

An audit framework to assist Local Safeguarding Children Boards to review the execution of their duties and functions in respect of deaf children.

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Purpose

- 1.1 This document is designed to assist LSCBs comply with a government recommendationⁱ that they review local procedures, policies and training programmes to ensure that the needs of deaf childrenⁱⁱ are recognised and can be met.
- 1.2 It has been drafted by the University of Manchester in association with the National Deaf Children's Society for the DCSF to add to the material for its practice website for LSCBs. This document is designed to:
 - a) set out recommendations and/or questions for LSCBs to consider when conducting the review
 - b) provide a context and rationale for the recommendations and questions.

2. Why is it necessary to review arrangements for deaf children?

Deaf children as a priority group

- 2.1 The Government report (2005) recommended the review of arrangements for deaf children because of their vulnerability to abuse and mental health difficulties.
 - i. Deaf children are over twice as likely to be abused as other children.ⁱⁱⁱ
 - ii. 40% of deaf children experience mental health problems compared to 25% of other children.^{iv}
 - iii. Access to language of enough quantity and quality to ensure optimal cognitive, psycho-social and linguistic development is a significant challenge with far reaching impacts on child development, literacy, educational attainment and life chances of deaf children.^v
 - iv. Safeguarding deaf children involves the intersection of issues that might arise in respect to disability and those that might arise in respect to cultural identity.^{vi} As such, policies and procedures that address each run the risk of failing adequately to address either in respect of deaf children.

Research findings

- 2.2 Since the government made its recommendation in 2005 that the safeguarding arrangements for deaf children be reviewed, two reports have been published that heighten the need for the review.
- 2.3 Firstly, a research study entitled *The impact of integrated children's services on the scope, delivery and quality of social care services for deaf children* by the University of Manchester (2010)^{vii} concluded that:
- “There is clear evidence, on a widespread basis, of poor integrated children's services arrangements in respect of deaf children and their families which results in a lack of specific attention to deaf children and families' social care rights and needs; poor recognition of need and provision of assessment; severely limited ability to work preventatively within a broad understanding of safeguarding; ambiguous pathways of service provision; responsiveness only in situations of acute need, (the escalation of which may have been preventable); and lack of focus on the psycho-social developmental, linguistic and cultural challenges and differences of the full diversity of deaf children.”
- 2.4 Secondly, a Department of Health report (2008)^{viii} which looked at multi-agency arrangements as part of the quality audit of the Newborn Hearing Screening Programme concluded that there was a need to:
- “...establish and improve the involvement of the social care services available to deaf children and their families” and clarify the “role, level and type of involvement and support the social care team could offer”.
- 2.5 Therefore, in terms of the core focus of LSCBs on ensuring effectiveness in protecting children and its wider remit of preventing harm and promoting children's welfare, there is reason to single out deaf children.

The audit framework

3. Children in need

- 3.1 It falls within the scope of LSCBs to develop and evaluate thresholds and procedures for working with children and families where a child has been identified as 'in need' under the Children Act 1989, but where the child is not suffering or at risk of suffering significant harm. Section 17 of the Children Act 1989 includes within its definition of child 'in need' all disabled children and all children where there is reason to believe their development might be significantly impaired without the provision of additional services.
- 3.2 The development of language and communication lies at the heart of a child's social, emotional and intellectual development. Being deaf therefore presents a risk to children achieving a reasonable standard of mental health and development unless they are given support. The Children Act places a duty on local agencies to minimise the potential negative effects of their deafness. The cultural needs of deaf children growing up with British Sign Language as their preferred language also fall within the scope of these provisions. However, recent research^{ix} has demonstrated that:
- a) Many authorities are significantly reluctant to identify deaf children as children in need
 - b) Even where deaf children are recognised as children in need this does not necessarily lead to any assessment processes
 - c) Children's social care is involved with very few deaf children (whether in preventative or promotive capacities) except in a minority of authorities where there are specialist teams/team arrangements for deaf children
 - d) High thresholds of eligibility for services leads to children's social care only working with those deaf children and families where there are extreme concerns
 - e) There is reason to be concerned that where social workers without a specialist background are involved with deaf children and families, they are less likely to be able to identify the complexity of developmental consequences for deaf children and their families and therefore less likely to identify a deaf child as a child in need.
- 3.3 In addition, specialist professionals, such as teachers of the deaf and audiologists who may routinely have contact with deaf children, are generally not trained, nor in practice expected, to work within the Framework for the Assessment of Children in Need^x. Therefore, it is highly questionable

whether their involvement alone with deaf children and families could be regarded as fulfilling the duties placed on local authorities under Section 17 of the Children Act in respect of deaf children.

Children in need: recommendation and questions for the LSCB to ask

3.4 Therefore, it is recommended that an LSCB should:

- Audit the number of deaf children recognised as children in need within its authority in comparison with the number known to specialist education and audiology services
- Investigate whether the range of professionals who work with deaf children (e.g. teachers of the deaf, audiologists) and families are aware of the grounds on which a deaf child may be considered a child in need and the consequences of such
- Identify whether there is a clear referral pathway to children's social care for deaf children
- Check that at the receiving point of referral within children's social care there is access to an appropriate level of specialist skills, understanding and experience of the complex impacts of deafness on children's social, cultural, linguistic and psychological development to ensure potential need is correctly recognised and can be appropriately assessed
- Check whether generic thresholds for referral as a child in need to children's social care can discriminate severity of need in the context of a deaf child (e.g. 'child has few friends and does not communicate much at home' is unlikely to trigger a referral for a hearing child but is a clear indicator of need in respect of a developing deaf child because of the greater concerns about mental ill health and socio-emotional development)
- Monitor the skills and capacity of children's social care workers to respond to deaf children in need in order to avoid a situation whereby few are referred because of a perceived lack of capacity
- Check whether families receive the necessary information, advice and support from social care services to help them meet their deaf child's needs particularly in respect to helping them communicate with their child and developing their language and communication skills
- Check that deaf children and their families have access to equipment to promote their safety and independence (e.g. visual/tactile fire warning or

caller alert)

- Check that there are effective processes in place to ensure any issues relating to bullying are addressed.

4. Multi-agency working

- 4.1 Agreed policies and procedures in respect of multi-agency working, including clear pathways of referral, common understandings of thresholds for referral and joint (and shared) assessment are fundamental to all aspects of safeguarding. *DCSF Practice Guidance for Safeguarding Disabled Children* (2009)^{xi} highlights a need for a robust, inclusive multi-agency framework, which includes protocols that specifically address the particular needs of disabled children.
- 4.2 However, recent research has demonstrated that very poorly developed joint working policies, procedures and operational practices between agencies in respect of deaf children are very common.^{xii} Since education and health professionals are not trained to assess a deaf child's social care needs for the provision of preventative services, unless there is routine involvement of social care staff, holistic assessments of a deaf child are unlikely to be undertaken, preventative services unlikely to be offered, and a deaf child's social care needs left unidentified until problems escalate.

Multi-agency working: recommendation and questions for the LSCB to ask

- 4.3 Therefore, it is recommended that LSCBs should:
- Ascertain whether there are agreed and effective policies and procedures (rather than ad hoc or reactive arrangements) for the referral of deaf children between agencies or intra agency, including children's social care
 - Check that each agency identifies a person who can be approached within their own organisation for specialist safeguarding advice in respect to deaf children
 - Check that the formal point of contact within children's social care is one where there is specific knowledge and expertise in respect of deaf children and/or where there are pre-established arrangements for ensuring such expertise is available (see below)
 - Require the establishment of such arrangements where none previously have existed.

5. Fitness for purpose of children's social care arrangements in respect of deaf children

5.1 There are many and varied models for providing social care services for deaf children and their families. However, research evidence suggests that it is common for social care arrangements in respect of deaf children to result by default rather than design, leading to significant service shortcomings as described in paragraph 2.3 above.^{xiii}

5.2 In some authorities it is assumed that professionals not trained in social care but who work with deaf children (e.g. teachers of the deaf) can carry out the role and functions of social care professionals, regardless of their lack of training to do so, lack of qualification and lack of legal responsibilities in some cases.

Fitness for purpose: recommendation and questions for the LSCB to ask

5.3 LSCBs should therefore consider the fitness for purpose of children's social care arrangements in respect of deaf children. They should:

- Ascertain whether the social care team or teams who hold designated responsibility for deaf children actually have deaf specialist expertise within the team and/or whether arrangements exist to call on such expertise
- Scrutinise the definition and assess the extent of the 'expertise' that is claimed to exist and is being used in practice. This is particularly difficult as professionals 'do not know what they do not know' and a level of expertise may be claimed through ignorance of the complexity of a deaf child's situation

5.4 In this respect, expertise, in addition to the regular training, skills and knowledge of social care professionals, should encompass:

- an understanding of the complexity and variety of linguistic and psychosocial developmental challenges deaf children might face
- an awareness of deaf cultural identity and its implications for deaf children and their families
- experience of the range of 'normal' developmental trajectories of deaf children
- an ability to recognise and assess the strengths and needs of individual deaf children within their particular familial and social environments.

Consequently:

- 'expertise', defined solely by the presence of communication skills within a team (e.g. 'a worker is learning to sign'), should not be regarded as adequate
- 'expertise', defined by the application of generic children and families or disability-related skills/experience in conjunction with communication support (e.g. 'an interpreter is available') should not be regarded as sufficient.

5.5 Where specialist deaf or sensory social care teams do exist, sometimes supporting both deaf children and adults, the LSCB should be assured that such specialist teams have the knowledge, skills and conditions to carry out their responsibilities effectively by checking:

- that specialist social workers are also appropriately trained to work with children and families
- that formal arrangements exist that outline co-working procedures with children and families' social workers as may be required (specifically in respect of section 47 enquiries, see below)
- that if the deaf/sensory specialist team is structurally located within adult services, formal procedures exist to ensure access to information held in children's services (e.g. adults and children's services' computer systems do not necessarily interface with each other).

5.6 Where specialist deaf or sensory social care teams exist within authorities and do not hold any responsibility for working with deaf children and/or would not routinely be involved in child protection enquiries involving a deaf child, it is recommended that the LSCB should:

- Investigate whether the lack of such arrangements is appropriate to children's social care being able to fulfil its functions in respect of deaf children and their families
- Consider whether changes should be made in how a local authority structures its services to ensure that specialist knowledge and skills where they exist can be used to fulfil appropriate preventative, promotive and protective functions with regard to deaf children and their families.

5.7 Where local authorities contract out services for deaf children and their families, the LSCB should ensure that:

- the service be audited against the relevant recommendations of this document
- all necessary social care responsibilities are included in the contract
- in particular, that responsibilities in the event of Section 47 enquiries are clear and that communication channels between the authority and purchased service are fit for purpose.

5.8 In considering all recommendations in this section it should be noted that recent research carried out in 52 authorities in England has shown that in nearly half of the authorities there were no qualified social workers who also had skills and experience in working with deaf children and their families.

6. Child protection investigations

6.1 Longstanding concerns exist^{xiv}, supported by recent research evidence^{xv}, that it is not uncommon for serious child protection enquiries that fall specifically within the remit of children's social care to be carried out either by (i) skilled child protection workers, but with no skills, knowledge, experience or understanding of deaf children; or (ii) skilled child protection professionals who assume that the provision of additional communication support alongside their skills will ensure appropriate expertise; or (iii) knowledgeable and experienced social care professionals with specialist expertise in working with deaf children and their families who are not appropriately experienced in child protection. None of these kinds of arrangements can be regarded as acceptable practice.

Child protection investigations: recommendation and questions for the LSCB to ask

6.2 It is therefore recommended that LSCBs:

- Review arrangements specifically in respect of child protection enquiries to ensure that whatever arrangements are in place for investigation and assessment. These include all three elements of: specialist social care expertise with deaf children; specialist expertise in child protection; specialist communication skills. Where one element is lacking, arrangements cannot be regarded as adequate
- Check that there are training pathways for staff involved in safeguarding children, which ensures staff are not allocated cases involving deaf children until they have received appropriate training^{xvi}
- Check that thresholds for action reflect the fact that poor communication between the family and the deaf child is potentially a form of neglect and emotional abuse (however, it is important to consider the reasons for this as well as the impact on the child)
- Ensure that procedures comply with specialist practice standards in communicating with deaf children [see section 7.3 below].

7. Language and communication

- 7.1 The child at the centre is a key principle of all safeguarding policies, procedures and practices. In respect of deaf children, the child at the centre principle is firmly predicated on being aware of and acting appropriately in respect of a wide variety of issues connected with language and communication. The population of deaf children encompass: (i) diverse language preferences (e.g. BSL, English, other spoken or signed languages), (ii) communication strengths (e.g. better productive spoken language than receptive language skills; abilities to mix and match between visual and aural modalities depending on communication partner); (iii) communication and language needs (e.g. many deaf children do not have age appropriate literacy skills; some acoustic environments are more conducive than others; BSL may be used at home but not at school).
- 7.2 Every deaf child will possess a different configuration of strengths and needs and it is important to be aware of the distinction between language and communication in respect of these.^{xvii} It is also not uncommon from a very young age for deaf children to be highly skilled in modifying their own communication preferences to match the level of skills of the person they are communicating with (e.g. a deaf child who signs may choose speech or might sign in a simplified way to an adult who is not a fluent signer, or an oral deaf child may use one spoken language at home and a different one at school). Also, a child may choose a communication method according to the perceived importance of the situation or perceived expectation of the conversation partner, rather than the one they are most fluent or comfortable with. Such adaptability may be enabling to others but not empowering to the child if it is rooted in the communication deficits of the person with whom the child is communicating.

Language and communication: recommendations and questions for LSCBs to ask

- 7.3 Therefore, in respect to all situations of assessment or investigation, the LSCB should ensure procedures and practice are being executed according to the following principles:
- That a means exists to establish and assess the language preferences and communication strengths and needs of the deaf child
 - That having established the child's preferred medium of communication any safeguarding or child protection procedures are undertaken in accordance with this preference
 - That it is the child's communication strengths, needs and preferences that dictate how the child is engaged, rather than the level of skills/experience

or expectations of the others involved

- Where a specialist communication professional is required (e.g. sign language interpreter) that the procedures for their employment are clear, including who has budgetary responsibility for paying for professionals who are spot purchased
- That a clear understanding exists of the different kinds of communication professional that may be available (e.g. lipspeakers; deaf relay interpreters) and a means to match required professional skills to particular situations (e.g. is a register held of sign language interpreters, deaf blind interpreters and lipspeakers?)
- That there are established standards of minimum qualifications and appropriate training/experience permitted to undertake work (e.g. Member of the Register of Sign Language Interpreters with child protection training).

7.4 In authorities where these standards cannot be met, the LSCB may wish to use its powers:

- to commission training (e.g. in child protection for sign language interpreters)
- to establish new procedures (e.g. lines of budgetary responsibility)
- to seek to develop new co-working practices (e.g. between specialist social workers with deaf children and experienced child protection social workers)
- to establish new partnerships (e.g. between deaf-led advocacy organisations and children's services departments).

8. The execution of the LSCBs' strategic policies and procedures functions

8.1 All the topics previously discussed have made a case for why and how particular attention should be paid to safeguarding and protection concerns in respect of deaf children and demonstrated why deaf children's needs cannot be subsumed under either generic or disability specific policies and procedures.

LSCB policies: recommendations and questions for LSCBs to ask

8.2 Consequently, it is recommended that the LSCB should:

- Audit whether the implications of deafness have been considered in all LSCB policies

- Audit whether the particular and diverse needs of deaf children are taken into account when scrutinising the policies of partner agencies
- Ensure that the particular and diverse needs of deaf children are represented on a disability sub group or by the disability lead on the LSCB
- Seek to ensure that the perspectives and experiences of deaf young people and their families are represented within any consultations undertaken associated with the creation and/or review of LSCB policies and procedures^{xviii}
- Establish policies recommending deaf awareness training within the LSCB and deaf awareness training at levels appropriate to responsibility in partner agencies^{xix}.

ⁱ In its report 2005 *Mental Health and Deafness: Towards Equity and Access* the Government recommended

ⁱⁱ The term 'deaf' is used to refer to anyone with a permanent or temporary hearing loss. This could be a mild, moderate, severe or profound hearing loss. The term deaf does not presuppose the use of any one communication method and could refer to children who communicate orally or through sign language. It also includes children who have a hearing loss in one ear (NDCS, 2010, Response to Lord Laming's recommendation of further guidance on effective practice for Local Safeguarding Children Boards, para. 1.6).

ⁱⁱⁱ Sullivan P.M., Brookhouser P., Scanlan J. (2000) *Maltreatment of deaf and hard of hearing children in: P. Hindley, N. Kitson (Eds) Mental Health and Deafness* (pp. 149-184), London: Whurr.

^{iv} DH (2005) *Towards Equity and Access*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103995

^v Marshark, M., Spencer, P. (eds) (2005). *The Oxford Handbook of Deaf Studies, Language and Education*. Oxford: Oxford University Press.

^{vi} For some deaf children and adults being deaf is a source of cultural and linguistic identity because it involves the use of a specific language, e.g. British Sign Language and involvement in a community with its own identifiable culture. For others being deaf is regarded as a disability as it involves a loss of hearing.

^{vii} *The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and their families Phase 2 Report*

http://www.ndcs.org.uk/about_us/campaigns/england/campaign_news/protect_deaf_kids.html (Young et al., 2010).

^{viii} *NHS Newborn Hearing Screen Programme Quality Assurance Report 2006-8 NHS 2008*

^{ix} In a study of 52 local authorities, over 60% said they would not formally regard deaf children as children in need as defined by the Children Act 1989, Section 17 (Young et al., 2010).

^x DH (2000). *Framework for the Assessment of Children in Need and their Families*.

^{xi} DCSF (2009) *Safeguarding Disabled Children: Practice Guidance*.

^{xii} In a study of 52 authorities, it was found that over half had no formal arrangements for referral between education and social care in respect of deaf children and 45% had none between health and social care services. 50% had no arrangements in place to ensure accurate assessment across health, social care and education for deaf children and their families (Young et al., 2010).

^{xiii} *ibid.* Young et al., 2010.

^{xiv} Kennedy M. (1990) *The deaf child who is sexually abused: is there a need for a dual specialist?* Child Abuse Review 4, 3 – 6.

^{xv} In research involving 52 local authorities, only a third had co-working arrangements in place between child protection teams and specialist social workers with deaf people, and in 20% no arrangements existed at all (Young et al., 2010).

^{xvi} In Wales and Northern Ireland work is currently underway to produce a formal means of acquiring advanced level skills specifically in working with deaf people and those with a sensory loss through the Qualifications and Credit Framework. There is nothing comparable in England.

^{xvii} Language and communication are linked. Language is the vocabulary, phrases, grammar and expressions used and how they are organised to communicate. Language is receptive (what is understood) and expressive (what is produced). Communication is the way language is conveyed to get meaning across and understand the meaning of others.

^{xviii} See DCSF *Safeguarding Disabled Children Practice Guidance* paragraph 2.9 4th bullet 'The importance of disability and equality deaf awareness training'.

^{xix} See DCSF *Safeguarding Disabled Children Practice Guidance* Appendix 3 'The importance of disability and equality deaf awareness training'.