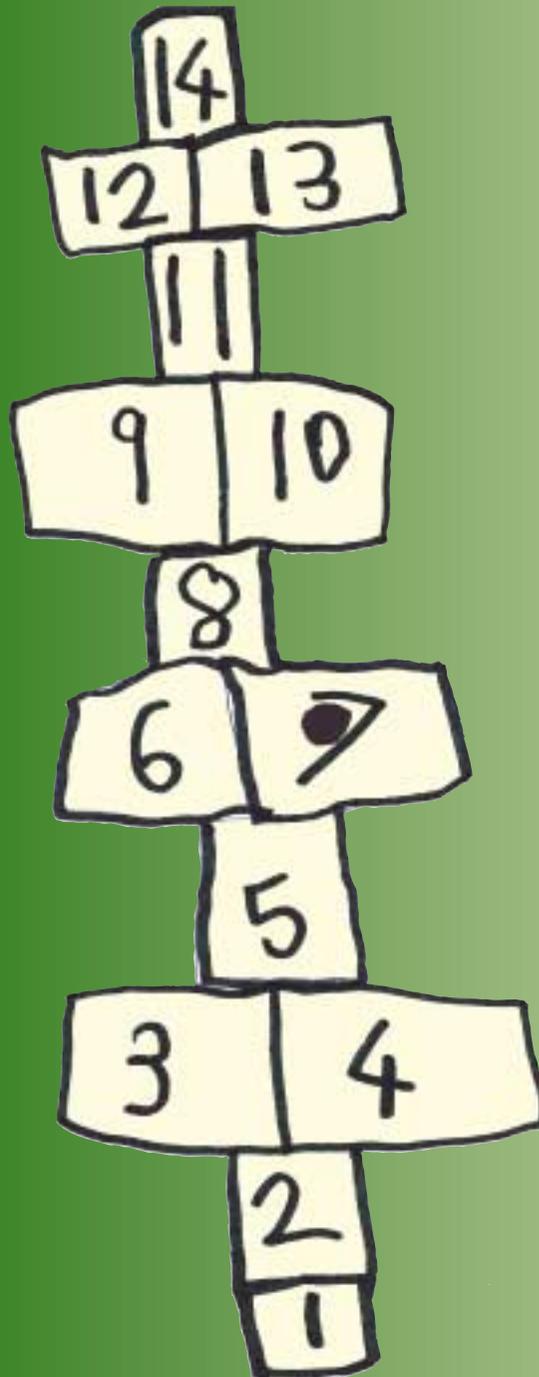


# Deaf Children:

## *Positive Practice Standards in Social Services*



This is a guide for social services and partner organisations in England and Wales, involved in the delivery of services to families with deaf children. It has been produced in consultation with a variety of practitioners, relevant organisations and deaf and hearing parents of deaf children. Throughout, the aim is to provide services which empower deaf children and their families and enable them to make informed decisions about their lives.

The guide gives detailed standards for all areas of social service provision and supplies a template for reviewing and improving these services. It cites examples of good practice and existing government guidance, and signposts users on to other useful materials.

Available from:

The National Deaf Children's Society, 15 Dufferin Street, London EC1Y 8UR  
Freephone helpline: 0808 800 8880 (voice & text) Fax: 020 7251 5020

The Royal National Institute for Deaf People, 19-23 Featherstone Street,  
London EC1Y 8SL  
Information line: Freephone 0808 808 0123 Freetext 0808 808 9000  
Fax: 020 7296 8199

£10.00

ISBN: 0 904691 61 6

February 2002

With thanks to the children of the following schools for the pictures:

Royal Cross Primary School, Preston  
Hawkswood School, Chingford  
Alex Campbell Middle School, Milton Keynes  
Wessex Infants School, Maidenhead

# Deaf Children:

## *Positive Practice Standards in Social Services*

ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES  
BRITISH DEAF ASSOCIATION  
LOCAL GOVERNMENT ASSOCIATION  
NATIONAL CHILDREN'S BUREAU  
THE NATIONAL DEAF CHILDREN'S SOCIETY  
THE ROYAL NATIONAL INSTITUTE FOR DEAF PEOPLE



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*This publication has been developed by a joint Taskforce and been endorsed by the undersigned who worked on the draft over a period of 18 months and who managed the process of reaching consensus and consulting other stakeholders.*

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# Foreword

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About one to two in a thousand children are born deaf – and an additional child in a thousand will become deaf during childhood. Ninety percent of deaf children are born into hearing families. There is good evidence that early diagnosis and effective early interventions lead to better outcomes for the children. Access to communication and language is key to educational progress and the development of self-esteem. With the introduction of Universal Newborn Hearing Screening (UNHS) it is likely that more parents will be seeking help earlier to ensure that their children develop their full potential from an early age. A wide range of professionals may be involved with children and families from an earlier age offering support and choices for parents.

Therefore this publication is very timely. Not all children will need support from social services but some will – usually on a short-term basis. The positive practice standards in this document have been developed through an impressive partnership between organisations with expertise in deaf issues, in children and in delivering services to children and families.

I would like to congratulate the six organisations who worked together to produce this substantial document which should help achieve the Government's ambitions for all disabled children, to develop to their full potential and participate fully in society.

The publication is aimed at practitioners, at those overseeing practice, both managers and councillors, as well as families with a deaf child. It can be used as a yardstick by all stakeholders to judge the quality of the services provided. I am pleased to recommend the publication strongly as a valuable tool and reference book to help drive up standards of public service.



**Denise Platt CBE**

Chief Inspector

Social Services Inspectorate

## Introduction

# Deaf Children: Positive Practice Standards in Social Services

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The Positive Practice Standards are written for social services managers and practitioners working with deaf children. They also apply to partner agencies carrying out functions with and on behalf of social services departments. They provide a template for reviewing and improving the services to deaf children and their families/carers.

The standards follow the format being adopted by the Department of Health in its residential care standards for adults and children.

Each section includes the relevant standard and then discursive detailed practice guidance material outlining changes to practice which, if adopted, would lead to the standards being met and positive practice outcomes being achieved. The guidance refers to examples of good practice, research and existing Government guidance, so that practitioners are 'signposted' to lessons learnt elsewhere.

The Positive Practice Standards identify the role of social services departments in working with deaf children and their families/carers, alongside other agencies. The standards were developed by the Association of Directors of Social Services (ADSS), British Deaf Association (BDA), Local Government Association (LGA), National Children's Bureau (NCB), The National Deaf Children's Society (NDCS), the Principal Officers' Group, practitioners and The Royal National Institute for Deaf People (RNID). They reflect consensus achieved over a series of meetings,

consultation with practitioners in a variety of departments and settings, with a range of organisations and with parents of deaf children, who may themselves be deaf.

This consensus is informed by shared values about empowering deaf children and their families/carers to make informed choices about the way they want to communicate with each other. The authors also believe that deafness is not a problem per se, but that deaf children and their families/carers will often require some intervention from social care agencies and others. Through informed partnership working at local and national level, it should be possible to maximise opportunities for deaf children and ensure they reach their potential. It is with this shared aspiration that this document has been developed.

## CHILDREN IN NEED

The deaf child is at the heart of these standards. A 'child in need' is defined by the Children Act<sup>1</sup> as a child,

*“ . . . who is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority . . . ”*

*“ . . . whose health or development is likely to be significantly impaired or further impaired, without the provision for him of such services, or who is disabled.”*

<sup>1</sup> Children Act (1989), Section 17

Deaf children<sup>2</sup> are clearly 'children in need' and departments should therefore consider how best to support them.

The Children Act<sup>3</sup> also specifies that social services departments and other local agencies have a duty to provide services designed:

*"a) to minimise the effect on disabled children within their area of their disabilities, and*

*b) to give such children the opportunity to lead lives which are as normal as possible."*

## THE LEGISLATIVE CONTEXT

Recent governmental guidance in relation to inter-departmental co-operation states "All children deserve the opportunity to reach their full potential"<sup>4</sup>. *Working Together to Safeguard Children* also exemplifies a shift of focus in that there is greater acknowledgement of the needs and rights of families in relation to support and appropriate services.

The key social services children's document, *Quality Protects*<sup>5</sup>, sets the objective:

*"To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while*

*living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed."*

Within Objective 6 are specific sub-objectives to:

- "1. Develop a complete picture of number and circumstances of disabled children shared between agencies.*
- 2. Increase the number of disabled children in receipt of family support services – including short term breaks.*
- 3. Increase the number of children who use inclusive play and leisure services including holiday play schemes, and after school clubs.*
- 4. Improve information for parents of disabled children."*

Local authorities are required to monitor their performance against Quality Protects objectives. Social services departments are expected to complete Management Action Plans accordingly.

The other major government initiative to impact upon children is the *Framework for the Assessment of Children in Need and their Families*<sup>6</sup>. This is addressed in greater depth in the section on Assessment. Along with *Working Together to Safeguard Children* and *Quality Protects*, the Framework

<sup>2</sup> Deaf children are defined as – children with a hearing impairment which significantly affects their day-to-day functioning. It includes children identified as having special educational needs due to their deafness, children who suddenly or progressively become deaf and children born deaf. The use of the word 'deaf' implies the whole spectrum of hearing loss and does not presuppose the use of any one communication method. Often deafness coincides with other disabilities. The standards apply to all deaf children

<sup>3</sup> *Children Act* (1989); schedule 2, para 6

<sup>4</sup> Department of Health, Home Office and Department for Education and Employment (1999): *Working Together to Safeguard Children* (The Stationery Office)

<sup>5</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services*. LAC (98)28, (The Stationery Office)

<sup>6</sup> Department of Health (2000): *Framework for the Assessment of Children in Need and their Families* The Stationery Office

emphasises the centrality of the child, the importance of involving the child's family in his or her care, and the high value of inter- and multi-agency collaboration. The recent White Paper *Valuing People*<sup>7</sup> also gives guidance on person-centred assessment and provides further incentives towards harnessing the contribution of all stakeholders in the care of adults and children with learning disabilities, a good proportion of whom may be deaf.

This document assumes that local authorities are working to the guidance. At various points, the authors have referred to legislation and guidance to emphasise or illustrate a particular requirement and how it relates to deaf children and their families.

### **PUTTING THE CHILD FIRST – ABOUT DEAF CHILDREN**

Approximately one child in every 1,000 is born deaf. This ratio is higher amongst certain communities and in areas of high socio-economic deprivation. Around a further one per thousand acquire permanent hearing loss through illness, mainly meningitis<sup>8</sup>. Ninety percent of these deaf children are born to hearing families, most of whom have no previous experience of deaf people or deaf issues. In most cases parents will need to learn to address the language and communication needs of their deaf children in order to ensure age-appropriate development.

Children with multiple disabilities also often have sensory disabilities, which sometimes go unrecognised – not least

because of the difficulty of diagnosis in cases of severe learning disabilities, but also because professionals could work together more effectively. Early recognition of deafness would, of course, contribute to better individual care planning and more favourable educational and health outcomes in individual children.

Babies can now be screened for deafness within the first few days of birth and the Government is in the process of piloting Universal Newborn Hearing Screening (UNHS) around the country. At present most children are tested by health visitors (infant distraction test) at eight months with 50% of deaf children identified by 18 months, but 25% are not identified until 3.5 years of age. The prevalence of late identification carries grave implications in respect of language development. UNHS will mean more parents coming forward for support and advice for very young children.

Research evidence shows that deaf children can develop linguistic competence, intellectual skills and emotional well-being at similar rates to other children, if supported by family/carers and services<sup>9</sup>. Early identification means an earlier start with acquiring language, whichever language (BSL, English, other spoken or signed languages) is chosen by the family.

All deaf children may not need sustained social services involvement. As for all children, there will be some deaf children who are disadvantaged, have multiple complex disabilities, are vulnerable, and they will need access to

<sup>7</sup> Department of Health (2001): *Valuing people - a New Strategy for Learning Disability for the 21st century*. London – The Stationery Office, Cm 5086

<sup>8</sup> Fortnum, Summerfield, Marshall, Dans and Bamford (2001): *Prevalence of permanent childhood hearing impairment in the United Kingdom and implications for universal neonatal hearing screening: questionnaire based ascertainment study*. BMJ 2001, 323:536

<sup>9</sup> Yoshinaga-Itano C (2000): *Successful outcomes for deaf and hard of hearing children* (Conference on Newborn Hearing Screening Diagnosis and Intervention, Milan)

the best possible services to safeguard them and to ensure their future well-being.

## THE IMPORTANCE OF COMMUNICATION AND LANGUAGE FOR DEAF CHILDREN

The key issue in the development of deaf children is access to communication and language. Social services have a role in facilitating this, monitoring arrangements made by other agencies and promoting the needs of deaf children with other local agencies. This may mean a variety of interventions ranging from advice, information and equipment to language support services.

Lack of accessible communication can form a barrier that may lead to poor emotional, linguistic and educational development. The function of social work intervention, in partnership with other agencies, is to diminish barriers and enable the equal development of the deaf child compared with their hearing peers.

Many hearing families, when receiving the news that their child is deaf, may want to identify some form of 'cure', whether this is medical intervention or instant remedies. It should be remembered that for the deaf child, the confirmation of deafness does not bring forth the same sense of disappointment. Deafness is not an illness, nor is it normally an uncomfortable condition. The role of social services and other agencies is to support the development of language to enable the child to form positive relationships with people in their home environment and to make full use of learning opportunities.

The first thing families/carers will need to learn is best described as deaf awareness (how to communicate and help their child develop language skills). They will

also need to make language choices on behalf of their deaf child (whether to use BSL, spoken English or a combination in the home). This may involve the families/carers in learning and then using BSL. There may also be choices around the use of hearing aids or cochlear implants.

Families/carers will want advice with these decisions. For hearing families who may not have experience of deafness or deaf people, appropriate deaf adult role models will be extremely helpful.

Decisions will also need to be made about the deaf child's education. These will involve the choice of language mode:

- *Auditory-oral approaches – an umbrella term for those approaches to communication that emphasise developing listening skills. These approaches do not use sign language or any manual codes to support the understanding of spoken language.*
- *Total Communication – an approach which encourages the use of different methods of communication to provide total understanding for the deaf child. This method encompasses the use of BSL, SSE, lipreading and oral methods. The goal of successful communication is seen as more important than the means by which this is achieved.*
- *Sign Bilingualism – an approach to the development of communication and language which uses and values both the language of the British Deaf community (British Sign Language) and the written and spoken language of the hearing community (English or other spoken language).*

The type of school which best meets the deaf child's needs will be considered; a local primary school where the child is integrated in the classroom, a unit attached to a local school or a special

school. Families/carers will want advice, and much of this advice may come from the education department and/or the peripatetic teacher of the deaf. Social services need to ensure that a full range of options has been presented and that support services are in place to enable good quality parenting within the chosen mode of communication.

### THE GROWING DEAF CHILD

Families/carers will need to find ways of supporting the deaf child to develop their self-esteem. As children grow they need to develop a positive identity. This can be a strong Deaf<sup>10</sup> identity with British Sign Language (BSL) as their preferred language, or it can be as someone who primarily communicates via lipreading, use of hearing aids and speech. Many young people value the opportunity to vary their communication according to context, for example signing with deaf friends, speaking with older relatives. As children grow older, they should be enabled to make a positive choice, and this may mean a change of language from their initial upbringing.

There are considerable barriers in our society which militate against deaf children's positive development. It is not the deafness per se which causes difficulties, but responses to deaf children which place them at a disadvantage. Some barriers are institutional, some are attitudinal, and many are systemic. For disadvantaged or vulnerable children, these barriers can actively add to processes of deprivation or abuse. By meeting this challenge, social services can help to ensure that deaf children's rights are safeguarded.

### THE ROLE OF SOCIAL SERVICES

The key roles for social services in relation to deaf children and their families/carers are in:

- *identifying levels of need and maintaining a register of children with disabilities;*
- *providing advice and information;*
- *working with the d/Deaf community;*
- *assessing individual and family/carers' needs;*
- *supporting carers/families/children;*
- *providing equipment; and*
- *supporting a seamless transition to adulthood.*

As and when necessary (and as for all children), social services also have responsibility to:

- *provide family support and prevent family breakdown;*
- *ensure child protection;*
- *support children living away from home;*
- *support children with multiple disabilities;*
- *provide mental health care in partnership with other agencies; and*
- *contribute to other agencies' assessments (e.g. SEN, youth justice, etc).*

### WORKING TOGETHER

The responsibility for deaf children and their families/carers is shared by several local agencies. Social workers will need to develop their support for deaf children and families in close partnership with educational services (teachers of deaf children, early years services, and Connexions), paediatric audiology

<sup>10</sup> Deaf with a capital D refers to those people who identify themselves as part of a linguistic, cultural minority bound together by experience of discrimination and use of sign language. Many do not regard themselves as disabled. Lower case 'deaf' is used throughout the document to cover the wide range of different groups with a hearing loss, unless the Deaf community is specifically referred to

services, youth offending teams, the voluntary sector and others. (This differs from the social services provided to deaf and hard of hearing adults where social services could be the only agency involved with an individual.)

Social services inspections (SSI) have shown that in some departments there is good multi-agency work taking place, with quality services being planned in partnership with families/carers and other agencies<sup>11</sup>. Inspections have also highlighted positive relationships between social services and families/carers, emphasising the rights and needs of the child, empowerment of children and families/carers, a need for flexible, responsive and creative services and real collaborative work between professionals. However, Social Services Inspectorate (SSI) inspections have also identified areas where there is poor co-ordination between social services, other departments and agencies, with little information sharing.

## PLANNING TO MEET THE NEED

Developing appropriate social services for deaf children presupposes that departments are able to establish the type and level of local need. The first data from the Children in Need Census are now becoming available<sup>12</sup>. The Children in Need Census data collection should lead to better information regarding the numbers of children and young people who are deaf and who have multiple disabilities. This will provide a useful future planning tool.

The census took place in October 2001 and will be repeated every two years. Recent reports<sup>13 14 15</sup> raised concern about how little information was available. There is still little national information on the number<sup>16</sup> of deaf children:

- *provided with advice or support services from social services;*
- *placed on the Child Protection register;*
- *looked after by local authorities.*

There is also little information on the educational attainment or life chances of deaf children. The Department of Health (DoH) and Department for Education and Skills (DfES) are actively addressing these gaps through improved performance targets and monitoring in the context of the *Quality Protects* programme. In the meantime, the challenge remains for individual authorities to find ways of gathering the information that they need in order to plan to meet the needs of deaf children in their area.

Some data does exist; for example, the comprehensive registers of children with special educational needs that local education authorities are required by law to compile; however, this information should be shared and used to better effect. Similarly, many authorities have improved the registration of disabled children by social services in co-operation with the other local agencies and are now working towards better links between the registers and their planning

<sup>11</sup> Department of Health (1999): *The Children Act Report, 1995 – 1999* (The Stationery Office)

<sup>12</sup> Department of Health (2001): *The Children Act Report 2000* (The Stationery Office)

<sup>13</sup> Utting, Sir William (1997): *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home* (The Stationery Office)

<sup>14</sup> House of Commons (1998): *The Second Report of the Health Select Committee on Children Looked After by Local Authorities: Session 1997-98* (The Stationery Office)

<sup>15</sup> Department of Health (1999): *The Children Act Report 1995-1999* (The Stationery Office)

<sup>16</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services* LAC (98)28, sub-objective 6.1. (The Stationery Office)

<sup>17</sup> Department of Health (1999): *The Children Act Report, 1995 – 1999* (The Stationery Office)

mechanisms<sup>17</sup>.

## SOCIAL SERVICES STRUCTURES

Good quality services can be provided in a variety of ways through a range of organisational structures. Social services structures have usually grown organically in response to local circumstances – the size of the authority, size of the local deaf population, the degree to which there are deaf voluntary organisations, availability of resources, policies, abilities, specialist interests and priorities of workers, managers and local councillors, etc. Childhood deafness is a low incidence condition. Therefore, the challenge for authorities is to resource the service in such a way as to enable qualified specialist social workers with deaf people, and others working with deaf children, to network and support each other in order to provide positive practice.

Most authorities have qualified specialist social workers working with deaf and hard of hearing adults – on an in-house basis, or on a contracted out basis (sometimes shared with other authorities). Given the low incidence of deaf children in the population, fewer departments have designated specialist workers for deaf children and their families/carers. Those which do, often provide the full range of social services including child protection through the trained qualified specialist worker. It is difficult, however, for the smaller authorities to adequately fund a high-quality service. This document is aimed primarily at those departments which have insufficient specialist expertise in place.

Economies of scale can be exploited through local authority partnerships – with teams spanning more than one area. In some localities, neighbouring social services authorities have combined their resources and developed an integrated specialist service. This has

made it possible to generate sufficient resources and staff expertise, whilst keeping overall operating costs down.

## OVERALL RECOMMENDATIONS

The Taskforce recommends that serious consideration be given to a variety of ways of enabling deaf children to get an appropriate service. These include:

- *networking within social services departments between social workers working with deaf children and those working with deaf adults;*
- *networking with local agencies which work with deaf children and adults;*
- *networking with neighbouring agencies to share good practice;*
- *lead commissioning and/or pooling resources between neighbouring social services departments;*
- *contracting the services out to appropriate external providers (deaf service providers);*
- *spot purchasing of specialist services;*
- *developing new regional ways of working in the field of deafness.*

## DOCUMENT FORMAT

This document looks at the key areas of relevance for deaf children and their families/carers. Each section commences with a set of standards and indicators and concludes with practice notes highlighting the main issues and writings to which practitioners may refer in order to improve their services. Each chapter is concluded by a checklist for parents. Quotations and case studies commenting on services from the service user perspective are interspersed to highlight user experience. The outcomes and standards are modelled on Department of Health care standards and should assist managers and practitioners to review their services in the light of positive practice as shown in this report. Appendices listing useful organisations and other writings,

## Section 1

# Providing advice and information

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### OUTCOMES

- *Families/carers and deaf young people have comprehensive accessible information.*
- *Families/carers and deaf young people are empowered to use local, regional and national support services and networks, and to make their own choices and seek the services they want.*

accompany the Standards.

#### **STANDARD 1.1**

Parents of deaf children receive full, unbiased, clear and balanced information about the implications of deafness and the options for their child available at the time of identification

##### *Evidence/criteria*

1.1.1 Parents' surveys, interviews

1.1.2 Information materials reflect range of information required by families with deaf children

1.1.3 Policies and practice – discussion with staff

#### **STANDARD 1.2**

Social services departments work in partnership with other local agencies to ensure the availability of timely information about local, regional and national services for deaf children and their families/carers

##### *Evidence/criteria*

1.2.1 Joint policies

1.2.2 Joint plans

1.2.3 Discussions with key staff in LEA, NHS, SSD and voluntary sector

1.2.4 Examination of materials

#### **STANDARD 1.3**

Information is widely available and is produced in accessible formats and appropriate languages

##### *Evidence/criteria*

1.3.1 Information is available in a range of relevant formats

1.3.2 Materials are distributed appropriately within locality

1.3.3 Discussion with families/carers/deaf young people

**STANDARD 1.4**

Information is accessible to deaf young people

***Evidence/criteria***

1.4.1 Materials reflect needs and concerns of deaf young people and are in accessible formats (see above)

1.4.2 Discussion with young deaf people



# Providing advice and information

## PRACTICE NOTES

- Information on social services
- Information on education
- Information on health services
- Financial support and welfare benefits
- Available support services
- Other local authority services

Once a child has been identified as being deaf, parents and carers will need information and advice about the implications of their child's deafness and about what services and support are available to them. It is likely that the first contact point for families will be the audiology service, so good links with this department are an essential starting point. Working in partnership with local agencies, social services have a role in ensuring that all agencies have a co-ordinated response and have together provided appropriate information to enable parents to make choices. Social services also have a role in 'sign posting' families/carers to other professionals and services.

A jointly agreed mechanism, with other local service providers, needs to be in place to ensure that each family with a newly identified deaf child is provided with timely, full, accurate and balanced advice and information<sup>18</sup> about the implications of deafness and available services.

Depending on the age of the child, the nature and time of the onset of deafness in the child's life and whether there are additional disabilities, the information and service needs will vary. Information about all services should be available in a variety of formats, including BSL video, relevant community languages and in leaflet form. Many parents/carers will require the information to be delivered and explained by a worker.

The key service providers are the:

- *Local Authority (Education, Social Services, Leisure and Housing)*
- *Health Authority (Audiology, child health services, general medical care, speech and language therapy, child and adolescent mental health service)*
- *Voluntary sector (various local and national support organisations and locally funded projects)*
- *Benefits Agency.*

Families/carers of deaf children will wish to find out quickly where and how

<sup>18</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services*. LAC (98)28 (The Stationary Office)

specific help can be accessed in their local area. They will also want to know who is in charge of what service and where they can go for advice. Given the complexity of local service networks and the range of specialist and generic services, a 'road map' spelling out accountabilities of local agencies, timescales for assessments<sup>19</sup>, eligibility criteria and service policies is likely to be helpful. Families/carers will wish to know their rights, responsibilities and the range of education and health options that exist locally, regionally and nationally. Some families may also need communication support in order to access a range of services.

As children grow into adolescents and young adults they also need accessible information to make their own choices about the transition into adulthood.

*“Social services have been fantastic with help and advice for me and the family. They are a great support and have helped me a lot.”*

## SOCIAL SERVICES

The core services that deaf children and their families/carers will want information and advice on are:

- *supporting families/carers (providing family/carer support services);*
- *assessing the deaf child's needs;*
- *providing equipment (eligibility criteria and range of items);*
- *partnership with health services, providing child and adolescent mental health services;*
- *supporting children living away from home;*

- *providing a seamless transition to adulthood supporting children with multiple disabilities; and*
- *working with the d/Deaf community.*

Later chapters identify in detail these core services. Families/carers of deaf children will wish to have readily accessible information showing them what role social services will play, how they and their children may get access to these services and to what timescales.

## PROVIDING INFORMATION ON SOCIAL SERVICES

Families/carers will require information about the range of provision (children and families services, community care, including services for deaf and hard of hearing adults, equipment, etc) and how to obtain them. Information on assessment procedures and eligibility criteria for services will be vital. Access to complaints procedures should also be given.

This information needs to be presented in plain English (and if applicable, the main community languages) and in accessible formats. Media such as signed/subtitled videos or the Internet may be more suitable than written booklets. Many Deaf parents prefer information on video in BSL or through an interpreter/specialist social worker with deaf people. The information needs to be widely circulated so that it can be picked up from various distribution points<sup>20</sup>. It will be helpful to identify the person within social services responsible for co-ordinating and distributing information, both to families and to other agencies.

<sup>19</sup> These are clearly set by the "Assessment Framework", e.g. 7 working days for the initial assessment and 35 working days for the core assessment

<sup>20</sup> The joint ADSS, BDA, LGA and RNID *Best Practice Standards: Social services for deaf and hard of hearing people 1999*, provides detailed advice on how information can be made accessible and distributed to deaf and hard of hearing people

*“No one told me that social services could help. I wasn’t sure what they could do for me, and certainly didn’t know that they provided equipment. I would really like there to be more information available about social services for parents of deaf children.”*

The local map of services will vary from authority to authority and depends on resources available and service structures. However, the following components of the network of services provided in partnership between the agencies are likely to be covered:

## EDUCATION SERVICES

The LEA is responsible for a specialist service for deaf children including home visits to deaf children. This service should provide information/advice on educational approaches and language acquisition. A range of educational approaches and provision for deaf children should be offered, both within and outside the local education authority.

Advice on language acquisition should cover the following topics:

- *How to communicate with a deaf child – full, unbiased and balanced information covering communication tactics, communication methods such as British Sign Language (BSL), Sign Supported English (SSE), auditory/oral methods of communication.*

Advice on education provision should cover:

- *pre-school support available locally;*
- *local schools and their communication policy;*
- *special educational assessment procedures and the statement of special educational need;*
- *provision of equipment, i.e. radio aids;*
- *other educational placement options – secondary and further/higher education.*

Advice on educational approaches should cover<sup>21</sup>:

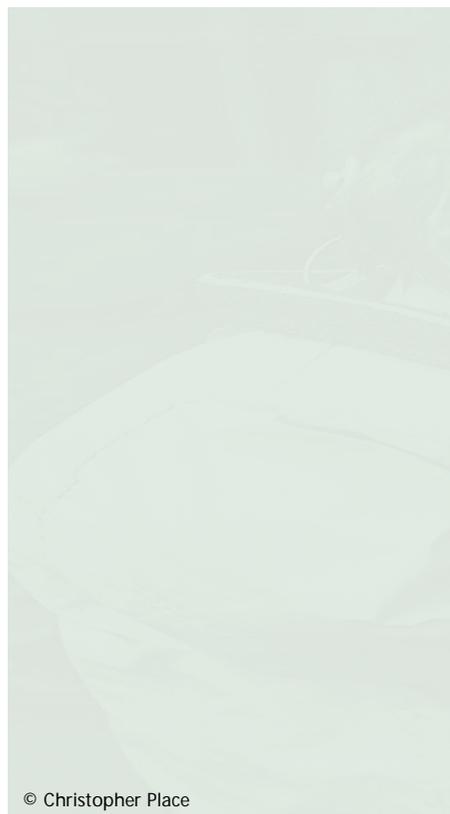
- *Auditory-oral approaches*
- *Total Communication*
- *Sign Bilingualism*

The type of school which best meets the deaf child’s needs will also need to be considered – local mainstream primary school where the child is integrated in the classroom, unit attached to a local school, or a school for deaf children.

In the build-up towards transition into adulthood, education has a role to play in offering information, advice on funding and training, and FE and HE opportunities.

## HEALTH SERVICES

The local primary care group/trust is responsible for the commissioning and provision of GP and many community health and hospital services. Information on those



<sup>21</sup> See *Introduction* for definitions of each communication approach

services should be obtained from the Health Authority. Access to specialist health services as described below is usually through referral from the GP.

The Health Authority commissions acute hospital-based services, of which the local paediatric audiology services are particularly relevant to deaf children and their parents. Paediatric audiologists will assess hearing in children from newborn infants to older children where there is concern about their hearing. Families/carers of deaf children are likely to be interested in the following information:

- *hearing tests;*
- *hearing aids for young children – how they work and what they can and cannot do;*
- *hearing aid care;*
- *cochlear implants – what they are, how they work, how suitability is assessed, what the surgery involves, risks, expectations, what user training is provided and any likely outcomes in terms of spoken language acquisition, lifestyle and mental health issues.*

In medical conditions such as glue ear – a temporary loss of hearing very common in young children – ear, nose and throat surgeons may also be involved in the care and treatment of deaf children.

The NHS usually delivers speech and language therapy services. Access tends to be through the GP or through the SEN statement. Parents will need to know what speech and language therapy might offer and how it can be obtained. The National Deaf Children's Society (NDCS) can provide a booklet

about speech and language therapy. Child and adolescent mental health services (CAMHS) are provided jointly by local authorities and the NHS.

## FINANCIAL SUPPORT/BENEFITS ADVICE

Deaf children may be entitled to Disability Living Allowance (DLA). Information on the claim procedures and the likely criteria will be needed. Advice on other benefits (Working Family Tax Credit, Invalid Care Allowance etc.) should be made available, and social services have a role in supporting this. Leaflets regarding benefits should be available from all the agencies with clear advice as to which agency will provide assistance with any claim.

## AVAILABLE SUPPORT SERVICES

Social services, education and health all have a role in advising on and funding the provision of family support services<sup>22</sup>.

These include courses in:

- *deaf awareness*
- *sign language and communication*
- *parenting*

Hearing families/carers may want support/information from appropriate deaf adult role models, as they may have no experience of deafness or deaf people. In many parts of the country there are projects providing home support in parenting and communication. Staff may be known as language aides, deaf link workers, family link workers, family aides or family support workers<sup>23</sup>.

<sup>22</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services*. LAC (98)28 (The Stationery Office)

<sup>23</sup> Young A, Griggs M, Sutherland H (2000): *Deaf Child and Family Intervention Services Using Deaf Adult Role Models: A National Survey of Development, Practice and Progress* (RNID)

Families/carers may also want help with identifying play schemes, mother/toddler groups, youth clubs/activities, voluntary support services, such as local self-help groups or groups affiliated to national voluntary organisations.

### OTHER LOCAL AUTHORITY SERVICES

All services need to consider the needs of deaf and hard of hearing people including deaf children, ensuring library facilities, town hall information services, youth clubs, etc. are accessible. Services that can provide higher levels of support, for example where a youth leader can sign, should be specifically signposted.

In summary, families will face a range of difficult decisions. The information that they receive at first may prove to be bewildering, and they are likely to need to return for clarification and further advice. It will be helpful for staff to encourage families to come back once they have begun to grapple with the issues, so as to encourage further questioning and exploration of options.

*"I would urge social services departments most strongly to consider getting involved with deaf children at the time of diagnosis with respect to the support and information given to parents. I strongly believe that the hardest part of being a hearing parent of a deaf child is accepting your child's deafness. To be able to accept this, you need positive information about communication choices. Parents of a newly diagnosed deaf child can be at the mercy of the local education authority, and whatever particular communication policy they have. In many areas, parents do not receive full and unbiased information about various choices from their LEA, because only a particular approach to educating deaf children is supported. Once parents have understood the communication issues they can continue to enjoy raising their child just like any other."*

## Checklist for parents

# Providing advice and information\*

- Did you receive written information or explanations at and after the time you found out that your child was deaf?
  - Did you understand the information, and did it cover everything you needed to know?
  - Did the information tell you about other professionals who would provide more advice?
  - Did the information make clear what responsibilities the different agencies have for your child and what you as parents can do?
  - Was there any information about how long it would take for you to get the help you needed?
- Did you receive clear information about complaints procedures?
- Were you quickly informed about any voluntary support organisations for parents with a deaf child?
- Was the information such that you felt enabled to make informed choices about communication methods and choice of school?
- Do you have access to deaf awareness training?
- Were you given an opportunity to learn sign language?
- Were you told about welfare benefits and where you could get more advice?
- How did you feel you were treated by the relevant agencies – did the services feel well co-ordinated or did all the agencies assume that another professional was in charge?
- Are there any home support services specifically designed for families with deaf children and, if so, did someone tell you about them?
- Did you get advice on play and leisure provision?

\* Advice and information is provided by a variety of local agencies, not just by social services departments. However, it is the responsibility of social services to ensure that other agencies do provide some of the services described in the *Positive Practice Standards*.

## Section 2

# Communicating with deaf children and their families/carers

2

### OUTCOMES

- *Deaf children, families/carers are able to communicate effectively in a language/medium in which they feel most comfortable.*
- *Social services are accessible to deaf children and their families.*

### STANDARD 2.1

Social services interviews are carried out in environments which maximise communication

#### *Evidence/criteria*

- 2.1.1 Rooms are acoustically treated, have good lighting and are away from busy/noisy areas (to be assessed through access audit)
- 2.1.2 Managers understand the communication issues and ensure that procedures and practices meet the needs of the full range of deaf children and their families
- 2.1.3 Surveys of deaf children, families/carers

### STANDARD 2.2

For social services interviews, social services departments provide communication services according to the assessed communication needs of the deaf child/families/carers and appropriate to the complexities of the issues under discussion

#### *Evidence/criteria*

- 2.2.1 Departmental policy on assessing communication requirements
- 2.2.2 Records noting communication support provided/used
- 2.2.3 Surveys/discussion with deaf children, families/carers

### STANDARD 2.3

Social services ensure that effective communication occurs between the deaf child/families/carers and professionals

#### *Evidence/criteria*

- 2.3.1 Assessments of communication needs through study of case files
- 2.3.2 Action plans and notes from meetings demonstrate the fullest possible participation of the deaf child and their family/carer<sup>24</sup>
- 2.3.3 Surveys/discussion with staff and families/deaf children
- 2.3.4 Discussion with social services and other agency staff

<sup>24</sup> This could include minuted comments from a child or, if the child is very young and/or has limited language, may comprise drawings or other symbolic forms of expressing an opinion

# Communicating with deaf children and their families/carers

## PRACTICE NOTES

- Making contact
- Including deaf children
- Suitable environments
- Communication support

*“Sometimes even Social Workers for Deaf People lack deaf awareness ... at times I feel like putting ‘fresh’ social workers (with minimal deaf friendly communication skills) into a BSL/deaf awareness machine.”*

## MAKING CONTACT

Positive practice implies that everyone involved with a deaf child and their families/carers can communicate easily and with as few barriers as possible. Establishing whether there is good communication – (a full understanding of what is being discussed with an ability to participate in the discussion) among the child, social worker and families/carers – may not be easy. Workers should be able to communicate independently with the deaf child. Deaf children’s communication needs may call for specialist skills. It is important that workers recognise the potential complexity involved in communicating with deaf children in hearing families. If they themselves cannot communicate directly, they will need to arrange assistance from interpreters or support workers. Workers should also refer to the

standards in the Department of Health Memorandum of Good Practice<sup>25</sup> when interviewing children.

Speech and language therapists are likely to be of great value in terms of providing information about a child’s level of communication. They may also be able to advise on the kind of support that would enable a child to engage meaningfully in decision-making and planning.

Children should be able to be involved in any interview independently as would be appropriate to their age and cognitive understanding. Independent involvement includes both listening to conversation as well as active participation in interviews, assessments or conversations. Even if the interview is primarily with and for the families’/carers’ benefit, it is important that the child is aware of the support roles of social services and that, if necessary, they can make contact independently of their families/carers.

## INCLUDING DEAF CHILDREN

Children are likely to pretend to understand communication, nodding

<sup>25</sup> Department of Health, Home Office, DFES (1999) *Working Together to Safeguard Children* (The Stationery Office)

agreement without understanding what is said. Deaf children in hearing families often miss out on the background knowledge and information exchange contained in adult or sibling conversation, which form important building blocks in the child's wider awareness and understanding. They may have low expectations in relation to participation in communication/conversations/discussions. The deaf child who is not being directly involved or specifically addressed in a conversation will often 'switch off' from the conversation, because of the concentration needed to follow what is going on. (This is true even when sign language is used, as the concentration needed to follow signing can be greater than that needed to listen to speech.)

Deaf children may also lack familiarity with open-ended questions. Because of difficulties in communication, families/carers and teachers of deaf children may tend to use closed questions with yes/no answers, and/or very concrete concepts, adopting a directive style when asking deaf children questions. Open-ended questions are an essential part of social work in an attempt to elicit 'unbiased responses'. Workers will need to help the child to understand the nature of the question, perhaps by starting with open-ended questions about simple events – working the answers through with the child, before beginning to ask the pertinent questions.

Repeating questions is another way social workers 'check out' the reliability of information. Again this can be a problem for deaf children. Deaf children may assume that the repetition of a



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question means that they did not 'hear' the question correctly and gave a 'wrong' answer, a situation they often encounter. This can lead them to re-interpret the question – answering a different question the second time around with consequently a very different answer.

In ensuring full communication between the social worker, the deaf child and the deaf or hearing families/carers, the worker needs to consider:

- *the environment in which the interview is taking place;*
- *appropriate communication/language(s) methods/services to be used.*

### SUITABLE ENVIRONMENTS

By choosing a suitable environment, effective communication can be enhanced. Any social services interview should be in a quiet room that has been:

- *acoustically treated;*
- *fitted with good lighting to enable lipreading and sign reading;*
- *fitted with curtains and blinds to keep glare out;*

- decorated with plain wallpaper/coverings (busy wallpaper can make lipreading and signed communication difficult);
- fitted with induction loop facilities; and
- equipped with sound enhancement aids available, in addition to communication services.

Workers should avoid interview facilities that are affected by background noise.

## COMMUNICATION SUPPORT

There are different types of communication services that can be used to support communication. These are:

- sign language interpreters<sup>26</sup> (BSL/SSE);
- notetakers;
- speech-to-text operators;
- lipspeakers;
- deafblind guides/communicators.



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In assessing how communication can be best achieved with a deaf child, workers should consider the following:

- What communication method/language is used at home and school by the deaf child? Children may use one mode of language at home and a different one in school. Deaf children may have a different first language from their families/carers – BSL and English respectively. Deaf children and families/carers from ethnic minority communities may use a spoken language other than English in the home.
- What does the child think they would find easiest? (Sign Supported English, BSL, lipspeaker, simple text relay through electronic notetaking. The child may be able to suggest a third person with whom they are able to communicate well – teacher/communication support worker, friend.)
- The child's experience, or lack of experience, of using an interpreter or communication support system.

Advice and guidance on communication needs and services can be discussed with:

- the family/carers (some siblings have built up very considerable skills in communicating with their deaf brother or sister);
- the child's speech and language therapist;
- a qualified social worker for deaf people;

<sup>26</sup> Qualified BSL interpreters have passed the required CACDP examinations to acquire interpreter status and are listed in the CACDP Directory 2001/2002. Qualified interpreters adhere to a Code of Practice and are insured for professional indemnity. The interpreter qualification is due to change with the introduction of NVOs and will presuppose BSL Stage 3 training prior to the commencement of interpreter training. Qualified lipspeakers also adhere to the CACDP Code of Practice. CACDP registered Level 3 lipspeakers are listed in the CACDP Directory

- *a deaf support worker (some local voluntary agencies for deaf people and or social services departments have specialist children's workers);*
- *a deaf advocate;*
- *a teacher/communication support worker from the child's school.*

Co-working with one or more of the professional workers identified above is recommended, but this does not replace the need for an interpreter. If they are not the key worker, a qualified social worker for deaf people can help other workers involved to understand issues and facilitate communication with families/carers and children (working as a co-worker). However the social worker for deaf people is not an interpreter and cannot fulfil the interpreter's (impartial) communication role.

Once an interpreter/communication method has been identified, time will be needed prior to any formal interview to ensure that there is two-way communication and to make the role of the interpreter and any third party social worker or advocate clear to the child and family/carers. Deaf children may need frequent breaks and may not be able to concentrate for long periods of time, so several interviews may be required.

When BSL interpretation is involved, or indeed any other spoken language translation is taking place, direct equivalence cannot be assumed, since BSL is a language in its own right with its own syntax and grammar. Having a social worker for deaf people to co-work can help to address any misconceptions. If the meeting is likely to last more than an hour, it is good practice to enable the interpreter to have a break every 20 minutes. In adult interviews it is usually recommended to use two interpreters, whereas in interviews involving children it is more important to achieve rapport

and continuity to establish communication. Thus to have one interpreter who is able to communicate well with the deaf child is preferable. These notes apply to all contacts with deaf children. Where there are serious allegations of abuse, it may be important to videotape the interview and follow the guidance contained in the Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings. Child protection interviews/case conferences should always involve interpreters if anyone attending uses sign language. The child protection chapter gives further detailed advice.

## Checklist for parents

# Communicating with deaf children and their families/carers

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- Are you satisfied with the level of communication skills in the professionals who work with you and your deaf child?
- Are you sure that people understand your child and enable them to express their views?
- If any interpreter is involved, how is your child responding? Is communication flowing easily?
- If you and your deaf child are involved in any formal interviews, do they take place in quiet surroundings with good lighting, plain wall coverings, and is there a loop system?
- What involvement have you had in selecting the most suitable communication support for your child?
- Is the communication support appropriate to the communication requirements of you and your child?
- Have you had access to a social worker for deaf people or a deaf support worker?
- Is there an impartial advocate for your child with whom they can discuss issues?

## Section 3

# Assessing need

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3

### OUTCOMES

- *Deaf children and adolescents are assessed comprehensively and transparently.*
- *Families/carers of deaf children have access to appropriate assessments, avoiding negative assumptions about deafness.*
- *Both families/carers and children play a role in assessments.*

### STANDARD 3.1

Local authorities ensure that assessments are carried out on the basis of the guidelines set out by the *Framework for the Assessment of Children in Need and their Families* and the associated *Practice Guidance* and that needs of deaf children are fully considered as detailed across the Standards

#### *Evidence/criteria*

- 3.1.1 Spot checks of case files
- 3.1.2 The assessment process timetable is adhered to
- 3.1.3 Discussion with families/carers and deaf children/young people
- 3.1.4 Discussion with managers

### STANDARD 3.2

Assessments are multidisciplinary; the team includes other agencies and departments as early as possible in the assessment and care planning process

#### *Evidence/criteria*

- 3.2.1 Assessment protocols from Health, Education and Social Services show all relevant agencies are involved
- 3.2.2 Planning documents including Children and Adults Services Plan
- 3.2.3 Case records demonstrate multi-disciplinary working
- 3.2.4 Surveys/discussions with staff and managers
- 3.2.5 Surveys/discussions with families/carers and deaf children/young people



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# Assessing need

## PRACTICE NOTES

- Enhancing the assessment framework
- Deaf children with additional disabilities
- Multidisciplinary assessments

The *Framework for the Assessment of Children in Need and their Families*<sup>27</sup> and the associated *Practice Guidance*<sup>28</sup> advise social services departments to guard against children “slipping through the net” as a result of communication differences, or because problems do not appear to be serious enough in terms of the local authority’s priorities. It is essential to assess the longer-term impact of *not* intervening on behalf of deaf or disabled children.

## ENHANCING THE ASSESSMENT FRAMEWORK

The statutory Framework and the accompanying Practice Guidance recommend that professionals assessing children have direct contact with the child and engage in meaningful activities with them. Talking to key family members and observing family interactions will also provide the information needed in order to carry out a holistic assessment.

Because deafness is invisible, families/carers may underestimate the

needs of their deaf child and fail to develop the skills they need. In hearing families deafness can create a major barrier for the family/carers to maintaining ordinary relationships.

Deaf children are ‘children in need’<sup>29</sup> in recognition of the support and services they require in order to develop good quality language communication and which will ensure their personal, intellectual and emotional development. As *Quality Protects*<sup>30</sup> identifies, young children need to play, to feel safe from threats, to be well-fed etc. It is equally important that they are able to communicate their basic wants and needs. Language acquisition is essential for personal and intellectual development, and good communication is fundamental to good caring/parenting.

Social workers should assess deaf children on the basis of an ability to reach developmental milestones commensurate with the targets set for all children (unless the deaf child has multiple and complex disabilities). While

<sup>27</sup> Department of Health (2000): *Framework for the Assessment of Children in Need and their Families* (The Stationery Office)

<sup>28</sup> Department of Health (2000): *Practice Guidance on Assessing Children in Need* (The Stationery Office)

<sup>29</sup> *Children Act* (1989) S 17

<sup>30</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children’s Services*. LAC (98)28 (The Stationery Office)

the processes by which deaf children develop may be different, they should be expected to develop communicative, linguistic and cognitive skills at similar rates and to the same level as hearing children.

Social services also have a role in assessing the deaf child in relation to personal independence and safety. For example, they need to assess a child for fire alarms, flashing doorbells and textphones. These are all pieces of equipment that will enable the child to develop independent living skills at the appropriate stages of their development.

It should not be assumed that a deaf child is necessarily always in need of support services.

### DEAF CHILDREN WITH ADDITIONAL DISABILITIES

Social workers need to assess and consider the potential of a range of disabilities in addition to deafness when carrying out an assessment. For some children with limited communication the use of relay interpreters may be helpful. Of children with learning difficulties, 40% are also deaf. Some causes of deafness are often associated with other disabilities, not all of which will be present in early childhood. Children with genetic syndromes, such as Usher syndrome, are initially affected by deafness and only later develop their visual disability. Other syndromes and general learning disabilities often also coincide with a degree of visual and hearing disability.

Families with a disabled child with other complex needs require support from all service agencies, and help with communication with their disabled child will be one of many support needs. Chapter 9 provides more detailed advice.

### MULTI-DISCIPLINARY ASSESSMENTS

Successful assessment and care planning rest on a number of factors:

- *adequate resources;*
- *adult deaf people as mentors or role models; and*
- *cross-departmental and cross-agency assessments.*

No one local authority social services department is likely to be able to provide all services to a deaf child without close working links with other agencies, both statutory and voluntary. The assessment process should therefore include other agencies at a very early stage.

The special educational needs (SEN) assessment procedures are co-ordinated by the LEA. Social services staff have a duty and opportunity to contribute to this assessment. Other multi-disciplinary assessment processes will also help to determine what the family/carer needs to fully and positively support the deaf child.

Individual education and care plans should assign clear roles to the different agencies and families/carers should be expected to play a full role in the process of identifying needs and working out expectations and achievable goals.

As the child gets older, they should be expected to play a role in the assessment procedure independent from their family/carers.

In assessment processes, the needs of children and families/carers can differ. Services may need to be renegotiated at different stages in the child's development.

## Checklist for parents

### Assessing need

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- If your deaf child has additional disabilities, are you satisfied that in any assessment the effects and implications of deafness are considered?
- In assessments, are adequate arrangements made for you and your child's involvement?
- Are positive expectations communicated to you or do you have an impression that professionals do not think that your deaf child will make much progress in school, when you think they should reach age-appropriate or near 'normal' milestones?
- Do you understand what the assessment is for?
- In your opinion, are all the key agencies involved in finding solutions to your child's problems and needs?

## Section 4

# Supporting families/carers

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### OUTCOMES

- *Families/carers are effectively supported and are enabled to nurture the development of the deaf child.*
- *Families/carers have access to culturally-sensitive support services.*
- *The deaf child can develop a positive identity and fluent communication in the family setting.*

### STANDARD 4.1

Social services departments have working structures and practices which are designed to focus on the positive development of deaf children

#### *Evidence/criteria*

- 4.1.1 Child care staff and teams working with deaf children are trained in deaf awareness
- 4.1.2 There is effective cross-departmental and cross-agency working to support deaf children and their families/carers
- 4.1.3 Departments have effective policies and protocols that ensure the involvement of specialist social workers for deaf people involved as co-workers or consultants
- 4.1.4 Departments have accessible information on support services available for families/carers of deaf children
- 4.1.5 Families/carers have a known key worker
- 4.1.6 Examination of case files
- 4.1.7 Discussion with families/carers

### STANDARD 4.2

Social workers are capable of working effectively with families/carers from black and minority ethnic backgrounds

#### *Evidence/criteria*

- 4.2.1 Social work staff have received training on cultural diversity
- 4.2.2 Examination of case files
- 4.2.3 Discussion with families/carers
- 4.2.4 Interviews with staff and managers
- 4.2.5 Policies and procedures permit culturally-sensitive staff allocation

### STANDARD 4.3

The social services department offers and/or facilitates choice in support services

#### *Evidence/criteria*

- 4.3.1 Planning documents include a range of funded support services for deaf children and their families/carers

- 4.3.2 Financial means are no bar to families being able to use support services
- 4.3.3 Families/carers and deaf young people are consulted about their preferred services
- 4.3.4 Case files demonstrate that choices have been explored
- 4.3.5 Discussion with workers, families/carers and deaf youngsters

## Supporting families/carers

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### PRACTICE NOTES

- Family structures
- Section 17 Children's Act funding
- Information
- Paying for communication classes
- Whole family needs

*"Our local social services are very accommodating with bi-annual appointments and advice."*

Lack of communication can form a barrier that may lead to poor emotional, linguistic and educational development in the deaf child. The objective of social work intervention, in partnership with other agencies, is to diminish barriers so as to maximise development opportunities for the deaf child. Families/carers should be assessed and given a range of support services dependent on their wishes and assessed needs and in line with departmental procedures and policies. The dynamics of a family situation including a deaf child may be very different and may need to be viewed differently from that of other families.

### FAMILY STRUCTURES

Each family has its own needs and its own identity. For some families, the extended family plays a key role in making decisions affecting deaf children.

It is important that service providers respect the authority which, for example, grandparents may have in some families. In order to support families/carers with deaf children, local authorities, and organisations funded by them, need to be serious about valuing



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diversity. This means building capacity to create flexible services which offer a range of choices that are accessible and relevant to all families/carers. Many local authorities are leading the way in developing innovative services that recognise the diverse cultural needs of their communities. This includes addressing race, religious practices and culture, including the cultural needs and values of deaf/Deaf families.

## SECTION 17 CHILDREN ACT FUNDING

Social services departments have access to resources that will help to break down some of the barriers outlined above. Section 17 of the Children Act empowers local authorities and social workers to use funding to safeguard and promote the welfare of deaf or disabled children and thereby prevent greater need developing.

### INFORMATION

Provision of information in a variety of formats – e.g. audio/video tape, braille, large print, and in a range of community languages, is crucial to families being able to make informed choices. The use of link workers and close partnerships with community organisations are two ways in which services can be made more relevant and accessible to the range of families/carers with deaf children.

### PAYING FOR COMMUNICATION CLASSES

Sign language and communication classes that welcome extended family members and are geared towards communication with children help to ensure that the deaf child is enabled to grow and develop feeling secure and able to play a full role within their family.

Families on low incomes, or where there is only one parent, may have their own

additional needs. It may be much harder for such families to take part in social activities or to attend daytime meetings. Sign language classes charged for at further education rates may be beyond the purse of these families, and may not follow a curriculum that is relevant for families with young deaf children. Setting up, or enabling a voluntary organisation to run, free classes for families is something that some social services departments have found to be popular and effective. Section 17 funding may be relevant here.

### KEY WORKERS

*“I believe strongly that there is a case for a specific key worker linked with all services (like a shadow to the child) to oversee the support and level of understanding of the child’s needs, as well as pointing out inconsistencies in professional approaches to facilitate all-round consensus action.”*

*“I have had no support from social services. Everything I’ve asked for has been through duty social workers. They do not monitor my son or ask me if he needs anything.”*

Families are supported best by having named key workers who may be contacted at various times and who get to know the family and its needs well. For some families, it will be important to have choice over the gender of their allocated worker. Ready access to interpreters will also ease the communication between the social services department and the family.

### WHOLE FAMILY NEEDS

Deaf children have needs, and so do their siblings. Organisations such as Contact a Family and some local Deaf Children’s Societies provide activities for

hearing/able-bodied siblings as well as deaf or disabled children. These community-based schemes are to be welcomed, and should be supported by local authorities which have a role in ensuring that families know about them.

Sometimes deaf children and their families need a break from each other. Schemes offering short breaks (sometimes called respite) and family link projects help both the deaf child and the family. The deaf child can benefit by regular short breaks with a family, but it is essential that the placement is made with careful consideration given to the cultural and linguistic needs of the deaf child. Deaf families have much to offer in this respect, and local authorities can help by encouraging them to register and train as link families.

Holiday schemes are important, and can do much to boost a deaf child's morale and self-esteem. Again, it is vital to address the deaf child's cultural and linguistic needs. The experience could become very negative if the child is placed in a scheme for disabled children, in which no one is able to communicate with them at an appropriate level. Social

workers often play a key role in liaising with leisure officers to ensure that the needs of deaf children are included in plans to develop play schemes.

Provision of appropriate transport services can make the difference between deaf children and their families being able to take advantage of activities or being prevented from doing so. Local authorities need to ensure that there is effective corporate liaison, especially where transport is provided through another directorate.

The development of language aide/language link schemes<sup>31</sup> to enhance communication in the family is proving to be of great value. They help to develop communication skills and to combat negative views of deafness. The use of deaf adults, suitably trained and supervised in such projects, can help to introduce deaf role models into the family whilst at the same time supporting parenting and communication development. Local authorities should consider supporting such projects through partnership funding.

<sup>31</sup> Young A, Griggs M, Sutherland H (2000): *Deaf Child and Family Intervention Services Using Deaf Adult Role Models: a National Survey of Development, Practice and Progress* (RNID)

## Checklist for parents

# Supporting families/carers

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- Is there a key worker you can contact when you need to?
- Is the key worker able to communicate with you and your child?
- Is there support for you to attend sign language classes and help with the costs, if necessary?
- Is there easy access to information about community-based support, such as Contact a Family, local Deaf Children's Society or any other support groups for parents?
- Is there any access to short break schemes in your local authority area?
- Has your child been encouraged to attend a suitable holiday play scheme?
- Is there transport to play schemes, if required?
- Does your local authority enable your deaf child to meet with other deaf people on a regular basis?
- Do you have access to a deaf adult role model for your child?
- How much choice have you had about any support services?

## Section 5

# Providing equipment

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### OUTCOMES

- *Deaf children achieve age-appropriate independence skills through timely assessment and provision of equipment.*
- *Children and their families/carers are trained to use allocated equipment.*
- *Integrated services are provided, so that children can use similar aids at home and at school, e.g. radio aids, and thus will be able to communicate consistently.*

5

### STANDARD 5.1

Deaf children have access to appropriate equipment in order to maximise their ability to interact independently in their home environment in an age-appropriate manner

#### *Evidence/criteria*

- 5.1.1 Policies and eligibility criteria that recognise the importance of equipment/technology for deaf children
- 5.1.2 Budgets adequate to meet the needs of the authority's deaf children
- 5.1.3 Equipment procurement procedures that ensure a wide choice of providers so that children receive equipment appropriate to their needs. (This also makes economic sense.)
- 5.1.4 Equipment is maintained and repairs carried out within prescribed time limits
- 5.1.5 Children's equipment needs are reviewed annually

### STANDARD 5.2

Deaf children and their families'/carers' needs are assessed and both are trained in the use of particular pieces of equipment

#### *Evidence/criteria*

- 5.2.1 Staff assessing needs are trained in the application of technology for deaf people and receive regular updates as technology develops
- 5.2.2 Protocols ensure that an appropriate level of training accompanies equipment being issued for the deaf child and their family/carer
- 5.2.3 Equipment is professionally installed and checked
- 5.2.4 Inspection of case files
- 5.2.5 Discussion with service users

### STANDARD 5.3

There is partnership working with Health Authorities, Health Trusts and the LEA to improve deaf children's assessment for communication equipment and its provision

***Evidence/criteria***

- 5.3.1 Examination of planning documents demonstrates inter-agency working
- 5.3.2 Service users report that services are 'joined up'
- 5.3.3 Planning meetings on strategic partnerships
- 5.3.4 Operational planning meetings regarding individuals demonstrate inter-agency co-operation



## Providing equipment

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### PRACTICE NOTES

- Age-appropriate technology
- Flashing alerting systems/paging systems
- Loop systems
- Textphones/fax
- Wake-up devices
- Video recorders
- Mobile phones
- Deaf parents
- Hearing parents

5

Technology can help to maximise interaction and independence for deaf children and young people. The equipment service therefore fits into the local authority's overall preventive service for deaf children and their families. If important equipment that promotes independence is not provided to deaf children, departments are likely to have to respond to difficulties in behaviour at a later date. Assessment procedures should therefore emphasise timely provision and focus on early intervention, speedy delivery and installation.

The service should be delivered by trained staff assessing the needs of children in their family setting whilst applying departmental priority systems. Like the adult service, this service is delivered balancing the assessment of family circumstances with individual needs and departmental eligibility

systems. Risk assessment should include factors like loss of independence and reaching developmental milestones.

Training in the use of equipment should be given routinely, and it is vital to ensure that equipment is properly installed and shown to be functioning. There also need to be clear protocols on repairs and renewing of equipment.

### Early years

The deaf child of hearing parents will require equipment to enable them to make sense of the home environment and participate on an equal basis in the family. Examples of the kind of equipment useful for children include those listed below,

but this should not be seen as an exhaustive list.

### FLASHING ALERTING SYSTEMS/PAGING SYSTEMS

In the child's early years, knowing when the doorbell or telephone is ringing is important to enable the child to make sense of and be aware of the relationship between events. For example, between someone being at the door ('ringing' the doorbell), the door being opened and someone coming in. Without such devices deaf children can exhibit apparently strange behaviour by continually opening the front door for no reason, because they believe that 'whenever the door is opened' someone will enter. They will have not understood the fact that other family members are opening the door in response to an event – the doorbell ringing.

Pager systems are attractive, especially for active children. They also have the advantage of containing a range of functions – e.g. alarm clock, fire alarm, doorbell, and telephone.

### LOOP SYSTEMS

If the child is a hearing aid user, a home loop system may aid hearing and participation in the family, for example in communication at the family dinner table or listening to television programmes.

*"I waited 2 years for my son's loop system. Unless you phone regularly for equipment, you don't get anywhere. I understand it is quite normal to wait about 2 years; but if the child were to get the loop when they were younger, it wouldn't be so hard for them to get used to it."*

## Primary school age

### TEXTPHONES/FAX

Hearing children, from their early years, will talk to relatives and family friends on the telephone. A deaf child who needs a textphone will not be able to do this without help until they develop writing and reading skills. From the age of seven or eight the child will be able to begin to communicate with their friends and relatives without help using a textphone – an important independence skill.

Children whose residual hearing is enough to enable them to use an amplified telephone should be provided with the appropriate model.

Some children may prefer the medium of a fax, where they can draw pictures as well as write text.

### WAKE-UP DEVICES (VIBRATING ALARM CLOCKS, LIGHTS ETC)

The allocation of vibrating alarm clocks should be considered as part of a package designed to assist independence training in the light of the developing needs of a deaf young person, say from the age of entry to junior school, which will be around seven years of age.

### VIDEO RECORDERS

Video recorders that read and record subtitles and captioned videos will provide access to leisure interests for deaf children. Such equipment has been found to assist communication and English reading skills. Parents of deaf children should be advised of these options when discussing the needs of their children as they grow up, so that they can make provision.

## Secondary school age and beyond into further education or work

The full range of equipment that would be made available for a deaf adult should be provided for young deaf people when they reach an age where they can be left alone in their home. At this age they face the same risks as a deaf adult – risks from intruders and fire, requiring smoke alarms and visual alerting systems, and require access to telephones etc.

5

### MOBILE PHONES AND SHORT MESSAGING SERVICE (SMS)

Increasingly, mobile phones are being seen as a lifeline to young deaf people, many of whom have found the ability to send and receive text messages to be a boon. Others are able to make use of neckloops, enabling direct sound input by using hearing aids switched to 'T'. Public telephones remain largely inaccessible to deaf children and young people, but mobile phones help to promote safe independence.

*"We were supplied with a loop system 7 years ago, and have had no contact since then. In fact, we purchased a caption reader and Teletext VCR ourselves. Maybe social services could keep an age chart of children and do 2 yearly checks, or something similar. Even a letter, to see how our child is doing, would be nice."*

### WORKING IN PARTNERSHIP WITH OTHER AGENCIES

Departments should be working collaboratively with other agencies to provide co-ordinated responses to the

needs of a deaf child and ensure that the use of resources is put to its best effect.

For example, children often receive radio aids from their LEA in order to follow the teaching in the classroom. They will therefore be used to maximising sound in this manner. Consideration should be given to allowing children to take their radio aids home during holidays and weekends, since they are likely to benefit at home in their interaction with their family<sup>32</sup>. There may be other equipment issued by health trusts for use in schools which families/carers feel could be better and more flexibly used in other environments.

### Families/carers

*"I knew that social services sometimes provided equipment for deaf children, but I didn't think my son would qualify because he is not profoundly deaf."*

All families/carers of deaf children require information on the range of equipment that will assist their deaf child in communication and independence. Such information should be available in health and education settings as well as through the social services department. In some localities, equipment displays are provided by voluntary organisations, such as local deaf associations. There is also the mobile equipment display supplied by the NDCS. This *Listening Bus* can be booked to visit localities.

### DEAF PARENTS

Deaf parents require the same equipment as other deaf and hard of hearing adults – intruder and fire alarms, textphones, doorbell alerts, TV loop

<sup>32</sup> Department of Health (2001): *Guide to Integrating Community Equipment Services* (Department of Health)

systems etc. In addition, deaf parents may also require alerting devices such as baby alarms or alerting systems at the stage when their children are young and vulnerable.

## HEARING PARENTS OF DEAF CHILDREN

Departments will wish to consider any needs that may arise when a child lives away from home, for example, in a residential school, and the families/carers want to stay in touch, via telephone, fax or, increasingly, e-mail and mobile phone SMS.

Social services can play a vital role in ensuring that parents and carers have the skills and resources needed to support their deaf child and minimise their disability. Families/carers may need guidance on how to make sure that the deaf child is fully included in all aspects of family life. Appropriate use of technology can enhance daily living for all the family.

*“We have found it very difficult to contact a social worker for the deaf. We have waited a long time for an assessment (3 months) but the wait for equipment is even longer – 2 years or more.”*

## Other new technology which families may want to discuss with social services

Although many families/carers now have personal computers with e-mail facilities, which are very accessible for deaf people and enable children to stay in touch with each other, others may need some information and financial assistance.

With the rapid development of new technology and mobile

telecommunication, text messaging (SMS) is another means of affordable communication.

Videotelephony is a further technological innovation which is fast becoming more reliable and affordable. This may become the future of communications between users of sign language. Some local authorities have integrated videophone systems into their information and library services, enabling deaf customers to access information. Staff providing the service need to be fluent sign language users.

Although some of these options will exceed departmental resources at present, with mass production their costs are reducing.

In future, social services departments may need to consider their approach to these developments in relation to what users of services may want.

*“Social services have an equipment display where you can try, before you borrow, items of equipment. Provision has been improved by the local Deaf community and parents of deaf children.”*

## Checklist for parents

# Providing equipment

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- Has your family had any assessment of your equipment needs?
- Has this assessment been provided swiftly on request?
- Have you had full information on the kinds of equipment available?
- Has the equipment been delivered and installed quickly?
- Did you and your child get any help/training with its use?
- As your child grows up, has the equipment been adapted/changed to enable greater independence?
- How much information and advice were you given about other technological devices, which you might consider purchasing independently, that enable a greater quality of life for your family?
- Is there continuity in equipment use between school and home?  
For example, can any item of communication equipment be taken home for weekend and holidays?

## Section 6

# Ensuring child protection

### OUTCOMES

- *Deaf children receive appropriate child protection services.*
- *Deaf children are well protected – abuse is investigated effectively and timely protective action taken.*

### STANDARD 6.1

Child care workers and qualified specialist social workers for deaf people are enabled to undertake effective investigations of suspected child abuse involving a deaf child

#### *Evidence/criteria*

6.1.1 Children are assessed in accordance with the *Framework for Assessment of Children in Need and their Families*, including adherence to the timescales set out in the policy and practice guidance

6.1.2 Interviews are carried out using video recording, in accordance with the *Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings*

6.1.3 Child care workers have received deaf awareness training

6.1.4 Child care workers have received training in working with communication support workers/interpreters

6.1.5 Qualified social workers for deaf people have received child protection training

6.1.6 There is a regularly updated directory of staff and external key contacts with expertise in deafness and communication with deaf children

6.1.7 Training plans and training budgets reflect training priorities about deafness

6.1.8 Discussion with young people and families/carers of deaf young people about their experiences

6.1.9 Regular liaison meetings between child protection staff and social workers responsible for work with deaf children

### STANDARD 6.2

The Area Child Protection Committee (ACPC) has developed a co-ordinated system of joint working to ensure the inclusion of deaf children

#### *Evidence/criteria*

6.2.1 Policies, procedures and reports of ACPC address the needs of deaf children in child protection

6.2.2 Children's Services plan reflects policies for deaf children

6.2.3 There is joint training for ACPC members and their key staff groups on deaf children's issues, including joint police/social services training in Memorandum interviewing

6.2.4 Communication support services contract gives priority to child protection meetings

6.2.5 Discussion with key managers from police, education, health and social services

### **STANDARD 6.3**

Workers engaged in child protection investigations involving a deaf child establish effective communication with deaf child and family/carers

#### ***Evidence/criteria***

- 6.3.1 Discussion with family/carers
- 6.3.2 Discussion with staff involved in child protection work
- 6.3.3 Examination of case conferences and case files
- 6.3.4 Staff training records
- 6.3.5 Minutes of child protection conferences

# Ensuring child protection

## PRACTICE NOTES

- What makes deaf children vulnerable to abuse?
- Abuse by service providers
- Abuse in families
- General guidance
- Ensuring proper evidence is obtained
- Getting communication support when needed

Deaf children are more vulnerable to abuse than their hearing peers. Reliable studies from the USA indicate that deaf and disabled children are two to three times more likely to suffer physical, sexual or emotional abuse, or to experience neglect<sup>33</sup>. Other studies support these findings<sup>34 35</sup>.

### WHAT MAKES DEAF CHILDREN VULNERABLE TO ABUSE?

Children who are deaf or disabled are more likely to live away from home, are reliant on services for longer and are more dependent on a greater number of adults and professionals for meeting their needs for longer than their hearing peers. The lack of deaf awareness in the community can lead to feelings of low self-esteem and, taken together, these factors serve to create vulnerability. Often deaf children are not given opportunities to develop fluent language skills – either spoken or signed – at the same rate as hearing

children. Abusers may see deaf children as an easy target, often because they believe ‘they cannot tell’, a similar situation to that of children with severe learning disabilities.

Many deaf children also have additional disabilities, such as learning disabilities. They are even more prone to be targeted by abusers. Lack of access to language, information and social opportunities means that deaf children may not be aware that what is happening to them is wrong and can be stopped, or something that doesn’t happen to everyone else. Deaf children may feel isolated, and may experience low self-esteem and poor self-image, especially if they do not have a strong peer group around them. This can make them more susceptible to the inducements of an abuser or the threats against telling. They may have learnt to be compliant and that keeping quiet, pretending to understand and indicating that

<sup>33</sup> Sullivan et al in Hindley P & Kitson N (eds) (2000): *Mental Health and Deafness* (Whurr Publishers) pp149-184

<sup>34</sup> Briggs F (1995): *Developing Personal Safety Skills in Children with Disabilities* (Jessica Kingsley), 1998 (NDCS)

<sup>35</sup> NDCS & NSPCC (1998): *Safe in Your Hands* (NDCS)

nothing is wrong, is the only way to survive. Hearing families may find it difficult to communicate, especially about difficult sexual issues and abuse, with their deaf children.

Social services need to take responsibility for ensuring that deaf children understand that they can contact social services or other professionals (Childline etc) if they are concerned about abuse/potential abuse/abusive situations. Social services also need to ensure that deaf children have a communication method (which could mean knowing how to use an interpreter) for contacting social services or another independent agency who can help or advise them.

## 6

### ABUSE BY SERVICE PROVIDERS

Deaf children are exposed to many more professionals (audiologists, teachers of deaf children, educational psychologists, LEA administrators, learning assistants, etc) than hearing and non-disabled children<sup>36</sup>. Higher proportions also attend special or boarding schools and receive school transport services. Transport to special schools can also provide opportunities for abuse to occur.

Social workers and other professionals may find themselves in difficult situations, where they suspect that abuse may be taking place and when there are problems in communication. Child protection workers need to implement the Assessment Framework<sup>37</sup>, and establish effective teamwork (with qualified specialist social workers with deaf people) in order to address the issues facing deaf children and their carers/families.

### ABUSE IN FAMILIES

#### *Anna:*

Anna Brown is 11 years old and communicates using British Sign Language (BSL). Her 7-year-old sister, Katie, is the only other family member that uses BSL, and she was taught by Anna.

Mr and Mrs Brown, Anna's parents, say that they do not have the time to learn BSL and find out by Anna's gestures what it is she wants, or by asking Katie. Paula, Anna's 12-year-old sister, is not interested in learning her sister's language and gets annoyed with her if she signs in front of her friends.

Within Anna's extended family there isn't anyone who has learnt BSL. Free tuition has been offered to all family members, at their convenience. The offer has been declined.

Anna attends a mainstream school with a unit attached for deaf children. She likes school because she is able to communicate with her peers and teaching staff. School staff describe Anna as an outgoing child who loves maths and English. She has good friends, both deaf and hearing. School has noticed that Anna's body hygiene fluctuates and there are days when she smells of urine. The home-school link is poor. Mr and Mrs Brown rarely attend school parents' days and other events.

Anna attends a Personal Safety Skills Group with her deaf peers. The group looks at feelings, bullying, safe/unsafe touching and identity. Anna enjoys

<sup>36</sup> NDCS & NSPCC (1998): *Safe in Your Hands* (NDCS)

<sup>37</sup> Department of Health, DfEE, Home Office (1999): *Framework for the Assessment of Children in Need and their Families* (The Stationary Office)

and contributes to the group and the discussions that arise from the different topics.

When the topic was about unsafe touching, Anna became noticeably uncomfortable and requested to go to the toilet. On her return, further discussion continued and Anna did not contribute. When the group moved to discussing whether parents, aunts, uncles, grandparents, friends etc could touch you unsafely, she looked horrified and asked, "Can dads really touch you unsafely?" and then stopped contributing to the discussion. Concern grew about whether Anna was at risk of sexual abuse. A child abuse investigation took place, focusing on Mr Brown. Mrs Brown did not believe the allegation. Nevertheless, following the investigation, the children's names were placed on the Child Protection Register under the category of sexual abuse and further investigation was continuing.

It was crucial that the communication between the group leader and the local social services department was effective, as this enabled Anna to be protected. Without the group, which was supported by the local social services department, Anna would not have been able to identify that what was happening to her was wrong and could be stopped.



The dynamics of a family situation of hearing carers with a deaf child may be very different than those of hearing carers with hearing children in terms of the ease and sophistication of communication. Concerns about potential abuse and/or protection should be considered within this context.

Poor communication between families/carers/siblings and the deaf child could be seen as neglect/emotional abuse, but the worker has to assess the reasons for this as well as the implications that this may have on the child's development. The worker has to consider how much is to do with the information, support and services offered and accessible to families/carers, as compared with 'neglect'. Child protection workers need to consider, for example:

- *How much communication, and to what level of sophistication, is there in the family (between family, carers, extended family members, and siblings and the deaf child)?*
- *Is the deaf child withdrawn, or acting out in an aggressive way?*
- *What efforts has the family made to learn how to communicate with the child (e.g. BSL, SSE, deaf awareness)?*
- *What services have been offered/accepted to help the families/carers communicate with the deaf child?*
- *What are the arrangements for the services? Is there a waiting list? Are services/classes available free? Is there provision for low income families?*

- *Is childcare offered to enable families/carers to attend classes? Are services/classes geared to meet the needs of families/carers from different cultural/linguistic backgrounds? Are they held at times that working families/carers can attend?*
- *Has any home-based support to develop communication skills been offered?*
- *Are there gaps in provision?*

## GENERAL GUIDANCE

All staff working with deaf children must be properly vetted, and this must include police checks. This may require social services to provide guidance to small voluntary organisations, and to be vigilant in key areas, for example that of transport provision.

In child protection investigations professionals need to be deaf aware and able to communicate easily with the deaf child. The local ACPC should develop policies and procedures around work with deaf children and methods of co-ordinating this work amongst the local agencies. This might include relevant training in deaf awareness for childcare social workers and child protection training for social workers with deaf children.

Child protection staff should be deaf aware and work with staff who are fluent in the method of communication used by the deaf child. Sometimes this means that a combination of methods – linguistic skills, languages and techniques will be needed. This could be British Sign Language, Sign Supported English, clearly spoken and/or (lipread) English as well as other manual systems.

Children raised in the 'oral way', using residual hearing and/or lipreading, may be able to use a greater range of English words, but will not necessarily understand the meaning. They will have missed out on much of the background information that hearing children pick up informally, through radio, overhearing conversations, casual chat and so on.

A specialist social worker for deaf people should be involved as a co-worker, if not the key worker. In situations where English is not the first language at home, relay interpreters to translate from one sign language to another may be used. It might also be helpful to involve the services of a deaf adult or a worker at the child's school, with some understanding of child protection issues, in order to overcome some of the communication barriers. This approach, however, should be used cautiously, and only after a careful risk assessment has taken place<sup>38</sup>. Workers will need to establish clearly what signs, words and gestures are used for parts of the body. Everyone involved should make sure that they use the same signs and words for the same things.

The *Memorandum of Good Practice*<sup>39</sup> states:

*“Exceptionally, it may be in the interests of the child to be interviewed by an adult in whom he or she has already put confidence but who is not a member of the investigating team. Provided that such a person is not a party to the proceedings, is prepared to co-operate with appropriately trained interviewers and can accept*

<sup>38</sup> Cross M, Gordon R, Kennedy M, Marchant R (1993): *The ABCD Pack: Abuse and Children who are Disabled* (The ABCD Consortium: NDCS, NSPCC, Way Ahead Disability Consultancy and Chailey Heritage)

<sup>39</sup> Home Office & Department of Health (1992): *Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings* (HMSO) (para 2.24)

*adequate briefing, this possibility should not be precluded.”*

## ENSURING PROPER EVIDENCE IS OBTAINED

Children are often not believed and are seen as unreliable witnesses, particularly in court. This is even truer for deaf children. Even before a decision that a formal child protection interview under Memorandum guidelines is going to be undertaken, consideration should be given as to how a child's early statements should be gained. It is important that no impression is given that a deaf child has been 'led' into making an allegation by the form of questioning or that a child's communication was misunderstood. On occasion it may be appropriate to video any such early fact-gathering interview, which would enable others to review the account given by the child. The Youth Justice and Criminal Evidence Act 1999 also enables the videotaping of interviews with vulnerable witnesses.

Child protection interviews should always involve interpreters if the child or the family/carers sign. Good practice is to involve a notetaker. Use of two interpreters may be problematic, because of the need to establish rapport and effective communication with the deaf child. Consistency in translation is often very difficult when more than one interpreter is involved in a case.

Whilst mindful to keep participants in child protection interviews to an essential minimum, there could be a need for at least three types of worker:

- *a specialist in child protection;*
- *qualified social worker for deaf people/deaf advocate; and*
- *communication support workers.*

Such communication support workers should have had specialist training in child protection issues to ensure some competency and have had some training also in working with children.

## GETTING COMMUNICATION SUPPORT WHEN NEEDED

Any investigation of child abuse needs to adhere to set time scales. The waiting time for a meeting with social work staff or for case conferences etc. should be the same, or as close as possible, for deaf children as for other service users, following the timescales set out in the *Framework for the Assessment of Children in Need and their Families*. Because of the national shortage of trained interpreters, they will need to be booked immediately in order to ensure that the appropriate support is available. A communication services contract which will commit to supply communication support workers/interpreters to agreed response times is likely to cater for these rare but serious situations.

Communication, shared information, and vigilance in all situations, including residential schools, are the keys to ensuring that deaf children are kept safe. Conversely, ineffective communication, lack of information and lack of vigilance render the child significantly more vulnerable.

### *Philip:*

*“Philip was only 13, and as his teacher I had real concerns about him. He had 3 younger siblings, and he quite often talked about being hit at home. He also seemed to have to do an unreasonable amount of household chores and seemed to be the main person looking after the other children. He was always tired, and he came to school quite scruffy and dirty.*

He was always hungry. He didn't relate to other children very well and quite often got into trouble through losing his temper. He never seemed to have his hearing aids and missed most of his appointments at the audiology clinic. He also needed to get his eyes tested, as he was very shortsighted, but his parents kept missing those appointments with him too. Obviously, being deaf, he really relied on his eyesight. The final straw was when he came in one Monday with a black eye and a missing tooth. Putting it all together, I felt that he was being abused and neglected and reported my concerns to the school child protection officer.

6 Social services came to the school and interviewed Philip, using a communication support worker who was based at the school. This worried me a bit, as the CSW only had Stage 2 BSL and certainly wasn't anywhere near as fluent as you'd expect an interpreter to be. Philip's always found her a bit hard to follow; but it got worse, because then they took him home and interviewed him again there, using his mother as an interpreter. When they talked to me, the social workers said they didn't think Philip's mother had passed on exactly what they were saying. I thought it was a really risky thing to do, as Philip's problems all stemmed from how things were at home.

Anyway, Philip was placed on the child protection register, and the social workers recommended that he be given a deaf advocate to help him to understand what was going on and have some control over his situation. Social workers met him a couple of times, but without an interpreter, so communication was virtually impossible. They couldn't decide who would pay for the interpreter. They did

find an advocate, but not one who was qualified, trained, or experienced in child protection. Social services felt that Philip's problems at home were due to difficulties in communication, but to me that doesn't explain the clear signs of neglect or the seriousness of his injuries. I think he's been really badly let down, and part of that is because the child protection team just doesn't know what to do with deaf or disabled children. If they had clear rules about use of interpreters, some training in deaf awareness, and access to properly trained and qualified deaf advocates, it would help. They might have found helping Philip easier if they'd talked to the social workers for deaf people."

## Checklist for parents

# Ensuring child protection

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- Did your child have any information from the social services department on who to contact in case of concern about potential or actual abuse?
- As a family, have you been helped to overcome some of the challenges posed by the deafness of your child through information/advice and services?
- If you have been involved in a child protection investigation, have you been confident that everything has been done to resolve the situation and safeguard your child?
- Was there a thorough investigation involving people who could communicate well with your child?
- Were interpreters present?
- Did you and your child have access to a social worker for deaf people or a deaf advocate?
- Did you get clear advice about what was happening and the rights of you and your child?

## Section 7

# Providing mental health care

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### OUTCOMES

- *Deaf children have positive mental health.*
- *Deaf children are provided with appropriate and skilled mental health assessments when needed.*
- *Deaf children receive effective counselling and other treatments in the least restrictive settings.*

### STANDARD 7.1

Local authorities ensure that a deaf child being assessed for a mental health problem receives full and accessible information about the assessment and its implications

#### *Evidence/criteria*

7.1.1 Information is available in a range of ways:

- BSL or other signed systems
- easy to read leaflets
- videos with BSL and subtitles
- by spoken word via an appropriate adult who is easy to understand
- via appropriate adults (most likely a Deaf adult who has appropriate qualifications and has worked with people with minimal language skills) who are able to use toys, drawings, gestures and mime to communicate.

7.1.2 Examination of materials

7.1.3 Discussion with young deaf people

7.1.4 Staff interviews

### STANDARD 7.2

Local authorities ensure that a deaf child receives an appropriate mental health assessment

#### *Evidence/criteria*

7.2.1 Staff are trained in deaf issues and are capable of either commissioning or undertaking a skilled assessment

7.2.2 Staff training records

7.2.3 Joint working arrangements with specialist mental health services for deaf people/long-term service agreements between trusts

7.2.4 Discussions with staff in the NHS Child and Adolescent Mental Health Service (CAMHS) and social services

7.2.5 Assessment protocol

7.2.6 Discussions with parents/carers of deaf young people

### **STANDARD 7.3**

**A deaf child receiving treatment and support for a mental health problem maintains their human rights to full communication, choice, appropriate care, friendship with peers and access to supportive adults**

#### ***Evidence/criteria***

- 7.3.1 Treatment is taking place in the least restrictive environment
- 7.3.2 Arrangements for deaf children and adolescents are made which enable them to communicate and maintain contact with their peers
- 7.3.3 The deaf child has access to specialist services, when required
- 7.3.4 Checking of assessment protocols
- 7.3.5 Service agreements
- 7.3.6 Staff discussions
- 7.3.7 Case files reflect implementation of this standard
- 7.3.8 Discussions with young deaf service users and their families/carers indicate that this standard has been met

### **STANDARD 7.4**

**Once a deaf child has been discharged from specialist mental health services, social services should ensure that appropriate support is provided to the child and their family/carers**

#### ***Evidence/criteria***

- 7.4.1 Case files show appropriate support has been provided
- 7.4.2 Staff discussions in NHS and social care settings to check support arrangements
- 7.4.3 Discussions with young deaf people and their families/carers
- 7.4.4 Policy documents and referral/joint working agreements

# Providing mental health care

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## PRACTICE NOTES

- The early years
- Adolescence
- Mental health assessments and care planning – key issues for professionals
- Referral routes
- Services

The majority of deaf children and young people will **not** require access to tertiary mental health services<sup>40</sup>. As with hearing children, the major risk factors that are associated with mental health problems are:

- *experience of abuse;*
- *limited access to developmental experience; and*
- *other adverse life events.*

Deaf children are more vulnerable and therefore the prevalence of mental health problems may be higher.

Deaf children may require mental health counselling and support services, and as with hearing children this may occur at particular times in their lives, e.g. during adolescence or at other times when circumstances reach crisis point.

In addition to the factors mentioned above, mental health problems in deaf children may be related to:

- *communication difficulties (and therefore feelings of isolation). These can occur at home with family/carers, other children and adults and at school; and*
- *feelings of low self-esteem and self-worth.*

Several of the following factors proving to be problematic simultaneously may also contribute to mental health problems<sup>41</sup>:

- *degree of deafness;*
- *type of education provided to the child;*
- *method of communication used either at school or at home;*
- *presence of additional disorders, either visual impairment or neurological conditions.*

These factors should be considered in relation to the way that mental health services/support are delivered to deaf children.

<sup>40</sup> Mental Health Services (1998): *Forging New Channels* – detailed below identifies 4 tiers of service. While many/most young deaf people will not require higher levels of care, link work and early intervention can often solve problems at a local level

<sup>41</sup> Mental Health Services (1998): *Forging New Channels: Commissioning and Delivering Mental Health Services for People who are Deaf* Chapter 5, The Mental Health Needs of Deaf Children, Adolescents and their Families, (BSMHD)

The practice notes below cover two areas. The first details the developmental stages and key issues in a deaf child's life. The second section looks at the assessment issues and potential available referral options.

## Child development issues

### THE EARLY YEARS

Like hearing children, deaf children need to feel accepted and loved throughout their early years and during their childhood. Most deaf children (90%) are born to hearing families. These families need support and training in establishing a first language with their children. They need training in communication techniques, either British Sign Language (BSL) or auditory-oral methods, or a combination in order to develop good quality communication with their deaf child and reduce the child's isolation in the family. Effective communication at home and at school, and the availability of support services, have been shown to assist in helping deaf children in becoming well-adjusted young people and adults. The introduction to these standards and Section 4 discuss support needs and services in greater detail. Workers should also refer to the Department of Health *Assessment Framework*<sup>42</sup>.

It is important to ensure that deaf children do not feel responsible or blamed for their families'/carers' communication difficulties. Feelings of self-worth and self-esteem matter in the development of children, but self-esteem can easily be undermined by parents/carers of deaf children, for example in the following situations:

- *A deaf child may express anger and frustration to a hearing person, when they are unable to communicate with them. A hearing parent/carer may find it difficult to understand the child's distress and undervalue the significance of the problem.*
- *The deaf child may make noises that are considered to be impolite, unpleasant or in the parents'/carers' view accentuate their disability. In the case of impolite/unpleasant noises the parent/carer should inform the child but not relentlessly remind them.*

When a child is old enough to make decisions, the child may decide not to use their hearing aids or speak, using BSL as their preferred language. Alternatively, some children will not want to use sign language and, especially if at a mainstream school, may be concerned to be seen as 'normal' (i.e. using speech).

The child's perspective needs to be respected. Insistence on a single linguistic approach or constant correction of language and speech can lead to low self-esteem and possible behaviour difficulties or depression at some stage during childhood, adolescence or adulthood.

Adult deaf role models are important to deaf children and hearing parents, who may not meet any deaf adults otherwise. Deaf children growing up in hearing families need deaf adult role models with whom they can identify. Their absence can contribute to the child's low self-esteem. Deafness alone does not create behavioural problems. Absence of parental acceptance and child support services at key developmental stages can increase emotional difficulties for families/carers and deaf children.

<sup>42</sup> Department of Health (2000): *Framework for the Assessment of Children in Need and their Families* (The Stationery Office)

If communication and language skills are delayed, mental health difficulties can follow.

Having access to other children who accept their deafness, whether other deaf children or hearing children who can communicate well and accept them and their deafness, is important. When choosing support services such as a play scheme, choosing one aimed at disabled children because one worker may have limited BSL skills will not necessarily enable the deaf child to have a well-rounded experience and interaction with other children.

## ADOLESCENCE

This is a very difficult time for many children. The adults involved in the child's life have a responsibility to ensure that the child's development or self-esteem is strengthened during this time. Children developing sexually are in need of support and advice at this time. Good, clear communication is crucial.

Deaf children require accessible information, especially about their bodies and sex, alcohol, drugs and education/training linked to employment.

Fostering independence is also important. Carers need to carefully weigh up constraints and avoid being over-protective. In order to meet other deaf children, considerable travelling may be required. The nearest youth club, where other deaf children congregate or where there are children who are friendly and able to communicate, may be some distance away.

It is also at this point that bullying can take on much greater significance. Professionals should note that deaf children can either be victims or

perpetrators and that there can be very subtle forms of bullying with long lasting effects on self-esteem.

It is at this stage that children begin to consider seriously their future prospects of employment, living separately from their primary carers, developing their own health regimes, and maintaining relationships. Agencies need to recognise their obligations to provide appropriate information and support in accessible media. As young people move further into adulthood, additional pressures may emerge for young deaf people which may call for accessible information about choices open to them, access to counselling and support. Section 10 on transition deals with these issues in more depth.

## Assessment and referral systems and services

### MENTAL HEALTH ASSESSMENTS AND CARE PLANNING – KEY ISSUES FOR PROFESSIONALS

Services for deaf children who are experiencing mental distress need to ensure that there is access to communication, which may mean the employment of trained deaf staff to enable direct signed communication or the engagement of qualified interpreters, preferably with training in mental health issues. It is likely that there will need to be close working between social services and the Child and Adolescent Mental Health Service (CAMHS) co-ordinated by the local health authority.

In carrying out a mental health assessment, those responsible need to ensure that there is good communication between the deaf child and the assessor. Deaf children use a variety of means to communicate.

Workers therefore need to be highly skilled in communication with deaf children, or in identifying co-workers with these skills. They need to be able to use appropriate sign languages (usually BSL, but sometimes another sign language) or signed systems, such as Sign Supported English (SSE) or Makaton. The young deaf person may need someone who can communicate effectively using an auditory-oral approach. For children with complex disabilities, other appropriate adults, who are qualified and experienced in working with children who have minimal language development, will need to be involved. There may also be the need to engage relay interpreters.

Communication with these children is likely to include the use of toys, drawings, gestures and mime.

Families/carers or teachers should not be used as communicators for interviews. Further information is provided in Sections 2 and 6.

*“Our grand-daughter was really helped by sensitive social services support. She had needed to live away from home because of abuse issues, which had led to addiction problems, and was being supported in a mental health placement out of the area. At the right time the social worker found her independent living provision closer to her family. The social worker helped to rebuild the links with the family, and helped our grand-daughter to restart life at a gentle pace.”*

Professionals involved in determining the mental health support needs of a deaf child need to be aware of the following factors which impact on a deaf child’s

functioning. Language acquisition and communication skills are central to emotional and social development. If language development is delayed other processes are often delayed as well. For example:

- *impulse control;*
- *development of interpersonal problem-solving skills;*
- *cognitive development.*

Mainstream mental health professionals should further be aware that other factors in the deaf child’s environment might compromise age-appropriate development, for instance:

- *marginalisation within hearing peers and families;*
- *linguistic over-protection;*
- *emotional over-protection;*
- *adverse experiences, such as bullying;*
- *child abuse; and*
- *diminished self-esteem as a result of poorly supported mainstream schooling<sup>43</sup>.*

Assessments and care planning should recognise that some deaf young people have limited language skills in any language, which may be the reason why mental health problems develop<sup>44</sup>.

## SERVICES

Adult mental health services will need to conform to the *National Service Framework* (NSF)<sup>45</sup> which promotes good quality mental health services for all. The Government’s Children’s Taskforce will cover similar areas and will develop a service framework for disabled children and CAMHS. The adult NSF advocates social inclusion, targeted work, planned work and multi-disciplinary approaches

<sup>43</sup> Mental Health Services (1998): *Forging New Channels: Commissioning and Delivering Mental Health Services for People who are Deaf* Chapter 5, *The Mental Health Needs of Deaf Children, Adolescents and their Families* (BSMHD)

<sup>44</sup> Department of Health (2000): *Framework for the Assessment of Children in Need and their Families* (The Stationery Office)

<sup>45</sup> Department of Health (1999): *National Service Framework for Mental Health* (Department of Health)

to assessment, care planning and treatment. The Health Advisory Service has published their inspection standards for child and adolescent mental health services, which to some extent take deaf youngsters' needs into account<sup>46</sup>. The Government is also committed to a wider consultation on a review of specialist mental health services for deaf people and the development of a future strategy.

Most mainstream mental health services for children and adolescents (CAMHS) are jointly commissioned and provided by the NHS and social services departments. However they vary in funding, accessibility and quality and reflect local investment decisions and policy priorities. To provide equal access for deaf young people to mainstream child and adolescent mental health services will be a challenge to many local service providers, because of the low incidence of need.

Few deaf children will need hospitalisation on account of their mental health difficulties. Should the treatment occur in a residential or hospital setting, however, the deaf child should be able to continue to see and meet with friends. Supportive adults and families/carers should be encouraged to visit or to maintain contact with the child. Similarly, workers should ensure that children's educational development is not adversely affected by a period of hospital-based treatment.

Substance misuse services and eating disorder services for young people may also be required for deaf adolescents on some occasions. This occasional requirement means that all such service providers should receive, as a minimum, deaf/disability awareness training. Staff should be aware of the emotional issues

that impact on deaf identity, as discussed in earlier sections. Equally, emergency duty teams providing out of hours services need to be aware of cultural and communication issues and have knowledge of the specialist services available for deaf people.

## REFERRAL ROUTES

A deaf child in need of mental health service support is likely to have been referred by his family/carers to his or her GP. Alternatively, if there is social services involvement, parents/carers may discuss difficulties with their social worker. Access to mainstream children and adult mental health services tends to be through the GP. If in a locality there is a child/family support service, this is likely to become involved. Communication and clarity around deaf issues will probably be crucial and additional expertise may need to be commissioned.

If local health and social care staff do not have the required skills in assessing deaf young people experiencing mental distress in the community, which is likely to be the norm, the involvement of specialist mental services for deaf people should be commissioned. Staff at the three national centres for mental health and deafness will be able to act as consultants to local staff and undertake specialist assessments, if commissioned by health authorities/primary care trusts. However, these are experts in adult mental health and deafness.

There is currently only one specialist service for deaf children and deaf adolescents aged up to 16 years, located at South West London and St George's Mental Health Trust. This service provides specialist assessment, out-patient clinics, some counselling and a consultancy service to other more generic staff.

<sup>46</sup> Health Advisory Service (2000): *Standards for Reviews of Child and Adolescent Mental Health Services* (HAS)

A small in-patient unit has opened in 2001.

Long-term service agreements should be in place for the provision of specialist mental health services depending on the local needs assessment. Such agreements enable the specialist mental health workers to work collaboratively with local mainstream child and adolescent health services, act as consultants or provide a local clinic.

Following treatment and a period of supportive monitoring, agencies should make disengagement plans, but ensure continued access to mentors and informal support, offering choices and accessible information.

## Checklist for parents

# Providing mental health care

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- If your child has experienced mental health difficulties, was there access to staff who could communicate directly with your child, who could sign, and/or trained interpreters?
- Is there a procedure, which thoroughly assesses individual mental health needs in your area?
- Is there access to clear information on what happens and who is involved?
- How quickly is it possible to have skilled assistance?
- Is there a counselling service for deaf adolescents and, if so, have you been informed of it?
- How deaf aware and accessible are the 'mainstream' mental health services for children and adolescents?
- Is there some input from the specialist mental health services for deaf people in your local area?
- As a parent of a deaf child, does the social services department enable you to discuss what services are needed in your area?

## Section 8

# Children living away from home

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### OUTCOMES

- *Children living away from home, with substitute carers/families (foster or adoptive carers) or attending residential schools, live and learn within a framework that values them as individuals, upholds their rights, is conducive to age-appropriate development and ensures that they are protected.*
- *Children enjoy a comfortable, safe, nurturing and accessible living environment where their daily needs are met and they are enabled to thrive.*

### STANDARD 8.1

Residential schools or care homes are safe and nurturing places in which deaf children thrive

#### *Evidence/criteria*

8.1.1 Residential schools meet or exceed the standards set by the National Care Standards Commission for Residential Special Schools<sup>47</sup>

8.1.2 Inspection teams visiting special deaf schools include at least one member who can communicate fluently with the deaf children resident there and any deaf staff employed at the school

8.1.3 Recruitment and training of inspectors (including lay inspectors) ensures training in deaf awareness

8.1.4 Inspection reports make specific reference to communication between inspectors and deaf pupils

8.1.5 Inspectors have access to all pupils (rather than a few selected by the staff)

8.1.6 Monitoring of arrangements in residential schools to ensure that these fall within the guidelines set out in *Working Together to Safeguard Children*<sup>48</sup> and the new minimum National Care Standards Commission (NCSC) standards for residential schools

8.1.7 Child protection training co-ordinated by the Area Child Protection Committee (ACPC) is promoted to staff within local residential schools

8.1.8 Social services has access to school policies and procedures, including those relating to child protection

### STANDARD 8.2

For looked after children there are clear channels of communication between social service departments and both independent and maintained residential schools for deaf children within the area

#### *Evidence/criteria*

8.2.1 A documented flow of information/communication between the deaf child's residential school and their home social services department

<sup>47</sup> Department of Health (2001): *Residential Special Schools, Minimum Standards Consultation*

<sup>48</sup> Department of Health, Home Office and Department Education and Employment (1999): *Working Together to Safeguard Children* (The Stationery Office)

8.2.2 Mechanisms for feedback and input from local and home social services department

8.2.3 Annual schedule of visits and meetings between school and local social services department

8.2.4 Residential schools informed about relevant local activities and events

8.2.5 School's child protection procedures monitored and advised by local SSD/ACPC

### **STANDARD 8.3**

**Deaf children placed in residential schools/care homes understand their rights, are able to act upon them and any barriers that may prevent them from developing and maintaining a range of relationships are removed**

#### ***Evidence/criteria***

8.3.1 Children have access to the complaints procedures in a format that they can understand (e.g. BSL video, plain English leaflet, cartoon)

8.3.2 Children have access to an advocate of their choice

8.3.3 Children have access to equipment such as textphones, TVs with subtitles, PCs with e-mail, flashing light systems and any other equipment, which aids daily living and promotes independence

8.3.4 Children have privacy in which to use textphones etc.

8.3.5 Children are given accessible information about how to get help if things go wrong, including information about available helplines

8.3.6 Children are enabled to sustain important relationships with family/carers and friends

### **STANDARD 8.4**

**Deaf children in short-term and long-term care are placed in appropriate environments, with people who can communicate easily with them in a meaningful way, in the language with which the deaf child is most comfortable**

#### ***Criteria/evidence***

8.4.1 Foster placements meet or exceed the minimum fostering standards published by the National Care Standards Commission<sup>49</sup>

8.4.2 Deaf children are fully involved in their assessment and consulted about their placement

8.4.3 Observation of interaction between child and new carers by qualified observer fluent in child's preferred language

8.4.4 Availability of advocates for children

8.4.5 Reviews of looked after children have appropriate communication support for the child, who knows how to use it, so that the child is enabled to participate

8.4.6 Consistency in communication between home and school

8.4.7 Fostering and adoption staff and those in care homes are trained in deaf awareness

8.4.8 Social services take proactive approach to recruiting deaf carers and staff

### **STANDARD 8.5**

**Carers of looked after deaf children are able to meet the range of needs of the deaf child and fully validate their cultural and linguistic identities**

<sup>49</sup> Department of Health (2001): *Fostering Services, National Care Standards Commission Minimum Standards*

### **Evidence/criteria**

- 8.5.1 As far as possible, deaf children are placed with carers who are culturally and linguistically compatible with them
- 8.5.2 Carers are enabled to have direct and easy access to social services and given equipment to facilitate this where necessary (e.g. fax, textphone, etc.)
- 8.5.3 Hearing carers have access to language aides, mentors and adult deaf role models
- 8.5.4 Carers receive training in deaf awareness and communication skills
- 8.5.5 Social services ensure that carer recruitment and training is targeted at and accessible to deaf adults
- 8.5.6 BSL classes available for carers up to minimum CACDP Stage 2
- 8.5.7 Carers have access to parent support groups and training sessions
- 8.5.8 Carers receive comprehensive information about deafness – including information on communication, hearing aids and cochlear implants, technology and local social and leisure activities
- 8.5.9 Social services maintains good links to voluntary organisations providing services for deaf children and families
- 8.5.10 Carers and children receive all appropriate benefits and allowances

### **STANDARD 8.6**

**Looked after deaf children living away from home are enabled to develop at an age-appropriate level and enjoy their rights and freedoms as young people**

### **Evidence/criteria**

- 8.6.1 Textphones, faxes, e-mail access within the home
- 8.6.2 Children able to mix with peer group (including other young deaf people)
- 8.6.3 TV and video are accessible within the home – loop or other system provided if needed, subtitles on TV and caption decoder on VCR
- 8.6.4 Deaf children informed about where and how to get help if things go wrong (accessible complaints procedure; information about helplines)
- 8.6.5 Children able to choose an independent advocate with whom they can communicate effectively
- 8.6.6 Children enabled to maintain contact with peer group, friends and extended family/carers (if appropriate) in home area
- 8.6.7 Placement evaluated at prescribed intervals and child consulted by person fluent in their preferred language, in private, about how things are going



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# Children living away from home

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## PRACTICE NOTES

- Residential special schools
- Children living with substitute families/carers or in care homes
- Short break care
- Placing deaf children with foster carers
- Supporting foster carers with specific information about deaf children

This section looks at the needs of all deaf children living away from home, whether away from home for educational reasons or because they are 'looked after' by the local authority. It looks at positive practice in relation to the settings in which deaf children residing away from home live rather than the reason that they are placed there. The section therefore covers residential schools and homes, short break care and foster and adoptive homes.

The establishment of the National Care Standards Commission (NCSC) brings in clear and welcome standards that service providers must meet when looking after children<sup>50</sup>. The NCSC Standards governing residential special schools are especially relevant when addressing the needs of deaf children in residential schools. These best practice standards for deaf children living away from home should be taken within that broader context, and seen as supplementary to national standards that emphasise the individual needs of the child, respect for cultural background, consideration of

disability, and consistency and continuity of care<sup>51</sup>. The values underpinning each are consistent. These best practice standards provide a level of detail relating to deaf children that would not be possible within more generic guidelines. Similarly, the fostering minimum standards<sup>52</sup> cover many of the issues in generic terms that we are spelling out in greater detail here.

Deaf children, some with multiple disabilities, are usually living away from home in order to attend special residential schools. (A small minority of the deaf children attending residential schools will also be in local authority care.) In the main, deaf children are placed in residential schools by the LEA with the families'/carers' agreement and may only be weekly or termly boarders. Sometimes the placement also involves the social services department as co-funders.

The lack of data relating to deaf children in local authority care will be addressed in the Children in Need Census, which

<sup>50</sup> Department of Health (2001): *Fostering Services, National Care Standards Commission Minimum Standards*

<sup>51</sup> National Foster Care Association (1999): *UK National Standards for Foster Care* (National Foster Care Association)

<sup>52</sup> Department of Health (2001): *Fostering services, National Care Standards Commission Minimum Standards*

will show how many deaf children are in care or in what type of placements. Many may have complex needs in addition to being deaf (see Section 9).

## RESIDENTIAL SPECIAL SCHOOLS

Most deaf children attending residential schools are placed there because of their special educational needs. The qualified social worker for deaf people has a role in assessing the need for residential provision, as decisions to place a child outside their local community should not be taken lightly, but should address all the needs of the child.

Residential schools for deaf children, whether maintained or independent, have the same pastoral role as mainstream maintained schools, and should adopt the principles and guidance from *Working Together to Safeguard Children* and the National Care Standards Commission minimum care standards. For children being looked after this means that residential schools and social services departments need to establish channels of communication with each other. Residential schools also need to be linked closely with their Area Child Protection Committees "...building on existing links with the local education authorities, so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated."<sup>53</sup>

The environment of a residential school needs to be accessible to its deaf pupils. That means ensuring that staff at all levels have appropriate levels of communication skills and providing equipment such as Teletext TVs, textphones/amplified phones, flashing/vibrating fire alarm systems, good levels of lighting, and so on. The child must be able to communicate with family and

independent friends outside the school, and must be able to do so in privacy.

Residential special schools need to be open and accessible to inspection teams. This is stressed in current guidance, with particular reference to recent exposures of systematic institutional abuse of children in various residential settings. Good record keeping within schools and a multi-professional approach will help to ensure the well-being of deaf children.

Inspection teams usually seek the views and opinions of users of residential services. In the case of residential schools for deaf children, this means that inspection teams must include a person skilled and experienced at communicating with deaf children. There are several good practice examples of how this has been achieved in inspecting services for people with learning difficulties, by using trained self-advocates. Social services departments should develop and support such advocacy schemes for deaf children.

Continuity and a flow of communication between professionals working with deaf children are essential. This can be aided by the routine sharing of review reports, and by the home social services department ensuring that an allocated social worker attends each annual review at the residential school.

## CHILDREN LIVING WITH SUBSTITUTE FAMILIES/CARERS OR IN CARE HOMES

As for all children, the circumstances leading to a deaf child being removed from their original family home and living away from home with substitute carers are likely to have been distressing. Having to live with substitute carers will raise issues for any child, but for the

<sup>53</sup> Department of Health, Home Office, DfES (1999): *Working Together to Safeguard Children* 3.15 (The Stationery Office)

deaf child, there is the added barrier of communication to overcome. It is important that carers and adoptive or foster families are able to communicate meaningfully with the deaf child<sup>54</sup>.

It is important that social services or fostering agencies ensure that they understand the deaf child's communication needs (what is their first language, what methods are easiest, etc) and that the carers or residential care establishment either have these abilities/communication skills or are willing and able to gain them. (Recruiting deaf foster and adoptive parents is dealt with in Section 12.)

Deaf children should be fully involved in agreeing the placement wherever possible. This means ensuring that they have appropriate communication support in meetings that they attend, and access to an independent advocate who can help them to express their views. This process of involvement and consultation should apply to any legal proceedings, where children's guardians should ensure that they have undergone deaf awareness training.

All children have the right to be included and involved in any assessment of their needs. It follows that psychologists and other professionals should be able to communicate effectively with the deaf child, in order to make the best possible assessment and recommendations. In order to achieve this positive practice it is essential that co-working with specialist social workers with deaf people is established and their contribution sought.

It is important that the looked after deaf child is able to communicate with the outside world. This may mean providing a textphone or adapted telephone. The

child should also have access to subtitled television and other domestic equipment that enables them to function age-appropriately within their new home.

Deaf children need to understand their rights. The social services department should ensure that deaf children understand the complaints procedure and are able to use it with due regard to issues such as confidentiality.

If the deaf child is being placed some distance away from their home area, steps should be taken to ensure continued contact with their peer group, friends and any extended family members identified by the child as being important.

### SHORT BREAK (RESPIRE) CARE

Usually short break care is only available for children with multiple disabilities. However, if deaf children do get placed away from home overnight due to special circumstances in the home and in order to prevent family breakdown, short break carers must be assessed and approved under fostering regulations. Contact with the family home and communication compatibility with the deaf child are key considerations in making short break placements work. Once again, communication is a central consideration for deaf children.

### PLACING DEAF CHILDREN WITH FOSTER CARERS

Deaf adults are often in a position to offer a home to a deaf child, without the communication barriers that are almost inevitable when placing deaf children with hearing families. The deaf community is a valuable resource, as yet largely untapped. Just as it is largely recognised that black children benefit from being placed within black foster

<sup>54</sup> British Deaf Association (1991): *One of the Family?* (video, British Deaf Association)

families, so deaf children can gain by being placed with deaf families/carers. Ready access to deaf role models and to deaf culture can help to raise self-esteem and enhance healthy personal development. This is congruent with the guidelines on respect for the individual child's cultural and linguistic backgrounds emphasised in *Working Together to Safeguard Children* and the assessment policy and practice guidance as well as with the recent fostering services minimum standards referred to above.

Officers responsible for placing deaf children should work to ensure that the child has a consistent mode of communication at school and at home. Many deaf children being looked after are likely to be pupils at residential schools. Moving from a signing school environment to a home where no one signs could have a destabilising effect on a child who has already experienced upheaval and probable distress. Similarly, a child who communicates orally will need to be placed with carers who can facilitate spoken conversation and enable the child to access communication within the household:

*“Because of family crises, placements frequently occur without much time for planning. The deaf child is often placed with foster families who have boundless good will but no knowledge of the disability and no sign language skills.”<sup>55</sup>*

### **SUPPORTING FOSTER CARERS THROUGH SPECIFIC INFORMATION ABOUT DEAF CHILDREN**

Where deaf foster families, or experienced hearing families with deaf

children, are not available to foster a particular child, it is crucial that the family or carers have full access to information about deafness. They should receive an intensive course in sign language where this is the child's mode of communication, information about other ways to stimulate language development, and knowledge about the different factors involved in caring for a deaf child. Access to a deaf adult, for example a language aide, has distinct advantages. Mentor schemes are becoming increasingly popular, and can ensure that valuable support and encouragement is available for adoptive and foster carers.

Carers need to know about the care and maintenance of hearing aids. Initially this may mean explaining that hearing aids do not enhance hearing in the same way that glasses correct vision, and that a high level of attention is needed to ensure that earmoulds fit, batteries are charged and so on. The National Deaf Children's Society (NDCS) guide to hearing aids for children should be given to carers.

There are specific precautions relating to cochlear implants, and substitute families should have immediate access to an implanted child's health care team. New carers need to know, for example, that some play and leisure activities should be monitored closely. Commonly used equipment, such as acrylic slides, can cause static that interferes with the cochlear implant system. Contact sports can be problematic. Carers also need to know that cochlear implants are sophisticated hearing devices. They do not make deaf children into hearing children. When the processor is switched off, the child will have no access to sound. The NDCS guide to cochlear

<sup>55</sup> Warr, Bridget and a British Deaf Association Working Party (1990): *The Deaf Child in Care* (British Agencies for Adoption and Fostering)

implants should be provided to substitute families/carers.

Looking after a deaf child raises a different set of issues for the substitute family<sup>56</sup>. Social services play a major role in ensuring that carers are equipped with the information, support and technology necessary to help them to look after the deaf child in need. A regional approach to recruiting deaf foster carers or potential adoptive parents, or those with experience of deaf children, would help to ensure appropriate placements being made more speedily.

Families/carers need to be aware of the health and safety aspects of living with a deaf child – for example, the need to be more vigilant about taps left running or potential fire hazards.

Other issues commonly affect deaf children, but can be disconcerting to an adoptive or foster carer who has not been adequately prepared. For example, many deaf children experience problems in sleeping at night. Some may suffer from night terrors. New carers should be given access to information and support to enable them to manage such situations in a way that supports the deaf child, adapting their parenting skills appropriately.

Looking after a deaf child can be more expensive than looking after a hearing child. It is more likely that one parent will need to stay at home, especially while the child is young, in order to look after the child and provide the intensive support needed to develop language. There are also costs attached to frequent hospital visits and appointments with other professionals. Schools and leisure activities may be some distance away,

resulting in additional transport costs. Social workers need to ensure that deaf children and their carers are receiving all the benefits to which they may be entitled.

Good links with other agencies, especially voluntary sector organisations representing deaf children and adults, can help social services to be prepared to provide relevant, good quality care to deaf children in need.

The NSPCC Orchard House Project in Northamptonshire works with all the signing deaf children in the county. The project aims to help deaf children feel more confident, to have a high level of self-esteem, to express themselves and to understand about child protection issues and keeping safe. Children talk about their feelings about going to residential schools, they learn how to use the minicom, and they know that if they have any problems or worries, they can phone one of the national children's helplines with a minicom service. The work of this project has led to a number of disclosures about abuse, enabling children to be protected from further harm. Children who go to residential school know what is acceptable behaviour from adults and other children, and what is not. They also keep in touch with each other while they're away, and meet together at the project during the holidays.

<sup>56</sup> Warr, Bridget and a British Deaf Association Working Party (1990): *The Deaf Child in Care* (British Agencies for Adoption and Fostering)

## Checklist for parents

# Children living away from home

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- Is there access to good information on deafness, hearing aids, equipment and benefits for the substitute family?
- Is there access to counselling and advice when needed?
- Are substitute carers well selected to care for the deaf child and supported by social services?
- Has assistive equipment been installed with substitute carers to enable the child to operate independently? For example, do they have access to a TV with teletext, a minicom (textphone) and other equipment?
- If your child is attending a residential school, is there contact between the school and the home?

## Section 9

# Children with multiple disabilities

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### OUTCOMES

- *Deaf children with complex needs are enabled to reach their full potential.*
- *Deaf children with complex needs are protected from abuse.*
- *Families/carers of deaf children with complex needs are enabled to access all appropriate support services.*

### STANDARD 9.1

The communication needs of the deaf child with multiple disabilities are taken as seriously as needs related to physical or learning disabilities, and communication between the child and others is maximised

#### *Evidence/criteria*

- 9.1.1 Multidisciplinary case conferences
- 9.1.2 Close and co-operative working between all relevant professionals
- 9.1.3 Observation of the child's ability to communicate effectively
- 9.1.4 Assessment protocol ensures deafness and sight loss are identified

### STANDARD 9.2

Deaf children with complex needs are protected from abuse

#### *Evidence/criteria*

- 9.2.1 Stringent checking and routine monitoring of care providers, including school staff, care staff, transport providers and others involved in educating and looking after the child
- 9.2.2 Abuse suspicions/allegations are thoroughly investigated within statutory timescales
- 9.2.3 Children are enabled to access appropriate and therapeutic support
- 9.2.4 Case files and notes
- 9.2.5 Records of investigations

### STANDARD 9.3

Deaf children with complex needs receive a holistic service that addresses all of their support needs

#### *Evidence/criteria*

- 9.3.1 Multi-agency/multi-disciplinary case conferences and review meetings
- 9.3.2 Staff trained to meet the child's needs
- 9.3.3 Case files demonstrate a comprehensive assessment has taken place
- 9.3.4 Interviews with families/carers of disabled children with complex needs

**STANDARD 9.4**

Families/carers are helped to obtain maximum financial support

***Evidence/criteria***

- 9.4.1 Social work staff trained to know the kinds of financial support available
- 9.4.2 Families receive their full entitlement
- 9.4.3 Parental surveys/sample monitoring of cases
- 9.4.4 Statistics from Family Fund

# Children with multiple disabilities

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## PRACTICE NOTES

- Deafblind children
- Importance of communication
- Protecting vulnerable children
- Developing effective partnerships to support families

*"Our daughter is severely disabled, as well as deaf, and we have a disabled son too. We never knew that we could ask for our needs to be assessed, or that social services might be able to put help into the home so that I could cope better. I'm so exhausted, I suffer badly from depression and my daughter needs round the clock care. My marriage broke up as my husband just couldn't take it any more. I need social services to tell me what they can do to help, rather than always waiting for me to ask. Sometimes you just don't know that you can ask for certain things that would make all the difference."*

Research in Nottingham in 1999 found that 40% of children with learning difficulties also have a hearing loss. Of the total population of deaf children with a hearing loss of >40dB, a quarter have at least one additional disability.

The current increase in the incidence of survival of babies with complex disabilities has seen a corresponding increase in deafness associated with multiple needs. This chapter

concentrates on the needs of this group of children.

A child who has physical impairments and/or learning difficulties in addition to deafness requires the same full access to communication as any other deaf child. There can be a tendency to overlook deafness when other conditions can demand intensive and constant attention.

It is essential that a child's hearing loss is fully addressed as part of a comprehensive package of care. Children with complex needs should not be denied access to aids and adaptations because they are seen as too disabled to benefit.

## DEAFBLIND CHILDREN

Deafblind children have specific communication needs. Levels of deafness and blindness will vary, and so choice of communication approach needs to take account of individual circumstances and needs<sup>57</sup>. Recent government guidance requires social services departments and their partners to identify and assess deafblind children and provide

<sup>57</sup> *Deafblind Standards*, SENSE, (2000): provide information on communication methods

support from an appropriately trained worker<sup>58</sup>.

Some children will be able to use residual hearing and sight and benefit from hearing aids and glasses. Some will benefit from having access to hands-on deafblind communication. Children with certain conditions, such as Usher Syndrome, will experience progressive sensory loss and therefore close monitoring and regular reassessments will be vital.

### **THE IMPORTANCE OF COMMUNICATION**

The need for a child to have access to a communication system from as early in their life as possible cannot be emphasised enough. All children, however disabled, can communicate and it is a core professional task to understand how to access and develop this. Families/carers will have developed ways of communicating, and professionals should work with them to independently learn to understand the child. A real understanding of a child's communication method ensure that the child's needs, wishes and aspirations are known and acted upon.

All children with complex communication needs should have a detailed record of their method of communication and any techniques as to how best to access and respond to it.

### **PROTECTING VULNERABLE CHILDREN**

Deaf children with physical, further sensory, or learning disabilities are substantially more vulnerable to abuse. Their vulnerability can be increased by service delivery systems, which include multiple carers and lack of continuity of

services. Professional assumptions that abuse does not happen to severely disabled children and young persons can increase the risk to young people. It is important in designing services for deaf children and young people with multiple disabilities that child protection methods are built into systems and that all professionals are aware of extra vulnerabilities to abuse.

Clearly, effective communication methods remain at the heart of positive practice with children with complex needs, which enable disabled children to 'tell' (either through speech, sight, symbol or body language) of their abuse, and response systems which ensure these communication systems are valued.

Excellent work has been carried out at Chailey Heritage School in the wake of the discovery of abuse taking place within a school catering for children with very complex needs. This type of work has since been developed and the Triangle consultancy runs training sessions for childcare professionals.

<sup>58</sup> Local Authority Circular (2001) 8: [www.dch.gov.uk](http://www.dch.gov.uk)

## DEVELOPING EFFECTIVE PARTNERSHIPS TO SUPPORT FAMILIES

The key to working successfully with these children is through multi-agency partnerships. In planning services for children with multiple disabilities it is important to recognise the needs of families for accessible and well-informed support services. Families with children with complex needs are the least likely to have informal support from family and friends, and may need a range of provision, which will vary over time. Such provision may include short-term breaks<sup>59</sup>, domiciliary services, paediatric or home nursing services, access to play and leisure services<sup>60</sup> or the provision of aids and equipment.

The needs of siblings in the family should also be reviewed. Professionals need to ensure throughout that there is a key worker system for these children and that all other relevant colleagues are brought in when necessary. This will mean joint working in social services between children's disability workers and those working with deaf people, and close links with health and education services. The 1999 Health Act encourages partnerships between statutory agencies for some client groups and clearly these children would benefit from arrangements for pooled budgets or lead commissioning.

Deaf children with multiple disabilities are much more likely to use a wider range of services than children whose sole impairment is deafness. It is therefore important that information on children's communication methods is transferred between services and that

staff are trained to work with the child in a consistent way. Children will need to be in environments which are fully accessible to them and which are designed to recognise their additional needs.

This group of children needs to be offered the same access to services as all children, and their level of disability should not be seen as a barrier to inclusion in mainstream services. There are some successful examples of this with the new early years and childcare partnership services.

The financial needs of families with children with multiple disabilities should not be overlooked. Recent research<sup>61</sup> has shown that mothers of this group of children are seven times less likely to be able to work if they want to than mothers of non-disabled children. Many of these children and their families will be entitled to a range of benefits including higher rate Disability Living Allowance (DLA) and social workers should ensure, using specialist advice where necessary, that families are receiving their full entitlements.

The Family Fund Trust can provide a flexible range of financial help for children with severe disabilities, and social workers should ensure they have up-to-date information on it and promote its use to relevant families.

The implementation of the Carers and Disabled Children's Act (2000) will make it possible for families to ask for Direct Payments or vouchers which may provide additional flexibility in arranging support services for disabled children with complex needs.

<sup>59</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services*. LAC (98)28 (The Stationery Office)

<sup>60</sup> Ibid, sub-objective 6.3

<sup>61</sup> Dobson B, Middleton S, Beardsworth A (2001): *The Impact of Childhood Disability on Family Life* (YPS, York) chapter 10

## Checklist for parents

# Children with multiple disabilities

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- Has the child's hearing been assessed and consideration been given to use hearing aids?
- Are suitable communication methods used to enhance the child's development?
- Has the child been assisted to learn to express themselves?
- Do you feel that the professionals listen to you in regard to possible communication systems?
- Have you got access to competent support services when you need them?
- Are there consistently trained support staff caring for your disabled child or do you have to explain things over and over again to new carers?
- Does your child have access to play and leisure facilities?
- Have you had welfare benefits advice so that you can claim the appropriate allowances, e.g. Disability Living Allowance (DLA) higher rate, for your disabled child?
- Has the social services department informed you that you may obtain Direct Payments to make some arrangements directly for your disabled child?

## Section 10

# Providing a positive transition

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### OUTCOMES

- *Deaf adolescents successfully make the transitions from childhood to adulthood.*
- *Deaf adolescents are fully involved in making choices about transition issues.*
- *They have jobs or are in full-time education, have settled accommodation, have made choices about relationships and lifestyles, and are contributing fully as citizens.*

### STANDARD 10.1

Local authorities ensure that a deaf adolescent being assessed for the transition stage receives full and accessible information about the assessment and its implications, is at every stage consulted about their views, and enabled to participate

#### *Evidence/criteria*

- 10.1.1 Examination of accessibility of information products
- 10.1.2 Examination of case files
- 10.1.3 Discussion with managers and staff
- 10.1.4 Discussion with deaf young people and their family/carers

### STANDARD 10.2

Local authorities ensure that a deaf adolescent moving from children to adult services receives a multi-agency assessment, which is fully informed of the issues affecting a deaf adolescent

#### *Evidence/criteria*

- 10.2.1 Checking of assessment protocols and case files
- 10.2.2 Discussion with professionals from education, social services and health to develop a co-ordinated response to past, present and future needs
- 10.2.3 Discussion with deaf youngsters and their families/carers

### STANDARD 10.3

Social services are working closely with the relevant local agencies and the deaf adolescent to achieve appropriate placements for the student in employment or further/higher education or valued social activity

#### *Evidence/criteria*

- 10.3.1 Planning agreements and children and adult services plans
- 10.3.2 Case files show the deaf adolescent has taken a key role in planning for transition

10.3.3 Discussions with all agencies that have major input into care plan, e.g. careers, education, schools, social care professionals etc

10.3.4 Discussions with deaf adolescents and their families/carers

#### **STANDARD 10.4**

**Once the transition period has been completed, social services should have a clear plan for their withdrawal**

##### ***Evidence/criteria***

10.4.1 Policies and procedures indicate the need for regular reviews and termination of involvement

10.4.2 Case files demonstrate planning for withdrawal and case closure

10.4.3 Discussion with staff

10.4.4 Discussion with young people and their family/carers

# Providing a positive transition

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## PRACTICE NOTES

- The importance of social work intervention
- Assessing for transition
- Transition to further/higher education
- Transition into employment
- Transition into adulthood

*“As a Deaf teacher, I know first-hand the importance of good joint working. One of my students was a young refugee, and I helped her to communicate effectively with the housing officer and social worker, and with her parents, so that she was able to negotiate moving into independent living with support.”*

The ‘transition’ from school to adult life is a difficult period for all young people. Deaf young people, however, have the added pressures of managing their deafness within a society not always geared to ensuring equality of opportunity or equality of access to information. Assumptions about the potential capabilities of deaf people have influenced career guidance and led to underemployment of deaf people.

Indicative findings suggest that the education and employment pattern in deaf young adults differs from that of hearing people<sup>62</sup>. Deaf young adults are more likely to leave education earlier (a higher percentage leaving education at

16-18) and enter employment earlier (a higher percentage entering employment before 20). This pattern, however, changes with more deaf young adults in their twenties out of work, having difficulty in getting and/or staying in employment. Given communication barriers, the likely pattern is that deaf young people, possibly finding achieving at school difficult, are motivated to find employment (often low paid, unskilled). When communication difficulties emerge in the workplace, either the employer or the employee terminates the job. This can become a recurrent pattern. Good guidance and support between the ages of 13 and 19 can help to avoid such negative experiences.

## THE IMPORTANCE OF SOCIAL WORK INTERVENTION

Children and young people with a statement of special educational needs remain the responsibility of the LEA as far as their education is concerned. However, social services contribute to the assessment of their needs and the reviews of the statement.

<sup>62</sup> RNID unpublished analysis of employment data, 1999

Empowerment is achieved by developing a coherent and concise transition plan involving the young deaf person fully in the development of the plan. Qualified specialist social workers for deaf people need to get involved in transition planning while the young person is in school, in line with the requirements of the Code of Practice<sup>63</sup>. Social workers have a role in signposting deaf young people to places where they can get advice and support on education and employment choices. They can take the side of the young person and consider their aspirations, bearing in mind options available locally and further afield. It is very important that a social work perspective is brought to transition planning which considers adulthood and the requirements of acquiring a deaf identity in addition to purely local educational policies and practicalities.

## ASSESSING FOR TRANSITION

Assessment meetings should include checking that the young adult:

- *knows that they can ask for communication support, including speech-to-text transcription or notetaker if the young person has been educated in an auditory/oral environment;*
- *is able to use communication support effectively;*
- *is satisfied that the BSL interpreter is understandable, represents them properly when and if voicing-over, and is keeping within boundaries;*
- *knows that there are choices and that they can choose;*
- *can comment and, if necessary, complain about the care received;*
- *can understand and comment on the information made available;*
- *is able to articulate their own goals for their own lives;*

- *is able to access the Deaf community with its social systems and informal networks, if this is wanted;*
- *is able to use and comment on the equipment available for deaf people;*
- *is able to express their views on the general inaccessibility of society for deaf people without being judged in a detrimental way.*

The assessment should be conducted with regard to:

- *language development;*
- *development of interpersonal skills;*
- *marginalisation amongst hearing peers and families;*
- *possible over-protection by parents/carers/schools in a variety of ways such as linguistic, emotional, and social skills (e.g. some adolescents are unaware of the consequences of certain types of behaviour);*
- *diminished self-esteem as a result of child abuse, bullying, experience of poor support in mainstream schooling;*
- *issues impacting on deaf adolescents such as Deaf culture, Deaf history (including history of oppression of the Deaf community)*
- *educational attainments; and*
- *ability to manage daily living, including knowing about and managing equipment designed for deaf people, communication support, and inaccessible environments.*

The Connexions service being developed by the Department for Education and Skills (DfES) will provide individual personal advisors for all young people aged between 14 to 19 years to assist transition processes. It will be vital for these new projects/services to be equipped with thorough training in deaf/disability awareness. For Connexions to provide an equitable service to young

<sup>63</sup> DfEE (1994): *Code of Practice for the Identification and Assessment of Children with Special Educational Needs*

deaf people, it needs to employ staff fluent in BSL and provide other communication support as required.

### TRANSITION TO FURTHER/HIGHER EDUCATION

Successful employment and educational patterns depend on the level of support either in the workplace or in the educational setting. For those going onto higher or further education, there are a number of institutions and universities with deaf studies programmes and/or a well established system of supporting deaf students. The level of the course/training should be carefully matched to the skills and knowledge of the deaf young adult. Support in the form of communication assistance will require planning and management. Education officers can inform deaf young adults about the Disabled Student Allowance that enables payment to be made for communication support workers and equipment and general support in universities. There are likely to be other benefits, especially if the young person is living away from home.

The further and higher education institutions also provide advice and support and will have a designated advisor. Social services may have a role in advocating for this and in the provision of information about grants and financial support to pay for this.

Satisfactory involvement in the course/training also requires successful integration into the social life of the establishment. Academic assessment needs to be on the same level as for other students. However, in some cases appropriate allowances may be made for



level of English, or for inclusion of extra time or interpretation for the examinations. These should be carefully negotiated with the establishment to further the choices made by the deaf student, who may choose not to accept the allowances. Using a communication support worker may entail some adjustments and understanding of boundaries between professional and personal conduct. The deaf adolescent may require some advice and support on this. A deaf mentor who has been a previous student would be a good option.

For many young adults this period is the first time they live away from home, and they may have been more 'protected' within the family home than other young people. Some will take any opportunity to experiment with high-risk activities, such as using prohibited substances or alcohol excessively. Again, good accessible information needs to be available and support offered.

Good quality social work intervention from a specialist social worker for deaf people and advice on making decisions about their social lives is very important. For young deaf adults this may be the first time they begin to make friends with other deaf people, particularly if they have been in mainstream education with very few or no other deaf peers. It

is also at this point that some young deaf people (educated through auditory-oral methods) start to learn British Sign Language (BSL). The identification and use of deaf adults as mentors or befrienders can be a key provision at this juncture.

## TRANSITION INTO EMPLOYMENT

For those going into employment, the Disabled Employment Service Officer can advise on support through the Access to Work scheme. The scheme provides funding for communication support at job interviews and (once employed) provides the deaf person with equipment and interpretation and other support at work. This should enable the acquisition of gainful and satisfying employment that offers opportunities for promotion and/or career development. Specialist employment services for deaf people are also available<sup>64</sup>.

## TRANSITION INTO ADULTHOOD

Once the placement has been successfully completed, social services should make clear plans for the withdrawal of support. Successful withdrawal rests on the belief that deaf young people are entitled to make their own mistakes and that they should be allowed to make these without undue interference from professionals. Professionals also need to accept that young people will define for themselves their own deaf identity. As social workers withdraw, they can fulfil a vital function by signposting the young person to potential mentors, role models and other sources of support mentors/role models.

A sensible plan will allow the young person to develop a network of people who are able to assist in various ways.

Families/carers may be part of this network, but work colleagues can also be included. They may also need some signposting as to where added information or support can be obtained. Political awareness should be part of this process. Young people often feel the need for some form of extremism. This should not be discouraged in the deaf young person on the grounds that being deaf is already socially unacceptable and to seek a further form of social unacceptability is likely to be detrimental for the young person.

When some deaf people leave school with few qualifications and fail to obtain effective transition support they could drift into petty crime. Regionally commissioned support services and/or access to local voluntary organisations may well be a way forward to assist deaf young people to experience a positive transition and avoid high-risk behaviour.

*"I strongly believe that young deaf clients need to have a transitional mentor – and that mentor should preferably be deaf. This will help to ensure that the young person is fully involved in making decisions about their future."*

<sup>64</sup> RNID offers specialist employment services in different parts of the UK. Other deaf service providers also have employment advisors for deaf people, e.g. Birmingham Institute for the Deaf, Deafness Support Network etc

## Checklist for parents

# Providing a positive transition

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- Has your adolescent deaf child got access to a specialist social worker for deaf people with whom to discuss choices?
- Is there accessible information on careers and further and higher education options as well as on specialist employment training schemes?
- Is your adolescent deaf child fully involved in the assessments leading to the transition plan?
- Is accessible and appropriate communication support available?
- If your child is going into higher education, has information been made available about the Disabled Student Allowance and other benefits?
- If your deaf son/daughter is going into employment, has Access to Work funding been discussed and obtained?

## Section 11

# Joint working with other agencies

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### OUTCOMES

- *Deaf children, deaf young people and their family/carers receive co-ordinated services that address their needs.*

### STANDARD 11.1

Social services, health, education services, careers, voluntary agencies work together effectively to identify deaf children and young people

#### *Evidence/criteria*

11.1.1 There are systems in place which enable agencies to share information about individual deaf children and deaf young people

11.1.2 Information on deaf children with special educational needs is accessible to social services

11.1.3 Information on deaf children with hearing aids is passed from audiology to education and social services

### STANDARD 11.2

All local agencies pool information in order to develop well-informed plans for future services

#### *Evidence/criteria*

11.2.1 Arrangements are in place to share information relating to the different registers (SEN register, children with disabilities, deaf and hard of hearing)

11.2.2 Children's Services Plans include strategic information from all partner agencies

11.2.3 Strategic information is used to develop new services in relation to assessed population needs

11.2.4 Local surveys are undertaken to identify need

### STANDARD 11.3

Social services, health, education services, careers, voluntary agencies work together effectively to provide timely and accurate information about deafness and choices available to family/carers at time of diagnosis and when required

#### *Evidence/criteria*

11.3.1 Systems are in place to support deaf families/carers with timely, accurate and full and balanced information

11.3.2 Voluntary agencies are involved in supporting families/carers of deaf children following diagnosis

11.3.3 Staff are trained on the role of partner agencies, thus enabling cross-boundary working

11.3.4 There are planning forums, which enable service users to meet with service commissioners and providers and influence the pattern of services

#### **STANDARD 11.4**

**The local agencies provide co-ordinated assessments of need and joint support packages where needed**

##### ***Evidence/criteria***

11.4.1 Systems are in place to provide a full and multi-disciplinary assessment of deaf children's needs and what their families/carers require to enable them to provide a high quality environment

11.4.2 These support packages promote independence and choices for deaf children and young people

11.4.3 Social services contribute to SEN assessment of needs and reviews of the statement

11.4.4 There is effective social services involvement in the 14+ reviews of the SEN statement focusing on future needs

11.4.5 There are effective handover arrangements in place for young people moving into adult services

11.4.6 Social services contribute effectively to Youth Justice Teams. When a deaf adolescent is involved, qualified specialist social workers with deaf people work with colleagues from the police and probation services

# Joint working with other agencies

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## PRACTICE NOTES

- Current legislation
- Low incidence services benefit from joint working
- Joint working as a strategic objective

*“We have been very impressed with the service provided by the deaf services bureau and ease of access.”*

Current legislation places specific responsibilities upon key agencies to work together and co-operate in the interests of children in need. This requirement is found in the Children Act (1989, s27) and in the Education Act (1996, s322).

Most studies looking at joint working have shown that there are huge variations in the effectiveness of joint working at local level across the country. Whilst there may be a series of interventions by different professionals focused on the child and/or the family/carer, these interventions do not appear to be sufficiently co-ordinated.

Families/carers of disabled children have indicated that they are insufficiently involved in the assessment procedures and that they frequently feel confused about the role of the different local agencies and the nature of the interventions provided<sup>65 66</sup>.

Social services can contribute to the quality of service provision by developing more robust partnerships between the key local commissioners and providers of services. It is particularly important in the field of deafness that local deaf organisations and organisations supporting deaf parents are involved with the whole range of professionals to ensure that a user perspective prevails and deaf awareness is shared across the partnerships.

Given the low incidence of deafness, joint working can enhance the professional competence of workers from the different agencies. By establishing workers' forums (and meetings with service users) experience can be shared and support be maximised.

Clearly joint working takes place at different levels between local agencies. Government policy and recent legislation, especially the 1999 Health Act, enables budgets to be pooled, services to be integrated and lead commissioning to take place. In the NHS Plan even closer structures, Care Trusts<sup>67</sup>, are imminent in addition to the role of

<sup>65</sup> Social Services Inspectorate (1998): *Removing barriers for disabled children: Inspection of Services to Disabled Children and their Families* (Department of Health)

<sup>66</sup> Social Services Inspectorate (1998): *Disabled Children – Directions for their Future Care* (Department of Health)

<sup>67</sup> The NHS Plan, Cm 4818-I, 2000



continue to be exploited in developing effective communication, co-ordinated care planning and joint working to the benefit of deaf children and their families/carers. Social services departments need to allocate sufficient social work resources to make effective inputs into statement reviews, and especially into transition planning. The perspective of the qualified specialist worker can enhance the decision-making and

planning by focusing on emotional, cultural and family issues rather than purely education matters.

Primary Care Trusts (PCTs), which also may have a role in commissioning services across the local authority/ health 'divide'. The speedy development of PCTs and their increased commissioning and planning function provide challenges and opportunities for bridging the health/social care divide and to create seamless services.

Senior managers and local councillors need to approach joint and partnership working as a strategic objective. Case workers, operational and middle managers should also view this as a key priority. Partnership working can lead to resources being creatively used and users obtaining an integrated rather than a fragmented service.

Better data on deaf children are required for planning purposes (see Chapter 13). This can only be achieved through joint working and the establishment of systems to share information between the key agencies, e.g. audiology, education and social care, at the time when a child is identified as deaf.

At the time of the assessment of special educational needs, statutory procedures require close co-operation between the major agencies. This good start should

## Checklist for parents

# Joint working with other agencies

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- Are the services you and your deaf child receive well integrated, or do you feel that the different workers never talk to one another?

## Section 12

# Involving deaf people in services

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### OUTCOMES

- *Deaf young people and their parents have access to a wide range of deaf experience and are enabled to develop fluent language skills in a language of their choice.*
- *Deaf people are encouraged to work in partnership with social services departments in a variety of roles (offering friendship, short break care and longer-term accommodation to deaf children). They are trained and supported in their roles.*
- *The social services department welcomes and develops deaf staff in employment.*
- *Parents/carers of deaf children and deaf people are involved in and contribute to social services planning processes.*

### STANDARD 12.1

Social services ensure that there is a process by which all deaf children are enabled to have access to deaf experience and access to language through, for example, an appropriate deaf adult role model

#### *Evidence/criteria*

- 12.1.1 There is a pool of deaf support workers trained and able to support families/carers when required
- 12.1.2 Policies on recruitment, vetting, training and supervision of support workers
- 12.1.3 Discussion with families/carers
- 12.1.4 Discussion with the Deaf community
- 12.1.5 Discussion with young deaf people
- 12.1.6 Training and induction programmes for support workers
- 12.1.7 The same checks are carried out as in Standard 9.2

### STANDARD 12.2

Social services departments work in partnership with other local agencies to ensure that there are no barriers to the employment and development of deaf staff

#### *Evidence/criteria*

- 12.2.1 Recruitment policies
- 12.2.2 Workforce development policies and practice
- 12.2.3 Budgets for staff development
- 12.2.4 Interviews with deaf staff

**STANDARD 12.3**

Families/carers are informed by social services on how to gain access to deaf adults as a resource for learning BSL or for meeting other deaf people or for access to events that are of interest

***Evidence/criteria***

- 12.3.1 Accessibility to deaf adult role models
- 12.3.2 Material distribution
- 12.3.3 Discussion with service users about their support
- 12.3.4 Examination of training for deaf support workers

**STANDARD 12.4**

There are effective consultation procedures involving parents/carers of deaf children and deaf adults

***Evidence/criteria***

- 12.4.1 Parents/carers of deaf children are aware of how they can contribute to service planning
- 12.4.2 Deaf people are informed on how to contribute to consultations and service planning
- 12.4.3 There are regular meetings with communication support, as required
- 12.4.4 Interviews with parents/carers of deaf children

# Involving deaf people in services

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## PRACTICE NOTES

- The range of deaf people
- Accessing deaf experience through adult role models
- Employing deaf people
- Issues for deaf adults in relation to social services for deaf children
- Using deaf people as short break carers
- Using deaf people as foster or adoptive parents
- Consultation

There are a number of different reasons why social services departments need to work with deaf people.

These are to:

- *enable the development of quality services for parents and deaf children based on an understanding of what parents of deaf children require;*
- *provide accessible information for parents/carers of deaf children and for deaf young people;*
- *consult deaf adults, children, young people and parents/carers of deaf children on service development;*
- *develop capacity in conjunction with other agencies, using expertise of deaf people as support workers either as employees, or as part of voluntary schemes;*
- *enable deaf people to become a resource for support for deaf children; and*
- *encourage deaf people to become foster or adoptive parents.*

This could be done either by social

services as the sole agency or in partnership with other agencies or by encouraging, for example, other agencies to carry this out.

## THE RANGE OF DEAF PEOPLE

Deaf people are as varied as the rest of the population and use a variety of communication methods. There are those:

- *who have been educated orally; who use spoken language, hearing aids and lipreading;*
- *who use sign language as their preferred means of communication and who may see themselves as being members of a linguistic and cultural minority (usually known as the Deaf community);*
- *who lost their hearing in adulthood, who do not use sign language, and rely on text-based methods for communication and sometimes on hearing aids; and*
- *hard of hearing people, who may use lipreading and hearing aids.*

Deaf people can be members of minority ethnic communities, whose home language is neither BSL nor English. They all view their deafness in different ways, depending on their life experiences and education. All these different kinds of people could support families/carers of deaf children in appreciating the wide range of deaf experience.

### **ACCESSING DEAF EXPERIENCE THROUGH ADULT ROLE MODELS**

*“It can be really hard being a deaf professional: hearing professionals often seem not to trust us, even though we are as qualified and experienced as they are. Deaf young people can benefit hugely from deaf-led actions arising from good joint working between deaf professionals. By working together, deaf professionals from different departments can ensure that the communication is working and that the client fully understands what is being suggested or planned. This doesn’t always happen when only hearing professionals are involved, or when the deaf professionals are ignored.”*

There are many capable deaf adults who can and do make a contribution to society. Some social services departments are now tapping into this rich source of support through developing link worker projects and involving deaf people as role models with deaf children, in schools or working with families. These projects vary in organisation, objectives and funding<sup>68</sup>. Some are about encouraging better communication in the family, some about befriending and supporting more generally. The latter may be more usefully contracted out – possibly by using the Direct Payments

Scheme. Different methods work in different environments, but the key to success is careful matching of the person to the family/carers and their assessed and expressed needs.

Roles need to be clear from the outset. If adult role models are used, they should be introduced to deaf children as early as possible for the following reasons.

They can help families/carers with:

- *attracting the deaf child’s attention appropriately;*
- *choosing clear communication techniques and/or BSL for the family;*
- *demonstrating to the carers and the child how to manage in hearing society;*
- *dealing with negative attitudes;*
- *giving some guidance on models of disability, hearing aid management, language and communication development, developing relationships with deaf and hearing people, and developing a clear sense of oneself including a deaf identity;*
- *developing links to the d/Deaf community.*

The Deaf community can also be accessed as a resource for sporting and social activities. Families may find it useful to enjoy opportunities to practise different types of communication, to learn about issues relevant to deaf adults, and to network with like-minded people in areas of common interest.

### **EMPLOYING DEAF PEOPLE**

Many social workers with deaf people are themselves deaf. Other support officer posts within the deaf specialist

<sup>68</sup> Young A, Griggs M, Sutherland H (2000): *Deaf Child and Family Intervention Services Using Deaf Adults Role Models: a National Survey of Development, Practice and Progress* (RNID)

team may also be taken up by deaf and hard of hearing people. Social services departments should, however, give consideration to the employment of deaf people more widely. This should not be restricted to specialist posts working directly with deaf people. Once in post, deaf staff should be encouraged to acquire additional post-qualifying qualifications, and their capability should be fostered.

### ISSUES FOR DEAF ADULTS IN RELATION TO SOCIAL SERVICES FOR DEAF CHILDREN

Deaf adults have their own experiences of social services and education, and staff therefore need to match the needs of the deaf child and family appropriately. For example, some deaf people see themselves as independent from other deaf people, while others are proud of their attachment to their deaf friends. Some deaf adults also have strong feelings about their schooling and the communication approach that was or was not taken. Their views need to be sought and carefully matched in regard to the expectations and views of the family/carers and the deaf child to be befriended.

Another area, which needs exploring prior to any match being made, is the use of hearing aids and cochlear implants. Deaf adults who were born deaf or were deafened at an early age are unlikely to have had an implant (as the technology is less than 15 years old) and often find the need or its impact difficult to understand. Many deaf adults accept the benefits of cochlear implants for adults, who have lost their hearing in adulthood, but some have strong views against the use of surgical techniques in respect of young children. It is worth considering adults with cochlear implants, as they may be particularly helpful as potential role models for deaf

children following receipt of a cochlear implant.

Deaf people working directly with families/carers will need training and support. There will need to be agreement within a region on how best to provide this. In some cases a local or national voluntary society is the most viable option for the provision of training. Such training may include:

- *Communication: Deaf people need to be able to use the appropriate method of communication for the child. Some training may need to be offered in minimal language skills for example. Other forms of communication such as Bliss, Makaton etc, may also be helpful in specific cases.*
- *Tutoring in British Sign Language (BSL): It is often assumed that because some deaf people are able to use BSL, they can then teach this to families on a one-to-one basis. This may not actually work. Teaching BSL is a professional activity. However, if families/carers are unable to attend classes or have attended classes in the past, they may want to explore how to use particular signs or practise signing in particular situations.*
- *Equipment: Deaf people need to be kept up to date with technology so that they can advise families/carers.*
- *Deaf community, culture and diversity: Not all deaf people are fully conversant with deaf history, identity issues, and cultural aspects.*
- *Effects of discrimination against deaf people and others: Deaf people themselves may suffer the effects of discrimination, but they will also be better equipped if they receive training in anti-racist and anti-sexist practices. Their own experiences will then be put into a wider context.*
- *Education for deaf children – policies in local area: This is vital in supporting*

*deaf people who are supporting families/carers so that they do not make statements that unwittingly confuse or mislead families/carers. Supporters should also understand the processes of statutory assessment leading to the issue of a statement of special educational needs and its review procedures.*

- *Views regarding the use of amplification/hearing aids and cochlear implants.*
- *How to relate to the social worker: when and how to disclose information which could compromise the family/carers; confidentiality of information.*
- *Additional training focused on the needs of the family worked with.*
- *Child protection awareness.*

Those involved in the field of deafness will be aware that there are still considerable barriers to deaf people obtaining meaningful employment or qualifications. It is to be hoped that there is a way of ensuring that deaf people working with families are given the opportunity to achieve a qualification of NVQ level status. To achieve this may well require multi-agency co-operation.

### **USING DEAF PEOPLE AS SHORT BREAK (RESPITE) CARERS**

Active consideration should be given to positive methods of encouraging the recruitment of deaf and hard of hearing people as short break (respite) carers. This will create a corps of possible long or short-term foster and adoptive carers should a deaf child require accommodation. Other care opportunities may also be available to the carers after successful placements. Even where the communication methods are different, deaf adults are often adept at developing and supporting the development of communication with

deaf children in a way that many hearing carers find more difficult. Parents may consider themselves as managing well, but the child may enjoy time away with deaf families.

Support in the form of targeted information and advice needs to be provided. Departments should work with local deaf clubs and deaf organisations to encourage deaf people to come forward as carers with a view to becoming possible foster carers or adopters. They should provide training in the same way as to hearing applicants, so that social services departments can build up local capacity to deal with requests for respite care.

### **USING DEAF PEOPLE AS FOSTER OR ADOPTIVE PARENTS**

Social services departments have a legal obligation to consider deaf people as foster and or adoptive parents on equal terms as all potential families/carers. Deaf adults should be considered as foster and adoptive parents for the full range of children. They can, of course, provide particular support to deaf children dependent on the communication method of the child.

Likewise, if deaf children have to live away from home because of difficulties within their home, being placed with deaf families/carers or in a setting where hearing loss is present is likely to enhance the child's self-esteem and assist with the development of a positive identity.

However, many prospective deaf carers either do not come forward or are not considered for the full range of care opportunities. This is partly because the numbers of deaf children requiring long-term care are extremely low and so the need very rarely occurs.

A long-term strategy involving several agencies in a region (possibly within the catchment area of the Regional Assembly) will need to be developed. It is suggested that a useful first step would be to encourage and develop short-term carers.

## CONSULTATION

Consultation feeds into the planning process and provides invaluable information to commissioners of services. Consultation will be more productive and effective if service users are informed and aware of policy issues and if contact is made at the various stages of the planning process. The only way this can effectively be done is through an ongoing dialogue, which is built into the commissioning cycle<sup>69</sup>.

Effective consultation will require first developing the skills and understanding of parents and local deaf people so that they can participate in the process. This will require training and support and clarity on what is expected from the consultation. Social services departments are now expected to provide accessible information about services, complaints systems and service user involvement. This information should cover:

- *description of the services;*
- *what local authorities do;*
- *where the money comes from;*
- *what social services do/what your local voluntary organisation does (if service has been contracted out);*
- *legislation, e.g. NHS and Community Care Act, Chronically Sick and Disabled Persons' Act, Children Act, Disability Discrimination Act, Human Rights Act, Care Standards Act and Carers and Disabled Children Act etc;*
- *resources and how they are allocated;*
- *assessment criteria; and*

- *what the different staff roles are, e.g. social workers, specialist qualified social workers with deaf people, care managers, community workers and technical officers etc.*

Social services staff should also understand issues relating to the wide range of the deaf population. This includes:

- *the impact of deafness on a hearing family;*
- *how deaf people see themselves;*
- *different groups of deaf people and their different identities;*
- *the social construction of deafness;*
- *deaf networks – local, regional and national; and*
- *the cultural and linguistic aspects of the BSL community.*

Consultation processes should adopt a range of strategies to reach as many actual and potential service user groups as possible using their preferred language and ways of meeting each other (e.g. via minority ethnic group organisations or cultural/religious meetings, individual interviews, special interest groups, local groups and clubs, including those with deaf people, etc.).

<sup>69</sup> ADSS, BDA, LGA and RNID (1999): *Best Practice Standards: Social Services for Deaf and Hard of Hearing People* (RNID)

## Checklist for parents

# Involving deaf people in services

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- If you are a deaf parent of a deaf child, do you feel that service providers have listened to your experiences and views?
- Have you been able to participate in consultations about current and future services?
- Have you been encouraged to offer support to other parents of deaf children or been encouraged to provide short break care or become a foster or adoptive carer?
- Have you had opportunities to consider becoming a deaf adult role model or link worker, helping other families to communicate with their deaf child?
- Is there any commitment in your area towards the employment of deaf people in social services?

## Section 13

# Identifying levels of need and maintaining a register of children with disabilities

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### OUTCOMES

- *The local services reflect population need.*
- *Deaf children and their family/carers receive a co-ordinated service from local agencies.*

### STANDARD 13.1

Social services have systems in place to co-ordinate information about deaf children with their colleagues from the NHS and the LEA

#### *Evidence/criteria*

13.1.1 Information about individual deaf children is centrally held, shared effectively and maintained on a regular basis. Following identification of a deaf child, information is shared between audiology, LEA (SEN) team and social services, subject to organisational protocol on confidentiality

13.1.2 Families/carers of deaf children only give information once

13.1.3 Comprehensive, accurate, timely information is held

13.1.4 Discussions with families/carers

13.1.5 Examination of the register of disabled children

### STANDARD 13.2

Planning documents include realistic information, statistical estimates and service development information about children with disabilities, including deafness

#### *Evidence/criteria*

13.2.1 Children Services Plans, Early Years Development Plans and Joint Investment Plans are well informed about local needs

13.2.2 Examination of planning documents reflects shared, accurate information about deaf children

13.2.3 Discussion with families/carers of deaf children about consultation and local research

13.2.4 Referral and case information feeds into planning documents

13.2.5 Discussion with planning officers and members of teams working with children with disabilities shows that information is used and shared effectively

# Identifying levels of need and maintaining a register of children with disabilities

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## PRACTICE NOTES

- Why is registration important?
- What information should be collected?

Social services departments have a duty under the Chronically Sick and Disabled Persons Act (1970) to identify the numbers of disabled people in their local area and keep a disabled person's register and registers of deaf and hard of hearing people. The Children Act (1989) requires a register of children with disabilities to be kept. Registration is voluntary. Entry on the registers is not a prerequisite to getting help from social services. The register of disabled children is usually a joint resource with shared referral protocol which has been negotiated between the LEA, the NHS and the social services department in liaison with the parents of disabled children and their local/national support organisations. An obligation of *Quality Protects* sees the identification of the number of children with a disability as a key objective<sup>70</sup>. The Children in Need census is now showing better data on disabled children<sup>71</sup>.

Although these registers were designed as an active tool for planning services, because of financial and other constraints local authorities have often not maintained and updated the information.

*Quality Protects* requires local authorities to develop and maintain registers of disabled children. There is clear value in using computerised registers to link information regarding referrals and casework. Registers as live databases enable local authorities to demonstrate need and plan services accordingly.

## WHY IS REGISTRATION IMPORTANT?

The LEA should have good quality information about deaf children (with identified special educational needs) within the authority, as should the local paediatric audiology service. The stronger the local information base, the more realistic the planning for the development of future services will be.

The imminent introduction of Universal Newborn Hearing Screening (UNHS)<sup>72</sup>, which will identify deafness in very young babies, will contribute to better data about incidence of deafness. Providing the information is shared appropriately, this should help local service planners to anticipate needs and make longer terms assessments of population needs and thus enable services to be planned and developed.

<sup>70</sup> Department of Health (1998): *The Quality Protects Programme: Transforming Children's Services*. LAC (98)28 (The Stationery Office)

<sup>71</sup> Department of Health (2001): *The Children Act Report 2000* (The Stationery Office)

<sup>72</sup> formerly Universal Neonatal Hearing Screening

Joint information sharing and joint planning of support services are vital if the deaf child and their family/carers are to receive a well co-ordinated service. A register/tracking system for deaf children will be needed to ensure social services support at a minimum at the following times:

- *following identification of hearing loss;*
- *during the assessment of special educational needs;*
- *at annual reviews of the statement; and*
- *during transition planning purposes.*

Planning documents, especially Children's Services Plans, Early Years Development Plans and Joint Investment Plans, should be informed by statistical information relating to prevalence rates of deafness<sup>73</sup> and locally collected information about needs and service provision.

Surveys are another means to identify local need: GPs, ENT/audiology departments and schools will usually be studied to locate deaf children.

If departments have good consultation procedures involving local deaf clubs and deaf people and parent support groups, then departments will be in a better position to gauge the local level of need and develop support services which address local requirements.

### **WHAT INFORMATION SHOULD BE COLLECTED?**

Good practice suggests that the register recording deaf children incorporates information on the mode of communication/language used at home and at school. Practitioners involved with any deaf child also need to know

whether the child wears hearing aids or has a cochlear implant. It would also be helpful for practitioners to know whether the child has additional disabilities.

<sup>73</sup> See Appendix 1

## Checklist for parents

# Identifying levels of need and maintaining a register of children with disabilities

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- Has the purpose of the Register of Children with Disabilities been explained to you?
- Has the information you have provided been shared with others who need to know so that you do not have to go over the same ground time and time again?
- Have you had access to social services support at the following times:
  - following the identification of the hearing loss of your child?
  - during the assessment procedure for special educational needs (SEN)?
  - at annual reviews of the statement of SEN?
  - when the transition plans were considered?

## Section 14

# Workforce development

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### OUTCOMES

- *Staff working with deaf young people and their families/carers have the appropriate level of skills, knowledge and understanding.*

### STANDARD 14.1

All deaf children eligible to receive a service do so by fully trained staff

#### *Evidence/criteria*

14.1.1 Staff are able to communicate at the child's level

14.1.2 Analysis of procedures and case files reflects policies are clear and are implemented

14.1.3 Policies on training and use of training budget/Training Support Programme (TSP)

14.1.4 Training materials available to all staff

14.1.5 Policies on the use of interpreters are followed

14.1.6 Interviews with staff show that deaf awareness and communication training is given and, as far as possible, only appropriately trained staff are allocated to deaf children

14.1.7 Interviews with families/carers of deaf children and deaf children

### STANDARD 14.2

Training is available and easily accessible for all relevant staff, including deaf staff members

#### *Evidence/criteria*

14.2.1 Examination of course materials available

14.2.2 Training policies/training needs analysis/plans identify the needs of staff working with deaf children

14.2.3 Discussion with managers

14.2.4 Discussions with deaf staff and other specialist workers about their access to specialist training

14.2.5 Use of budgets shows appropriate training is available to all staff working with deaf children and to deaf employees

14.2.6 Examination of staff training records

# Workforce development

## PRACTICE NOTES

- Training needs
- Developing inclusive training plans

In order to be able to undertake assessments and to provide support and services involving deaf children and their families/carers, social services will require staff with the appropriate levels of training and skills. In addition to the skills and knowledge required by *Quality Protects*,<sup>74</sup> towards which local authorities are generally working, there is also a need for specific areas of expertise. Not all staff will require the same depth of knowledge or skills. In order to provide directly or arrange for a satisfactory level of service (through seeking inputs from external agencies or individual consultants), there will need to be qualified practitioners with the appropriate training and specific deaf awareness. Such awareness should be instilled in both frontline staff and amongst management.

The Association of Directors of Social Services (ADSS), working in partnership with the major deaf organisations and training providers for social work courses, developed a training needs matrix reproduced in full in the *Best Practice Standards for Social Services for Deaf Adults*<sup>75</sup> report. In this document training requirements for all social services functions were fully described. The components relevant to the social

services for deaf children have been extracted and placed in the attached appendix.

A range of agencies is likely to be involved in working with deaf children. In most cases there is likely to be need for joint working and pooling of expertise, as it is rare to find people with all the necessary skills and expertise. Training in British Sign Language (BSL) is unlikely to be sufficient for work with deaf children (see section on communication).

## TRAINING NEEDS

Training and knowledge will be required in the following areas:

- *Communication*  
This includes being able to speak clearly with deaf children educated in a non-signing environment, being able to use other forms of communication such as Bliss, Makaton etc.
- *British Sign Language (BSL)*  
This is accredited by the Council for the Advancement of Communication with Deaf People (CACDP). The basic level (called Stage 1) is unlikely to be adequate for anything other than a rudimentary conversation with an

<sup>74</sup> Department of Health (1998): *Quality Protects*. London. Department of Health

<sup>75</sup> Association of Directors of Social Services (ADSS), British Deaf Association (BDA), Local Government Association (LGA) and The Royal National Institute for Deaf People (RNID) (1999): *Best Practice Standards: social services for deaf and hard of hearing people*. London. RNID

intelligent deaf child able to adapt their communication for adults. Fully qualified interpreters have at least Level 4.

- *Use of interpreters*

This is essential, as many practitioners will have to rely on using interpreters. The training should include interpreting ethics, organising room settings, legal issues (interpreters may be called as witnesses), equivalence of meaning etc.

- *Equipment*

Staff who assess deaf children for equipment need to know what is available and its suitability for deaf children. They also need to be aware of the limitations and benefits of hearing aids and how to use radio aids to enhance a conversation.

- *Basic level deaf/disability awareness*

Most frontline and managerial staff should be trained in order to provide a fully inclusive service. Such training would assist staff to:

- successfully attract attention of a deaf person;
- use a textphone;
- be aware of environmental factors affecting communication;
- use some survival signs;
- be aware of the range of equipment available; and
- be able to adapt their own communication techniques when needed.

- *Deaf community, culture and diversity*

This is essential for specialist social workers with deaf people. Culture plays an immense part in our lives and the same is true of Deaf culture for deaf people. A deep and profound understanding of how this can impinge on families with both deaf and hearing members is necessary for anyone working directly with families involving a deaf person. Knowing how the Deaf community

functions is also a prerequisite for anyone supporting a family that wishes to engage with or is involved with adult deaf people.

- *Effects of discrimination against deaf people*

There are many unstated assumptions and prejudices in society affecting deaf people and deaf children. These views colour the expectations that are held by some professionals, including those working with deaf children and deaf people. The assumption that deafness impedes language development and as a consequence a child's life chances needs to be questioned. It seems that deaf children born to deaf parents have better or at least comparable language to that of their hearing peers, and that their life chances are as good as that of their hearing peers<sup>76</sup>. An understanding and ability to challenge the effects of discrimination is essential, if hearing parents are to be helped and supported in their parenting of deaf children.

- *Education for deaf children*

Staff need to understand what the local education department provides for deaf children and what their policies are. This is vital in supporting families/carers to make choices for their child. Many education departments have restrictive policies relating to how deaf children should be communicating in educational settings. Families/carers may need to be supported in seeking placements offering a different mode of instruction, if this is not available locally.

- *Medical issues affecting deaf children – hearing aids and cochlear implants*

When children are diagnosed as deaf, medical staff may either offer hearing aids or cochlear implants. An

<sup>76</sup> Powers S, Gregory S, Thoutenhoofd E (1998): *The Educational Achievements of Deaf Children* (DfEE)

understanding of all the issues is essential to be able to support parents through the process of making the decision and thereafter.

## DEVELOPING INCLUSIVE TRAINING PLANS

The Training Support Grant funds social services training and workforce development. In previous years departments were encouraged, through earmarked funding, to invest in making the social services workforce more aware of the needs of people with a sensory need. *Quality Protects* has also received special funding to ensure authorities can comply with their new targets. It is important that existing funding mechanisms are fully used in order to improve staff competencies.

Departments should make sure that any deaf staff employed in social care are fully included in development opportunities and post-qualification training.

Training can be obtained in a variety of ways. Social services staff working in child care will usually be fully qualified social workers and possess a Diploma in Social Work available from many universities and institutes of higher education. However, these courses do not include much material on working with the Deaf community or with deaf children and their families/carers. It is therefore advisable that staff interested in developing a specialism in deafness study on a post-qualifying course, such as the course based at the Metropolitan University of Manchester. This will include modules on the Deaf community, culture, effects of discrimination and issues relating to medical intervention.

Many basic deaf awareness courses lasting from two hours to two days are offered by a number of agencies and

consultants. The Council for the Advancement of Communication with Deaf People (CACDP) provides accredited courses in deaf awareness, although not all basic courses will be to this standard. Social services training departments will be well advised to carry out checks to ascertain whether the courses offered are up to the standards required. British Sign Language (BSL) courses, again accredited by CACDP, are often offered by local adult education providers. A few agencies offer block courses. Again, it is advisable to check, as there are some courses taught by hearing people without a proper understanding of BSL or they are taught by deaf people, but without any training in teaching methods themselves. Reputable tutors will be happy to offer their credentials and their success rates.

Training in specific communication methods, such as Bliss or Makaton, may need to be undertaken if the practitioner supports a child without other communication abilities (see Sections 2 and 9). The training can be obtained from organisations providing support, residential and educational services for people with special needs (such as SENSE, Deafblind UK etc). There is otherwise only limited training available for communicating with deaf children who do not have speech or signing skills. In many cases, deaf adults working with other deaf people, such as those with mental health problems or learning difficulties, or working in a special educational setting may be the best people to offer this service.

## Checklist for parents

# Workforce development

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- In receiving services have you felt that the workers were well prepared and trained for the tasks?

## Appendix to Section 14

# Workforce development

### STAFF TRAINING STANDARDS <sup>1</sup>

Person/ Profession	Description	Knowledge/ Skills required	Training/Courses/ Awards available
Senior and Middle Managers/ Commissioners/ Planners	Development and implementation of policy.	Basic deaf awareness and awareness of service needs.  Knowledge of statutory duties (including methods of user involvement).	Department of Health video-based training pack <i>Making Sense</i> .  Deaf Awareness Training.
Middle Manager with specific deafness responsibilities (management of designated services or budgets)	Applying policy to deafness services.	Deaf awareness including awareness of different deafness groups, numbers, needs risks, potential service possibilities and training opportunities.	Customised deaf awareness training – depending on local services and needs.
Line Manager of specialists	Operational management of services.	At least BSL Stage 2.  Communication skills, knowledge of deafness services.	Local customised training.  External training (i.e. seminars, conferences).
Specialist Social Worker with/for deaf people/ Specialist Care Manager	Provide assessments, care management, counselling, advice, co-ordination of input and support, co-working with other social work practitioners (communication support).	Communication skills at BSL Stage 3, in-depth knowledge of deafness, familiar with relevant environmental aids/technology.  This is a short-term target, not an immediate requirement. Co-working skills.	Dip SW plus BSL Stage 3. Post Qualifying Specialist course. Distance learning/ Advanced Masters. Some modules from sign language MA courses for career development.

<sup>1</sup> These standards are based on the agreed ADSS Training sub-group's standards

Person/ Profession	Description	Knowledge/ Skills required	Training/Courses/ Awards available
Specialist Interpreter in social service settings, (either employed by Social Service Department contracted via an agency)	<p>Specific assignments to interpret between spoken language, and sign language, e.g. in an interview/meeting involving deaf and hearing participants.</p> <p>Translation of written materials into sign language and vice versa. Lipspeaking assignments for deafened and hard of hearing people.</p>	<p>Minimally should be a registered trainee interpreter. Some casework situations require specialist professional development training over and above registration with CACDP.</p> <p>Should be a Level 3 lipspeaker.</p>	Entry to the register was formerly via CACDP examination, now likely to be NVO Level 4–Level 5.
Social worker (children and families) including children with disabilities	Assessment, child protection and family support.	Deaf awareness and awareness of service needs, especially access to and information on specialist provision, including short-break care and support groups. Understanding of deaf education. Skills in co-working and using BSL interpreter.	Basic deaf awareness training; local training on local facilities and resources.
General receptionist	<p>First point of contact.</p> <p>Gate-keeping function.</p>	Awareness of deafness, basic and functional. Communication skills, use of textphones, use of fax. (See Standard 2.)	Deaf awareness training.

Person/ Profession	Description	Knowledge/ Skills required	Training/Courses/ Awards available
Receptionist in specialist service	First point of contact; responsible for giving information, booking meetings, communication support, interpreters.	Awareness of deafness. Functional communication skills. (See Standard 2.) Use of range of visual and text-based communication systems.	BSL Stage 2, in service and general college courses in deaf awareness. Technical learning in use of textphones, video conferencing/ phones, fax and e-mail communications.
Complaints officers, registration and inspection staff	Implementation of Registered Homes Act; investigation of complaints.	Awareness of deafness, basic communication skills, use of textphone, RNID Typetalk, interpreter. Knowledge of equipment.	Deaf awareness training or bespoke courses.
Specialist technical officer and installers	Provide assessment for aids and equipment.  Distribution, installation and maintaining equipment. Managing budget/ compiling statistics on service information and advice on availability. Co-working with other specialist and generic staff, including housing department.	Communication skills; BSL Stage 2. Deaf awareness; knowledge of aids, equipment and technology. Link with community groups for deaf and hard of hearing people. Work closely with hearing therapists/ volunteer projects.  Links with District Councils.	Regional or national information and technology events. Specialist courses: a) one-day courses organised by NDCS. b) Wolverhampton University course c) City Lit course BSL Stage 2. Installer – at least BSL Stage 1.

Person/ Profession	Description	Knowledge/ Skills required	Training/Courses/ Awards available
Community workers	<p>Promoting community development.</p> <p>Developing areas of special interest, e.g. advocacy, deaf awareness training.</p> <p>Stimulating activity within deaf or hard of hearing communities.</p> <p>Empowerment.</p>	<p>Communication skills equivalent to BSL Stage 3.</p> <p>Community development experience.</p> <p>Understanding of deaf community.</p> <p>Networking skills.</p>	<p>Courses specifically geared to community work with deaf people. Links to established social work/community development/youth and community training courses.</p>
Specialist residential/ day/home care/ short break/staff (services designed to meet needs of deaf people with other needs/ learning difficulties etc)	<p>Management and development of services to meet individual needs of deaf people. Provision of support for individuals and groups of deaf people.</p>	<p>Knowledge of service possibilities; evaluation and management. Comprehensive clinical skills/ knowledge related to different causes of deafness, assessment, intervention, communication, and mobility.</p>	<p>Depending on staff role and needs of service users – appropriate levels in NVQ Care, BSL Stage 2; Diploma in communicating/guiding/ support work with deafblind people.</p>

**Deaf awareness training** should include most aspects of the following (depending on the degree of exposure to deaf and hard of hearing people). It should be delivered by involving deaf people. It could be part of a programme of NVQ-level training on customer care.

*Positive models of deafness*

*Deaf community and BSL*

*Impact of acquired deafness*

*Lipreading and listening systems and aids*

*Assistive equipment*

*How to use Typetalk and textphones*

*Deaf education – history*

*The range of deaf and hard of hearing people*

*Effective communication and hearing techniques*

*Understanding the use of hearing aids*

*How to use communication support workers*

*Services and gaps in services*

**The Council for the Advancement of Communication with Deaf People (CACDP)** accredits training courses in sign language (BSL) at three different levels, deaf awareness training and guiding and communicating with deafblind people. The current qualification structure is being assimilated to NVOs commencing with the interpreter qualification.

## Appendix I

# Estimating the number of deaf children in your area

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One to two children per thousand are born with a significant hearing loss (defined for these purposes as an average hearing loss > 40dB in the better ear). Of children born deaf, roughly 50% have a moderate hearing loss, 25% a severe hearing loss and 25% a profound hearing loss<sup>1</sup>. About 30% of the children involved will have an additional learning difficulty or disability.

The most accurate way to estimate the population of deaf children in any area is to extrapolate from these general estimates bearing in mind that:

- *Some children develop significant levels of permanent deafness following birth and many more experience fluctuating hearing loss in their early years.*
- *Because of the relatively small numbers involved, the larger the area or population under consideration, the more accurate the estimate calculated will be.*

The rough estimates above are based on a robust evidence base. Fortnum & Davis<sup>2</sup> reported an actual incidence of 113 deaf children per 100,000 for the Trent Region in 1997. The *National Evaluation of Support Options for Deaf and Hearing-impaired Children* research project reported in 1999 on a database of 17,130 deaf children in the UK with a hearing loss >40dB born between 1980 and 1994. Of these, 52% had a moderate hearing loss, 22% were severely deaf and 26% were profoundly deaf. 26.5% were reported to have an additional learning difficulty or disability.

The incidence of deafness among children of Asian ethnic origin is significantly higher and this should be taken into account in any calculation. Dr Gill Parry, working in Bradford, found that amongst Asian children the prevalence rate was 4.69 per thousand births whilst for non-Asian children this figure was 1.38 per thousand births<sup>3</sup>.

Anecdotal evidence suggests that other minority ethnic groups may experience higher levels of deafness than the indigenous population. This is especially true of newly immigrated families, who have come from regions with greater levels of poverty, poor health care and low levels of immunisation against diseases such as rubella.

<sup>1</sup> British Audiology Society (BSA) standards:

mild	average hearing loss of 20-40 dBHL in the better ear
moderate	average hearing loss of 41-70 dBHL in the better ear
severe	average hearing loss of 71-95 dBHL in the better ear
profound	average hearing loss > 95 dBHL in the better ear

<sup>2</sup> Fortnum H and Davis A (1997): *Epidemiology of Permanent Child Hearing Impairment in the Trent Region 1985-1993* British Journal of Audiology 31, 409-446 (1997)

<sup>3</sup> BACDA (1995): Dr Gill Parry (published in the BACDA Newsletter October 1996, p25-29)

Further information on the prevalence of deafness amongst the Asian Community is available from Mike Corrigan, Assistant Director for Child Services, Bradford Social Services, Olicana House, Chapel Street, Bradford BD1 5RE Tel: 01274 752918

This means that the number of deaf children is likely to be higher in areas where there is a large concentration of refugees or new immigrants.

It is normal practice for LEA advisory services for deaf children to hold a register of deaf children, based on referrals from paediatric audiology services, listing all children of pre-school and school age who receive direct support and are on the 'monitoring caseload'.

The advent of Universal Newborn Hearing Screening (UNHS) will lower the median age of identification of congenital deafness from 20 months to 3 months and children with moderate, severe and profound levels of deafness will be identified routinely within the first two months of life<sup>4</sup>.

## OTHER FIGURES ON DEAFNESS

**Acquired hearing loss:** affects 1-2 children per thousand. The commonest cause is meningitis.

**Progressive hearing loss:** 32% of all deaf children have a progressive loss.

**Tinnitus:** 13% of hearing children are known to experience some tinnitus. This rises to 66% of those with a hearing loss.

**Chronic serious otitis media (glue ear):** affects 25-50% of children of pre-school age<sup>5</sup>.

The British Association of Teachers of the Deaf (BATOD) Survey for 2000 reports a population of 13,671 deaf children aged 0-19 for England, although this figure does not include deaf students in colleges of Further Education<sup>6</sup>.

<sup>4</sup> Davis A et al, (1997): *A Critical Review of the Role of Neonatal Hearing Screening in the Detection of Congenital Hearing Impairment*, Health Technology Assessment

<sup>5</sup> British Association of Audiological Physicians. Consultation Document – *Audiological Medicine in the UK*, 2001

<sup>6</sup> British Association of Teachers of the Deaf (BATOD). The 2000 Survey is currently processing returns from more than 95% of LEAs and schools for the deaf in England

## Appendix II

# Glossary of terms

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**Advocacy** – the process through which a person’s needs or wishes are represented to another. An advocate is an individual who represents another person’s interests as if they were their own. This may be in a formal sense, e.g. solicitors representing clients’ legal interests. There are also less formal types of advocacy, where advocates are trained and regulated by a voluntary organisation, for example through a citizen advocacy scheme. Self-advocacy is the process through which disempowered people develop the skills to represent themselves, sometimes with support. An advocate is independent of statutory organisations.

**Area Child Protection Committee (ACPC)** – the statutory multi-agency local co-ordinating committee that oversees the handling of child abuse matters in a local authority area. The ACPC develops policies and procedures to ensure that cases are properly handled and that all the relevant agencies are involved.

**Audiology department** – the part of a hospital concerned specifically with the identification and evaluation of hearing and balance disorders and the provision and adjustment of hearing aids.

**Audiologist** – professional providing diagnostic testing and (re)habilitation services for those with a hearing loss. A paediatric audiologist specialises in childhood deafness.

**Auditory-oral approaches** – an umbrella term for those approaches to communication that emphasise the development of listening skills. These approaches do not use sign language or any manual codes to support the understanding of spoken language.

**Bilingualism** – see ‘**Sign Bilingualism**’

**Bliss** – a communication method based on the use of symbols, usually in a chart format, used by people unable to speak or use sign language.

**BSL (British Sign Language)** – British Sign Language is the first language of the British Deaf community. It is a visual language which is not based on English but is a language in its own right. It has its own structure and grammar. Meaning is conveyed using a variety of handshapes, lip movements, facial expressions and upper body movements.

**Care manager** – the worker who assesses an individual’s needs, considers how that person’s needs relate to the social services department’s eligibility criteria and who identifies in discussion with the service user and their carers what services might address their needs. The care manager will then compile a care plan and care package, which may include a range of services.

**Care plan** – what social workers, other professionals and care managers work out after an assessment. This states how the assessed needs are to be met and assigns responsibilities for different tasks.

**Charging** – asking service users to pay towards the costs of their services.

**Child and Adolescent Mental Health Service (CAMHS)** – the service which is usually provided jointly by health trusts and social services departments to young people with mental health difficulties.

**Cochlear implant** – an electronic device, which is surgically implanted behind the ear and is designed to stimulate nerve endings to respond to sound and transmit sound to the brain. This procedure may be considered for children who are profoundly/severely deaf and who are assessed as not benefiting from traditional hearing aids. Some deafened adults may also choose to have a cochlear implant.

**Commissioning** – the process of reviewing need, developing service specifications, purchasing a service either internally or externally to the social services department, monitoring the service, amending the service agreement.

**Communication services** – a range of support workers who provide access to communication and meetings between deaf and hard of hearing people and hearing people. They include sign language interpreters, speech-to-text operators, lipspeakers and notetakers.

**Conductive hearing loss** – the most common type of hearing loss. Sound is prevented from passing through the outer and middle ear to the inner ear. This is often caused by blockages such as wax in the ear canal or fluid in the middle ear, known as ‘glue ear’. These are temporary conditions. There are also permanent conductive hearing losses which may be corrected by surgery.

**Disability Discrimination Act 1995 (DDA)** – the law concerned with ensuring that disabled people are not discriminated against in employment or in the provision of goods and services.

**Deafblind communicator** – a worker who uses a manual alphabet placed by touch on the deafblind person’s hand.

**Direct Payments** – enables a person who has received a community care or a carer’s assessment to purchase services directly.

**Eligibility criteria** – the Council’s priority system for assessing people’s needs and providing services, dependent on a rank order of assessed need. These criteria should be published and available to the public.

**Family Fund** – an independent organisation registered as a charity. Its purpose is to ease the stress on families in the UK who care for severely disabled children under 16, by providing grants and information related to the care of the child.

**Generic worker** – a social worker/care manager who is working in non-specialist settings.

**Health Improvement Plans (HimP)** – the required plans which health authorities have to complete annually in consultation with local Primary Care Groups/Trusts and with local agencies such as social services departments.

**Induction loop** – a system which enables people who have a 'T' switch on their hearing aids to hear without interference from background noise. Often fitted in meeting rooms, conference halls and theatres.

**ISL** – Irish Sign Language, the visual language of the Irish Deaf community.

**Joint Investment Plans** – the required plans for vulnerable people which social services departments and health authorities have to complete. There are different Joint Investment Plans required for different client groups.

**Language aide** – adult role model or link worker; a person (usually deaf) who works with the family/carers and the deaf child to support learning and personal development and to improve the communication within the home. This is usually, but not exclusively, through the use of British Sign Language.

**LEA** – local education authority; the local government department responsible for planning, managing and funding local education services, including the support services for deaf children.

**Lipspeaker** – trained communication support worker, who repeats what is being said, without using their voice, and with clear lipshapes, facial expression and natural gesture. A form of communication support preferred by some deafened and hard of hearing people who lipread.

**Makaton** – a language programme offering a structured approach to the teaching of communication skills for children and adults with a variety of communication and learning disabilities. It is used extensively throughout the UK.

**Occupational therapist (OT)** – a qualified health professional trained to evaluate disabled people for the impact that their disability has on their daily activities. An OT can help people to find easier and/or safer ways of performing daily tasks, can design and recommend particular devices or equipment and train the person in their use.

**Palantypist** – trained speech-to text operator who uses a special keyboard to transcribe speech into text. This is then shown on a computer screen for the deaf person to read.

**Radio aid** – A radio aid comprises of a transmitter and receiver. The transmitter sends the speaker's voice directly to the receiver, which can be connected to the hearing aid, cochlear implant or headphones. A radio aid can significantly reduce background noise, reverberation (echo), and the problems created by the distance between the speaker and the user.

**Relay interpreter** – a sign language interpreter who translates from one sign language into another or provides oral interpretation into a third language.

**Sensori-neural hearing loss** – this is usually due to the cochlea, part of the inner ear, not processing sound effectively. Often the cause of this is not known although it can be due to diseases such as mumps, rubella and meningitis.

**Sign Bilingualism** – an approach to the development of communication and language which uses and values both the language of the British Deaf community (British Sign Language) and the written and spoken language of the hearing community (English or other spoken language).

**Speech-to-text operator** – this person transcribes the spoken word onto a computer screen for the deaf person to read as the conversation/meeting unfolds. Speech-to-text operators are a welcome communication support for people who lost their hearing in later life and whose main form of communication is in English or any other spoken language.

**SSE (Sign Supported English)** – a form of signed communication that uses signs from BSL but follows English grammar and word order.

**Textphone** – a telephone used by deaf people which displays characters on a small screen. People type their conversations.

**Total Communication** – a flexible approach which encourages the use of different methods of communication to provide total understanding for the deaf child. This method encompasses the use of British Sign Language, Sign Supported English, lipreading and oral methods. The goal of successful communication is seen as more important than the means by which this is achieved.

**RNID Typetalk** – the national telephone relay service that connects users of textphones with hearing telephone users and vice versa. Operators transcribe the hearing person's conversation via a computerised system into text, which is then submitted to the textphone and reads out the textphone user's typed conversation to the hearing person. RNID manages Typetalk under contract for British Telecom.

**Usher syndrome** – a progressive genetic condition. Usually people are born with a hearing loss and develop a visual loss in childhood, adolescence or their early 20s.

## Appendix III

# Defining child abuse<sup>7</sup>

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*“Children have the right to be protected from all forms of violence (physical and mental). They must be kept safe from harm and they must be given proper care by those looking after them.”*

*(United Nations Convention on the Rights of the Child, Article 19)*

Child abuse can be defined under any of the following categories:

**Neglect:** the persistent or severe neglect of a child which results in serious impairment of that child’s health or development, including non-organic failure to thrive.

### **Examples:**

- *Exposure to danger*
- *Failure to attend to physical or developmental needs*
- *Failure to ensure treatments or medical checks*
- *Failure to ensure access to appropriate aids*
- *Failure to meet communication needs*

**Physical abuse:** a physical injury to a child where there is a definite knowledge, or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

### **Examples:**

- *Bullying, hitting, kicking, pulling hair, burning, poisoning, pinching, drowning, suffocation etc.*
- *Failure, knowingly, to prevent injury*
- *Munchausen’s Syndrome by Proxy (a parent presenting their child to the doctor with an illness or symptoms which are fictitious or that they have induced in the child).*

**Sexual abuse:** the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, that violate the social taboos of family life or which have been knowingly not prevented by a carer.

### **Examples:**

- *Engaging a child in sexual activity*
- *Making a child watch sexual activity*
- *Making a child watch pornographic material*
- *Inappropriate touching of a child*
- *Making suggestive sexual comments to a child*

<sup>7</sup> NB. Abusive situations do not have to involve active participation

If individuals ‘sanction’ abusive activity by not doing anything about it, they are contributing to the abuse by knowingly allowing it to take place

**Emotional abuse:** the persistent or severe emotional ill-treatment of a child which has a severe adverse effect on the behaviour and emotional development of the child.

**Example:**

- *Rejection*
- *Threats*
- *Cultural abuse*
- *Deliberate humiliation*
- *Blackmailing*
- *Bullying*
- *Religious discrimination*
- *Extreme inconsistency*
- *Racial abuse*

## Appendix IV

# Helpful organisations

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### Breakthrough Trust

Alan Geale House, The Close, Westhill Campus, Bristol Road,  
Selly Oak, Birmingham B29 6LN

**Tel:** 0121 415 2289 (voice & text) **Fax:** 0121 415 2323

**Videotel:** 0121 415 2432

**Email:** info@breakthrough-dhi.org.uk **Website:** www.breakthrough-dhi.org.uk

*Integrating deaf and hearing people through a programme of contact, information and training.*

### British Deaf Association (BDA)

1-3 Worship Street, London EC2A 2AB

**Tel:** 020 7588 3520 (voice & text) **Fax:** 020 7588 3527

**Helpline:** 0870 7703300 **Text:** 0800 6522965

**Videotel:** 020 7496 9539

**Email:** helpline@bda.org.uk **Website:** www.bda.org.uk

*The BDA is the largest national organisation run by Deaf people for Deaf people. It represents the UK's Deaf community, a community united by shared experiences, history and, above all, by a common language – British Sign Language (BSL). The national helpline provides information and advice. It also offers counselling, community advocacy and youth services.*

### Council for the Advancement of Communication with Deaf People (CACDP)

Durham University Science Park, Block 4, Stockton Road, Durham DH1 3UZ

**Tel:** 0191 383 1155 **Fax:** 0191 383 7914

**Text:** 0191 383 7915

**Email:** durham@cacdp.demon.co.uk **Website:** www.cacdp.demon.co.uk

*Provides information on training in communication skills and publishes a national directory of sign language interpreters, lipspeakers, speech-to-text reporters and interpreters for deafblind people.*

### Chailey Heritage Clinical Services

Beggars Wood Road, North Chailey, near Lewes, East Sussex BN8 4JN

**Tel:** 01825 722112

*Provides integrated services for children and young people with multiple and complex disability.*

### Change

Block D, Hatcham Mews Business Centre, Hatcham Park Mews,  
London SE14 5QA

**Tel:** 020 7639 4312 **Fax:** 020 7639 4317

**Text:** 020 7639 4326

**Email:** contact@changeuk.demon.co.uk **Website:** www.changepeople.co.uk

*An organisation of disabled people working to make information accessible to people with a learning disability and sensory loss.*

### Contact a Family

209-211 City Road, London EC1V 1JN

**Tel:** 020 7608 8700 **Fax:** 020 7608 8701

**Text:** 020 7608 8702 **Helpline:** 0808 808 3555 Mon-Fri, 10am-4pm

**Email:** [info@cafamily.org.uk](mailto:info@cafamily.org.uk) **Website:** [www.cafamily.org.uk](http://www.cafamily.org.uk)

*Helping families who care for children with any disability or special need.*

### Deaf@x Trust

Technology Centre, Bulmershe Court, The University,  
Woodlands Avenue, Earley, Reading, Berkshire RG6 1HY

**Tel:** 0118 926 0259 **Fax:** 0118 926 0258

**Text:** 0118 926 0257 **Videotel:** 0118 935 3574

**Email:** [team@deafchild.org](mailto:team@deafchild.org) **Websites:** [www.deafchild.org](http://www.deafchild.org) [www.deafax.org](http://www.deafax.org)

*The Deafax Trust is a registered charity providing free ICT, communication and literacy skills training to deaf children and adults in the UK and abroad.*

### Deafway

Brockholes Brow, Preston, Lancashire PR2 5AL

**Tel:** 01772 796461 **Fax:** 01772 654439

**Text:** 01772 652388 **Videotel:** 01722 705563

**Email:** [deafway@deafway.freeserve.co.uk](mailto:deafway@deafway.freeserve.co.uk) **Website:** [www.deafway.freeserve.co.uk](http://www.deafway.freeserve.co.uk)

*A registered charity working to achieve equality of opportunity and access for Deaf people.*

### Down's Syndrome Association

155 Mitcham Road, London SW17 9PG

**Tel:** 020 8682 4001 **Fax:** 020 8682 4012

**Email:** [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk) **Website:** [www.dsa-uk.com](http://www.dsa-uk.com)

*Provides information, support and advice to people with Down's Syndrome, their parents, carers and professionals.*

### Friends for Young Deaf People (FYD)

East Court Mansion, College Lane, East Grinstead,  
West Sussex RH19 3LT

**Tel:** 01342 323444 **Fax:** 01342 410232

**Text:** 01342 312639

**Email:** [fyd.egho@charity.vfree.com](mailto:fyd.egho@charity.vfree.com) **Website:** [www.fyd.org.uk](http://www.fyd.org.uk)

*The aim of FYD is to integrate deaf and hearing children and young people through participation on projects and training courses.*

### Forest Bookshop

Forest Bookshop Warehouse, Unit 2 The New Building, Ellwood Road,  
Milkwall, Coleford, Gloucestershire GL16 7EL

**Tel:** 01594 833858 (voice & text) **Fax:** 01594 833446

**Videotel:** 01594 810637

**Email:** [forest@forestbooks.com](mailto:forest@forestbooks.com) **Website:** [www.forestbooks.com](http://www.forestbooks.com)

*Leading mail-order specialist in books, videos and CD-ROMS about deafness, sign language and deaf issues.*

### London Deaf Access Project

1-3 Worship Street, London, EC2A 2AB

**Tel:** 020 7588 3522 **Fax:** 020 7588 3526

**Text:** 020 7588 3528

**Email:** [info@bda.org.uk](mailto:info@bda.org.uk) **Website:** [www.bda.org.uk](http://www.bda.org.uk)

*Provides advice and support to the public sector on the best way of ensuring important information is made accessible to the Deaf community. The Project produces videos in BSL with subtitles and English voice-over.*

### Makaton Vocabulary Development Project (MVDP)

31 Firwood Drive, Camberley, Surrey GU15 3QD

**Tel:** 01276 61390 **Fax:** 01276 681368

**Email:** [mvdv@makaton.org](mailto:mvdv@makaton.org) **Website:** [www.makaton.org](http://www.makaton.org)

*The MVDP provides a network of approved tutors, resources, translation and advice on the use of Makaton.*

### Mencap (The Royal Society for Mentally Handicapped Children & Adults)

MENCAP National Centre, 123 Golden Lane, London EC1Y 0RT

**Tel:** 020 7454 0454 **Fax:** 020 7608 3254

**Email:** [information@mencap.org.uk](mailto:information@mencap.org.uk) **Website:** [www.mencap.org.uk](http://www.mencap.org.uk)

*Campaigns and provides direct services for adults and children with a learning disability, and their carers.*

### Meningitis Trust

Fern House, Bath Road, Stroud, Gloucestershire GL5 3TJ

**Tel:** 01453 768000 **Fax:** 01453 768001

**Helpline:** 0845 6000 800

**Email:** [info@meningitis-trust.org.uk](mailto:info@meningitis-trust.org.uk) **Website:** [www.meningitis-trust.org.uk](http://www.meningitis-trust.org.uk)

*Provides information and support on all aspects of meningitis and meningococcal disease.*

### National Association for Special Educational Needs

4-5 Amber Business Village, Amber Close, Tamworth,  
Staffordshire B77 4RP

**Tel:** 01827 311500 **Fax:** 01827 313005

**Email:** [welcome@nasen.org.uk](mailto:welcome@nasen.org.uk) **Website:** [www.nasen.org.uk](http://www.nasen.org.uk)

*NASEN publishes a comprehensive range of high quality publications written by practitioners for practitioners. Also organises a wide range of courses for teachers and provides information on the latest developments in SEN.*

### The National Autistic Society

393 City Road, London EC1V 1NG

**Tel:** 020 7833 2299 **Fax:** 020 7833 9666

**Email:** [nas@nas.org.uk](mailto:nas@nas.org.uk) **Website:** [www.nas.org.uk](http://www.nas.org.uk)

*Services include information and support for parents and professionals, schools, a befriending scheme and a national diagnostic and assessment service.*

### National Children's Bureau (NCB)

8 Wakley Street, London EC1V 7QE

**Tel:** 020 7843 6000 **Fax:** 020 7843 6087

**Email:** membership@ncb.org.uk **Website:** www.ncb.org.uk

*Promotes the interests and well-being of all children and young people across every aspect of their lives, and advocates the participation of children and young people in all matters affecting them.*

### The National Deaf Children's Society (NDCS)

15 Dufferin Street, London EC1Y 8UR

**Tel:** 020 7490 8656 (voice & text) **Fax:** 020 7251 5020

**Helpline:** 0808 800 8880 (voice & text, open 10am-5pm Mon-Fri)

**Email:** helpline@ndcs.org **Website:** www.ndcs.org.uk

*The UK's leading organisation representing the needs of deaf children and their families. Provides information, advice and support for parents and carers of deaf children, young people and professionals, on issues relating to childhood deafness (including audiology, education, benefits and technology). This is accessible through the Helpline, specialist advisors and network of regional staff. Also manages a range of projects and leads on key policy issues relating to deaf children.*

### The National Society for the Prevention of Cruelty to Children (NSPCC)

The NSPCC Child Protection Helpline, PO Box 18222,  
London EC2A 3RU

**Helpline:** 0808 800 5000 **Fax:** 020 7825 2790/1

**Text:** 0800 056 0566

**Email:** help@nspcc.org.uk **Website:** www.nspcc.org.uk

*The NSPCC Child Protection Helpline is a free 24-hour service which provides counselling, information and advice to anyone concerned about a child at risk of abuse. A qualified social work counsellor will listen to your concerns and decide with you if action is required. If appropriate, the NSPCC may contact social services, or the police.*

### Pre-School Learning Alliance

69 King's Cross Road, London WC1X 9LL

**Tel:** 020 7833 0991 **Fax:** 020 7837 4942

**Email:** pla@pre-school.org.uk **Website:** www.pre-school.org.uk

*A national educational charity. Publishes titles on a variety of subjects including play and learning, early years curriculum, special educational need and pre-school management and offers training nationwide.*

### Remark!

13 Greenwich Quay, Clarence Road, Greenwich, London SE8 2EY

**Tel:** 020 8691 0226 **Fax:** 0845 333 9583

**Text:** 020 8691 0210

**Email:** remark@remark.uk.com **Website:** www.remark.uk.com

*Produces videos with BSL, subtitles and voice-over.*

### **Royal Association in Aid of Deaf People (RAD)**

RAD Head Office, Walsingham Road, Colchester CO2 7BP

**Tel:** 01206 509509 **Fax:** 01206 769755

**Text:** 01206 577090

**Email:** info@royaldeaf.org.uk **Website:** www.royaldeaf.org.uk

*RAD promotes the social, spiritual and general welfare of deaf people. It provides deaf centres, support services, sign language interpreters, communication support, religious and cultural activities and training in sign language and deaf awareness.*

### **The Royal National Institute for Deaf People (RNID)**

19-23 Featherstone Street, London EC1Y 8SL

**Tel:** 020 7296 8000 **Fax:** 020 7296 8199

**Text:** 020 7296 8001 **Videotel:** 020 7490 1641

**Information Line:** freephone 0808 808 0123 freetext 0808 808 9000

**Fax:** 020 7296 8199 **Email:** informationline@rnid.org.uk

**Website:** www.rnid.org.uk

*The Royal National Institute for Deaf People (RNID) is the largest charity representing the 8.7 million deaf and hard of hearing people in the UK. As a membership charity, it aims to achieve a radically better quality of life for deaf and hard of hearing people. It does this by campaigning and lobbying, by raising awareness of deafness and hearing loss, by providing services and through social, medical and technical research.*

### **Scope**

Cerebral Palsy Helpline, PO Box 833, Milton Keynes MK12 5NY

**Helpline:** 0808 800 3333 **Fax:** 01908 321051

**Admin:** 01908 321047

**Email:** cphelpline@scope.org.uk **Website:** www.scope.org.uk

*Scope is a national disability organisation whose focus is people with cerebral palsy. It provides a range of support, information and campaigning services both locally and nationally in addition to opportunities in education, employment, and residential and day services.*

### **Sense**

11-13 Clifton Terrace, Finsbury Park, London N4 3SR

**Tel:** 020 7272 7774 **Fax:** 020 7272 6012

**Text:** 020 7272 9648

**Email:** enquiries@sense.org.uk **Website:** www.sense.org.uk

*Sense offers advice, help, information and support to deafblind people and their families. It has a national network and local branches, runs a holiday programme for deafblind children and adults, provides education, residential, respite and day services, can provide communicator-guides and one-to-one intervenor support and offers training and consultancy.*

### **Sign – The National Society for Mental Health & Deafness**

13 Station Road, Beaconsfield, Buckinghamshire HP9 1YP

**Tel:** 01494 816777 (voice/text) **Fax:** 01494 812555

**Email:** info@signcharity.org.uk **Website:** www.signcharity.org.uk

*Sign provides services in mental health and deafness.*

### Sign Language Bureau

Middlesex University, Queensway, Enfield EN3 4SF

**Tel:** 020 8292 1091 **Fax:** 020 8362 5360

**Text:** 020 8292 1501

**Email:** slb@mdx.ac.uk **Website:** www.bslbeam.co.uk

*Sign Language Bureau provides CACDP Registered Sign Language Interpreters and other communication support to clients throughout London and the Southeast. Internet service available nationwide.*

### Speech-to-Text Reporting Services

61 Carey Street, London WC2A 2JG

**Tel:** 020 7831 8472 (voice/text) **Fax:** 020 7831 2526

**Email:** blandhc@aol.com

*Speech-to-text reporters nationwide, specialising in conference work.*

### Triangle

Unit 310, 91 Western Road, Brighton, East Sussex BN1 2NW

**Tel:** 01273 241015 **Fax:** 01273 891595

**Email:** info@triangle-services.co.uk

*Provides training and consultancy across the UK in relation to disabled children, particularly those with communication impairments and complex needs. Triangle also provides outreach support in East and West Sussex and Brighton and Hove for children presenting severely challenging behaviour (including deaf children).*

### RNID Typetalk/BT TextDirect,

RNID Typetalk, PO Box 284, Liverpool L69 3UZ

**Admin:** 0151 709 9494

**Email:** helpline@rnid-typetalk.org.uk **Website:** www.rnid-typetalk.org.uk

Textphone users – prefix telephone number with 18001 to connect to voice phone user.

Voice phone users – prefix telephone number with 18002 to connect to text phone user.

*Alternatively hearing users contact 0800 515152 and deaf users contact 0800 959598.*

### Visual Motions

111 Wibsey Park Avenue, Wibsey, Bradford BD6 3DQ

**Tel:** 01274 678342 (voice & text) **Fax:** 01274 602158

**Email:** visual@euphony.net

*Visual Motions is a production company working with all stages of production – from development, proposals, script writing, filming and editing. They regularly produce videos for the Deaf community on education, information, training and awareness.*

## Appendix V

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