supporting early intervention programmes for children in the most deprived areas of Northern Ireland through the Sure Start programmes, providing support to vulnerable families and working to promote good parent-child interactions. These SLTs also have the opportunity to identify any communication difficulties at the earliest stages of a child’s development, often amongst harder to reach families. However this dedicated early intervention support is not a universal service. Therefore, as well as making the links between communication difficulties and risk of harm clear, any guidance also needs to outline the role of SLTs in accessing language deficit and how to make appropriate onwards referrals to SLTs so that families can access support before they reach crisis point.

Indeed a focus on speech, language and communication should be core elements in early intervention and youth diversion programmes and SLTs should be key members of early intervention, CAMHS and LAC teams.

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<sup>6</sup> Snow, P.C. & Powell, M.B. (2011). Youth (In)justice: Oral language competence in early life and risk for engagement in antisocial behaviour in adolescence. *Trends & Issues in Crime and Criminal Justice*, 435.

<sup>7</sup> Bor W, McGee TR & Fagan AA 2004. Early risk factors for adolescent antisocial behaviour: An Australian longitudinal study. *Australian and New Zealand Journal of Psychiatry* 38(5): 365–372

<sup>8</sup> Snow PC & Powell MB 2011b. Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech Language Pathology*. <http://informahealthcare.com/doi/abs/10.3109/17549507.2011.578661>



## PROTECTION

### Question 5:

Do you agree with the policy for protection as set out in section 5 of the draft policy document? *(Please tick one option only)*

Yes

No

If no, please explain why and let us know how you think these could be improved.

## ENGAGING WITH FAMILY

### Question 6:

Do you agree with the policy proposals in relation to engaging with family as set out in section 6 of the draft policy document? *(Please tick one option only)*

Yes

No

If no, please explain why and let us know how you think these could be improved.

#### 6:1 Engaging the family

The Royal College of Speech and Language Therapists considers that guidelines and operational frameworks to accompany this policy should ensure that all practitioners are aware of the specialised help that is available for children or young people to assess communication capacity and provide additional communication support for those with particular speech, language and communication needs (SLCN).

Speech and language therapists are unique in their expertise in assessing language and communication skills and determining the support that children and young people with SLCN require to express their views and recount their experiences. This can include introducing communication strategies or alternative and augmentative communication systems to help children communicate in interviews with social workers and advice and

guidance on modifying the comprehension level of questions being put to them.

SLTs can also support other professionals working with children with SLCN. This can involve training health visiting and social work teams to identify and support children with SLCN and also helping police officers to determine whether a child's communication difficulties may have prevented him or her from reporting injuries inflicted through abuse.

SLTs can also provide expert guidance in producing accessible communication formats. In Northern Ireland the RCSLT has worked with the Youth Justice Agency in developing an E-Learning tool 'The Box', and in quality assuring advice leaflets for users of their service. The Youth Justice Agency has now implemented E-Learning training for all their staff to enable them to recognise, support and make onward referrals as appropriate for young people with communication difficulties.

## PROTECTION IN SPECIFIC CIRCUMSTANCES

### Question 7:

Do you agree with the policy proposals in relation to protection in specific circumstances as set out in section 7 of the draft policy document? (*Please tick one option only*)

Yes

No

If no, please explain why and let us know how you think these could be improved.

### 7.2.9 Children/Young People with Disabilities

The Royal College of Speech and Language Therapists welcome the recognition within this policy of the particular vulnerabilities of children and young people with disabilities to harm and abuse. However it is paramount that this is not viewed too narrowly as often communication disabilities can be hidden. Accompanying guidelines and safeguarding training should expand on the information contained in this policy to ensure that the vulnerability of individuals with significant communication difficulties are not overlooked.

The link between safeguarding and communication difficulties is well evidenced. Children and adults who have complex needs are more at risk of abuse and this is in part because of their communication difficulties. Studies have suggested that disabled children are more likely to experience abuse than their peers and that children with communication difficulties could be at greater risk of abuse than other disabled children.<sup>9</sup>

A study in the United States<sup>10</sup> estimated that the increased risk runs at 1.7 times more than for individuals without disabilities across all types of abuse and that they are four to ten times more vulnerable to sexual abuse than their non-disabled peers. Sobsey<sup>11</sup> thought that disabled children were approximately twice as likely to have experienced abuse as their non-disabled peers (Sobsey, 1994:4).

Deaf children seemed to experience a particularly high level of sexual abuse. Kvam (2004) reported that deaf women in Norway reported childhood sexual abuse more than twice as often as the hearing population (39.6% as compared to 19.2%) and that deaf men were more than three times as likely to have been abused (32.8% compared to 9.6% in the general population). Communication skills are regarded as being a factor for difficulty in disclosure.

The Winterbourne scandal highlights how individuals with a learning disability are much more at risk of being a victim than the general population. There is an incremental likelihood that the more significant the individual's communication difficulty, the likelier it is that a perpetrator will escape justice.

<sup>9</sup> Stalker, K. and McArthur, K. (2010) Child abuse, child protection and disabled children: a review of recent research, [Child Abuse Review](#) (see p. 2 and p. 14). Snow, P. (2009) Child maltreatment, mental health and oral language competence: inviting speech-language pathology to the prevention table, [International Journal of Speech-Language Pathology](#), 11(2), pp. 95-103 (see p. 99).

<sup>10</sup> NCCAN (1996). Report of third national incidence study, National Centre for Child Abuse and Neglect. Washington, DC. Online at <<http://www.yesican.org/stats.html>>

<sup>11</sup> Sobsey, R. (1994). Violence and abuse in the lives of people with disabilities. Baltimore: Paul H. Brookes

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)

It is in the public domain that in recent years in Northern Ireland there have been cases of alleged serious sexual assault, rape and manslaughter brought before the courts which have involved children and young people with significant communication difficulties.

<http://www.bbc.co.uk/news/uk-northern-ireland-27635619>.

It is crucial that the implementation guidelines clearly demonstrate the need for supportive communication environments which will enable children and young people with significant communication difficulties, with the help of their families, to keep safe, disclose harm, and access justice.

Firstly, this will require a recognition and understanding of the varying nature and severity of communication support needs and thereafter a culture shift and skills enhancement to provide the kind of communication supports that will facilitate individuals to disclose harm and or express their choice and consent.

Royal College of Speech and Language Therapists has produced five good communication standards in response to the 'Winterbourne' report which provides a framework for implementing good communication and are detailed below. We recommend that part of the implementation of this policy should include providing specific guidance on what good communication looks like - such as the five communication standards below - for professionals, parents and carers of children and young people with learning disabilities. This approach would fit well with the policy's stated aims of working in partnership and creating a broader culture that prevents harm, promotes accountability and empowers individuals.

Standard 1: There is a detailed description of how best to communicate with individuals.

Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

Standard 3: Staff value and use competently the best approaches to communication with each individual they support.

Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.

Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.

'Most people with learning disabilities have some speech, language and communication difficulties. These can be hidden or overlooked. Everyone needs to know what good communication support 'looks like' and what reasonable adjustments they can expect. Implementing good communication is proactive and ethical as it prevents reactive and unethical restrictive interventions, such as the abuse and punishment as occurred at Winterbourne View. Failure to make reasonable adjustments to meet communication needs will mean people with learning disabilities will continue to be vulnerable to a range of risks. These risks include the continuing failure to design, commission and provide best practice

services, alongside continuing health inequalities faced by individuals, in contravention of legal responsibilities’.

[www.rcslt.org/news/docs/good\\_comm\\_standards](http://www.rcslt.org/news/docs/good_comm_standards)

### 7.3.3 Self Harm

The Royal College of Speech and Language Therapists considers that supporting guidelines should make clear that for individuals with significant communication difficulties, self-harm and self-neglect could be the means by which they are attempting to communicate that they are experiencing abuse or harm.

Where significant cognitive/communication impairments exist challenging behaviours such as self-harm and self-neglect, can be the only means by which issues are communicated. As such the RCSLT consider that guidelines should require that individuals who present with self harm or self neglect should be assessed for underlying communication difficulties to ensure that their self harming is not attributable to underlying communication barriers.

## INTER-AGENCY WORKING AND INFORMATION SHARING

Question 8:

Do you agree with the draft proposals in relation to inter-agency working and information sharing as set out in section 8 of the draft policy? *(Please tick one option only)*

Yes

No

If no, please explain why and let us know how you think these could be improved.

### Section 8.1 Multi-agency collaboration

The links between safeguarding and providing specialised communication support is well demonstrated by the highly successful registered intermediary scheme which the Royal College of Speech and Language Therapists considers an excellent example of effective inter-agency working in this arena. It demonstrates how inter-agency working is delivering outcomes which previously were unachievable and highlights again the need for all those with a safeguarding responsibility to be aware of and implement good communication as part of that responsibility.

In Northern Ireland the Department of Justice (DoJ) is currently piloting the Registered Intermediary (RI) Scheme, in recognition of the increased need for support for people with communication difficulties during the judicial process. An intermediary can be appointed by the Department of Justice NI to assess the communication skills of a victim, witness and or defendant and determine additional supports required.

The Criminal Evidence (NI) Order 1999 provides for a number of special measures, including the use of an intermediary, to assist vulnerable and intimidated witnesses (both for the prosecution and the defence) to give their best possible evidence in criminal proceedings.

Article 17 of the 1999 Order provides for the examination of a victim or witness through an intermediary. Article 21BA of the 1999 Order, as inserted by section 12 of the Justice Act (NI) 2011, provides for the examination of a vulnerable defendant through an intermediary when they are giving oral evidence.

Since May 2013, 163 requests for RIs have been received by the DoJ NI. This clearly evidences that there are a number of children and young people with communication difficulties who require assistance in giving best evidence.

- 69 requests have been in respect of adults
- 31 for teenagers.
- 10 aged between 10 and 12 years.
- 53 for victims under 10 years (youngest 2 years).

We recognise that not all of these cases will go forward to the courts. However, they do give a clear indication that in Northern Ireland children with communication difficulties are experiencing significant risk of harm. Moreover the recent publication of the department of justice (DoJ) review of the intermediary service clearly evidences that individuals with speech and language difficulties benefit greatly from communication support whilst they are processing through the justice system.<sup>12</sup> It demonstrates the benefits to different agencies of engaging specialised assistance in the area of communication support.

‘There is clear evidence that the RI Schemes can give vulnerable people a voice, protection and the access to justice to which they are entitled, and the RIs, through their professionalism and expertise, have shown why they should be an integral part of the justice process’.<sup>13</sup>

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<sup>12</sup> Department of Justice, Northern Ireland Registered Intermediaries Schemes Pilot Project, Post-Project Review, January 2015. <http://www.dojni.gov.uk/index/publications/publication-categories/pubs-criminal-justice/ri-post-project-reviewfeb15.pdf>

<sup>13</sup> Department of Justice, Northern Ireland Registered Intermediaries Schemes Pilot Project, Post-Project Review, January 2015, Pg 4. <http://www.dojni.gov.uk/index/publications/publication-categories/pubs-criminal-justice/ri-post-project-reviewfeb15.pdf>

## TRAINING

Question 9:

Do you agree with the draft proposals in relation to training as set out in section 9 of the draft policy? (*Please tick one option only*)

Yes

No

If no, please explain why and let us know how you think these could be improved.

### Section 9.0 Training

SLTs currently support and provide multi-agency working most notably with other healthcare professionals and education professionals, for example within the multi-agency schools support teams in Northern Ireland. RCSLT welcomes the recognition for multi-agency training and joint training in particular to ensure a consistency of approach to safeguarding.

## EQUALITY IMPACT ASSESSMENT QUESTIONS

In this section of the questionnaire we are asking you to tell us if you think the draft policy promotes equality of opportunity in the Section 75 groups between persons:

- (1) Of different religious belief,
- (2) Of different political opinion,
- (3) Of different racial group,
- (4) Of different age,
- (5) Of different marital status,
- (6) Of different sexual orientation;
- (7) Of different gender
- (8) With a disability and persons without; and
- (9) With dependants and persons without.

### Question 10:

Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998? (*Please tick one option only*)

- Yes  
 No

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.



## EQUALITY IMPACT ASSESSMENT QUESTIONS

### Question 11:

Are you aware of any indication or evidence – qualitative or quantitative - that the actions / proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations?

*(Please tick one option only)*

Yes

No

If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

### Question 12:

Is there an opportunity to better promote equality of opportunity or good relations?

*(Please tick one option only)*

Yes

No

If yes, please give details as to how.

## EQUALITY IMPACT ASSESSMENT QUESTIONS

### Question 13:

Are there any aspects of the policy where potential human rights violations may occur?  
(Please tick one option only)

Yes

No

If yes, please give details.

## **ADDITIONAL COMMENTARY**

**Please use the space below to provide any additional comments you may have in relation to the draft policy.**

**It would be helpful if you reference which part of the document you are commenting on. If you refer to any other documents, please provide the title, author and if possible approximate date of publication.**