

Deaf children and social care provision

Deaf children are more likely to be abused, suffer mental health problems, struggle learning to read and become unemployed. **Alys Young**, **Ros Hunt**, **Rosemary Oram** and **Carole Smith** describe their Social Research with Deaf People research programme (SORD) – which investigated how local authorities help deaf children and adults.



Summary

In this article we look at social care provision for deaf children and their families in light of the risks and vulnerability deaf children might face. We present results from a recent study of the characteristics of social care services for deaf children within integrated Children's Services in England and consider some implications for practice.

Deaf children: Language challenges

For children who are born deaf or become deaf in early childhood, the problem is not one of hearing - or its lack - it is fundamentally one of language. This point is immediately apparent if we think about deaf children growing up in signing Deaf1 families. In these environments, language development can proceed unimpeded, whether or not a child can 'hear'.

Signed languages, such as British Sign Language (BSL), while being fully grammatical living languages are also entirely visual and unconnected with spoken languages such as English [1]. However, for deaf children born into hearing families (around 90% of deaf children), the acquisition of language and its age appropriate development poses many and varied challenges.

In audiological terms, even a mild or moderate degree of variation from what one would call 'normal hearing' can create difficulties in following spoken conversations in some acoustic conditions. Technological devices such as cochlear implants can provide access to sound and speech [2], but do not make a deaf child into a hearing child.

Advances in hearing aid technology enable highly individualised approaches to the boosting of hearing, but a child is not acquiring spoken language with the same potential resources as a hearing child. For hearing families who decide to sign, they too are learning a new language with attendant concerns about whether they will be good enough language models for their child's acquisition of British Sign Language.

The challenges of age appropriate language acquisition can have a host of consequences for deaf children in areas such as personal and emotional development, socialisation, literacy, world knowledge and educational achievement. Deaf children and young people are:

- 1.5 times more likely to experience mental health difficulties at a clinically identifiable level than their hearing peers. [3]
- 3.4 times more likely than hearing children to experience abuse. [4]

1. Conventionally capital 'D' is used to refer to Deaf people who use British Sign Language and for whom Deafness is akin to an ethnicity (a people with their own distinct language and culture); deaf with a small 'd' is used to refer to those for whom deafness is regarded as an impairment to hearing and generally who use spoken language. The convention d/D occurs to indicate inclusiveness of both culturally Deaf and audiolgically deaf people. Generally, the term 'deaf' children is used to encompass all children who have any kind of deafness.

- More likely to struggle learning to read - the average reading age of a deaf school leaver remains significantly depressed in comparison with their hearing peers. [5]
- More likely to become unemployed - the unemployment rate among severely and profoundly deaf adults is four times higher than the national unemployment rate. [6]

In the case of deaf children, there is ample reason to be concerned about the achievement of the five universal outcomes: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well being [7].

Social care services and deaf children: a cause for concern

Preventing and responding to the significant developmental risks faced by deaf children is clearly complex requiring the involvement of health, education and social care professionals. However, in recent years, significant concerns have been raised about the commitment and capacity of Children's Services to acknowledge and respond to the elements of specialist social care provision that might be required.

In 2005, for example, the Department of Health's 'Towards Equity and Access' report on mental health services for deaf children/young people [8] recommended that Area Child Protection Committees (now 'Local Safeguarding Children Boards') should review child protection arrangements for deaf children. A recent survey found that, to date, no Local Authority in England has complied with this recommendation [9].

A study of the first phase of the implementation of the national Newborn Hearing Screening Programme (NHSP) in England identified:

- Significant difficulties in the then constituted social work services' ability to respond to referrals from other agencies.
- Significant variation in quality of provision dependent on whether deaf children were considered the remit of specialist sensory teams or generic children's teams.
- Poor engagement at a strategic level with the NHSP programme.
- Enduring difficulties over the definition of 'social care needs' and whether deaf children met eligibility criteria for services. [10, 11]

Furthermore, the recent integration of Children's Services in England raises new questions about effect on the provision of social care services for deaf children and families. Primarily, these questions arise not because of the integration of education with social care provision, but because of the disaggregation of Adults and Children's provision.

Traditionally specialist social work with d/Deaf people, where it has existed, has mostly been seen as a cradle to grave specialism. The separation of Adults and Children's

services raises challenging questions of how services specifically for deaf children and their families should be best organised and delivered.

Background to research study

In 2008, funded by the National Deaf Children's Society, we set up a two phase study into the effect of integrated Children's services on the provision of social care services for deaf children and their families.

Phase I consisted of in depth case studies of five Local Authorities representing differing service arrangements for deaf children and their families. The case studies drew on documentary analysis, interviews with 17 service providers and structured case responses [12].

Results from phase one were used to design a structured questionnaire that was completed by 52 Local Authorities in England in phase two of the project [13]. In what follows, we will discuss a selection of our findings and their potential implications for the organisation and delivery of social care services for deaf children and their families.

Some findings

In the in-depth case study work in phase one of the research, the nature and structure of service organisation arrangements emerged as a highly significant influence on:

- Access to services.
- The assessment of need.
- Whether children met the eligibility criteria for service provision.
- The scope of what was deemed appropriate provision.

The nature of the influence varied on whether or not Local Authorities had invested in specialist team/team arrangements - where such teams/team arrangements expressly include social care professionals specifically skilled, knowledgeable and experienced in working with deaf children. We make this point because theoretically it could be possible to have a specialist team within Children's Services consisting of only education professionals. Furthermore, by specialist team/team arrangements we mean either that:

- There is a designated deaf children and families team within Children's Services.
- Or that formal arrangements exist whereby d/Deaf-specialist teams working with Adults Services have a clearly designated remit to work with deaf children.
- Or that, within broader children with disabilities or sensory teams, there are specific arrangements for deaf children and their families - given the caveat above about appropriately skilled social care professionals experienced in working with deaf children and their families.

Phase one results – specialist teams

From the phase one work we found that, where Local Authorities had invested in specialist team arrangements for deaf children and families, there were:

- Clear referral pathways for both families and professionals/agencies. Both knew there were specifically designated social care professionals with specialist understanding of the complexity and variety of deaf children's developmental challenges. They had a clear remit to provide services if appropriate.
- Social care professionals were far more likely to be routinely involved within the multi agency service matrix, rather than brought in only when there was a crisis, or only 'if necessary'.
- There was a strong preventative focus to social care provision for both the deaf young person and their family.
- There was a largely unquestioned acceptance that deaf children met the definition of children in need under the Children Act 1989.
- Referrals routinely resulted in at least an initial assessment.
- High eligibility criteria for service provision amongst Children's Services was not considered a barrier amongst specialist social care professionals with a wide knowledge of the range of implications of deafness in childhood and an understanding of the positive developmental potential of deaf children. They were more likely to recognise the seriousness and possible risk of some circumstances that otherwise would not meet the usually high levels of eligibility criteria for a service. For example, a nine year old who has no friends, does not say much at home and is behind with his school work may trigger concern - but is hardly likely to register as meeting the highest levels of need required for an average children's team to act. However, for a deaf child, these are very serious risk indicators given the profile of mental health difficulties in childhood and vulnerability to abuse.

Phase one results – no specialist care provision

Where there had been no investment in specialist social care provision we found:

- For both families and other professionals, there were highly ambiguous referral routes, with little or no clarity about where designated responsibility might lie. We actually introduced a range of social care professionals to each other in the course of our phase one research.
- Other professionals in health/education lacked confidence that a knowledgeable social care response was possible or likely and therefore tended not to refer.



- Social care professionals tended to be involved with deaf children and their families only at points of extreme crisis
- Specialist social workers with d/Deaf people in Adults' Services tended to try to find ways round the system to give them some involvement with deaf children and families. However, no systems supported this involvement and it occurred on a largely ad hoc basis.
- Referred deaf children and their families were unlikely to receive even an initial assessment.
- Eligibility criteria effectively excluded most referrals because the presenting circumstances were rarely identified as meeting thresholds of 'substantial' or 'critical' need.
- A problem had to escalate to a crisis before a social care response was triggered, usually as a result of the problem being recognisable as critical by other standards (not directly associated with deaf children), for example child violence.
- Preventative work was rarely undertaken and not seen as a primary focus.

Phase two findings

In phase two of our research we examined service organisation arrangements for deaf children and their families with 52 Local Authorities. We found:

- Four had no formally designated service arrangements at all in respect of deaf children and their families.
- Six had specialist deaf children and families teams (five

led by Education, but in two there were no social work qualified staff).

- 22 Children with Disabilities Teams had designated responsibility - but there was only deaf child related expertise in 12. However, such 'expertise' included anything from instances of single workers having very basic sign language skills to highly experienced social workers with deaf children.
- Six officially provided services to deaf children and their families through specialist d/Deaf Adult services. In some cases, the systems to support cross-working between Adults and Children's services created additional barriers to effective working – like when computer systems did not interface.
- Six contracted out to voluntary organisations working with d/Deaf people. Statutory work was referred back within children's services where co-working arrangements were not necessarily well developed or effective.
- Eight 'other' arrangements existed. For example, several Authorities may share a specialist service arrangement specifically for deaf children and their families, but in at least two of these instances the arrangement did not include any qualified social workers.

These results reinforced our concerns that:

- In the majority of cases there was no specialist social care expertise for deaf children and their families available to families or professionals from other disciplines.
- Scope for the appropriate recognition of need and assessment of risk was unlikely in the majority of circumstances.
- In only a minority of cases service structures existed that would enable an appropriate response to occur.

Indeed, when we probed further, we found that:

- Over a quarter (28.3%, n=13) of the Local Authorities did not employ any qualified workers who were specialist working d/Deaf adults and/or deaf children. In no case can this result be accounted for by the Authorities concerned contracting out arrangements whereby a specialist voluntary organization, for example, provides services.
- In 46% (n=23) of the Local Authorities there were no qualified social workers who worked with deaf children and their families either as officially part of or as the whole of their job remit.
- The median staff complement of qualified social workers working with deaf children and their families was 0.25.
- However, of the respondents who answered positively that there was a social worker who worked with deaf

children and their families, some pointed out to us that this was not actually an official part of their role but that, for example, “The manager turns a blind eye”.

- Of those who responded positively that there were specialist social workers experienced with deaf children and families working in their Authorities, the extent of the specialist knowledge/experience varied. While some clearly had many years of professional experience, it was of concern that other respondents included workers, for example, who were newly qualified but had “stage two” (the national recognised sign language qualification equivalent to GCSE level).

It should be noted that, nationally, there is no post qualifying pathway for social workers to specialise in working with deaf children or d/Deaf adults in the UK despite the recent publication of national occupational standards for sensory services [14].

Children in need

In terms of the provision of specialist assessment, even at the most basic or initial level, we investigated Local Authorities’ responses to the potential designation of deaf children as “children in need”, under the Children Act 1989. We found:

- A considerable gap between the recognition of likely need and the provision of assessment. In only two thirds (62.7%, n=32) of the Authorities who participated would a deaf child who was formally recognised as a child in need be offered at least an initial assessment.
- Among the Authorities without a deaf specialist team/team arrangement this figure drops to fewer than half.
- Even where it is common practice for recognition to lead to assessment, the extent to which this applies to the total population of deaf children and their families is severely constrained. In reality, assessment consequent on child in need status is more usually confined to those families who might independently find the service, or those children known to the service for other reasons.
- It would be highly unusual for the total population of those with a potential right to an assessment under the Children Act 1989 to be made aware of their entitlement and potential social care provision to be offered.

Finally, in terms of the matrix of service provision that might be required by any deaf child and their family, we looked at arrangements for joint planning and working within integrated children’s services specifically in relation to deaf children. We found that:

- In half of the Authorities, there were no systematic arrangements for ensuring that deaf children and their families received a joint assessment involving health, education and social care, nor a defined



multi-disciplinary ‘pathway’ for planning and service provision.

- Over 50% of Authorities said they had no formal referral arrangements between social work and education professionals “where deaf children and their families may require assessment and/or service provision”.
- Nearly 45% of Authorities said they had no formal referral arrangements between social work and health professionals “where deaf children and their families may require assessment and/or service provision”.
- Just over a third of Authorities said education colleagues were responsible for the needs of deaf children and their families, including all social care needs, unless exceptional circumstances occurred requiring statutory social work involvement. In these Authorities, there was no assumption of the routine involvement of social care professionals in the assessment or provision of services to deaf children and their families.

For the half of Authorities who could cite examples of joint or integrated working practices, there were two principal drivers:

- The development of the neonatal pathway for early identified deaf children after universal newborn hearing screening.
- The existence of Children’s Hearing Services Working Groups (CHSWG) as multi professional forums.



However, experiences of integrated working practice did not necessarily extend beyond the nought to five age range and experiences varied of the usefulness of CHSWG involvement in promoting better joint working plans and practices.

Implications for practice

Among specialist social workers with deaf children and their families, our findings have not provoked any surprise – the conditions we document are well known to them and part of their everyday working reality.

However, our findings have provoked

relief – these issues are now evidenced in a way that enables Local Authorities to carefully consider what their social care arrangements for deaf children and their families should be within integrated Children's Services. Indeed, the National Deaf Children's Society, who funded this research, were asked to provide information, advice and support to a number of Local Authorities seeking to improve their service arrangements as a result of the publication of the first phase of the study.

We are not suggesting that there is one ideal service arrangement for attending to and being responsive to the needs of deaf children and their families. Every Local Authority will find themselves with a different configuration of geographical, demographic and service history opportunities and constraints.

However, we are now in a position to point to potential implications of different kinds of choices that Children's Services might make in relation to social care services for deaf children and their families.

As we discussed at the start of this article, being deaf in childhood has wide implications. Deafness is fundamentally a linguistic and developmental issue; it is therefore one which encompasses a breadth of health, education and social care responsiveness. Without an accessible, skilled, knowledgeable and responsive social care provision that understands the complexities and the potential of deaf children, as well as the risks to achieving that potential, then a vital piece of the jigsaw is missing for families with deaf children.

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