

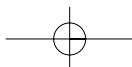
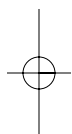
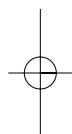
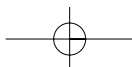
Deaf Children:

Positive Practice Standards in Social Services

Executive Summary

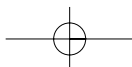
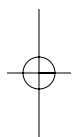
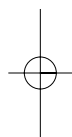
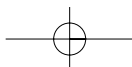
ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES
BRITISH DEAF ASSOCIATION
LOCAL GOVERNMENT ASSOCIATION
NATIONAL CHILDREN'S BUREAU
THE NATIONAL DEAF CHILDREN'S SOCIETY
THE ROYAL NATIONAL INSTITUTE FOR DEAF PEOPLE





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Introduction

Deaf Children: Positive Practice Standards in Social Services – Executive Summary

ABOUT THE STANDARDS.....

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

The standards reflect current legislation and government guidance, including the *Children Act (1989)*, *Working Together to Safeguard Children*, the *Framework for the Assessment of Children in Need and their Families* and the *Quality Protects* programme.

These standards were developed by the Association of Directors of Social Services (ADSS), British Deaf Association (BDA), Local Government Association (LGA), National Children's Bureau (NCB), The National Deaf Children's Society (NDCS), the Principal Officers' Group, practitioners and the Royal National Institute for Deaf People (RNID). They reflect consensus achieved over a series of meetings, consultation with practitioners in a variety of departments and settings, with a range of organisations and with parents of deaf children, who may themselves be deaf.

The authors have divided the standards into 14 sections, each one reflecting a key area relating to deaf children and their families. The full version of the standards provides detailed practice notes, standards with expected outcomes,

criteria for evaluating whether a standard has been reached, and a mixture of case studies and comments from service users. This short summary comprises the standards and outcomes themselves, brief notes distilled from the full version, and a checklist for parents and young deaf people.

In writing the standards, the authors have made the following assumptions:

- Deafness itself is not a problem, but deaf children and families need varying levels of intervention.
- Deaf children and their families should be empowered to make informed choices about how they want to communicate with each other.
- Partnership working between local and national agencies will help deaf children to maximise their opportunities and reach their full potential.
- Deaf children are children in need, as defined by the Children Act 1989.

NUMBERS OF DEAF CHILDREN

Approximately one child in every 1000 is born deaf. This ratio is higher amongst some groups and in some areas, with socio-economic deprivation being a key factor. Approximately another one child per thousand will acquire permanent deafness through illness, mainly meningitis before the age of nine. Ninety percent of deaf children are born to hearing families with no previous experience of deaf people or deaf issues. In most cases parents will need to learn to address the language and communication needs of their

Deaf Children: *Positive practice standards in social services – Executive Summary*

deaf children in order to ensure age-appropriate development.

COMMUNICATION: THE KEY ISSUE

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

EARLY IDENTIFICATION OF DEAFNESS

The Government is in the process of piloting Universal Newborn Hearing Screening (UNHS) around the country. The earlier the child is identified, the better the prospect of offering support. Research evidence shows that deaf children can develop linguistic competence, intellectual skills and emotional well-being at similar rates to other children, if supported by family/carers and services.

THE ROLE OF SOCIAL SERVICES

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

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

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

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

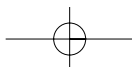
KEY RECOMMENDATIONS FOR EFFECTIVE SERVICE PROVISION

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

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

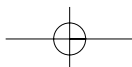
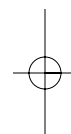
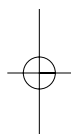
COMMUNICATING WITH DEAF CHILDREN

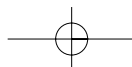
Workers who assess deaf children require developed communication skills. If they are childcare specialists, they will require extra skills in order to communicate with deaf children. They will need to establish joint working procedures with other



Introduction

specialists, e.g. qualified social workers with deaf people, deaf support workers, interpreters, teachers of deaf children, etc. In child protection work, careful attention needs to be taken over the communication needs of the child, as their level of language development in either English and/or BSL may require additional expertise and the use of an advocate or outside advisor to address issues. It is unlikely that the Positive Practice Standards will be attained without ensuring appropriate inputs from specialist qualified social workers with deaf people and the establishment of clear working systems and procedures which involve these workers.





Section 1

Providing advice and information

OUTCOMES

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

STANDARD 1.1

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

STANDARD 1.2

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

STANDARD 1.3

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

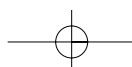
STANDARD 1.4

Information is accessible to deaf young people

PRACTICE NOTES

Parents and carers need information and advice about the implications of their child's deafness and about what services and support are available to them. Good links with the audiology department are an essential starting point. A range of agencies will be involved in providing information and advice. Working in partnership with local agencies, social services has a role in ensuring that all agencies have a co-ordinated response and have together provided appropriate information to enable parents to make choices. Social services also has a role in 'sign posting' families/carers to other professionals and services.

Families/carers will wish to know their rights, responsibilities and the range of education and health options that exist locally, regionally and nationally. Families may also need communication support in order to access a range of services. Deaf adolescents and young adults need accessible information to make their own choices about the transition into adulthood.



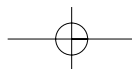
Checklist for parents

Providing advice and information*

1

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

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



2

Section 2

Communicating with deaf children and their families/carers

OUTCOMES

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

STANDARD 2.1

Social services interviews are carried out in environments which maximise communication

STANDARD 2.2

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

STANDARD 2.3

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

PRACTICE NOTES

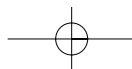
Workers should be able to communicate independently with the deaf child. If they cannot communicate directly, arrange assistance from interpreters or support workers.

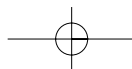
Children should be able to be involved in any interview independently as would be appropriate to their age and cognitive understanding. Deaf children may find open-ended questions difficult. It helps to start with open-ended questions about simple events – working the answers through with the child, before beginning to ask the questions to which answers are really needed.

Repeating questions can be a problem for deaf children. They may think they did not 'hear' the question correctly. This can lead them to re-interpret the question – answering a different question the second time around with consequently a very different answer.

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

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





Communicating with deaf children and their families/carers

Interview rooms should be:

- acoustically treated;
- fitted with good lighting to enable lipreading and sign reading;
- fitted with curtains and blinds to keep glare out;
- decorated with plain wallpaper/coverings (busy wallpaper can make lipreading and signed communication difficult);
- fitted with induction loop facilities;
- equipped with sound enhancement aids available, in addition to communication services.

2

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

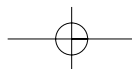
Human aids to communication include:

- sign language interpreters¹(BSL/SSE)
- notetakers
- speech-to-text operators
- lipspeakers
- deafblind guides/communicators

Finding out how the child communicates best is crucial.

Where abuse is, or may be an issue, it is important to video-tape the interview and follow the guidance contained in the *Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings*. Child protection interviews/case conferences should always involve interpreters if anyone attending uses sign language.

¹ Qualified BSL interpreters have passed the required CACDP examinations to acquire interpreter status and are listed in the CACDP Directory 2001/2002. Qualified interpreters adhere to a Code of Practice and are insured for professional indemnity. The interpreter qualification is due to change with the introduction of NVQs and will presuppose BSL Stage 3 training prior to the commencement of interpreter training. Qualified lipspeakers also adhere to the CACDP Code of Practice. CACDP registered Level 3 lipspeakers are listed in the CACDP Directory



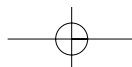
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Checklist for parents

Communicating with deaf children and their families/carers

2

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



Section 3

Assessing need

OUTCOMES

- *Deaf children and adolescents are assessed comprehensively and transparently in accordance with the Framework for the Assessment of Children in Need and their Families.*
- *Families/carers of deaf children have access to appropriate assessments, avoiding negative assumptions about deafness.*
- *Both families/carers and children play a role in assessments.*

3

STANDARD 3.1

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

STANDARD 3.2

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

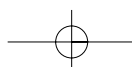
PRACTICE NOTES

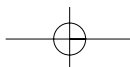
The *Framework for the Assessment of Children in Need and their Families*² advises social services departments to guard against children “slipping through the net” as a result of communication differences, or because problems do not appear to be serious enough in terms of the local authority’s priorities. It is essential to assess the longer-term impact of *not* intervening on behalf of deaf or disabled children.

Social workers should assess deaf children on the basis of an ability to reach developmental milestones commensurate with the targets set for all children (unless the deaf child has multiple and complex disabilities). They should be expected to develop communicative, linguistic and cognitive skills at similar rates and to the same level as hearing children.

Social services should assess the deaf child for equipment that will enable them to develop independent living skills at the appropriate stages of their development.

² Department of Health (2000): *Framework for the Assessment of Children in Need and their Families* (The Stationery Office)



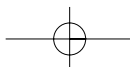


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Social services staff have a duty and opportunity to contribute to the special educational needs assessment, which is co-ordinated by the local education authority.

Partnership working between departments and agencies is crucial to effective assessments.

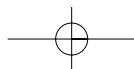
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Checklist for parents

Assessing need

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



Section 4

Supporting families/carers

OUTCOMES

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

4

STANDARD 4.1

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

STANDARD 4.2

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

STANDARD 4.3

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

PRACTICE NOTES

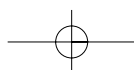
The dynamics of a family situation including a deaf child may be very different and may need to be viewed differently from that of other families.

Each family has its own needs and its own identity. The extended family may play a key role in making decisions affecting deaf children. It is important that service providers respect the authority which, for example, grandparents, may have in some families.

Service providers need to value diversity. This includes addressing race, religious practices and culture, including the cultural needs and values of d/Deaf families.

The use of link workers and close partnerships with community organisations are two ways in which services can be made more relevant and accessible to the range of families/carers with deaf children. Sign language and communication classes that welcome extended family members and are geared towards communication with children, help to ensure that the deaf child is enabled to grow and develop feeling secure and able to play a full role within their family. Respite, family link, language aide and holiday schemes can also be of benefit to deaf children and their families. Provision of transport may be important. Section 17 funding may be applicable in many cases.

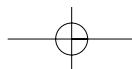
Families are supported best by having named key workers who may be contacted at various times and who get to know the family and its needs well.



Checklist for parents

Supporting families/carers

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



Section 5

Providing equipment

OUTCOMES

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

5

STANDARD 5.1

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

STANDARD 5.2

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

STANDARD 5.3

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

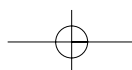
PRACTICE NOTES

Technology can help to maximise interaction and independence for deaf children and young people. The deaf child of hearing parents will require equipment to enable them to make sense of the home environment and participate on an equal basis in the family. The equipment service therefore fits into the local authority's overall preventative service for children with disabilities and their families.

The service should be delivered by trained staff, assessing the needs of children in their family. Risk assessment should include factors like loss of independence and reaching developmental milestones.

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

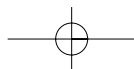
All families/carers of deaf children require information on the range of equipment that will assist their deaf child in communication and independence.



Checklist for parents

Providing equipment

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



Section 6

Ensuring child protection

OUTCOMES

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

STANDARD 6.1

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

6

STANDARD 6.2

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

STANDARD 6.3

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

PRACTICE NOTES

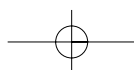
Deaf children are more vulnerable to abuse than their hearing peers. Reliable studies from the USA indicate that deaf and disabled children are two to three times more likely to suffer physical, sexual or emotional abuse, or to experience neglect³.

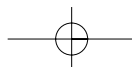
The lack of deaf awareness in the community can lead to feelings of low self-esteem. Deaf children come into contact with a greater number of adults than hearing children. Taken together, these factors serve to create vulnerability. When deaf children lack fluent language skills, either spoken or signed, they are both more easily targeted for abuse and less able to disclose.

Social workers and other professionals may face challenges when they suspect that abuse may be taking place but there are problems in communication. Child protection workers need to establish effective teamwork (with qualified specialist social workers with deaf people) in order to address the issues facing deaf children and their families/carers.

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

³ Sullivan et al in Hindley P & Kitson N (eds) (2000): *Mental Health and Deafness* (Whurr Publishers) pp149-184



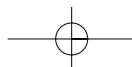
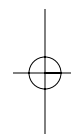
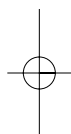


Ensuring child protection

When child protection assessments are taking place there could be a need for at least three types of worker:

- a specialist in child protection
- a qualified social worker for deaf people/deaf advocate
- a communication support worker (e.g. BSL interpreter)

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



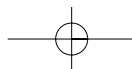
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Checklist for parents

Ensuring child protection

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

6



Section 7

Providing mental health care

OUTCOMES

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

STANDARD 7.1

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

STANDARD 7.2

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

STANDARD 7.3

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

STANDARD 7.4

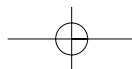
Once a deaf child has been discharged from specialist mental health services, social services should ensure that appropriate support is provided to the child and their family/carers

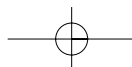
PRACTICE NOTES

Mental health problems in deaf children may be related to:

- communication difficulties (and therefore feelings of isolation). These can occur at home with family/carers, other children and adults and at school;
- feelings of low self-esteem and self worth;
- experience of abuse;
- limited access to developmental experience; and
- other adverse life events.

Effective communication at home and at school and the availability of support services have been shown to assist in helping deaf children become well-adjusted young people





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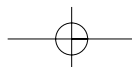
and adults⁴. Deaf children growing up in hearing families need deaf adult role models that they can identify with. The absence of these role models can contribute to the child's low self-esteem.

Absence of parental acceptance and child support services at key developmental stages can increase emotional difficulties for families/carers and deaf children. If communication and language skills are delayed, mental health difficulties can follow.

Services for deaf children who are experiencing mental distress need to ensure that there is access to communication. It is likely that there will need to be close working between social services and the CAMHS (Child and Adolescent Mental Health Service) co-ordinated by the local health authority. Drug misuse services and eating disorder services for young people may also be required for deaf adolescents on some occasions.

There is currently only one specialist service for deaf children and deaf adolescents aged up to 16 years, located at South West London and St. George's Mental Health Trust. This service provides specialist assessment, out-patient clinics, some counselling and a consultancy service to other more generic staff. A small inpatient unit has opened in 2001.

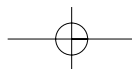
⁴ ibid



Checklist for parents

Providing mental health care

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



Section 8

Children living away from home

OUTCOMES

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

STANDARD 8.1

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

STANDARD 8.2

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

STANDARD 8.3

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

STANDARD 8.4

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

STANDARD 8.5

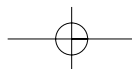
Carers of looked after deaf children are able to meet the range of needs of the deaf child and fully validate their cultural and linguistic identities

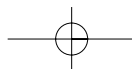
STANDARD 8.6

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

PRACTICE NOTES

This section looks at the needs of all deaf children living away from home, whether away from home for educational reasons or because they are 'looked after' by the local authority. It looks at residential schools and homes, short break care and foster and adoptive homes.





Children living away from home

Deaf children, some with multiple disabilities, are mainly living away from home in order to attend special residential schools.

These standards for deaf children should be taken within that broader context, and seen as supplementary to national standards.

CHILDREN IN RESIDENTIAL SCHOOLS

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

LOOKED AFTER CHILDREN

Carers and adoptive or foster families need to be able to communicate meaningfully with the deaf child⁵. Deaf adults are often in a position to offer a home to a deaf child, without the communication barriers that are almost inevitable when placing deaf children with hearing families. This can be as short-term 'respite' carers, or as foster carers. A regional approach to recruiting deaf foster carers or potential adoptive parents, or those with experience of deaf children, would help to ensure appropriate placements being made more speedily.

Deaf children should be fully involved in agreeing the placement wherever possible. This means ensuring that they have appropriate communication support in meetings that they attend, and access to an independent advocate. Professionals involved in assessing a deaf child should be able to communicate effectively with that child.

Provision of text or amplified phones will help the deaf child to stay in touch with the outside world. They should also have access to subtitled television and other domestic equipment that enables them to function age-appropriately within their new home.

Carers need to know about the care and maintenance of hearing aids, including cochlear implants. They need to know that hearing aids do not enhance hearing in the same way that glasses correct vision. The NDCS guides to hearing aids and cochlear implants for children should be given to carers.

Substitute families/carers, whether deaf or hearing, will need to be able to have easy access to the designated social workers. This may require the provision of equipment such as minicomms or faxes, and a facility to have access to BSL interpreters.

⁵ British Deaf Association (1991): *One of the Family?* (video, British Deaf Association)

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Checklist for parents

Children living away from home

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

Section 9

Children with multiple disabilities

OUTCOMES

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

STANDARD 9.1

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

STANDARD 9.2

Deaf children with complex needs are protected from abuse

STANDARD 9.3

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

STANDARD 9.4

Families/carers are helped to obtain maximum financial support

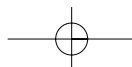
PRACTICE NOTES

Forty percent of children with learning difficulties also have a hearing loss. Of the total population of deaf children with a hearing loss of >40db, a quarter have at least one additional disability. The key to working successfully with these children is through multi-agency partnerships.

The child's access to a communication system from as early in their life as possible is crucial. All children, however disabled, can communicate and it is a core professional task to understand how to access and develop this. Families/carers will have developed ways of communicating, and professionals should work with them to independently learn to understand the child.

Deafblind children have specific communication needs. Levels of deafness and blindness will vary, and so choice of communication approach needs to take account of individual circumstances and needs⁶.

⁶ SENSE, 2000: *Deafblind Standards*, Provide information on communication methods

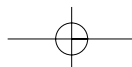
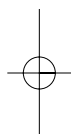


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All children with complex communication needs should have a detailed record of their method of communication and any techniques on accessing and responding to it.

It is important in designing services for deaf children and young people with multiple disabilities that child protection methods are built into systems and that all professionals are aware of extra vulnerabilities to abuse.

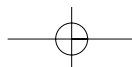
Families/carers with children with complex needs are the least likely to have informal support from family and friends, and may need a range of provision, which will vary over time. The financial needs of families with children with multiple disabilities should not be overlooked.



Checklist for parents

Children with multiple disabilities

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



Section 10

Providing a positive transition

OUTCOMES

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

STANDARD 10.1

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

STANDARD 10.2

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

STANDARD 10.3

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

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STANDARD 10.4

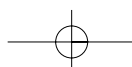
Once the transition period has been completed, social services should have a clear plan for their withdrawal

PRACTICE NOTES

Social services staff play a valuable role in planning and implementing transition, both at 13-14 years, and at the 16-18 stage.

Assessment meetings should include checking that the young adult is happy with the communication support provided and is enabled to participate fully. The assessment should be conducted with regard to the young person and their environment, including their language, interpersonal skills, independent living skills, self-esteem, identity as a deaf person and relationship with their primary carers.

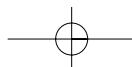
Qualified specialist social workers for deaf people need to get involved in transition planning while the young person is in school.



Checklist for parents

Providing a positive transition

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



Section 11

Joint working with other agencies

OUTCOMES

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

STANDARD 11.1

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

STANDARD 11.2

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

STANDARD 11.3

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

STANDARD 11.4

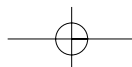
The local agencies provide co-ordinated assessments of need and joint support packages where needed

PRACTICE NOTES

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

**11**

Social services can contribute to the quality of service provision by developing more robust partnerships between the key local commissioners and providers of services. It is particularly important in the field of deafness that local deaf organisations and organisations supporting deaf parents are involved with the whole range of professionals. This will ensure that a user perspective prevails and deaf awareness is shared across the partnerships. Partnership working can lead to resources being creatively used and users obtaining an integrated, rather than a fragmented, service.



Joint working with other agencies

Checklist for parents

Joint working with other agencies

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

Section 12

Involving deaf people in services

OUTCOMES

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

STANDARD 12.1

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

STANDARD 12.2

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

STANDARD 12.3

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

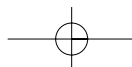
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STANDARD 12.4

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

PRACTICE NOTES

Deaf people are a valuable resource. They can enhance the range and quality of service provided by statutory agencies. They are as varied as the rest of the population and use a variety of communication methods. Deaf people can be members of minority ethnic communities, whose home language is neither BSL nor English. They all view their

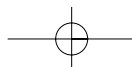
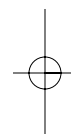
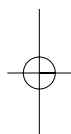


Involving deaf people in services

deafness in different ways, depending on their life experiences and education. All these different kinds of people could support families/carers of deaf children in appreciating the wide range of deaf experience.

Some social services departments are now developing link worker projects and involving deaf people as role models with deaf children, in schools or working with families. As with any professional, deaf people employed to work with families/carers and children need to have appropriate training and support.

Active consideration should be given to positive methods of encouraging the recruitment of deaf and hard of hearing people as short break (respite) carers. This will create a corps of possible long or short-term foster and adoptive carers should a deaf child require accommodation.



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Checklist for parents

Involving deaf people in services

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

Section 13

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

OUTCOMES

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

STANDARD 13.1

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

STANDARD 13.2

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

PRACTICE NOTES

Planning documents, especially Children's Services Plans, Early Years Development plans and Joint Investment Plans, should be informed by statistical information relating to prevalence rates of deafness⁷ and locally collected information about needs and service provision.

Joint information sharing and joint planning of support services are vital if the deaf child and their family/carers are to receive a well co-ordinated service. A register/tracking system for deaf children will be needed to ensure social services support families and children at key stages (e.g. following identification of deafness; during the transition process).

The *Children Act* (1989) requires a register of children with disabilities to be kept. Registration is voluntary. Entry on the register is not a pre-requisite to getting help from social services. An obligation of *Quality Protects* sees the identification of the number of children with a disability as a key objective⁸. The *Children in Need* census is now showing better data on disabled children⁹.

Good practice suggests that the register recording deaf children incorporates information on the mode of communication/language used at home and at school. Practitioners involved with any deaf child also need to know whether the child wears hearing aids or has a cochlear implant. It would also be helpful for practitioners to know whether the child has additional disabilities.

⁷ See appendix 1

⁸ Quality Protects Transforming Children's Services. LAC (98)28, sub-objective 6.1

⁹ Department of Health (2001): *Children Act 2000 report*

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Checklist for parents

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

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

Section 14

Workforce development

OUTCOMES

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

STANDARD 14.1

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

STANDARD 14.2

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

PRACTICE NOTES

The Training Support Grant funds social services training and workforce development. *Quality Protects* has also received special funding to ensure authorities can comply with their new targets. Training and knowledge will be required in the following areas:

- Communication
- British Sign Language (BSL)
- Use of interpreters
- Equipment
- Basic level deaf/disability awareness
- Deaf community, culture and diversity
- Effects of discrimination against deaf people
- Education for deaf children
- Medical issues affecting deaf children - hearing aids and cochlear implants

The Council for Advancement of Communication with Deaf People (CACDP) accredits training which meets its standards in deaf awareness and a range of communication approaches, including BSL and lipspeaking.

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Checklist for parents

Workforce development

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

Appendix I

Estimating the number of deaf children in your area

One to two children per thousand are born with a significant hearing loss (defined for these purposes as an average hearing loss > 40dB in the better ear). Of children born deaf, roughly 50% have a moderate hearing loss, 25% a severe hearing loss and 25% a profound hearing loss¹. About 30% of the children involved will have an additional learning difficulty or disability.

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

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

The rough estimates above are based on a robust evidence base. Fortnum & Davis² reported an actual incidence of 113 deaf children per 100,000 for the Trent Region in 1997. The *National Evaluation of Support Options for Deaf and Hearing-impaired Children* research project reported in 1999 on a database of 17,130 deaf children in the UK with a hearing loss >40dB born between 1980 and 1994. Of these, 52% had a moderate hearing loss, 22% were severely deaf and 26% were profoundly deaf. 26.5% were reported to have an additional learning difficulty or disability.

The incidence of deafness among children of Asian ethnic origin is significantly higher and this should be taken into account in any calculation. Dr Gill Parry, working in Bradford, found that amongst Asian children the prevalence rate was 4.69 per thousand births whilst for non-Asian children this figure was 1.38 per thousand births³.

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

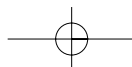
¹ British Audiology Society (BSA) standards:

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

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

³ BACDA (1995) Dr Gill Parry (published in the BACDA Newsletter October 1996, p25-29)

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



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

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

The advent of Universal Newborn Hearing Screening (UNHS) will lower the median age of identification of congenital deafness from 20 months to 3 months and children with moderate, severe and profound levels of deafness will be identified routinely within the first two months of life⁴.

OTHER FIGURES ON DEAFNESS

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

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

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

Chronic serious otitis media (glue ear): affects 25-50% of children of pre-school age⁵.

The British Association of Teachers of the Deaf (BATOD) Survey for 2000 reports a population of 13,671 deaf children aged 0-19 for England, although this figure does not include deaf students in colleges of Further Education⁶.

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

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

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

