

Deaf children and *Working Together*:

National Deaf Children's Society (NDCS) advice to Local Safeguarding Children Boards (LSCBs) on the social care needs of children and young people who are deaf when developing or reviewing their threshold policies



Please note: The term 'deaf' applies to all children who have a hearing loss or impairment, regardless of their level of deafness, how they communicate or what technical aids they use.

Summary

The purpose of this document is to advise LSCBs of the particular social care and safeguarding needs of deaf children and young people when reviewing their threshold policies so that their welfare is promoted and they are protected from harm. This is a requirement of the *Working Together* (2015) guidance¹.

It should also help the LSCB ensure its threshold policies:

- a) meet the requirements of the Equality Act 2010 in terms of:
 - ensuring that deaf children are not placed at a substantial disadvantage when accessing safeguarding services.
 - promoting equality for disabled children.
- b) meet the requirements of the latest Ofsted inspection framework which states that LSCBs must have an understanding of the safeguarding response to deaf and disabled children in all aspects of its functioning².
- c) reflects the requirement to take "additional action" for disabled children as described in the government's guidance *Safeguarding Disabled Children* (2009)³.

It does this by:

- a) briefly describing the impact of deafness on the child development and wellbeing.
- b) describing the particular vulnerability of deaf children to neglect and emotional abuse.
- c) highlighting some key findings of a serious case review into a deaf child.
- d) setting out government standards for supporting deaf children following diagnosis.
- e) describing the implications for defining thresholds for assessment.

Impact of deafness on child development and wellbeing

Most children develop language, communication, learn, socialise, develop emotionally and develop personal safety skills through hearing. Having a hearing loss therefore presents complex challenges for children and those who care for and educate them.

However, deafness is not in itself a learning difficulty and, with the right support, there is no reason why deaf children should not achieve the same developmental, educational, social and economic outcomes as other children and young people. Despite this, national statistics and

¹ www.gov.uk/government/publications/working-together-to-safeguard-children--2

² 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

³ *Safeguarding Disabled Children: Practice Guidance* by DCFS (2009) <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

research show that deaf children are at far greater risk of abuse⁴, experiencing mental health difficulties⁵, not achieving key developmental milestones in the early years⁶, underachievement at school⁷ and unemployment as young adults⁸.

Even though deaf children are at greater risk and in need of additional support, research by Manchester University in 2009 found many deaf children were not able to access social care services that they were legally entitled to as disabled children⁹. Based on NDCS's contact with families, this is still the experience of many families with deaf children throughout England.

Support to families with deaf children in the early years is especially crucial. Language and communication is critical to a child's intellectual development, their ability to socialise and make friends, develop emotionally and keep safe. Parents play a critical role in developing their child's language and communication as most language is developed between the ages of 0-3 years.

However, 90% of deaf children are from families with no first-hand experience of deafness¹⁰. Many of these families therefore need additional support in order for their child to achieve good outcomes.

Vulnerability of deaf children to neglect and emotional abuse

Neglect

Working Together defines neglect as “*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.*”

If a deaf child's language and communication development is persistently neglected in childhood, this can lead to life-long damaging consequences which cannot be reversed.

Deaf children in families where parents are already struggling to meet the language needs of their hearing children by providing an inadequate communication and language home environment are particularly at risk of experiencing neglect. This risk is compounded if the parents are unable to ensure their child's hearing equipment is worn and functioning properly and/or are unable to keep their child's appointments with audiology clinics. Young deaf children require frequent monitoring and assessment by audiology clinics so that hearing aids can remain effective for a growing child. Unless this happens, hearing aids become ill-fitting, fall out and may not be finely adjusted to meet the child's hearing needs.

⁴ Research studies indicate that deaf children are over twice as likely to be abused as other children. 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.

⁵ It is estimated that 40% of deaf children experience mental health problems. 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

⁶ See www.ndcs.org.uk/data.

⁷ 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. See www.ndcs.org.uk/data.

⁸ 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.

⁹ 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

¹⁰ Rawlings B.W. & Jensema C (1977) *Two Studies of the Families of Hearing Impaired Children*. Office of Demographics, Washington DC Gallaudet University

Emotional abuse

There is also a relationship between this neglect and emotional abuse as the development language and opportunities to communicate is an important aspect of a child's social and emotional wellbeing. *Working Together* states that emotional abuse may include *“not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate... limitation of exploration and learning or preventing the child participating in normal social interaction”*. There is a clear relationship between these aspects of emotional abuse and the failure of families to attend to a deaf child's hearing, communication and language needs.

Emotional abuse may also stem from a poor emotional connection (attachment) between a parent or carer and their child (Riggs 2010)¹¹. The difficulties of communication between parents and their deaf child is therefore a risk factor that also needs to be considered.

Implications of a 2011 serious case review and thresholds for deaf children

A serious case review¹² into a death of a 2 year old deaf child raised a number of issues with regard to the application of thresholds. The review stressed that it was *“important to recognise that deaf children may be particularly vulnerable in terms of their emotional and social wellbeing and life chances”* and criticised the decision not to conduct a statutory social care assessment despite:

- *“The child was frequently observed not to be wearing hearing aids, which were important for enabling the development of language, communication and learning skills... Professionals noted that the mother did not ensure the child's use of hearing aids, she missed important clinic appointments and her availability for home visits by the Advisory Teacher for the Hearing Impaired, the sign tutor and HV3 (health visitor) was unreliable”*.
- *“The child's hearing aids had been tested in December 2009, which indicated that between February and December 2009 they had been switched on for a total of only fifteen hours.”*
- *“Professionals had identified the child as having delayed language development, communication and play skills associated with the lack of consistent hearing aid use and insufficient opportunities to learn and practice non-verbal communication through signing.”*
- There being *“no evidence that professionals actively challenged the mother about her continuing failure to ensure the child wore hearing aids, her inconsistent attendance at out-patient appointments and the child's irregular nursery attendance.”*

The findings and conclusions from the review included the following:

- *“Social workers and managers in Children's Social Care should have been much more proactive in recognising the need for a core assessment under s. 17 of the Children Act 1989 in this case.”*
- *“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.”*

¹¹ Riggs, S. A. (2010) Childhood emotional abuse and the attachment system across the life cycle: what theory and research tell us. *Journal of Aggression Maltreatment and Trauma*, 19(1): 5-51. Quoted by NSPCC http://www.nspcc.org.uk/Inform/research/briefings/emotionalabuse_wda48215.html

¹² Smith, C (Independent Chair) (2011) Executive summary available online at <http://www.kirkleessafeguardingchildren.co.uk/>

- *“The Common Assessment Framework professionals did not identify precise outcomes for the child, for example consistent use of hearing aids, presentation for all hospital out-patient appointments and regular nursery attendance, which would have allowed evaluation of how far they had been achieved. Similarly, the CAF professional group did not identify contingency plans about action which should be taken if these outcomes were not achieved within an agreed timescale. This led to a lack of focus in CAF meetings and uncertainty about the point at which a referral should be made to Children’s Social Care for a core assessment under s.17 of the Children Act 1989.”*

Implications for thresholds policies

To meet the needs of deaf children and young people we recommend that threshold policies ensure that:

1. Parents / carers receive information and advice on the importance of language and communication to their child’s development and how they can help.
2. Parents / carers receive support in developing their child’s language and communication from the point of diagnosis of the hearing loss.
3. Any assessment (including a CAF or section 17 assessment) must pay particular attention to the capacity of the parents / carers to support the development of language and communication. This requires the involvement or access to a trained practitioner who are aware of the developmental needs of deaf children and potential safeguarding factors.
4. There should be a clear focus on achieving key outcomes / targets such as the level of communication and social interaction between members of the family and the child, the use and maintenance of hearing equipment, keeping appointments at audiology clinics, the development of language and the pace of progress compared to expected trajectories for deaf children, the level and quality of social interaction with other children.
5. There needs to be contingency plans for taking action if these outcomes are not being achieved.
6. If there are doubts about the capacity of parents / carers then a full section 17 assessment is required.
7. If there are concerns that a child’s hearing and support for language and communication is being consistently neglected (for example, not wearing hearing aids, missing audiology appointment, lack of communication in the home), there is a risk of significant harm to a child’s intellectual, social and emotional development and a section 47 assessment is required.

Statutory assessments should be undertaken by or at least informed by a qualified social work with knowledge of childhood deafness and its implications who has had experience and development skills in assessing deaf children and planning support.

Suggested threshold / trigger points for each assessment

Early help assessments (for example, use of the Common Assessment Framework)

- The trigger for early help assessment would be a diagnosis of a hearing loss by an audiologist. Support should be offered in line with the government’s **NHS New-born Hearing Screening programme standards** with regard to early intervention and support, habilitation and social care support (details given in appendix 1). All diagnosed children with a permanent 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. Early intervention assessments could include advice from a Teacher of the Deaf qualified in early years and a specialist speech and language therapist skilled in working with deaf children.

Section 17 assessment (child in need)

- Where it is felt that the support to a deaf child and their family via Early Assessment services is not achieving the expected outcomes for the child (including the child's language and communication development). This may be due to the resource capacity of agencies or the difficulties in areas of parenting capacity; *or*
- Where it is felt that specialist social care advice and support is required from a professional with knowledge of deafness / hearing loss in childhood and the experience and skills to accurately assess needs and and plan for possible support services; *or*
- Where parents / carers formally request a statutory social care assessment of their child under section 17(11) of the Children Act 1989; *or*
- Where a child is being assessed for an Education Health and Care Plan.

Section 47 and Section 31

The trigger for both section 47 and 31 assessments is very similar with section 47 allowing where there is reason to suspect that the child may be at risk of significant harm and for a section 31 application where the local authority has clear evidence that the risk has occurred and remains.

For deaf children, these must be based also on a clear understanding of the potential safeguarding / risk factors that accompany deafness, as outlined above. This has implications for staff working with deaf children outside of children's social care in recognising where there may be safeguarding concerns and for children's social care where there must be the expertise to be able to assess when intervention / action is required.

Section 47 (suspect children suffering or likely to suffer significant harm)

- A section 47 investigation should be initiated where there are concerns that the deaf child may be at risk of significant harm or suffering significant harm due to parents / carers consistently failing to provide the expected level of care to meet the child's hearing, language and communication needs. This can be 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.

Section 31 (Care orders)

- Evidence must be based on clear measurable objectives (e.g. within child protection plans) which must be assessed by specialist practitioners / involved professionals in order to evidence that care being provided is not meeting the language and communication needs of the child and thereby failing to reduce the risks to the child's welfare in terms of neglect and emotional abuse.

These could include;

- how often hearing aids have been switched on - obtained through the child's audiologist.
- parental attendance at required health appointments for the child / specialist communication support sessions for the parent(s).
- observation over time of communication and interaction between the parent / child.
- parental facilitation of the child to socialise with other deaf children where there are opportunities.
- wishes and feeling of the child is fully established with, for example, an independent advocate.

Section 20 (Duty to accommodate)

- Before this is considered, a thorough assessment by a specialist social care practitioner must be undertaken to establish whether additional section 17 support services can be provided instead to meet the identified needs of the deaf child and their parents / carers (e.g. an overnight short break option).
- The assessment may determine that a request by parents / carers for accommodation may have arisen where there has been a lack of accessible services in the community to meet the language needs of the deaf child – and so should consider whether additional action can be taken to remedy this.
- Where the education needs of the deaf child require a placement at a specialist residential school, the child becomes accommodated within section 20. Children's social care will have to monitor the placement and must consider at all levels how the setting is meeting the child's needs in terms of their language and communication. The social worker will need to ensure that a suitably qualified independent visitor who can communicate with the child is provided and that the child is offered an independent advocate who similarly can communicate with them.

Case study examples

Referral for section 17 child in need assessment

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

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.

Other useful information to support implementation of this advice

We have produced a range of additional resources for assessing practitioners and managers to support implementation of this advice. This includes;

- *Social care for deaf children and young people. A guide to assessment and child protection investigations* (2011). Available at: <http://www.ndcs.org.uk/document.rm?id=5771>
- NDCS Audit tool for LSCBs duties and functions with respect to deaf children (2010). Available at: <http://www.ndcs.org.uk/document.rm?id=5298>
- LGA/ADSS positive practice standards for deaf children's social care. Available online at: <http://www.ndcs.org.uk/document.rm?id=4681>
- NHS New-born Screening Hearing Programme Quality Standards. Available online at: <https://www.gov.uk/government/publications/newborn-hearing-screening-programme-quality-standards>

We have also produced advice to local authorities on *Working Together* available at www.ndcs.org.uk/WorkingTogether.

About the National Deaf Children's Society

We are the leading charity dedicated to creating a world without barriers for every deaf child. We help 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 we can work with you to improve support for deaf children in your area, please email professionals@ndcs.org.uk.

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Last reviewed: July 2015

Next review due: July 2017

Appendix 1: Quality Standards in the NHS Newborn Hearing Screening Programme

CRITERIA	TARGET PERFORMANCE INDICATOR	OBJECTIVE	RESPONSIBILITY TO DELIVER
<p>HABILITATION SUPPORT</p> <p>21) Availability of early support</p>	<p>All families of babies with confirmed PCHI (permanent childhood hearing impairment) 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'</p>	<p>To ensure families have information of the full range of support available both locally and on a national basis.</p>	<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. * Early Intervention team should include a Teacher of the Deaf qualified in early years and a specialist Speech & Language therapist skilled with deaf children</p>
<p>HEARING AIDS</p> <p>23c) Hearing aid use and functioning</p>	<p>Robust ongoing audiological care including regular checking of hearing aids, hearing aid settings, and use in the home is carried out. This information is shared with colleagues to form part of each baby's audiology care plan.</p>	<p>To ensure optimal habilitation and support beyond the clinical setting.</p>	<p>Early Intervention professionals working together with Audiology staff.</p>
<p>COMMUNICATION</p> <p>24) Developing early communication</p>	<p>All families of babies with PCHI to be given information about the full range of communication approaches and supported in their choices, in accordance with the principles of Informed Choice.</p>	<p>To ensure that families can make and review decisions about early communication in a supportive framework</p>	<p>Early Intervention professional.</p>
<p>SOCIAL CARE</p> <p>25) Access to social care support</p>	<p>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.</p>	<p>The social care needs of the whole family are appropriately addressed</p>	<p>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.</p>

<p>ADDITIONAL NEEDS</p> <p>26) Children with additional needs</p>	<p>When a baby has additional needs they are supported by professionals with appropriate expertise. These additional needs are responded to within one week of their identification.</p>	<p>To ensure deaf children with additional needs and their families receive co-ordinated and coherent assessment and support.</p>	<p>Lead professional contact in Early Intervention in partnership with Health Leads.</p>
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