A Practitioner's Guide

Social care for deaf children and young people: A guide to assessment and child protection investigations for social care practitioners

ndcs
every deaf child

Our vision is of a world without barriers for every deaf child

Contents

Purpose

The National Deaf Children's Society (NDCS) has produced this booklet to help social care practitioners in the UK who are not specialists in working with deaf children, young people and their families. The emphasis is on practical information relating to access to social care services, assessment and child protection. It provides information and resources that should be used when working with deaf children and young people.

This guidance aims to:
• increase awareness of the needs of deaf children and young people, and highlight the barriers that deafness may pose to social, emotional and educational development

• set out what practical steps can be taken to assist:
> ⸽⸽⸽⸽⤳ effective communication between the deaf child, their family and social care professionals
> ⸽⸽⸽⸽⤳ professionals undertaking a holistic assessment using the relevant framework for children in need and in need of protection
> ⸽⸽⸽⸽⤳ the conduct of child protection investigations.

It assumes that the reader already has good prior knowledge of the relevant national legislative and policy frameworks for social care, assessment and child protection.

The words 'parent' and 'family' are used throughout to include those with parental responsibility. The term 'deaf' is used in this document to cover all levels and types of permanent or long term deafness.

This guidance can be used alongside *Deaf Children: Positive practice standards in social services* (Association of Directors of Social Services et al, 2002), which is available from NDCS. Any NDCS publication referred to throughout this guide is available free from www.ndcs.org.uk or by contacting the Freephone Helpline.

Acknowledgements

We would like to thank the Social Workers for Deaf Children Group (England) for their assistance in the development of this document.

We have also used the phase 1 and 2 reports (Young A, Hunt R, Smith C, 2008, and Young, Hunt, Oram R and Smith, 2010) from *The Impact of Integrated Children's Services on the Scope, Delivery and Quality of Social Care Services for Deaf Children and their Families,* which can be found at: www.ndcs.org.uk/research

Effective social care services for deaf children and young people

Social care should offer support to families with deaf children or facilitate access to services that enable them to:

• nurture their child's development

• help the child reach their full potential

• diminish barriers and remove risks posed by deafness to the child's health, safety, intellectual development and overall welfare.

Requirements of social care services are set out in detail in *Deaf Children: Positive practice standards in social services* (ADSS et al, 2002). It includes standards for supporting deaf children and their families, such as the provision of equipment and family support services which are not covered in this publication.

The newborn hearing screening programme (NHSP) was introduced between 2003 and 2006 throughout the UK. It introduced a multi-agency approach to supporting deaf babies and young children and their families. In England, the NHSP Programme Centre produced standards. Standard 25 states that:

"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."

(*Quality Standards in the NHS Newborn Hearing Screening Programme*, NHSP Programme Centre, 2010)

Standard 8 in the *Quality Standards for Paediatric Audiology for Scotland (NHS Scotland,* 2009) state the need for multi-agency support plans for a child or young person who has ongoing significant hearing loss.

In Wales the *Quality Standards Operational Procedures (Quality Manual, Newborn Hearing Screening Wales,* 2009) state the need for social work involvement in the care pathway.

To enable social care services to work effectively with deaf children, young people and their families, local authorities or health and social care trusts should have in place:

Information and advice

⤑ Arrangements for ensuring that services for deaf children are clearly advertised and that it is easy for families to make initial contact with professionals.

⤑ Information for families on assessment processes and eligibility criteria in appropriate formats and languages.

····❯ Comprehensive, unbiased and clear information on childhood deafness, its implications and communication options, which is provided to families at the time of diagnosis.

····❯ Information on the services available to deaf children and young people and their families.

Assessment

····❯ An acceptance that deaf children meet the definition of children in need under the Children Act 1989 and 2004 (England and Wales); Children (Scotland) Act 1995 and the Children (Northern Ireland) Order 1995. If the assessments under this legislation are not used, the responsible authorities must be able to demonstrate that they have assessment procedures in place which are as systematic and robust.

····❯ Clear referral pathways for families with deaf children.

····❯ Arrangements for ensuring that all referrals for deaf children receive at least an initial assessment undertaken by professionals with a clear understanding of the diverse needs of deaf children and their hearing or deaf parents.

····❯ Arrangements to ensure that if assessments are not undertaken by specialist social workers, mainstream practitioners can obtain advice from specialist social workers who have an understanding of the complexity and variety of deaf children's needs, the importance of language and communication, the risks posed by deafness to a child or young person's health, safety and social and intellectual development and how to communicate with deaf children and young people.

····❯ Integrated pathways for access to services, including social care, which are understood and adhered to by other professionals/agencies.

····❯ Methods for ensuring that deaf children, young people and their families are empowered to contribute to and participate meaningfully in any assessment, review and decision-making process, and that enable them to communicate in a way that will make their views and wishes clear.

····❯ Procedures for undertaking child protection investigations that take account of the child's communication needs and preferences, and to ensure that investigations are completed in the same timescales as for all children.

Support

⤏ Staff who have a good knowledge of the range of implications of childhood deafness and a strong understanding of the positive developmental potential of deaf children.

⤏ Staff who are routinely involved in multi-agency support arrangements for deaf children from the point of diagnosis of deafness.

⤏ A strong proactive and holistic approach to social care provision for both the deaf child or young person and their family.

⤏ Provision of support to enable the family to develop their child's language and communication.

⤏ Provision as necessary to develop parenting skills, management of children's behaviour, the development of relationships and the prevention of family breakdown.

⤏ Support for families to access other services, such as national deaf Child and Adolescent Mental Health Services (CAMHS).

⤏ Provision of equipment and technology to promote independence and safety and assist communication.

⤏ Access to short breaks, holidays and after school activities and clubs, including the opportunity to mix socially with other deaf children.

⤏ Support for children in public care in children's homes, foster care and after care, or those placed out of county, by people who have a comprehensive understanding of the communication and other needs of deaf children and young people.

⤏ Support with the transition into adulthood.

Research findings and concerns

In 2008/09 NDCS commissioned the University of Manchester to investigate the consequences of the Children Act 2004 and the formation of integrated children's services on social care provision for deaf children in England (Young et al, 2010 and 2008). It is clear from the reports that in many areas there are serious concerns over social care arrangements for deaf children and their families. The phase 2 report concluded:

"Whilst there is evidence of some good practice that enables proactive social care involvement with deaf children and their families and thus extends the range of provision and resource for those families in such a way as to complement that provided by educational and health colleagues, such arrangements are exceptional. In only a minority of local authorities would there appear to be effective, skilled and specialised social care provision for deaf children and their families.

There is clear evidence, on a widespread basis, of poor integrated children's services arrangements in respect of deaf children and their families which results in a lack of specific attention to deaf children and families' social care rights and needs; poor recognition of need and provision of assessment; severely limited ability to work preventatively within a broad understanding of safeguarding; ambiguous pathways of service provision; responsiveness only in situations of acute need, (the escalation of which may have been preventable); and lack of focus on the psycho-social developmental, linguistic and cultural challenges and differences of the full diversity of deaf children. In these circumstances, and with specific reference to social care, there is strong evidence to suggest that the statutory duty on local authorities to co-operate within children's services to promote the well being of children is being significantly compromised in relation to the well being of deaf children and their families."
(Young et al, 2010)

Research by the University of Manchester commissioned and published by NDCS, *Complex Needs, Complex Challenges: Report on the research into the experiences of families with deaf children with additional complex needs* (McCracken and Turner, 2011) identified a number of issues facing children with complex needs who also have a hearing loss. They included:
- lack of information
- lack of understanding of the implications of the child's deafness on their child's development
- delays in diagnosis of the hearing loss and hence access to treatment
- refusal to treat the child's hearing loss, particularly cochlear implants, because it was incorrectly thought that they would not benefit because of their other disabilities
- problems in some cases of accessing support from a specialist teacher of the deaf.

A particular problem was that of "overshadowing" in assessment of needs and provision of services. Professionals missed or overlooked hearing problems as they focused on learning disabilities and attributing many of a child's problems to this rather than poor hearing. Some professionals seemed overwhelmed by the complexity of needs, and others inferred that deafness was a minor issue that could be left until later.

At the time of writing, NDCS was unaware of any research into the adequacy of provision in Wales, Scotland or Northern Ireland.

Other key statistics and research findings include:
- Four babies are born deaf every day in the UK (data provided by Newborn Hearing Screening Programme 2008). To find out more about the different types of deafness, see the NDCS publication *Understanding your Child's Hearing Tests* (2010).

- More than 90% of deaf children are born to hearing parents who may have little or no understanding or firsthand experience of deafness within the family (Mitchell & Karchmer, 2002; Schein, 1989).

- Around 40% of deaf children will have additional needs, such as ophthalmic problems (Bamford et al, 2004; Guy et al, 2003; Fortnum & Davis, 1997) or developmental delay.

- Early identification and appropriate management lessens the impact of hearing loss on the child, the child's family and on society (Kuhl et al, 1992; Markides, 1986; Ramkalawan & Davis, 1992; Yoshinaga-Itano et al, 1998).

- Over 40% of deaf children will have mental health difficulties in childhood/ early adulthood (DH, 2005). Kay (1999) notes that children are less likely to experience mental health problems if they can communicate well.

- Deaf children are more likely to experience bullying – *Working Together to Safeguard Children* states that disabled children are 'especially vulnerable to bullying and intimidation' (DCSF, 2010).

- Deaf children are more than twice as likely to be abused as other children, meaning that 20% of deaf children had been abused compared to a prevalence rate of 9% among the non-disabled child population (Sullivan & Knutson, 2000).

- Deaf children are more likely to underachieve educationally – e.g. in England pupils with hearing impairment as their main type of special educational need are 43% less likely to gain five A* to C GCSEs than other children (information supplied by the DCSF, 2009).

- Many deaf children live in families on a low income – e.g. 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 (DCSF, 2009b).

- Deaf children are more likely to become unemployed as young adults (Office for Disability Issues, 2008 and RNID, 2006).

What social care practitioners need to know about deaf children and young people

The importance of language and communication

The development of language and the ability to communicate lies at the heart of a child's development. Deafness, and often society's lack of understanding of the needs of deaf children and young people, can present a barrier to their social, emotional and intellectual development, preventing them from achieving their full potential.

Deafness can impact on:

- self-esteem
- opportunities to socialise
- mental health
- attention and concentration
- working memory
- processing time
- literacy skills
- social skills
- access to local communities
- language development
- incidental learning
- listening skills
- learning style
- auditory memory

The language and communication barriers faced by deaf children manifest themselves in increased risk. Deaf children are more likely to experience isolation, bullying, child abuse, underachieve educationally, live in low income families and become unemployed (see the *Research findings and concerns* section for more information).

The NDCS booklet *Communicating with your Deaf Child* includes overviews of typical developmental stages for deaf children from birth to five years, covering language and communication development, social and emotional development, physical development, and cognitive and play development. These tables can be used alongside the tools social care practitioners use in the assessment process. See appendix 4 for an example.

The importance of communication within the family

The risks listed above can be exacerbated if there is a lack of communication within families.

More than 90% of deaf children have hearing parents (Mitchell & Karchmer, 2002; Schein, 1989). A significant issue for these parents is how to develop their child's language and communication to enable them to develop socially, emotionally and intellectually:

"The majority of Deaf* children are born to hearing parents who will, initially at least, feel ill equipped to cope. Forging New Channels (British Society for Mental Health and Deafness 1998) notes that Deaf children who are born to Deaf parents (that is, 5%–10% of Deaf children) do better academically, are more socially mature and have more positive self-esteem than Deaf children born to hearing parents. Deaf parents are in a better position to provide a communicative environment, to act as positive role models and to enable their child's access into the Deaf community." (DH, 2002) (*'Deaf' capitalised as per original document)

The rate of language development of deaf children born to hearing parents is often less than the development of language of children born to deaf parents. Deaf children born into deaf families who use sign language develop at a language rate roughly equivalent to hearing children (Karchmer & Mitchell, 2003).

The need for early intervention

An undiagnosed deaf child aged three will only know around 25 words compared with 700 words for a hearing child of the same age (Yoshinaga-Itano, 1998). However, where early identification and support is provided, average language and early literacy functioning of deaf young children has been found to fall within the range for hearing children (Moeller, 2000; Yoshinaga-ltano, 2003).

As for all children, communication for deaf children begins at birth. Deaf children display an increased reliance on eye contact, facial expression, gestures and visual clues to support communication, awareness and development.

The importance of exposure to a rich language environment as early as possible cannot be underestimated. It is therefore crucial for social care services to focus on the language development of deaf children and the extent to which families can create communication-friendly homes so that their deaf child can develop language and social skills and develop educationally. Failure of families to provide a language and communication-rich environment for their deaf child must be a key consideration during the assessment of the child and management of thresholds for intervention. It is vital that early years settings and child care providers are given the opportunity to access information, training and advice about the needs of deaf children.

Research by Yoshinaga-Itano (2003) identified that successful early intervention programmes have the following characteristics:
• Providers are trained professionals, usually with graduate degrees in their fields (which include deaf education, early childhood special education, speech/language pathologists, audiologists, counsellors, social workers and psychologists). They receive regular additional in-service training.

• Services are provided to parents (not directly to the infants) 1 to 1.5 hours weekly and include information e.g. on child development and communication strategies.

• First contact is made immediately after the diagnosis and the professionals who work first with parents are specially trained to provide emotional support.

• Parents are provided with the information and the guidance necessary to assist them in choosing an initial approach to language use, but this initial decision can be modified when appropriate. Options for various language approaches are available and decisions may be changed over time.

• Children's developmental progress is assessed twice yearly and results are used to help parents make or revise decisions on how to support their child's development.

The importance of high expectations

Deaf children and young people can be and should be encouraged to be as successful as other children and young people. Given the right information and support, parents and children can play a full and active part in identifying the services and support which would assist them in achieving the best outcomes.

Deaf children and young people are capable of reaching the same developmental milestones at the same age as hearing children and young people if they and their families are given appropriate support.

Deaf children and young people with additional needs

There is a relatively high incidence of other disabilities in children with a hearing impairment. Moores (2001) estimated the incidence to be as high as 30%–40% and Shallop (2008) reported it to range from 39%–54% among children with cochlear implants. The additional needs may include cognitive, physical and motor, social-emotional, specific learning difficulties and visual problems.

Sometimes the child or young person's other disabilities overshadow their deafness. It is crucial that parents and professionals do not let this happen. It is essential that the child's hearing, language and communication needs are addressed to ensure they are able to interact with their families, socialise in the wider community, develop good mental health, make educational progress and live as independently as possible as adults. See the NDCS booklet *Deaf Children with Additional Needs* (2010b) for more information.

The importance of opportunities to meet other deaf children and young people

Deafness is a low incidence need. As the majority of deaf children attend mainstream education provision, they may not have opportunities to meet other deaf children. The NDCS *Change Your World* survey (2008a) of the views of deaf children and young people showed that they highly valued the opportunity to meet and socialise with other deaf children. Providing such opportunities addresses issues of social isolation, low self-esteem and mental health.

Communicating with deaf children and young people

Developing an understanding of the communication needs of deaf children and young people and their families will enable practitioners to perform all of their roles in providing information, advice and support. It will ensure that assessments are holistic and inclusive.

The diversity of language and communication skills of deaf children and young people

Every deaf child will have different strengths and needs. The population of deaf children encompasses:

- Diverse language preferences, for example
  - ⤑ British Sign Language
  - ⤑ Irish Sign Language
  - ⤑ spoken English or Welsh
  - ⤑ English as second language
  - ⤑ other spoken or signed languages (e.g. Sign Supported English).

- A range of communication strengths, for example
  - ⤑ better productive spoken language than receptive language skills
  - ⤑ better receptive skills than expressive skills
  - ⤑ the ability to mix and match between visual and aural methods depending on who they are communicating with.

- A range of communication and language needs, for example
  - ⤑ many deaf children do not have age-appropriate literacy skills
  - ⤑ some acoustic environments are more conducive than others to good communication
  - ⤑ BSL may be used at home but not at school.

- Users of a wide range of continually emerging technologies that are available for deaf children and young people, and deaf children and young people with additional needs.

- Deafblind children.

- Deaf children with additional needs.

It is important to be aware of the distinction between language and communication which are closely linked but are not the same thing.

Language can be described as the words (vocabulary), phrases, grammar and expressions we use and how we organise them to communicate. Language ability is both receptive (i.e. what we understand when others use it) and expressive (i.e. what we ourselves produce and use).

Communication is the means by which language is conveyed. For example, a child may have a good knowledge of language but experience difficulties in communication. Another child may have limited understanding of language but have stronger communication skills.

Ensuring effective communication

To communicate effectively with deaf children and young people, social care practitioners should:

Inform the deaf child or young person

The child should be given information which enables them to understand the role of social care services, and processes should be put in place so they can contact services independently if necessary. This should also include informing the child of other services and resources, such as the NSPCC and Children 1st in Scotland.

Establish and use the child or young person's preferred language and communication methods

From a very young age deaf children can be highly skilled in modifying their own communication preferences to match the level of skill of the person they are communicating with (e.g. a deaf child who signs may choose speech or might sign in a simplified way to an adult who is not a fluent signer or an oral deaf child may use one spoken language at home and a different one at school). Also, a child may choose a communication method according to the perceived importance of the situation or perceived expectation of the conversation partner rather than the one they are most fluent or comfortable with. Such adaptability may help professionals but does not empower the child and important information can be missed. Professionals, such as specialist social workers, speech and language therapists or teachers of the deaf, will be able to advise on a child's level of communication and the support required to enable a child to engage in assessment and meaningful decision making and planning.

Be aware of possible linguistic delay

Many deaf children are educated in mainstream schools within an oral approach and have spoken English as their main means of communication. However, bear in mind there may be a significant linguistic delay resulting in difficulties with comprehension and vocabulary acquisition. These children will often have difficulty understanding the subtleties of language and may have difficulty disclosing abuse, for example. The deafness can also sometimes result in a delay in social maturity and in understanding what is acceptable behaviour.

Get the environment right

It is important to communicate with a deaf child in a quiet or acoustically treated room (one free from background noise and where sound reverberation (echo) is reduced, e.g. by soft furnishings). There should be good, even lighting to enable lipreading, as many deaf children rely on lipreading and poor lighting can make it difficult. It is also important to cut out glare, e.g. children should not be sat facing the window. A plainly decorated room also helps lipreading. Before starting the discussion staff should always ask the child whether the lighting, room layout and seating positions are suitable.

Make eye contact

When speaking to the child it is important to make eye contact. It is possible that social workers will need to take notes. It is important not to speak when looking down to take notes as this makes lipreading and reading facial expressions difficult.

Remember lipreading or following signing can be tiring

Many deaf children will have to concentrate very hard to follow conversations (spoken or signed). It is important to consider ways of breaking up the discussion.

Where appropriate, write it down for the child or young person
Conversation can be tiring for a deaf child and this could impact on the child's retention of information. It will therefore be important to re-cap the main points from the discussion. Where the child can understand written language, write down all actions, agreements and decisions in age-appropriate, plain language for them to keep.

Book an interpreter or other communication professional
Social care professionals should understand the need to use different communication professionals who can help (e.g. qualified BSL interpreters or ISL interpreters, Sign Supported English interpreters, professionals who use cued speech, lip speakers or deaf relay interpreters who provide interpreting services for deaf people who have additional needs). There are established standards of minimum qualifications and appropriate training/experience permitted to undertake work (e.g. being a member of the Register of Sign Language Interpreters with child protection training). It is important to check that the child is happy with the interpreter. For example, they may not be happy with the use of their school communication support worker when discussing personal and confidential matters. They may have a preference for a male or female communication professional. Be sensitive to the fact that when you work alongside communication professionals with families there will be two professionals with which the child and parents will have to relate in what may be stressful circumstances.

Talk to the child or young person, not the interpreter
Maintain eye contact with and talk directly to the child. The interpreter is there to interpret.

Check your language
Deaf children may find the description of abstract emotions challenging. It may be helpful to have some paper and colouring pencils to hand so that children can draw if they struggle to express verbally the word or emotion that they are feeling. BSL and ISL have a different structure and vocabulary to spoken language and open ended questions may need examples to make sense in sign language. A discussion with the interpreter before the meeting can be helpful in deciding how to format questions.

Ensure there are appropriate means for recording discussions
In some cases it is important to audio or video record the meeting with the child. A deaf child's pronunciation may be unclear to some adults. In such circumstances, a specialist social worker or a teacher of the deaf should be able to advise and assist with any transcript of the recording. This must be undertaken in a manner that does not invalidate the recording as evidence in any subsequent proceedings.

Ensure there is an understanding of the cognitive abilities of deaf children and young people with additional needs
Where a deaf child has additional needs, their communication difficulties due to their deafness should not be mistaken for a lack of ability in the child to understand.

Assessing the needs of deaf children, young people and their families

Any child with a disability is by definition a child in need under:
- s.17 of the *Children Act* 1989
- s.93 of the *Children (Scotland) Act* 1995
- s.17 of the *Children (Northern Ireland) Order* 1995

and therefore has a legal entitlement to an assessment of their needs.

Deafness is defined as a disability.
The *Equality Act* 2010 and the *Disability Discrimination Act* 1995 makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes the need to make reasonable adjustments to ensure disabled children are not treated less favourably compared with other children.

This section sets out the reasonable adjustments that professionals can make to ensure deaf children are not treated less favourably when undertaking an assessment. It does this by suggesting the additional questions that social care practitioners should ask related to the child's deafness to ensure sound professional judgements are made.

Similarly, the section *Communicating with deaf children and young people* should be used to ensure they are not treated less favourably and can play a full and active part in the assessment process.

A high quality evidence-based assessment is vital if deaf children and their families are to be enabled to access a range of support, advice, information and technology.

A child and family focused assessment which is informed by best practice should enable the family to access universal services, early support and, if necessary, other more specialist interventions in a timely way.

"Professionals in universal services cannot and should not replace the function of social work, but they do need to be able to understand, engage and think professionally about the children, young people and families they are working with."
(The Munro Review of Child Protection Part One: A Systems Analysis, DfE, 2010)

Deaf children in the UK should have their needs assessed using the:
- Framework for Assessment in England and Wales
- Integrated Assessment Framework in Scotland
- Understanding the Needs of Children in Northern Ireland Assessment Framework in Northern Ireland.

These frameworks apply to both children in need and children at risk of significant harm. They inform judgements about:
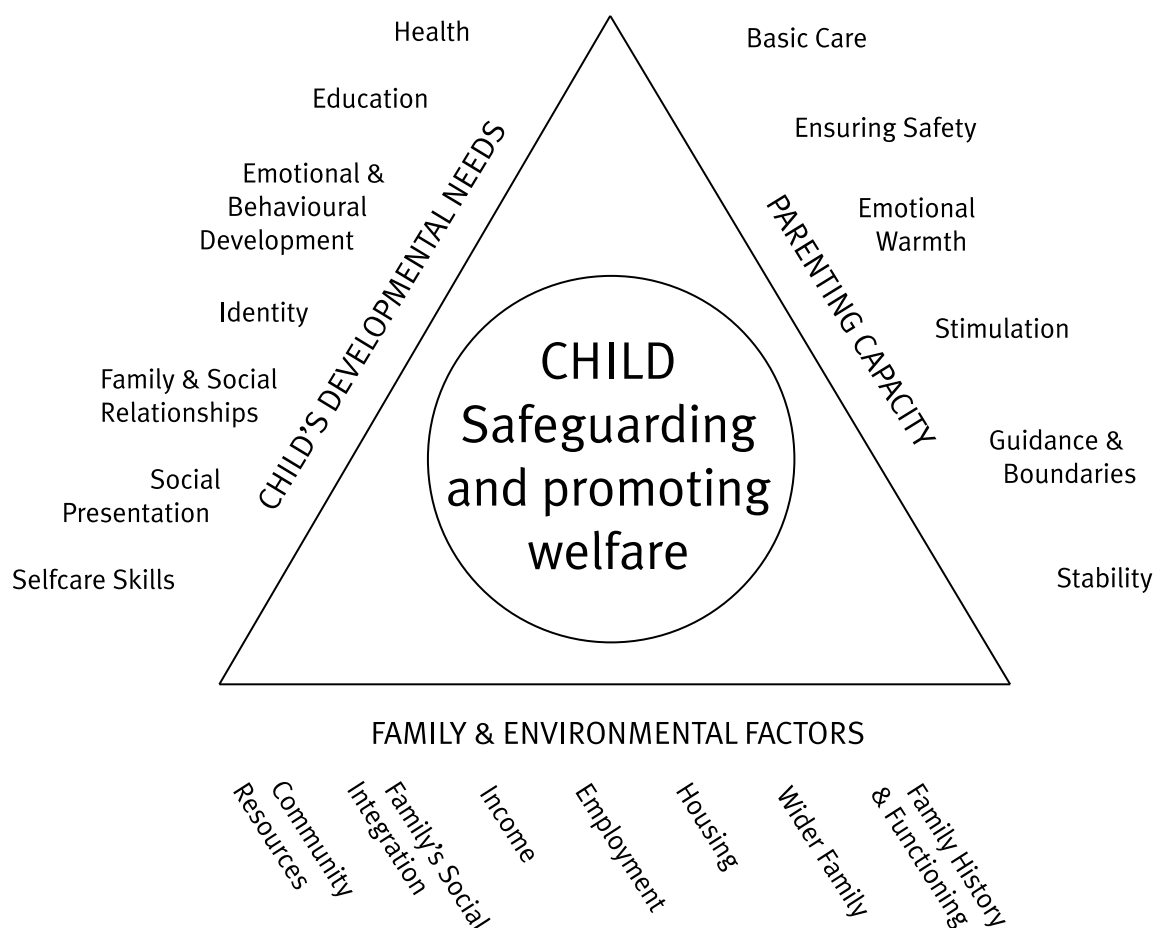- the child's welfare and safety
- if and how to provide help to the child and family
- what sort of help will achieve the best outcomes for the child
- what the intended outcomes are.

Social care managers need to ensure arrangements are in place that will facilitate the effective assessment of deaf children. Assessments should be conducted within a service framework outlined by the ADSS (2002) practice standards.

The assessment frameworks and the domains for each country in the UK are illustrated in the diagrams on the next three pages.

The assessment framework: England and Wales

Joint Assessment Framework	Child's developmental needs 1	Parenting capacity 2	Family and environmental factors 3

Health

Basic Care

Education

Ensuring Safety

Emotional & Behavioural Development

Emotional Warmth

CHILD'S DEVELOPMENTAL NEEDS

PARENTING CAPACITY

Identity

Stimulation

Family & Social Relationships

CHILD Safeguarding and promoting welfare

Guidance & Boundaries

Social Presentation

Selfcare Skills

Stability

FAMILY & ENVIRONMENTAL FACTORS

Community Resources

Family's Social Integration

Income

Employment

Housing

Wider Family

Family History & Functioning

England and Wales – The Assessment Framework – from the *Framework for the Assessment of Children in Need and their Families* (DH, 2000)
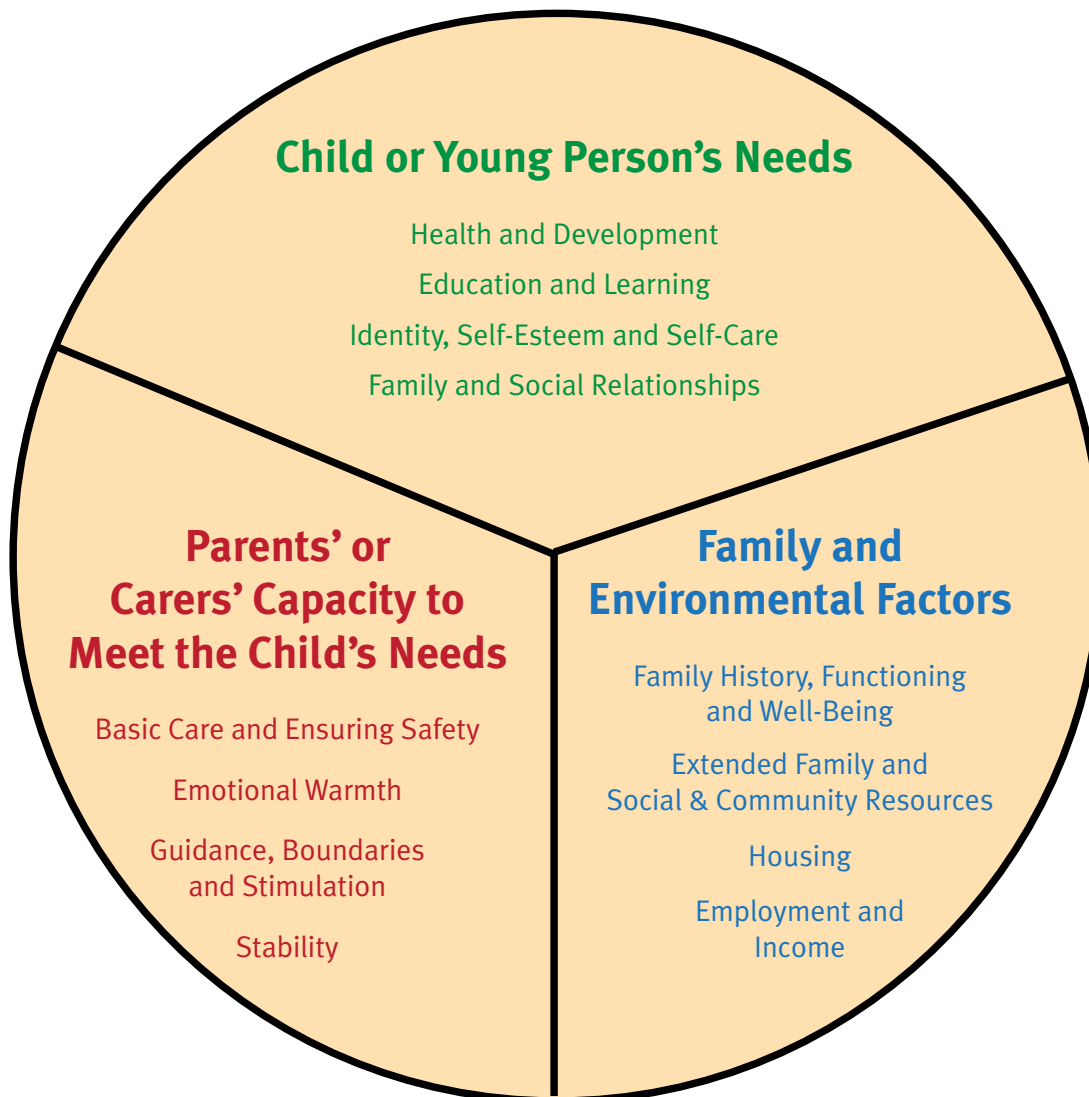
The assessment framework: Scotland

Integrated Assessment Planning and Recording Framework (IAF)	How I grow up 1	What I need from people who look after me 2	My wider world 3
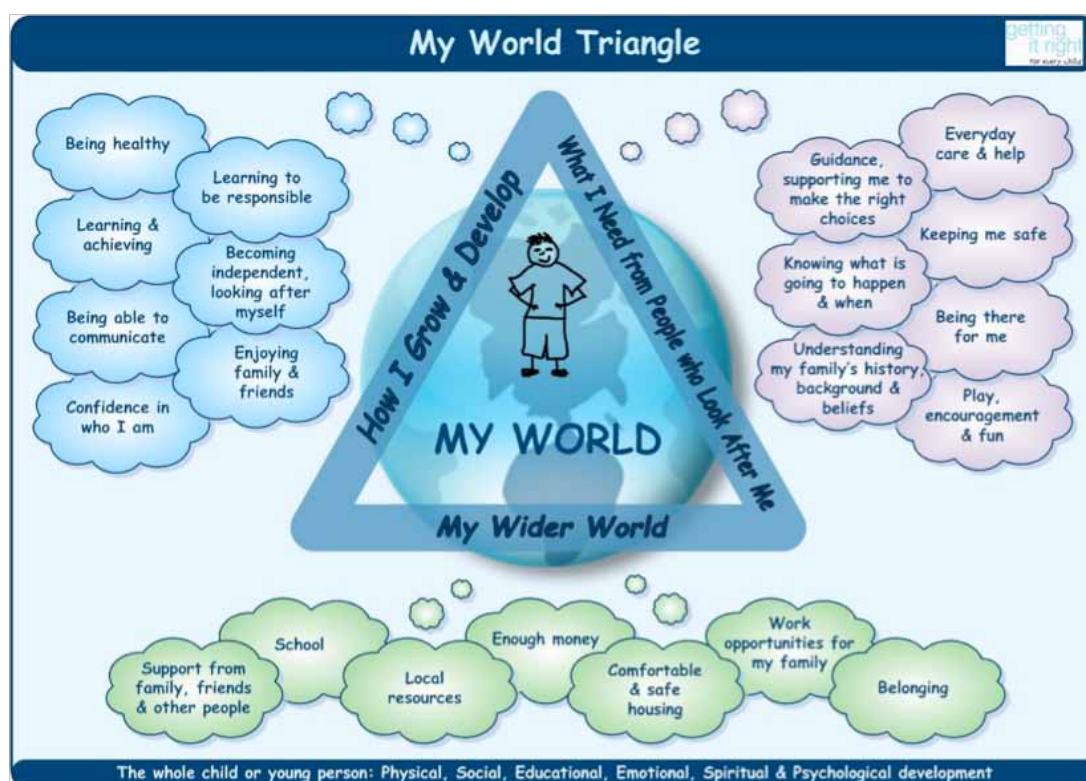
Scotland – The Integrated Assessment Framework – My World Triangle from *A Guide to Getting It Right for Every Child* (Scottish Government, 2008)

The assessment framework: Northern Ireland

UNOCINI Assessment Framework	Child or young person's needs 1	Parents' or carers' capacity to meet the child's needs 2	Family and environmental factors 3

Child or Young Person's Needs

Health and Development

Education and Learning

Identity, Self-Esteem and Self-Care

Family and Social Relationships

Parents' or Carers' Capacity to Meet the Child's Needs

Basic Care and Ensuring Safety

Emotional Warmth

Guidance, Boundaries and Stimulation

Stability

Family and Environmental Factors

Family History, Functioning and Well-Being

Extended Family and Social & Community Resources

Housing

Employment and Income

Northern Ireland – The areas and domains of the UNOCINI Assessment Framework from *Understanding the Needs of Children in Northern Ireland* (DHSSPS, 2008)

Using the assessment frameworks: Additional questions to use when working with deaf children and young people

The questions listed below under the three framework assessment domains are specific to the child or young person's deafness and should be considered alongside the questions in the assessment framework documents. In England these questions will also apply to assessments undertaken using the Common Assessment Framework. Whatever reforms and developments are made in the future with regards to assessment processes, tools and time scales, these questions will remain valid for assessing the needs of deaf children, young people and their families. In line with all assessments of all children and young people, the responses of the social care practitioner to each of the additional questions in the following tables should be evidenced in the assessment report. Some questions are repeated under different domains in order to accommodate the fact that different professionals may contribute to different parts of the assessment. These pages can be printed off and used when assessing the needs of deaf children and young people.

Assessment framework domain: Child's developmental needs (England and Wales) • Child or young person's needs (Northern Ireland) • How I grow up (Scotland)		
Area name	**Notes and guidance on this area**	**Additional questions to ask when working with deaf children and young people**
Health **(England and Wales)** Health and development **(Northern Ireland)** Being healthy **(Scotland)**	This area includes looking at growth and development, and physical and mental well being. In particular, this includes appropriate health care when ill, an adequate and nutritious diet; immunisation and developmental checks; dental and optical care; and appropriate exercise. In the case of older children, also consider appropriate advice and information on sex education, personal safety and substance misuse.	1. What is the child's level and type of deafness or hearing loss? 2. If not already worn, could the child benefit from hearing aids? 3. If they have been provided with hearing aids, are they worn? 4. Are ear moulds for hearing aids regularly checked? 5. Are audiology and other medical appointments kept? 6. Is the child or parent able to maintain and fit hearing aids appropriately and do they know where to get advice and support? 7. Does the child have a cochlear implant or are they being assessed to find out if they are a suitable candidate for an implant? 8. Does the child or young person require speech and language therapy to develop language and communication skills? If so, is this service being provided? 9. Are there any mental health needs/self-esteem issues related to their deafness and are they being addressed? 10. Are there additional medical needs? 11. Has there been a genetic diagnosis that may enable earlier identification of other disabilities that coexist with deafness and develop later in life? (e.g. visual disorders such as Usher Syndrome, keratitis-ichthyosis-deafness (KID) syndrome, Alstrom syndrome; or kidney dysfunctions such as in Alport syndrome; heart conditions as part of Jervell and Lange-Nielsen-syndrome). If there has been a genetic diagnosis, what are the impacts?

Education **(England and Wales)** Learning and achieving **(Scotland)** Education and learning **(Northern Ireland)**	This area includes looking at all areas of cognitive development from birth, including play; interaction with other children; access to books; ability to acquire interests and skills; ability to experience success and achievement; adult interest in educational activities; progress and achievements and special educational needs.	1. Is the child's attainment in line with age related expectations, with other children and young people, and government guidelines?
		2. Are there any barriers preventing the child accessing appropriate education, e.g. disorganised family routines?
		3. Do parents and children have access to information about local education provision which will assist them in making informed choices?
		4. Has an educational audiologist or a teacher of the deaf assessed the learning environment to check how suitable it is for deaf children?
		5. Does the child have access to technology that they need in school (and that they can use at home to support their learning), such as FM systems?
		6. Does the child enjoy going to school or an early years setting?
		7. Has the child received an assessment of special educational needs and do they have a statement of special educational needs or, if in Scotland, a co-ordinated support plan?
		8. Is the child experiencing bullying at school or being teased about their deafness?
		9. Has the school received sufficient support from specialist support services to ensure the child can access the curriculum?
		10. Does the child need a communication support worker to access the school curriculum? Communication support workers must have sufficient signing competence. NDCS recommends a BSL Level 3 qualification.
		11. Where appropriate, are good transition arrangements in place when moving school or leaving school?

Family and social relationships **(England and Wales)** Enjoying family and friends **(Scotland)** Family and social relationships **(Northern Ireland)**	This area includes looking at empathy; stable and affectionate relationships with parents and care givers; good relationships with siblings; age-appropriate friendships with peers and significant persons in the child's life.	1. Is the child able to play a full and active part in all family life? 2. Are their parents able to communicate with them effectively? 3. Are their brothers and sisters able to communicate with them? (For information for siblings, see www.ndcs.org.uk/alltogether.) 4. Are members of the extended family able to communicate with them? 5. Has the child, or is the child able to develop, a network of friends that they can communicate with and are they able to socialise freely with them? 6. Is the child able to set appropriate boundaries with those around them? 7. Is the child sufficiently confident to be able to attend clubs, out of school and social activities? (See www.ndcs.org.uk/me2 for more information.) 8. Is the child able to maintain friendships through email, social networking sites, texting and have they been taught how to stay safe when using these kinds of technology? (See www.ceop.gov.uk for more information.) 9. How does the child present in social situations, e.g. do they appear to be excessively withdrawn? 10. Does the child have an adult with whom they can talk about any worries and concerns using their preferred communication method?
Identity **(England and Wales)** Confidence in who I am **(Scotland)** Identity, self-esteem and self care **(Northern Ireland)**	This area includes looking at the child's view of the self and their abilities; self image and self-esteem. Race, religion, age, gender, sexuality and disability all contribute to this.	1. How does the child perceive their identity as a deaf child or child with a disability alongside how they perceive themselves generally? 2. Does the child or young person have low self-esteem and confidence which is related to their deafness? A deaf child may have picked up negative messages around being deaf or disabled. 3. Is the child aware of Deaf culture? 4. Does the child have access to a deaf young person or adult as a deaf role model? 5. Does the child have feelings of belonging and acceptance within the family? 6. Does the child have feelings of belonging and being accepted by their peer group? 7. Does the child have the ability to relate to their local community, wider society and other cultural and religious groups?

Area	Description	Questions
Being able to communicate **(Scotland)** Health and development **(Northern Ireland)**	This area includes looking at strengths and areas for development in language – vocabulary, phrases, grammar, expression, receptive and expressive language ability. Ensure you have an understanding of the wide range of language options and technology available to assist communication and their application.	1. What is the child's preferred method of communication (e.g. signing or spoken)? 2. What is the nature and extent of the child's communication issues or difficulties? 3. Does the child need to make use of communication technology to communicate (e.g. hearing aids, radio aids, speech processors for children with additional needs)? 4. Does the child experience a language processing difficulty as well as deafness? 5. Does the child have age-appropriate language? 6. Is the child able to communicate with their hearing peers and deaf peers? 7. Is the child able to communicate with their parents and extended family? 8. Are the parents and siblings able to understand the child's needs? 9. Is the child able to understand and communicate their feelings?
Emotional and behavioural development **(England and Wales)**	This area includes looking at any concerns about the child's emotional development and the sources of emotional support available to the child and family.	1. Is the child's response to feelings and actions demonstrated by their parents appropriate? 2. What is the nature and quality of early attachments? 3. What are the characteristics of the child's temperament? 4. How well does the child adapt to change? 5. What is the child's response to stress? 6. Is the child more withdrawn than most hearing children of their age? 7. Does the child present challenging behaviour that is related to their deafness and how appropriate is their degree of self-control? 8. Does the child have access to positive deaf role models (either adults or young people) and a source of support that reflects the cultural diversity of the community in which they live?

Category	Description	Questions
Self care skills **(England and Wales)** Becoming independent, looking after myself **(Scotland)** Learning to be responsible **(Scotland)** Identity, self-esteem and self care **(Northern Ireland)**	This area includes looking at the acquisition by a child of practical, emotional and communication skills required for increasing levels of independence.	1. Does the child have age-appropriate self care skills including early practical skills such as feeding and dressing? 2. Can they maintain and change their hearing aid batteries? 3. Can they understand what is being said at their audiology appointments? 4. Can the child respond to the door bell, telephone, alarms etc? 5. Is the child able to travel independently for education and socialising as appropriate to their age? 6. Is the child able to manage their money and resources appropriately? 7. Is the child able to solve problems for themselves? 8. What expectations and hopes does the child or young person have regarding their future? Do they understand the choices and options available to them? 9. How is the child or young person being prepared for, and involved in, planning for transition into adult services? 10. What opportunities are provided to gain confidence and practical skills to undertake activities away from the family? 11. What opportunities exist for young people to develop independent living skills?
Social presentation **(England and Wales)** Learning to be responsible **(Scotland)**	This area includes looking at the direct impact on the child and family of the child's deafness and their deaf identity as well as their experience of prejudice and oppressive behaviour.	1. Does the child have an understanding of the way in which their appearance, behaviour and being deaf are perceived by the outside world? 2. Are they able to dress appropriately for their age, gender, culture, religion? 3. Are they able to maintain a good standard of personal hygiene and cleanliness? 4. What advice do parents and care givers provide about presentation in different settings?

Assessment framework domain 2:
Parenting capacity (England and Wales) • What I need from people who look after me (Scotland)
Parents' or carers' capacity to meet the child's needs (Northern Ireland)

Area name	Notes and guidance on this area	Additional questions to ask when working with deaf children and young people
Basic care **(England and Wales)** Everyday care and help **(Scotland)** Basic care and ensuring safety **(Northern Ireland)**	This area includes looking at how the family provide for the child's physical needs, including appropriate medical care, food, drink, warmth and shelter.	1. Are parents able to communicate with their deaf child? 2. Do parents know how to maintain hearing aids and accessories? 3. Do parents understand the information shared at audiological and specialist appointments? (See *Understanding your Child's Hearing Tests*, 2010 for more information) 4. Is the family keeping appointments with health and other professionals? 5. Have the parents been given any training in how to use any specialist equipment provided? 6. Are the parents able to communicate with their deaf child in conversations and is this communication developing at age-appropriate levels? 7. If one parent can communicate with their deaf child and another cannot, what is the impact of this on family dynamics and relationships? 8. What are the parents' expectations of their child? Explore their fears, hopes and aspirations with them. Are there any unresolved issues following diagnosis, such as depression or grief? 9. What is the impact on the family and the child in relation to their ability to communicate with each other? 10. Does the child have an adult with whom they can talk about any worries and concerns using their preferred communication method? 11. Are the parents able to make informed choices about communication methods? (See *Informed Choice, Families and Deaf Children: Professional handbook*, Early Support, 2006 for more information).

Area	Description	Questions
Ensuring safety **(England and Wales)** Keeping me safe **(Scotland)** Basic care and ensuring safety **(Northern Ireland)**	This area includes looking at all aspects of safety – relationships; road safety; health and safety; potential risks in terms of physical, sexual, emotional abuse, bullying and online exploitation.	1. Are the parents able to warn the child of immediate dangers, e.g. hot iron or water? 2. Are the parents able to explain personal safety skills, e.g. road safety, safe use of the internet, safe relationships (see *Safe* by NSPCC, 2009 for more information)? 3. Are the parents aware of how to keep their child safe when they are using the internet, especially social networking websites? 4. Is the child alerted by alarms, phone calls or door bells, to hazards and strangers?
Emotional warmth **(England and Wales)** Being there for me **(Scotland)** Emotional warmth **(Northern Ireland)**	This area includes looking at the child's emotional maturity; their understanding of attachments and relationships; where they gain support and emotional warmth from.	1. Are the parents able to recognise what might be a usual part of emotional or behavioural development in a deaf child? (See appendix 4 for an example.) 2. Are the parents able to express affection and communicate their feelings to their child, including appropriate physical contact, comfort, praise and encouragement? 3. Are the parents able to give the child a sense of being valued and a positive sense of their own racial and cultural identity? 4. Are the child's needs for secure, stable and affectionate relationships with significant adults being met?
Stimulation **(England and Wales)** Play, encouragement and fun **(Scotland)** Guidance, boundaries and stimulation **(Northern Ireland)**	This area includes looking at the whole range of opportunities which should be made available and accessible to deaf children and young people where they are available for all children and young people; what actions would need to be taken to enable that access to take place – after school and breakfast clubs, cinema, sports and leisure activities, play areas, swimming pools and leisure facilities in the community; the opportunity to access play,	1. Do the family have age-appropriate expectations of their deaf child? 2. Are the parents aware of the importance of play, stimulation and socialisation for their deaf child, (e.g. NDCS events for children and young people) and the strategies they can use? 3. Are the parents promoting the child's educational and cognitive stimulation through communication? 4. Are the parents able to play with their child and respond to their language and questions appropriately? 5. Are the parents enabling the child to experience success, ensuring school attendance and other opportunities such as taking part in sports or arts activities? 6. Is the child encouraged to respond to challenges and new experiences?

		stimulation and fun within the family and with other deaf children.
Guidance and boundaries **(England and Wales)** Guidance, supporting me making the right choices **(Scotland)** Guidance, boundaries and stimulation **(Northern Ireland)**	This area includes looking at how the child is empowered to make decisions, from what clothes to wear and choice of activities to involvement in bigger decisions affecting themselves and their family, such as communication options, audiology appointments, medical interventions and education choices.	1. Are the parents able to set appropriate boundaries for the child in terms of handling their child's behaviour, consistently parent the child and provide stability? 2. Is the child enabled to regulate their own emotions and behaviour so that they can develop moral values, conscience and appropriate social behaviour? 3. Are the parents overprotective or preventing the child from exploring and engaging in new learning and social opportunities? 4. Do the parents actively encourage the child to solve problems and manage their behaviour and actions?
Stability **(England and Wales)** Knowing what is going to happen when **(Scotland)** Stability **(Northern Ireland)**	This area includes looking at how the child is empowered to participate fully in meetings, appointments, and broader future planning in education and employment (a deaf child may have a wide range of people who interact with them and their family). Early years support is key to building the child or young person's confidence over time to understand what is happening to them and the world around them.	1. Are parents able to communicate key changes in their child's life such as starting at an early years setting, changing schools or moving home? What preparations have been made to prepare the child for these changes? 2. Are parents able to maintain secure attachments with the child? 3. Is there consistency of emotional warmth from the family to the child? 4. Is the child able to maintain relationships, keep in contact with important family members and significant people or peers, and communicate with them? 5. Is the child or young person fully involved in planning for transitions such as starting school, changing school, moving onto further education or starting work?

Assessment framework domain 3:
Family and environmental factors (England and Wales) • My wider world (Scotland)
Family and environmental factors (Northern Ireland)

Area name	Notes and guidance on this area	Additional questions to ask when working with deaf children and young people
Family history and functioning **(England and Wales)** Understanding my family and beliefs **(Scotland)** (From 'What I need from people who look after me' domain) Family history, functioning and well being **(Northern Ireland)**	This area includes looking at all aspects of family and group identity such as ethnicity, culture, religion, language, sexual identity, disability and gender, whilst recognising that each child and family is unique; how the child's individual needs may conflict with the family's beliefs, as well as positive aspects of the family's beliefs which may contribute to the child's sense of personal identity and family belonging.	1. Have the parents thought about how their deaf child can develop a deaf identity as a deaf person who is part of a hearing family or deaf family? 2. Is there an understanding of any genetic factors? 3. What additional resources would assist family functioning? For example, access to family sign curriculum, BSL classes, speech and language therapy, etc. 4. Is there an understanding of the linguistic and cultural resources available in the Deaf community? 5. Have there been any significant changes in the family or household, and if so, how have these been explained to the child or young person? 6. What are the relationships like between siblings?
Wider family **(England and Wales)** Support from family, friends and other people **(Scotland)** Extended family and social and community resources **(Northern Ireland)**	This area includes looking at opportunities to meet the child's extended family and important role models and supporters to understand how they can assist the child and family, and to assess whether they would benefit from access to information which would help them to be deaf aware (e.g. NDCS family weekends).	1. Who are considered to be the members of the wider family by the child and the parents? 2. Do these people have an understanding of the child's strengths and needs? 3. Are they able to communicate with the child? 4. Are there any significant absent members of the wider family with whom the child is no longer in contact? 5. Is the wider family supportive of the additional tasks and issues which need to be taken into account when caring for the deaf child or young person?

Housing (England and Wales)
Comfortable and safe housing (Scotland)
Housing (Northern Ireland)

This area includes looking at all aspects of safety in the home, access and specific adaptation needs and why they are needed.

1. Are there any specific housing issues including any adaptations required? For example, does the acoustic environment promote effective communication such as being away from noisy roads, or are floors carpeted to reduce reverberation?

2. If a deaf child has additional needs, are any physical environmental adaptations required (e.g. hoists)?

3. Are there any specific hazards either inside or immediately outside the house?

4. Are the basic facilities and amenities provided, such as water, heating, cooking facilities and adequate sleeping arrangements?

5. Are there any local deaf organisations that can provide advice, information or support for both children and adults regarding environmental and technological support that can enable them to stay safe?

Employment (England and Wales)
Income (England and Wales)
Work opportunities for my family (Scotland)
Enough money (Scotland)
Employment and income (Northern Ireland)

This area includes enabling the family to access independent advice and support, from voluntary and statutory sectors.

Ensure that you are well prepared before making the assessment, and have leaflets available and details of organisations that will be useful to the family.

1. Does the family have sufficient money to travel to audiology appointments, cochlear implant centres, speech and language therapy sessions and other specialist appointments?

2. Do the family need any help in claiming Disability Living Allowance or other benefits?

3. Are there transport or financial issues which will prevent a child from participating fully in activities?

4. Have there been changes in the pattern of working or absences of parents which are impacting on the child's behaviour or relationships?

Family's social integration (England and Wales)

Belonging (Scotland)

Family history, functioning and well being (Northern Ireland)

This area includes looking at enabling the family to make informed choices about the resources they want to access that are available in their community. Families are often given lots of information so be prepared to spend time discussing this information with them.

Take all the leaflets, information and contact numbers that they may need relating to their child's deafness (often, much of the information given to parents is about disability, so they may need more specific information on childhood deafness). It is easier for families to make these decisions when they have had time to reflect and identify people who could support them.

1. Does the family and child or young person have access to local and community-based resources, support groups and activities?

2. Are the family and child or young person isolated within the community? Do the child or young person and parents have friends locally who can support them?

3. Has information been made available to them about help, activities and support, and have they made use of this information to reduce isolation and promote integration in the community?

4. Do other children in the family attend leisure activities (at school or in the wider community)? What steps would need to be taken to ensure that these activities are accessible for the deaf child or young person? (See www.ndcs.org.uk/me2 for more information.)

5. Do the parents have anxieties about the community's perception of the particular additional needs of their child?

6. Have the family experienced any prejudice or abuse in the community?

Community resources (England and Wales)

Local resources (Scotland)

Extended family and social and community resources (Northern Ireland)

This area includes looking at the large amount of information about resources at the point of diagnosis from education and health as well as social care and early years. Be prepared to spend the time to discuss this with the family when there has been the opportunity to reflect.

Transport and funding for transport are key issues as well as rural isolation and the different networks a child or young person may have in their school or home communities.

1. Are the family aware of and able to access community resources, activities and groups which can support them and their child and provide leisure opportunities (e.g. Local deaf children's societies, and NDCS events for deaf children, young people and their families)?

2. Has information been made available to them about help, activities and support and have they made use of this information to reduce isolation and promote integration in the community?

3. Are staff in local clubs and leisure centres aware of the child's deafness and the reasonable adjustments they can make to ensure they are included?

4. Are there any specific transport difficulties?

Child protection investigations and arrangements: Additional considerations when supporting deaf children and young people

Child protection investigations and arrangements will be conducted within the national frameworks in all four countries of the UK:

- In England and Wales, *Working Together to Safeguard Children* (DCSF, 2010)

- In Northern Ireland, the *Standards for Child Protection Services* (DHSSPS, 2008)

- In Scotland, *Protecting Children and Young People: Framework standards*, (Scottish Executive, 2004)

- And in accordance with the Convention on the Rights of the Child, (United Nations, 1989) article 19 and the European Convention on Human Rights (European Union, 1950) articles 6 and 8.

Children's social care services' responsibilities

In relation to child protection, children's social care services must:

- be the principle point of contact for children for whom there are welfare concerns

- be available to be contacted directly by children, parents or family members seeking help, or concerned friends and neighbours, or by professionals and others

- assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm

- make enquiries under s47 of the Children Act 1989, the Children (Scotland) Act 1995 or the Children (Northern Ireland) Order 1995 wherever there is a reason to suspect that a child is at risk of significant harm

- convene and chair child protection conferences

- provide a key worker for every child that has a child protection plan.

Local authorities and trusts have a duty to ensure that their policies and procedures for investigating and managing child protection are reviewed to reflect the needs of children with disabilities, which include the needs of deaf children.

Child protection requires effective communication with the child. Social care services should therefore ensure that deaf children and their families can communicate effectively with staff in the language and medium in which the child feels most competent and comfortable from the start of any child protection process.

A deaf child or young person's vulnerability to physical, emotional, sexual abuse or neglect may be increased by:

- an increased likelihood that the child or young person is socially isolated

- the parents' own needs and ways of coping, which may conflict with the needs of the child

- some sex offenders targeting deaf and/or disabled children in the belief that they are less likely to be detected

- for children with additional needs, a need for practical assistance in daily living, including intimate care

- a lack of ability in the carer to communicate adequately with the child

- a number of different people providing care and support leading to an increased risk that behavioural changes may go unnoticed.

In addition to the universal indicators of abuse and neglect other abusive indicators need to be considered for children with a disability, such as rough handling, unjustified restraint, deprivation of food, misuse of medication, invasive procedures against the child's will, deliberate failure to follow medical recommendations, ill fitting equipment, undignified age or culturally inappropriate intimate care practices.

Difficulties caused by language and communication barriers

The publication *Safeguarding Disabled Children: Practice guidance* (DCSF, 2009a) highlighted some of the difficulties for disabled children caused by language and communication barriers, which include:

- difficulty in reporting worries, concerns or abuse

- lack of language to report abuse

- adults being unable to understand them

- avenues open to abused children such as telephone helplines and school-based counselling being unavailable

- significant vulnerability for children who use alternative means of communication and who have a limited number of people who they can tell, since these same people may be the abusers

- lack of access to independent facilitators or people familiar with a child's communication method, e.g. over two fifths of advocacy services could not provide for children who do not communicate verbally

- professional concerns about the levels of understanding that disabled children might have about concepts of abuse.

When working with deaf children and young people, it must be remembered that:

- language and communication difficulties pose a risk to the child's social, emotional and educational development

- any assessment therefore needs to focus on the capacity of the family to develop a child's language and create an environment that promotes their communication

- with the right support a deaf child can achieve the same developmental milestones as other children

- most deaf children like to socialise. If a child appears to be quiet and withdrawn don't assume this is their personal preference

- to involve the child, professionals need to communicate with the child in their preferred communication method

- deaf children should be assessed by specialist social workers who have an awareness of deafness and how it impacts on a child's development and the functioning of a family

- each child should be assessed carefully and supported, where relevant, to participate in the criminal justice system, particularly in relation to how they can be assisted to communicate, using appropriate communication facilitation techniques and professionals.

The importance of specialist social workers for deaf children in assessment and child protection

It is crucial that social care teams who hold designated responsibility for deaf children have deaf expertise within the team and/or, at the very minimum, arrangements in place so that other social care practitioners can call upon such expertise.

Expertise, in addition to regular training, skills and knowledge of social care professionals should encompass:

⤏ an understanding of the complexity and variety of linguistic and psychosocial developmental challenges deaf children and young people 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 and young people

⤏ an understanding and up to date knowledge of what technology and equipment exists and how to use it (see the NDCS publication *Technology at Home* for more information)

⤏ an ability to recognise and assess the strengths and needs of individual deaf children within their particular family and social environments.

Therefore, 'expertise' defined solely by the presence of communication skills such as a practitioner with BSL level 1 being available in the team, should not be regarded as adequate.

Where specialist deaf or sensory social care teams do exist, supporting both deaf children and adults, social care practitioners in children's services working with the deaf child must:

• have confidence that the specialist social workers are also appropriately trained to work with children and families

• be aware of the formal arrangements that outline co-working procedures when working with children and families' social workers as may be required (including specifically in respect of child protection enquiries)

• have access to information held by the specialist team.

In many cases child protection investigations need to be undertaken by social workers who specialise in supporting deaf children and their families. However, as a minimum, a social worker undertaking investigations should consult with and have access to specialist advice and support.

Thresholds for neglect and emotional abuse

Deaf children and young people are at risk of underachievement, social isolation and mental health problems if families cannot or do not help the child acquire language and communication skills. Poor communication between the family and the deaf child is therefore a potential form of neglect and emotional abuse. This may include failure to keep audiology appointments and failure to ensure hearing equipment is functioning properly. However, it is important to consider the reasons for this as well as the impact on the child or young person. Questions need to be considered about the help offered to the family to aid communication.

Communication with the child or young person

Effective communication is vital in order to:
- conduct the investigation and assess the deaf child
- allow the deaf child to express their wishes and feelings, attend court and to have their experience understood
- undertake therapy and counselling following abuse.

It is crucial to find out the child or young person's preferred communication and their strengths and weaknesses. A specialist social worker for deaf children or a qualified teacher of the deaf may be able to help.

Triangle has produced *Three Way Street: Communicating with children and young people*, a DVD and handbook which include useful information on communicating with deaf children.

Children and young people who communicate using a spoken language

If a child or young person has poor pronunciation it is important to develop ways of recording what they have said in a way that does not invalidate the recording as evidence in any subsequent proceedings. A specialist social worker or a teacher of the deaf should be invited to a strategy meeting to address how they may act as a facilitator in the interview process and assist with any transcript of the recording.

Children and young people who communicate using sign language

For a child or young person who communicates using sign, a sign language interpreter is required who is a member of Signature (England, Wales, Northern Ireland and Scotland) or the Association of Sign Language Interpreters (England, Wales and Northern Ireland) or the Scottish Association for Sign Language Interpreters (Scotland).

A qualified and registered interpreter must be used. Failure to use a qualified and registered interpreter will limit the child's participation and may jeopardise a successful prosecution of the perpetrator of abuse and deny the deaf child or young people access to justice. The word 'interpreter' should only be used for qualified persons who have had training and are qualified and registered. In most cases it is unlikely that specialist social workers, teachers of the deaf or the child's communication support worker will have the relevant qualification and should instead be termed 'facilitators'.

Involve the interpreter in planning

Where an interpreter is required they must be invited to attend the child protection strategy meeting. This will provide an opportunity to:

⟶ share all information known about the family background and allegations

⟶ clarify the child or young person's language

⟶ discuss seating arrangements in the interview or child protection conference

⟶ discuss camera angles if it is an 'achieving best evidence' interview (both the interpreter and the child's communication must be seen on video)

⟶ discuss the names the child uses for body parts and sexual abuse, if appropriate

⟶ discuss support for the interpreter

⟶ discuss how to avoid the interpreter's use of signing and touching parts of the body being construed as 'leading' so this must be planned and recorded prior to interview

⟶ find out if the interpreter needs time in addition to rapport stage to be able to engage with the child.

Intermediaries

An intermediary is someone who can help a deaf child understand questions they are asked, and then communicate their responses. They can help deaf children who are witnesses at each stage of the criminal justice process, from police investigations and interviews, through pre-trial preparations to court. Intermediaries perform an important function, helping deaf children gain equal access to justice. Deaf children should be offered an intermediary from the outset of investigation through to interview and trial to ensure that communication between the child and the criminal justice system is accurate, complete and coherent.

English as a second language

At all stages of referral and assessment, consideration must be given to issues of diversity, taking into account the impact of cultural expectations and obligations of the family; the family's understanding of UK law in relation to parenting and child welfare; the impact on the family if they are very recently resident in the UK and their immigrant status; and the need to use interpreters for discussions about parenting and child welfare even if the family's day to day English may appear to be adequate.

Informing and involving the deaf child or young person

Social workers should establish the communication needs of the child, parents and other significant family members when taking a referral. Family members and children themselves should not act as interpreters within interviews. If a child communicates by means other than speech, then professionals should seek specialist expertise to enable the child to properly express themselves and to ensure that the interview with the child meets criminal proceedings standards.

A written explanation should be included in the child's plan about any departure from usual interviewing processes and standards. Every effort should be made to enable the child to tell their story to those directly conducting the enquiry. A written summary of the interview should be explained to the child.

If possible, deaf children should be offered an independent advocate who can support them through child protection processes. Independent advocates provide independent and confidential information, advice, representation and support and can play a vital role in ensuring children have appropriate information and support to communicate their wishes and feelings in a range of settings including child protection conferences.

Timescales and maintaining a list of specialist support

Investigations must take place within the same timeframes as applied for all children. For example, in England the Government's guidance *Working Together to Safeguard Children* (DCSF, 2010) states that whilst there are likely to be additional resources required to achieve this for a disabled child it is important that there are no delays in completing these enquiries in the timescales set out for all children.

It is important that those conducting the investigation have ready access to a list of professionals who can help. This would include qualified lipreaders, qualified and registered interpreters and deaf relay interpreters, including those who have had child protection experience.

Social care services and other child protection agencies need to identify these professionals in advance to avoid delay and ensure they fulfil their anticipatory duties under the *Disability Discrimination Act 1995*. This may mean considering developing cross-authority/trust arrangements to ensure access to qualified registered interpreters with appropriate child protection training and expertise.

Child protection plans

After an investigation, the subsequent meetings held with parents, children or young people and professionals need to take into account the guidance in this chapter. If it is decided that a deaf child requires a child protection plan then:

- the chair of any subsequent meeting or conference needs a clear understanding of the communication needs of the child and family, and the role of the interpreter or other communication professionals, before a conference takes place

- the plan needs to set out how the communication needs of the child will be met

- the necessary communication support should be available to the deaf child so that they can be involved in the review of the plan

- if the plan involves supervised access arrangements to deaf parents, it is important that the member of staff supervising the contact can communicate fluently to prevent inappropriate influence

- deaf children should be provided with therapeutic support following abusive experiences – without this support unresolved issues can show in other ways such as self harm and challenging behaviour.

Plans should be regularly reviewed and all of the above communication needs met during each review. Support should be provided to enable the family and child to understand and confirm the accuracy of records of meetings.

Appendix 1: Case studies

These three case studies can be used in team meetings and staff development to identify how you would respond to a referral of a deaf child and their family for assessment and to identify any gaps in service processes or skills and issues with information and training. We would encourage working with colleagues in specialist roles working with deaf children to produce your own case studies to review the effectiveness of your current procedures.

A 14 year old profoundly deaf boy in mainstream school is currently excluded. A recent transition meeting reached no firm conclusion about his future. Questions have been raised about his use of alcohol, staying out very late at night and being abusive to his mother. His oral communication skills are very limited. He uses sign language but it is not thought to be age appropriate. He lives with his mother, step-father and younger half-sisters, all of whom are hearing. A few weeks later, the mother self-refers saying that her son has now begun to be physically violent towards her and his younger sisters.
(With thanks to the University of Manchester)

A recently separated hearing woman has just moved into the area from the Midlands. She has four children, aged 8, 6 and 4, all hearing, and the youngest, 2 and a half, is severely deaf. Before moving she was being assessed for a cochlear implant. The mother has severe financial difficulties and housing problems. The house is entirely unsuitable for a deaf child (one large room downstairs, shared bedrooms, no garden fence). According to the *Early Support Monitoring Protocol*, the deaf child appears to be developing within the expected range. The mother refers herself and her family for support.
(With thanks to the University of Manchester)

Aishah is a 3 year old girl. Her family are asylum seekers who have just arrived in the UK. She has very limited communication and the discovery of her hearing difficulties is very recent. The family are struggling to accept the diagnosis and don't understand her needs as a deaf child, which leads to them shouting at her repeatedly. Due to constant noise disruption, neighbours have called the police who have explained that the parents are shouting because Aishah is deaf.

Aishah starts to get really frustrated with the lack of communication as she can't make herself understood. The family tend to keep her away from public situations because they are embarrassed as she has so many tantrums. She is left out of family activities and resides on the periphery of family life. Then, Aishah starts to lash out, hitting her mum and dad, brother and baby sister. She also goes into the cutlery drawer in the kitchen, removes sharp implements and waves them around in a threatening manner. She gets such a reaction that she finds it really funny. The situation continues to worsen. Her family say she is 'mad' and no longer want her in the home. They contact social services to ask for her to be looked after.
(With thanks to NSPCC)

Appendix 2: Legislation and national policy

England

Framework for the Assessment of Children in Need (DH 2000)

National Service Framework for Children, Young People and Maternity Services (DCSF and DH, 2004)

Safeguarding Children: A review of arrangements in the NHS for safeguarding children (Care Quality Commission, 2009)

Safeguarding Children: The third joint chief inspectors' report on arrangements to safeguard children (Ofsted, 2008)

Safeguarding Disabled Children: Practice guidance (DCSF, 2009a)

Northern Ireland

Regional Policy and Procedures (Area Child Protection Committees, 2005) (Northern Ireland)

Standards for Child Protection Services (DHSSPS, 2008)

Scotland

A Guide to Getting it Right for Every Child (Scottish Government, 2008)

Protecting Children and Young People: Framework for standards (Scottish Executive, 2004)

Wales

Children and Young People: Rights to action (Welsh Assembly Government, 2004)

Framework for the Assessment of Children in Need (DH 2000)

National Service Framework for Children, Young People and Maternity Services (Wales) (Welsh Assembly Government, 2005)

Acts and conventions

Children Act 1989 and 2004

Children Act (Scotland) 1995

The Children (Northern Ireland) Order 1995

Chronically Sick and Disabled Persons Act 1970

Convention on the Rights of the Child 1989

Disability Discrimination Act 1995

Equality Act 2010

European Convention on Human Rights 1950

Appendix 3: Useful websites

UK

British Society for Mental Health and Deafness • **www.bsmhd.org.uk**

Child Exploitation and Online Protection Centre (CEOP) • **www.ceop.police.uk**

Childline (England, Northern Ireland and Wales) • **www.childline.org.uk**

Contact a Family • **www.cafamily.org.uk**

Independent Safeguarding Authority • **www.isa-gov.org.uk**

NSPCC • **www.nspcc.org.uk**

Social Care Institute for Excellence • **www.scie.org.uk**

Triangle • **www.triangle.org.uk**

NSPCC Helpline Service for the Deaf and Hard of Hearing
help@nspcc.org.uk text phone service **0800 056 0566** or use our BSL Sign Video
service: via videophone on (ISDN) **020 8463 1148** or online via webcam or IP
videophone to **nspcc.signvideo.tv**

England

Care Quality Commission • **www.cqc.org.uk**

Centre for Excellence in Outcomes in Children and Young People's Services (C4EO)
www.c4eo.org.uk

Children's Commissioner for England • **www.childrenscommissioner.gov.uk**

Children's Workforce Development Council • **www.cwdcouncil.org.uk**

Council for Disabled Children • **www.ncb.org.uk/cdc**

Department for Education • **www.education.gov.uk**

Department of Health • **www.dh.gov.uk**

Early Support • **www.direct.gov.uk/en/caringforsomeone/caringforadisabledchild**

General Social Care Council • **www.gscc.org.uk**

Newborn Hearing Screening Programme (England)
www.hearing.screening.nhs.uk

The Communication Trust • **www.thecommunicationtrust.org.uk**

Northern Ireland

Department of Education • **www.deni.gov.uk**

Department of Health, Social Services and Public Safety • **www.dhsspsni.gov.uk**

Northern Ireland Commissioner for Children and Young People • **www.niccy.org**

Northern Ireland Social Care Council • **www.niscc.info**

Scotland

Children 1st • **www.children1st.org.uk**

Education and Training • **www.scotland.gov.uk/topics/education**

Health and Community Care • **www.scotland.gov.uk/topics/health**

The Institute of Research and Innovation in Social Services • **www.iriss.ac.uk**

Newborn Hearing Screening Programme (Scotland)
www.nsd.scot.nhs.uk/services/screening/unhearingscreening

Social Work Inspection Agency • **www.swia.gov.uk**

Social Work Scotland • **www.socialworkscotland.org.uk**

Scotland's Commissioner for Children and Young People • **www.sccyp.org.uk**

Scottish Commission for the Regulation of Care • **www.carecommission.com**

Scottish Social Care Services Council • **www.sssc.uk.com**

Wales

Care Council for Wales • **www.ccwales.org.uk**

Children's Commissioner for Wales • **www.childcom.org.uk**

Welsh Assembly Government: Education and Skills
www.wales.gov.uk/topics/educationandskills

Welsh Assembly Government: Social Services and Social care
www.wales.gov.uk/topics/health/socialcare

Newborn Hearing Screening Programme (Wales)

www.screeningservices.org.uk/nbhsw

Appendix 4: A simple overview of typical developmental stages 4 to 5 years

This is an example of a simple overview of typical development stages. Overviews like this that cover birth to five years old can be found in *Communicating with your Deaf Child* (NDCS, 2010).

Age/Phase	By 4 years, most children...
Physical Development	• Have a good sense of balance • Run up and down stairs • Enjoy climbing • Skilfully ride a tricycle • Sit with knees crossed • Increase their ballgame skills
Social and Emotional Development	• Want to be independent • Can dress and undress themselves • Show sensitivity to others • Argue with adults and other children • Have developed a sense of humour • Like to be with other children • Try to work out what is 'right' and 'wrong'
Cognitive and Play Development	• Count up to 20 by rote, and understand up to number 3 • Appreciate past, present and future • Ask meanings of words • Question all the time • Draw with more detail • Understand taking turns as well as sharing • Act out stories, TV programmes, shows, films • Confuse fact with fiction
Language and Communication Development	• Talk fluently • Listen to and tell long stories • Enjoy jokes and plays on words

Age/Phase	By 5 years, most children...
Physical Development	• Can skip using both feet • Have well-developed ball skills • Can draw a man and copy a triangle • Colour pictures carefully • Are active and skilful in playground activities • Move to music • Pick up minute objects • Build elaborate models • Have good control for writing, drawing and painting
Social and Emotional Development	• Dress and undress by themselves • Choose their own friends • Enjoy looking after pets • Are caring to others who are hurt or upset • Understand social rules
Cognitive and Play Development	• Understand the need for rules and fair play • Ask the meaning of abstract words and concepts • Can give full name, age and address • Show interest in reading and writing • Recognise their own name and try to write it • Can draw a detailed person • Can match most colours • Understand numbers • Love to read stories and act them out • Enjoy team games • Play complicated games with small objects
Language and Communication Development	• Have fluent speech with few grammatical errors • Can talk about the past, present and future • Enjoy more language based jokes and riddles

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- A Freephone Helpline 0808 800 8880 (voice and text) offering clear, balanced information on many issues relating to childhood deafness, including schooling and communication options.

- A range of publications for parents and professionals on areas such as audiology, parenting and financial support.

- A website at www.ndcs.org.uk with regularly updated information on all aspects of childhood deafness and access to all NDCS publications.

- A team of family officers who provide information and local support for families of deaf children across the UK.

- Specialist information, advice and support (including representation at hearings if needed) from one of our appeals advisers in relation to the following types of tribunal appeals: education (including disability discrimination, special educational needs (SEN) and, in Scotland, Additional Support for Learning (ASL)); and benefits.

- An audiologist and technology team to provide information about deafness and equipment that may help deaf children.

- Technology Test Drive – an equipment loan service that enables deaf children to try out equipment at home or school

- Family weekends and special events for families of deaf children.

- Sports, arts and outdoor activities for deaf children and young people.

- A quarterly magazine and regular email updates.

- An online forum for parents and carers to share their experiences, at www.ndcs.org.uk/parentplace.

- A website for deaf children and young people to get information, share their experiences and have fun www.buzz.org.uk

NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people.

NDCS Freephone Helpline:
0808 800 8880 (voice and text)

Email: **helpline@ndcs.org.uk**

www.ndcs.org.uk

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