

# Deaf children and *Working Together*:

## NDCS advice to local authorities on implementing *Working Together 2013* guidance with regard to promoting the wellbeing and safeguarding of deaf children



**Please note:** the National Deaf Children's Society (NDCS) uses the term 'deaf' to mean all types of hearing loss (hearing impairment), including unilateral deafness and temporary deafness such as glue ear. We support all deaf children and young people, regardless of their level of deafness, how they communicate or what technical aids they use.

### Summary

The purpose of this document is to help managers within children's social care services implement key aspects of the *Working Together* (2013) guidance with regard to safeguarding and promoting the wellbeing of deaf children.

#### ***Working Together* sets out two key obligations on local authorities:**

- To produce **local protocols for assessment** once a child is referred into children's social care (paragraphs 62 and 63).
- To work with LSCBs and its partners to produce a **threshold document** on statutory and non-statutory assessments (paragraph 18).

#### **Why additional action for deaf children is needed**

- Deaf children are legally defined as "*children in need*" within the Children Act 1989<sup>1</sup> but research has shown that social care largely fails to consider the needs of deaf children<sup>2</sup>.
- An executive summary of a serious case review in 2011 following the death of a profoundly deaf child<sup>3</sup>, highlighted the lack of knowledge around the safeguarding needs of deaf children by all professionals involved and the importance of recognising the possible social care needs of deaf children.
- The latest inspection framework from Ofsted states that LSCBs must have an understanding of the safeguarding response to deaf and disabled children in all aspects of its functioning<sup>4</sup>.
- Analysis of serious case reviews shows that 12% involved disabled children. However, disabled children represent only 3% of children subject to child protection plans<sup>5</sup>. As stated in Safeguarding Disabled Children guidance (2009), this indicates that "*additional action*" is still needed<sup>6</sup>.

**Without specific arrangements to consider the social care needs of deaf children and provision of appropriate services, many deaf children are at risk of not achieving a satisfactory level of health or development.**

<sup>1</sup> S17(10) Children Act 1989 states that a child who is 'disabled' is a 'child in need' whilst s17(11) specifically mention deafness as an example

<sup>2</sup> Young, Hunt, Oram & Smith (2010) *The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and their families*. Available online at: [www.ndcs.org.uk/document.rm?id=4668](http://www.ndcs.org.uk/document.rm?id=4668)

<sup>3</sup> Smith, C (Independent Chair) (2011) Executive summary available online at <http://www.kirkleessafeguardingchildren.co.uk/>

<sup>4</sup> See paragraph 41 of *Framework for the evaluation and inspection of services for children in need of help and protection - review of LSCBs* (2013) by Ofsted <http://www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio>

<sup>5</sup> Brandon, M. et al (2012) *New learning's from serious case reviews 2009-2011*. Available online at: <https://www.gov.uk/government/publications/new-learning-from-serious-case-reviews-a-2-year-report-for-2009-to-2011>

<sup>6</sup> See paragraph 2.3 of *Safeguarding Disabled Children: Practice Guidance* by DCFS (2009) <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

# Contents

Summary.....	1
Contents.....	2
1. Childhood deafness - the risks it can present to a child's development and wellbeing .....	2
1.1 The important of language and communication.....	2
1.2 Risks associated with deafness.....	3
2. Where social care services fit in: The legal context and the interface with specialist support services / early intervention services. ....	3
2.1 The key legal duties on local authorities to support deaf children. ....	3
2.2 Specialist support services / Early intervention services .....	5
2.3 Existing early intervention protocols for deaf children .....	5
2.4 Early support: where children's social care can fit in .....	6
2.5 The need for social care support and action required.....	6
3. Thresholds for assessments and services .....	7
3.1 Recognising the impact of deafness and the risks it presents .....	7
3.2 Trigger points for assessments and services .....	10
4: Local protocols for assessment.....	13
4.1. Ensuring timely, transparent and proportionate assessments.....	13
4.2. Ensuring the needs of disabled children are addressed in the assessment process.....	14
4.3 Contribution from other professionals and agencies and the co-ordination of assessments	15
4.4. Ensuring the child and family understand the support available and their responsibilities...	16
4.5 Recording decisions, the child's development and progress towards outcomes .....	17
5. About the National Deaf Children's Society .....	18
Appendix 1: Quality standard protocols 20, 21 and 25 from the Neonatal Hearing Screening programme (NHSP) .....	19
Appendix 2: Summary information of thresholds for assessments of deaf children .....	20

## 1. Childhood deafness - the risks it can present to a child's development and wellbeing

### 1.1 The important of language and communication

Language and communication is critical to a child's educational / intellectual development, their ability to socialise and make friends and their ability to communicate.

For deaf children, including those with a mild hearing loss, they require additional support from parents / carers and children's services to ensure that their language and communication needs are met. Without the right support there is a risk of significant harm to their well-being which, if not addressed, will have long-term consequences to their future life chances.

Given that 90% of all deaf children are born to parents who have no experience of deafness, many parents will require specialist advice and guidance and access to services in order to support them in their parenting role and ensure deaf children reach their full potential.

## 1.2 Risks associated with deafness

Research tells us that deaf children are more likely to:

- **Experience isolation and mental health problems.** It is estimated that 40% of deaf children experience mental health problems.<sup>7</sup>
- **Underachieve educationally.** 43% of deaf children in England gained five GCSE grades (including English and Maths) at grades A\* - C in 2013, compared to 70% of children with no identified special educational needs.<sup>8</sup>
- **Live in families with low income.** In 2009 pupils where hearing impairment was the main type of special educational need were 38% more likely to be eligible for free school meals than other children.<sup>9</sup>
- **Experience child abuse.** Research studies indicate that deaf children are over twice as likely to be abused as other children.<sup>10</sup>
- **Experience bullying.**<sup>11</sup>
- **Become unemployed** as young adults.<sup>12</sup>
- **Experience family distress.** There is a higher prevalence of family distress where a child has been diagnosed with a disability.<sup>13</sup>
- **Have additional needs.** Various studies estimate that between 30% and 54% of deaf children have additional cognitive, physical and motor, social-emotional, specific learning difficulties and visual problems.<sup>14</sup> Research<sup>15</sup> has found that deaf children with additional complex needs often fail to have their deafness recognised within the services they access. It also found that often these children were not able to access specialist support services available to deaf children without additional complex needs.

## 2. Where social care services fit in: The legal context and the interface with specialist support services / early intervention services.

### 2.1 The key legal duties on local authorities to support deaf children.

#### Support to disabled children:

- Within the Children Act 1989 there is a general duty on local authorities to provide services to disabled children which “*minimise the effect of their disability and to help them lead lives that are as normal as possible*” (Schedule 2).

---

<sup>7</sup> Hindley (1993) *Signs of Feeling: A prevalence study of psychiatric disorder in deaf and partially hearing children*. Quoted in *A Sign of the Times: Modernising Mental Health Services for Deaf People* by the Department of Health (2002). Available online at

[http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/consultations/closedconsultations/dh\\_4016951](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/consultations/closedconsultations/dh_4016951)

<sup>8</sup> <https://www.gov.uk/government/publications/gcse-and-equivalent-attainment-by-pupil-characteristics-2012-to-2013>

<sup>9</sup> School Census 2009. DCSF

<sup>10</sup> Sullivan P.M., Brookhouser P, Scanlan J. (2000) Maltreatment of deaf and hard of hearing children in Hindley, P & Kitson, N.(Eds) *Mental Health and Deafness* (pp.149-184), London :Whurr.

<sup>11</sup> *Working together to Safeguard Children* states that disabled children are “specially vulnerable to bullying and intimidation” (DCSF 2010)

<sup>12</sup> Office for Disability Issues Annual Report 2008: Annex one: Indicators data reported that between 33% and 52% of deaf adults are unemployed (95% confidence intervals) compared to 20% of non-disabled adults. Figures taken from Labour Force Survey. RNID (2006) Opportunity blocked: The employment experiences of deaf and hard of hearing people reported that one in five deaf adults are unemployed compared to one in twenty of the UK labour market.

<sup>13</sup> *Parenting and Deaf Children*. A Parents' Toolkit development project 2003 NDCS/ Department of Health.

<sup>14</sup> Moores (2001) estimates the incidence of additional disabilities among deaf children to be 30-40% and Shalloo (2008) reported it ranging between 39% -54% among children with cochlear implants. Both studies are referenced in full within *Social care for deaf children and young people: A guide to assessment and child protection investigations for social care practitioners* (2011) NDCS.

<sup>15</sup> McCracken, W & Pettitt, B (2011) Complex needs, complex challenges. A report on research into the experiences of families with deaf children with additional complex needs. [www.ndcs.org.uk/document.rm?id=5643](http://www.ndcs.org.uk/document.rm?id=5643)

## The duty to assess:

- Deafness is specifically cited within the definition of a disabled child within the Children Act 1989. Deaf children are therefore recognised as **children in need** under this Act<sup>16</sup> and so meet the threshold for a statutory section 17 assessment of their needs. Although there is no specific duty to assess the needs of disabled children and their families within the Children Act, the House of Lords in *R (G) v Barnet LBC* held that such a specific obligation on children's services to assess did exist if a parent / carer or child requested this<sup>17</sup>.
- Section 17 of the Children Act allows for any services to be provided if they are necessary to "safeguard and promote"<sup>18</sup> the child's welfare.
- The Disabled Persons Act 1986 gives rights to disabled children to request an assessment of their needs by local authorities. In this assessment the carers' ability to care for the disabled person must also be considered.
- The Carers of Disabled Children Act 2000 give parents / carers of disabled children the rights to have their needs as carers assessed by a local authority where the local authority feels that they may be able to provide services to their disabled children.

## Specific services to disabled children

- Deaf children have rights under section 2 of the Chronically Sick and Disabled Persons Act 1970 for services to promote their independence and safety and to access cultural and recreational facilities as their non-disabled siblings and peers. For deaf children and young people, this can include vibrating alarms to promote independence, flashing doorbells or telephone alerting devices or loop systems to access telephony communication.

## Safeguarding law and statutory guidance

- The Children Act places a duty on local authorities to safeguard children who "*are at risk of, or likely to suffer, significant harm*". *Working Together* defines neglect (one area of significant harm) as the "*persistent failure to meet a child's basic psychological needs*". Language falls within this need as it underpins our ability to: learn; communicate; make friends; stay safe; participate; and maintain good mental wellbeing. If this is persistently neglected, this can lead to life long damaging consequences which cannot be reversed.

## Promote equality

- The Equality Act 2010 makes it unlawful to discriminate against disabled people and other protected groups in the provision of services. Public services must make **reasonable adjustments** to ensure that disabled children are not placed at a substantial disadvantage in the access to and provision of services. Within children's social care, this includes threshold and eligibility criteria, assessment procedures, and the provision of services. Where children's social care thresholds exclude certain disabled children, these children should still be able to access all other services which non disabled children can use, particularly those services run or promoted by the local authority.

## Human rights

- Deaf children, as disabled children, are also afforded key rights under the Human Rights Act 1998 and the UN Conventions on the Rights of the Child and Rights of Persons with a Disability to promote their needs to participate as full members of society and be protected from abuse. For example, the right to respect for private and family life within Article 8 of the Human Rights Act 1998 means that disabled children have the right to services and support which enable their personalities to develop and for them to function socially.<sup>19</sup>

---

<sup>17</sup> Broach,S; *Using the Law to Fight the Cuts to Disabled Children's Services*; The Council for Disabled Children

<sup>18</sup> Read, J; Clements,L & Ruebain, D. *Disabled Children and the Law*: 2006 Jessica Kingsley.

<sup>19</sup> Broach,S; *Using the Law to Fight the Cuts to Disabled Children's Services*: The Council for Disabled Children

## 2.2 Specialist support services / Early intervention services

Specialist support services provide important support to disabled children and their families in the early years. These services can be triggered by, for example:

- when disabilities are diagnosed at birth or following statutory health check ups during infancy; or
- when developmental concerns are raised by parents / carers or early years providers during a child's infancy which indicate that additional support is required.

For deaf children, these services are usually within specialist sensory / hearing support services and includes a range of professionals such as Teachers of the Deaf, specialist communication support workers and deaf instructors. Services provided can include

- advice and support to parents / carers around hearing loss, technologies and the implications for learning and language development
- work with early years providers to, for example, train existing staff or fund additional support in order that such children can access and have their needs met by such providers
- education advice and assessment of children's needs
- deliver and/or monitor communication programmes for children
- provide advice and guidance in relation to specialist equipment

Deaf children will also be receiving important services via health professionals working within audiology, ENT departments, cochlear implant teams and speech and language therapy services.

Where specialist support services feel that the support they provide is not meeting the child's needs (which may have been decided following an early help assessment) or where possible support / services have been identified as needed but can only be accessed via children's social care, a statutory assessment should be completed by children's social care to determine whether the child and their family require support.

## 2.3 Existing early intervention protocols for deaf children

It is the range of developmental and associated difficulties that deafness can bring which led to the development of the newborn hearing screening programme (NHSP) and accompanying quality standards protocols<sup>20</sup>.

Since 2005, this programme has meant that all children at birth are screened for deafness and, where a permanent hearing loss is diagnosed, accompanying protocols try to ensure that multi-agency support is provided in a timely manner to those children and their families. Protocols 20 and 21 around the notification by health colleagues of a child's permanent hearing loss to children's services and the subsequent offer of support and advice to families of deaf children via specialist sensory support services are well established.

However, protocol 25 outlining the need for an initial assessment to be offered by children's social care is largely not followed by children's social care despite the repeated recognition in legislation and guidance on the importance of multi-agency working (for example, in the Children Act 2004). These protocols are set out in full in Appendix 1.

---

<sup>20</sup> NHS Newborn Screening Hearing Programme Quality Standards. Available online at <http://hearing.screening.nhs.uk/standardsandprotocols#fileid10752>

## 2.4 Early support: where children's social care can fit in

### Case study

In one county, the specialist social worker for deaf children was moved out of the Disability team within children's social care to work within the Special Education Needs and Disability service (within Education). This was decided after it was felt that the statutory duties within the social work role were reducing the social worker's ability to visit and support children and families within the geographical area.

The social worker now works with deaf children and families referred via specialist Teacher of the Deaf colleagues in the SEND service who work with the range of deaf children requiring minimal to significant specialist support. Day to day line management is from the SEND team whilst safeguarding matters are managed by the Disability team in children's social care where regular supervision and training also takes place. Where cases are referred to children's social care the specialist worker co-works them with a colleague in the disability team.

Crucial to this role is that deaf children can access short breaks provisions for children with sensory disabilities and parents / carers can access pre-school communication support classes without the need to access additional resources via a statutory assessment. The social worker also has a small budget to provide important environmental equipment to promote deaf children and young people's safety and independence.

The social worker is now able to work with more deaf children and families and in a more preventative role, often meeting needs without the need for formal referral into children's services for a statutory assessment of need. Having the specialist social worker within this team has improved the knowledge of the social care needs of deaf children within education and has also meant that the specialist social worker has been able to identify concerns which education colleagues have not readily picked up on and has also meant that cases have been appropriately referred into children's social care when it is felt additional support is necessary.

It is important to emphasise that such a role would not have been possible without the close cooperation at a strategic level within children's services between children's social care and education colleagues and clear operational protocols that support this.

## 2.5 The need for social care support and action required

The above case demonstrates that there clearly is a role for children's social care in supporting deaf children and their families but that there are different approaches to how it can be delivered. In the above example, it is felt that the social work duties and functions are better utilised within a multi-disciplinary holistic approach along with access to a range of important services which are easily accessible to deaf children and families.

In other models of provision, which do not specifically recognise deaf children's social care needs or work in close cooperation with other already involved professionals within children's services, deaf children's social care needs often go unrecognised and formal children's social care often only respond when there are more generically recognised safeguarding concerns<sup>21</sup>.

Whilst there is clear duty on wider children's workforce to promote and safeguard the well-being of children through the Children Act 2004 and *Working Together* 2013, children's social care remain

<sup>21</sup> Young, Hunt, Oram & Smith (2010) *The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and their families*. Available online at: [www.ndcs.org.uk/document.rm?id=4668](http://www.ndcs.org.uk/document.rm?id=4668)

the key professionals tasked with important statutory assessment duties (outlined earlier) towards disabled children and families in order to promote children's wellbeing and protect them from harm.

**Additional action is required by children's social care** in light of the:

- statutory obligations on children's services discharged via children's social care;
- established multi-agency protocols (NHSP) which recognise the social care needs of deaf children; and
- research showing the additional risk factors associated with deafness and a clear lack of access for deaf children into children's social care,

**Without specific arrangements to consider the social care needs of deaf children and provision of appropriate services, many deaf children are at risk of not achieving a satisfactory level of health or development.**

### 3. Thresholds for assessments and services

Chapter 1, paragraph 18 of *Working Together 2013* states that:

*"The LSCB should publish a **threshold document** that includes:*

- *the process for the early help assessment and the type and level of early help services to be provided; and*
- *the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under: section 17 of the Children Act 1989 (children in need); section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm); section 31 (care orders); and section 20 (duty to accommodate a child) of the Children Act 1989"*

This section highlights the trigger points for assessment and service provision that are related to child's hearing difficulties. It also considers:

- a) what **reasonable steps** can be taken under the Equality Act 2010 to ensure that deaf children and not placed at a substantial disadvantage in accessing assessments and social care services.
- b) what **additional action** is required to ensure their needs are reflected in eligibility criteria and thresholds as recommended in DfE Safeguarding Disabled Children guidance<sup>22</sup>.

#### 3.1 Recognising the impact of deafness and the risks it presents

Many thresholds for disability services are framed within a defined degree of impairment or require the presence of more than one disability as a guide to impact of disability. A University of Manchester study in 2009 found that many deaf children who meet the legal threshold as a child in need did not meet the threshold to access children's social care except where there were specialist posts or teams for deaf children with clear protocols which recognised the specific social care needs of deaf children and families.

Social care thresholds often fail to recognise the potential impact of deafness for a child. The impact on the development of a deaf child with a mild or moderate hearing loss can be significant

---

<sup>22</sup> *Safeguarding Disabled Children: Practice Guidance* by DCFS (2009) <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

if they are not supported with hearing aid technology and additional input at home and in the school environments.

Therefore when considering thresholds for assessment and support, it is important to fully take account of:

- a) The impact of a hearing impairment on the child's ability to develop language and communication;
- b) The impact this then has on their ability to relate to their social world, achieve social, emotional and educational milestones and keep safe; and
- c) The impact of parenting capacity on the child's life chances particular in regard to being able to meet their child's hearing, communication and language needs.

### **The impact of deafness on parents / carers and families**

90% of deaf children are born to hearing parents who have little experience of deafness and many will experience challenging emotions following diagnosis and at various stages in their child's development. Many parents will require specialist advice and guidance around deafness and services to support them in their parenting role.

### **Deafness and neglect and emotional abuse**

*Working Together 2013* describes neglect as the “*persistent failure to meet a child's psychological needs*”. The ability to develop language and communicate is critical to meeting a child's psychological needs. Virtually all children rely on their hearing to acquire language and develop communication skills so deaf children can face particular challenges in having their psychological needs met.

Deaf children who live in households which fail to recognise their deaf child's communication needs and or fail to ensure the child has access to functioning hearing technology which the child relies on to access language are therefore particularly at risk of experiencing neglect and or emotional abuse.

### **Implications for thresholds**

It is therefore important that, when agreeing and applying thresholds for assessment and services, particular attention is paid to the child's deafness and the implications for communication and language and the impact on development, safety and welfare. Whilst not all deaf children and their families will require social care support, there must be a recognition that services may be required given the potential safeguarding risks that accompany deafness.

Of particular importance is the ability and capacity of parents / carers to communicate with their child, develop his or her language and ensure best use is made of hearing equipment by keeping appointments with audiology services and ensuring equipment such as hearing aids are worn and functioning. This is particularly critical in the early years from birth when so much language is developed forming the foundations for the child's social, emotional and intellectual development.

This equally applies to any early years provision the deaf child attends and which must make reasonable adjustments in order to meet deaf children's needs and seek advice within the local authority when they feel that they are unable to do within their existing resources.

Wherever the child's language and communication cannot be provided for this is likely to impair the child's intellectual, emotional and social development. Therefore, where communication and

language needs are neglected, it is likely that the child is experiencing or likely to experience significant harm to their development and such treatment could also constitute emotional abuse.

Access to social care is now structured within a framework of early support through early help assessments. However, a Serious Case Review in 2011 highlighted that this should not replace the use of statutory assessments required under the Children Act 1989, as the following case study shows.

**Case study: Serious case review regarding a profoundly deaf child aged 2 years 11 months<sup>1</sup>:**

This review found that “*professionals misplaced their confidence in the Common Assessment Framework working as an effective way to meet this child’s needs*” and challenged the decision not to undertake a Section 17 core assessment despite:

- Missed appointments with health services at audiology clinics
- Not being available for Teacher of the Deaf visits and visits from an interpreter to help develop good communication
- Hearing aids not being used (testing revealed only 15 hours use over a 10 month period)
- Assessments indicating delayed language, communication and play issues which were associated with inconsistent use of hearing aids and insufficient opportunities to learn and practice non verbal communication through sign.

The review noted

*“As a profoundly deaf child, the child was, by definition, a disabled child in need under s. 17(11) of the Children Act 1989. This means that the child required local authority services to enable ‘a reasonable standard of health and development’ and to ensure that the child could achieve the five outcomes in Every Child Matters”*

The review recognised the CAF is designed to facilitate early intervention such that children with additional needs and their families can receive a multi-agency package of support based on voluntary co-operation. However, it highlighted that:

*“there is a danger that the emphasis on support, additional needs and voluntarism leads professionals working in a CAF context to neglect its place at the beginning of a safeguarding continuum and to avoid referral to Children’s Social Care when parents are minimally engaged with the process and the child’s immediate wellbeing is not seen to be critically compromised.”*

In referring to support for deaf children the review commented that compared with audiology and education “*it is far less likely that social care specialists will recognise and respond to their social and emotional needs.*”

A key learning point in the review was:

*“the importance of recognising parental neglect which may not obviously present to professionals as a safeguarding issue and as having significant long-term effects on a child’s wellbeing and development, but which may nevertheless affect a child’s life chances. The professionals most closely involved in providing support to this mother and her child did not identify a parental failure to keep appointments and to ensure that the child wore hearing aids as constituting neglect.”*

## 3.2 Trigger points for assessments and services

This section considers trigger points for assessment and services that relate to a child's hearing difficulties.

### Early help assessments (e.g. Common Assessment Framework)

#### *Trigger for early help assessment*

Support should be offered in line with **protocol 21** within the **NHS Neonatal Hearing Screening programme** which has been in place for many years. All diagnosed children with a permanent deafness / hearing loss and their families are offered an assessment by specialist early help professionals to offer advice, information and support on meeting their child's needs.

For deaf children these are likely to be undertaken by Teachers of the Deaf within specialist sensory support services who are the main professional supporting deaf children and their families after notification of diagnosis from health. Early intervention assessments could include advice from a specialist speech and language therapist skilled with deaf children. Where such professionals exist, advice from children's social care could assist.

Thus, all children diagnosed as deaf or with a hearing loss should **at least** receive an early support assessment which looks at the child and family needs.

#### *Early support services*

Services related to a child's hearing difficulty that may be triggered upon identification include:

- Provision of information on childhood deafness, communicating with and supporting a deaf child, the availability of services, disability benefits, voluntary organisations, parent support groups
- Support from specialist Teacher of the Deaf
- Support from speech and language therapist
- Audiology services
- Access to advice and training on communicating with your deaf child
- Help with getting to health / audiology clinic appointments
- Access to equipment such as radio aids to promote communication and language
- For a child in the early years, a 0-2 years placement with an early years education provider who is able to develop language and communication skills

### Child in need (section 17) assessment

#### *Triggers for child in need statutory assessment*

The trigger for a child in need assessment that relate to a child's hearing difficulties include:

- a) Where it is felt that the support to a deaf child and their family through an early intervention assessment is not achieving the expected outcomes for the child, including the child's language and communication development. For example, where the child's language development is assessed as being below that normally expected for a deaf child of the same age and with similar cognitive abilities.
- b) Where the child's has other disabilities or difficulties that together will present further complex challenges to their wellbeing and development.

- c) Where there are concerns about the capacity of parents / carers to meet the needs of their deaf child. For example: (i) where there is minimum engagement; (ii) where appointments with audiology services, Teachers of the Deaf, speech and language therapist are being missed; (iii) where hearing technology is not being worn or maintained properly; and (iv) where there is failure to attend to the child's communication and language needs.
- d) Where it is felt that specialist advice and support is required for a deaf child and their family by children's social care from a professional with skills in deafness / hearing loss to accurately assess / advise and plan for possible support services.
- e) Where parents / carers accept a referral for a statutory assessment via early intervention professionals (in line with existing NHSP protocol 25).
- f) Where parents / carers formally request a statutory social care assessment of their child under section 17(11) of the Children Act 1989.
- g) Where an assessment for an Education, Health and Care Plan has been triggered because the child may require special education provision. Therefore, social care should consider offering the child / family a statutory social care assessment to appropriately assess whether there are any social care needs.
- h) Where provision or assessment of equipment needs which may support deaf children at home or in the community can only be made via children's social care.

### *Children in need services*

Children in needs services may include those listed in paragraph 4.3.4 above plus:

- a) Access to a social worker trained to work with children and families who has:
  - an understanding of the complexity and variety of linguistic and psychosocial developmental challenges deaf children can face
  - an awareness of deaf cultural identity and its implications for deaf children and their families
  - experience of the range of "normal" developmental trajectories of deaf children
  - an ability to recognise and assess the strengths and needs of individual deaf children within their particular familial and social environments

### **Consider**

Where there are currently no specialist social care practitioners, NDCS suggests that children's social care services could identify an existing social care practitioner who could develop this role with appropriate access to on-going training. Alternatively, they could consider utilising specialist practitioners from neighbouring local authorities through spot purchasing arrangements or by creating a regional specialist practitioner who could work across authorities.

- b) Access to appropriately trained communication support workers or qualified interpreters to ensure effective communication with the child in their preferred mode of communication (for example, qualified British Sign Language (BSL) interpreters if the child's communication preference is BSL)
- c) Access to short breaks

### **Example 1: Referral for a section 17 child in need assessment**

A single parent with a 3 year old deaf child diagnosed at birth has been occasional missing routine audiology appointments and is often losing their child's hearing aids. The parent does appear to recognise the value of promoting the child to use the aids these but when they are visited the child is not consistently wearing them although the nursery report the child is happy to wear them there. A Team around the Child have not led to the outcomes expected for the child.

## **Safeguarding concerns (Section 47) assessment (where there are concerns that a child is suffering or likely to suffer significant harm)**

### *Trigger for section 47 assessment*

Triggers relating to a child's deafness that would trigger a section 47 assessment include concerns that the child may be suffering significant harm or at risk of suffering significant harm due to parents / carers consistently failing to provide the expected level of care necessary to support and promote the child's language and communication needs following either the provision of additional service support to parents / carers to achieve this or by a refusal by parents / carers to accept the additional support that the child needs. Such decisions, which have important implications for both the child and parents / carers, should be informed by specialist professionals who understand the impact that deafness can impact on a child's development.

#### **Example 2: Initiate section 47 enquiries**

Parents care for a 5 year old child with a profound hearing loss. Parents frequently do not attend routine audiology appointments and there is no observed or verbal evidence of parental support to promote any communication with the child through either speech or signed communication. The child is showing significant development delay in speech production which parents dispute.

### *Children in need of protection services*

Services related to a child's deafness could include those listed earlier. Of particular importance would be:

- a) Access to an appropriately trained social worker with an understanding of childhood deafness
- b) Establishing the child's communication preferences and provision of appropriately qualified interpreters if the child's preference is signing
- c) A child protection plan which clearly set out how the child is to be supported in developing language, communication and social skills
- d) Access as required to therapeutic and specialist mental health services with the required qualified communication support

## **Section 20 (duty to accommodate) and Section 31 (care orders)**

### *Triggers for section 20 and section 31 interventions*

A range of factors are likely to determine whether such interventions are required. The ability and/or the level of engagement of parents / carers in meeting the communication, language and social and emotional needs of a deaf child is likely to be a critical factor in the decision making process. Such decisions would need to be informed by:

- An appropriately trained and skilled social worker
- The views of the child who is able to express these views in their preferred mode of communication with access to appropriate qualified interpreters where they use sign language

Before a decision is reached regarding the suitability of a placement, whether it is following a planned or emergency intervention, the social worker must recognise that not meeting the child's communication needs can in itself present its own safeguarding risks to the child, in terms of not being able to communicate any potential abuse and the emotional impact of not having ready access to communicate their wishes and feelings, and make decision in light of these being fully analysed.

## Services for deaf children who become looked after

It is likely that the child and carers will require elements of the support outlined earlier. They may also require therapeutic support. All efforts should be made to place a child where they can effectively communicate their wishes and feelings to:

- appropriately skilled carers
- their peers
- their family where deemed appropriate
- where there is an appointed independent visitor
- where there is an advocate

## 4: Local protocols for assessment

*“Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children’s social care and be consistent with the requirements of this statutory guidance.” (Working Together 2013 Chapter 1 paragraph 62)*

This section sets out what factors related to a child’s deafness need to be considered when developing and implementing local protocols for assessment.

Paragraph 63 of Chapter 1 of *Working Together* sets out key requirements for the protocol. This section provides advice on how these requirements can be met with regard to the assessment of deaf children. *Working Together* states that: *“the local protocol for assessment should:*

- a) ensure that assessments are timely, transparent and proportionate to the needs of individual children and their families;*
- b) set out how the needs of disabled children, young carers and children involved in the youth justice system will be addressed in the assessment process;*
- c) clarify how agencies and professionals undertaking assessments and providing services can make contributions;*
- d) clarify how the statutory assessments will be informed by other specialist assessments, such as the assessment for children with special educational needs (Education, Health and Care Plan) and disabled children;*
- e) ensure that any specialist assessments are coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes;*
- f) seek to ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child’s outcomes;*
- g) require decisions to be recorded in accordance with locally agreed procedures. Recording should include information on the child’s development so that progress can be monitored to ensure their outcomes are improving.”*

### 4.1. Ensuring timely, transparent and proportionate assessments

(paragraph 63(a) of *Working Together*)

Section 3 of this document contains detail of when different types of assessment may be required for deaf children.

## **4.2. Ensuring the needs of disabled children are addressed in the assessment process**

(paragraph 63(b) of *Working Together*)

Detailed guidance on the questions to be asked and areas to be explored that are specific a child's deafness under each of the three domains of the joint assessment framework can be found in *Social Care for Deaf Children: A Guide to Assessment and Child Protection Investigations* (available at [www.ndcs.org.uk/document.rm?id=5771](http://www.ndcs.org.uk/document.rm?id=5771)).

Central to the assessment is the child's language and communication needs and the extent to which they are being met and the implications if they are not. Assessments will therefore need to consider:

- whether their language is developmentally appropriate or delayed and, if delayed, an analysis of what are the contributing factors than can explain this
- how these needs are being supported by the child's family / extended family. If not what are reason for this
- the strengths in terms of communication within the family / wider family / community.
- what statutory / voluntary services are currently supporting the child. For example, audiology support / Teacher of the Deaf visits / SEN support in school / parenting groups
- what services that the child / family may wish to access
- what support is felt needs to be provided by parents / carers
- what services could be immediately recommended without the need for an assessment and those services which may be identified following the outcome of the assessment

Deafness will contribute significantly to a child / young person's psychosocial development, identity and social and emotional well-being. There are many factors affecting this and can include:

- how the deaf child is viewed and supported within the family, the school and other environments
- the deaf child's attachment experience to key care-givers
- the ability for a deaf child to meet with other deaf children and other children
- access to a rich language environment that is within the usual cognitive abilities of the deaf child
- access to information that is readily accessible in the wider culture

It is also important to be aware that deafness can impact on:

- working memory
- processing time
- attention and concentration
- incidental learning
- auditory memory
- learning style

### **Competence of staff undertaking the assessment**

To ensure deaf children are not placed at a substantial disadvantage in having their needs accurately assessed, it will be reasonable for assessments to be advised by a social worker who is trained to work with children and families who has:

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

### **Enabling the deaf child to contribute to the assessments and express their views**

It is also critical that the child can express their views, wishes and feelings in their preferred mode of communication. Therefore, in respect to all situations of assessment or investigation, the LSCB should ensure procedures and practice are being executed according to the following principles:

- a) That a means exists to establish and assess the language preferences and communication strengths and needs of the deaf child
- b) That, having established the child's preferred medium of communication, any assessment, safeguarding or child protection procedures are undertaken in accordance with this preference
- c) That it is the child's communication strengths, needs and preferences that dictate how the child is engaged, rather than the level of skills / experience or expectations of the others involved
- d) Where a specialist communication professional is required (e.g. sign language interpreter) that the procedures for their employment are clear, including who has budgetary responsibility for paying for professionals who are spot purchased
- e) That a clear understanding exists of the different kinds of communication professional that may be available (e.g. lip speakers, deaf relay interpreters) and a means to match required professional skills to particular situations (e.g. is a register held of sign language interpreters, deaf blind interpreters and lip-speakers?)
- f) That there are established standards of minimum qualifications and appropriate training / experience permitted to undertake work (e.g. Member of the Register of Sign Language Interpreters with child protection training)<sup>23</sup>.

### **4.3 Contribution from other professionals and agencies and the co-ordination of assessments**

(paragraph 63(c)-(e) of *Working Together*)

Local authorities and LSCBs and their partners will have developed their own processes for co-ordinating assessments for disabled children. With regard to the child's hearing difficulties the following professionals can make an important contribution to the assessment subject to agencies gaining necessary consent and children and parents with parental responsibility understanding when information may have to be shared when they are safeguarding concerns.

- a) Audiology services: Audiologists can provide information on:
  - levels and types of hearing loss,
  - age of diagnosis and the implications;
  - the hearing equipment the child needs and the extent to which it is being used;
  - the child's functional hearing with their hearing aid(s)
  - the extent to which the child is attending appointments; and
  - the extent to which the equipment is being maintained by the family

<sup>23</sup> For further information see page 11 of the Audit Framework for LSCBs developed by the University of Manchester and published by NDCS. Available online at: [www.ndcs.org.uk/document.rm?id=5298](http://www.ndcs.org.uk/document.rm?id=5298)

b) Cochlear implant centres (CICs) can provide information on:

- the child's hearing loss, language and communication
- the potential benefits the child should be getting from their cochlear implant and the support in the home and education settings required to realise those benefits.
- the child's functional hearing with their cochlear implant(s)
- Reports may be available from professions working in the CICs such as the Ear Nose and Throat consultant, audiologist, Teacher of the Deaf, psychologist or speech and language therapist.

c) Teacher of the Deaf Services: The child's Teacher of the Deaf can provide information on:

- the child's skills in language and communication and the extent to which progress is being made
- progress at school / nursery and relationships with other children
- strategies used to support teaching and learning and promote emotional health and wellbeing in education settings
- the extent to which parents are engaged in and able to support their child's language development and communication needs particularly in the early years
- communication used in the education setting (which may not always be the child's preferred model)

d) Speech and language therapist: The therapist can provide information on the child's language development and communication skills, their progress in these areas and the support required to improve outcomes

e) Specialist deaf child and adolescent mental health services can provide advice on the assessment and therapeutic plan that they are working with the deaf child / young person and their carer / carers. They may also offer important advice to other professionals supporting the deaf child and family which will support the therapeutic plan in order to minimise or reduce the identified emotional and behavioural difficulties

#### **4.4. Ensuring the child and family understand the support available and their responsibilities**

(paragraph 63(f) of *Working Together*)

##### **Support for deaf children and their families**

As set out earlier, it is important that support is explained to a deaf child in their preferred mode of communication and to the parents if they are deaf.

Families of deaf children are most likely to want to know about the following support and services related to their child's deafness and how to access them, including eligibility criteria and any appeal mechanisms:

- a) Support on communicating with your child and developing their language
- b) Early years provision
- c) Speech and language therapy
- d) Support from a Teacher of the Deaf
- e) Disability Living Allowance
- f) What reasonable adjustments they can expect providers of services to make so that their deaf child is not placed at a substantial disadvantage when accessing education, health, social care and community facilities

- g) Help in attending clubs and activities (for example, learning to swim, youth clubs, after school activities)
- h) Hearing equipment such as radio aids and access technology such as smoke alarms
- i) Deaf role models
- j) Parent support groups and voluntary organisations
- k) Specialist education provision for children with a hearing impairment
- l) When appropriate, the availability of specialist deaf child and adolescent mental health services
- m) When appropriate, details of advocates with experience of support deaf children or families with deaf children.

### **Ensuring parents understand their responsibilities**

Parents / carers should be given clear and impartial advice about what they can do to support or facilitate their deaf child's language development and communication given the approach to communication they have chosen to adopt. This could include ensuring attendance at appointments with maintenance of hearing aids and encouraging their child to use.

Such advice should be given in a sensitive manner which promotes the existing abilities of parents / carers' and which also recognises the importance that parents / carers' also make time to simply enjoy and interact with their children without always a focus on the child having to learn something as a result of their deafness.

Parents / carers' should also be empowered to ask for support when necessary and be expected to receive sympathetic response from agencies they contact and who understand the challenges that parenting a deaf child can bring. They should also have clear information about the services they contact and what they may be able to support them / their children with.

### **Ensuring children understand their responsibilities**

Depending on the child's capacity, parents / carers and professionals should always try encourage deaf children to take some responsibility for their own communication needs wherever possible. This could be them needing to wear and look after their hearing aids or encouraging them to ask for information to be repeated if they do not understand what has been said / signed to them. With increasing age can also come the knowledge of the rights that deaf children have to be included and get information that is accessible to them and how they can identify this and take steps to ask for this in different settings.

## **4.5 Recording decisions, the child's development and progress towards outcomes**

(paragraph 63(g) of *Working Together*)

Information related to the child's hearing difficulties:

- Deafness profile including the degree of deafness, the cause of deafness and any other related disabilities and the implications this has
- Preferred mode of communication of the child and what is used in school and the home
- Language levels and the extent of any delay
- Outcomes related to developing the child's communication and language and progress towards those outcomes
- Outcomes related to the child's social skills and relationships with others and progress
- Strategies and support to help the child achieve those outcomes
- What services if any are currently supporting this

- Whether this is supported at home / school (for example, is the use of hearing aids being encouraged, what extent are hearing aids being used, are parents able to sign to their deaf child who uses BSL and so on)
- Attendance at routine of medical appointments particularly at audiology clinics.

## **5. About the National Deaf Children's Society**

NDCS has also produced advice to LSCBs on Working Together available at [www.ndcs.org.uk/WorkingTogether](http://www.ndcs.org.uk/WorkingTogether).

The National Deaf Children's Society (NDCS) is the leading charity dedicated to creating a world without barriers for every deaf child. NDCS helps deaf children thrive by providing impartial practical and emotional support to them and their families, and by challenging governments and society to meet their needs. 95% of our work to help deaf children is funded by the public. For more information about our work, if you have any questions or requests or would like to discuss how NDCS can with you to improve support for deaf children in your area, please email [professionals@ndcs.org.uk](mailto:professionals@ndcs.org.uk).

## Appendix 1: Quality standard protocols 20, 21 and 25 from the Neonatal Hearing Screening programme (NHSP)

Stage	Criteria Protocol	Target Performance Indicator	Objective	Responsibility to deliver
<b>Habilitation support</b>	<b>20) Informing education / Support Services</b>	<p>a) Children's Services (usually education) are notified within one working day of confirmation of PCHI (permanent childhood hearing impairment)</p> <p>b) Families are offered a visit within two working days of contact (year round).</p>	To give families immediate appropriately skilled and knowledgeable support	Lead audiological clinician to inform the relevant contact in Children's services and enter Professional Contacts on eSP. The relevant designated manager of the appropriate service is responsible for ensuring that families are contacted and that a contact service is available on a 52 week basis.
<b>Habilitation support</b>	<b>21) Availability of early support</b>	All families of babies with confirmed PCHI are provided with an explanation of the full range of support available and are given the Early Support publications: 'Helping you choose: making informed choices for you and your child' and 'Information for Parents: Deafness'	To ensure families have information of the full range of support available both locally and on a national basis	<p>The Teacher of the Deaf/Early Intervention support * professional is responsible for offering support for the family including a wide range of information and contacts and by undertaking appropriate assessment of child and family needs.</p> <p>(* Early Intervention team should include a Teacher of the Deaf qualified in early years and a specialist Speech &amp; Language therapist skilled with deaf children)</p>
<b>Social care</b>	<b>25) Access to social care support</b>	The social care needs of all families with a deaf child should be reviewed as part of an initial assessment by the Lead Professional. In all areas there should be available a member of Social Care staff, with appropriate expertise in working with deaf children and their families to respond to the identified needs.	The social care needs of the whole family are appropriately addressed	The Lead Professional in partnership with other members of the early intervention team. Local Children's services to ensure a mechanism exists by which an appropriately qualified Social Care Professional can be made available.

## Appendix 2: Summary information of thresholds for assessments of deaf children

Type of assessment	Trigger for assessment and support	Requirements	Services that may be provided
Early help assessments	Child diagnosed with a significant hearing loss. This would include all those with a moderate to profound hearing who require audiological interventions. However, mild loss can have adverse impact on outcomes and professional judgment will be required considering this group.	<ul style="list-style-type: none"> <li>• Lead professional has an awareness of relevant safeguarding issues re: deaf children</li> <li>• Awareness of services which can support social care needs of deaf child / family</li> <li>• Multi-disciplinary links with health e.g. audiology / speech and language to ensure clear understanding of child's language and communication needs and how parents / carers are</li> <li>• Close links to specialist advice within children's social care on needs of deaf children</li> </ul>	<ul style="list-style-type: none"> <li>• General advice on education / communication / audiology</li> <li>• Parenting sign language classes (open access)</li> <li>• Refer to genetic counselling</li> <li>• Regular home visit by Teacher of the Deaf</li> <li>• Refer to family centre / Sure Start</li> </ul>
s17 Child in Need	<ul style="list-style-type: none"> <li>• If requested by parents / carers as per legislative requirement and established case law.</li> <li>• If there is reason to believe parents / carers unable to provide the support required for the child to reach age appropriate developmental milestones – particularly in relation to language and communication</li> <li>• If the local authority policy is only to provide services to the child / family after a statutory s17 assessment is undertaken.</li> <li>• Formal request by parent / agency at transitions / or from an EHC assessment.</li> </ul>	<p>Specialist trained social care practitioner is able to assess the parenting capacity particularly the ability of parents / carers to meet the child's language &amp; communication</p> <p>To coordinate assessment with other involved professionals to gain specialist advice e.g. audiology / education / SALT</p> <p>To be the lead professional to produce and review child in need plan.</p>	<ul style="list-style-type: none"> <li>• Environmental equipment (under CSDP Act 1970)</li> <li>• Parenting sign language classes</li> <li>• Specialist family support to family on individual basis</li> <li>• Direct payment / individual to access social activities with additional one to one support e.g. sign language interpreter</li> <li>• Transitions assessment</li> <li>• EHC contribution</li> </ul>

Type of assessment	Trigger for assessment and support	Requirements	Services that may be provided
s47 investigation	Similar triggers as all children but consideration of significant harm due to parents / carers consistently failing to provide the expected level of care to meet the child's language and communication needs, following either the provision of additional services to support to parents / carers to achieve this <i>or</i> by a refusal by parents / carers to accept the additional support that the child needs (for example, persistent neglect of audiology appointments or using hearing aid equipment)	<ul style="list-style-type: none"> <li>Specialist trained social care practitioner either leads or co-works with mainstream child protection worker who themselves has deaf awareness training.</li> <li>That protocols are clearly established to ensure that the child's communication needs are met and there are formal arrangements already in place with appropriate sign language interpreters so that assessments are responded to</li> </ul>	<ul style="list-style-type: none"> <li>Child protection plan which provides a range of support to child / family / extended family to promote wellbeing / reduce risks</li> <li>Short break/direct payment to promote social needs of child</li> <li>Parenting support</li> <li>Equipment support to promote independence / safety</li> </ul>
s20	Similar triggers as all children including whether there has been thorough assessment as to the possible as to reasons why this is being requested by parents / carers and whether this can be averted with immediate social care services if this is felt to be the best option for the child	<p>All steps must be taken to establish the child's wishes and feelings through meeting the child's communication needs. This should be carried out by a suitably qualified social worker who has built up a relationship with the child and has the necessary communication skills.</p> <p>It may require a suitably skilled interpreter who works with children to assist in this task.</p>	<p>Significant short break though:</p> <ul style="list-style-type: none"> <li>Foster care</li> <li>Kinship care</li> <li>Residential placement at school if child already attends there.</li> <li>Short break unit</li> </ul> <p>Foster care</p> <p>Kinship care</p>