

# Social care support for deaf children in England (2014)



## A National Deaf Children's Society report

### Summary of findings

- 56% of local authorities' social care provision for deaf children is provided by Children with Disability teams.
- 12% identified themselves as specialist multi-disciplinary or specialist sensory / deaf teams.
- Specialist sensory / deaf teams are located equally in either adult or children services.
- 45% of local authority social care teams could not identify the numbers of deaf children receiving social care services. Where data was provided, totals given were found to be very different; even between similar sized local authorities.
- 16% of local authorities or social care teams had a dedicated worker for deaf children and 84% of these workers combine these duties with other responsibilities (e.g. support to vision impaired children). Across England, only 2 social workers were identified who work solely with deaf children and young people. It is clear that many local authorities are relying on education professionals to identify and meet the social care needs of deaf children.
- Nearly half of local authorities' social care teams (49%) said their eligibility criteria did not include any specific reference to deaf children or sensory impairment.
- 92% of local authorities' social care teams had no plans to change their criteria to access their services following implementation of the Children and Families Act 2014.
- 81% of local authorities' social care teams do have arrangements to consider the possible equipment needs of deaf children. 32% of assessments regarding equipment are carried out by adult social care teams. These are usually specialist deaf or sensory teams.
- 90% of local authorities state that their local fire authorities undertake an assessment / provision of equipment within the home.
- Many teams said that deaf children without additional disabilities would not meet the disability social care team's threshold. Instead they may be worked by early intervention teams or other mainstream social care teams if there were additional social care issues (e.g. parenting capacity).
- It appears that most social care teams (79%) only attend year 9 annual school reviews if the child is an open case receiving social care services.
- 50% of children's social care teams do not routinely attend multi-agency Children's Hearing Services Working Group (CHSWG) meetings.
- 12% of local authorities reported that the responsible social care team had not undertaken any deaf awareness or safeguarding disabled children training.
- A number of local authorities are disbanding or significantly changing their traditional children's disability teams, and moving towards locality based models of social care.
- A small number of disability teams have also reconfigured in response to recent new special educational needs and disability legislation (the Children and Families Act 2014) by, for example, establishing 0-25 teams.

## Introduction

Access to language, whether spoken or signed communication, at the appropriate level is essential for deaf children to be able to develop social, emotionally and academically as well as their hearing peers.

Deafness, whether mild, moderate or profound, can pose significant developmental risks to deaf children if they are not provided with the support they need, both at home by their parents and carers and by the community services that they access, such as education, health and leisure activities. Research tells us that deaf children compared to their hearing peers are at greater risk of experiencing mental health difficulties, being abused and achieving less well academically than their hearing peers.

Local authorities have a duty to provide services to support disabled children in order to minimise the effect of their disabilities and to enable them to be brought up by their families. Within local authorities, children's social care is the key agency that assesses the needs of disabled children and whether they require additional support to meet their needs. Children's social care also lead on investigating when there are concerns if a child is at risk of suffering harm or abuse.

Children's social care should therefore have arrangements to recognise and respond to the needs of deaf children and make decisions about whether they require additional support.

To identify if this is the case, NDCS carried out a mapping survey of social care provision for deaf children. The survey was sent out to all local authorities over summer 2014 asking that it be completed by whichever team provided social care support to deaf children. Where we did not receive a response, a Freedom of Information request was later submitted. In total, we received 138 responses covering 141 local authorities. This amounts to a response rate of 93%. The response rate to individual questions varied.

We would like to thank all local authorities who took the time to respond to the survey.

This report presents the findings of the survey, using the information provided to us by local authorities. As far as we are aware, this is the only and best attempt to collate this information to this level of detail. However, the findings should be used with caution. In a number of areas, NDCS has identified a mismatch between what is contained within the survey response and our own local intelligence, collated through our team of Regional Directors and Children and Family Support Officers.

## Context

It is important to understand the current wider social care climate in order to give context to the analysis.

- There has been a 10.8% increase in referrals to children's social care and the number of children in need has increased by 5%. The number of children subject to a child protection plan increased by 12.1%.<sup>1</sup>
- The Government's own cross-departmental Social Mobility and Child Poverty commission predicts that 2010-2020 will be the first decade since records began that will see a rise in absolute poverty.<sup>2</sup>
- There is an average vacancy rate of 14% per social worker (full time equivalent) - with many posts being filled by agency workers.<sup>3</sup>

<sup>1</sup> SFR 43/2014: Characteristics of children in need in England, 2013-14, issued 29 October 2014

<sup>2</sup> [www.gov.uk/government/news/state-of-the-nation-2014-report-published](http://www.gov.uk/government/news/state-of-the-nation-2014-report-published)

<sup>3</sup> [www.gov.uk/government/statistics/childrens-social-work-workforce#history](http://www.gov.uk/government/statistics/childrens-social-work-workforce#history) SFR08/2014

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- Child and adolescent mental health services are “*not fit for purpose*” according to a coalition health minister.<sup>4</sup>
- NDCS’s Stolen Futures campaign<sup>5</sup> has evidenced some of the cuts that are happening in children’s social care, budgets that deaf children potentially have access to.
- The CRIDE report for 2014<sup>6</sup> states there has been a 6% reduction in the number of Teachers of the Deaf since 2011.
- Section 26 of the Children and Families Act 2014<sup>7</sup>, dovetailing with the Care Act 2014<sup>8</sup>, now requires education, social care and health services to work together to support children and young adults with special educational needs (SEN) and disabilities through the ‘joint commissioning’ of services. These are significant pieces of legislation that this survey has revealed are now shaping local authorities’ response to disabled children’s and young people’s social care needs. It is likely to lead to further significant changes once these becomes embedded in subsequent years.

## The need for action

The findings of this survey show very clearly that in the vast majority of local authorities children’s social care do not have the arrangements in place to appropriately consider and respond to the social care needs of deaf children.

Several years after research by the University of Manchester<sup>9</sup> found that the social care needs of deaf children are not being met, it is extremely disappointing that this survey has found this continues to be the case in many areas.

NDCS’s team of Regional Directors will be working with local authorities to address some of the concerns raised in this report, and to influence and promote good practice. NDCS will work with other charities and organisations to do this. NDCS will also work through multi-agency Children’s Hearing Services Working Groups (CHSWG) to influence social care provision.

NDCS has produced a number of social care resources for local authorities, available online at: [www.ndcs.org.uk/professional\\_support/our\\_resources/social\\_care.html](http://www.ndcs.org.uk/professional_support/our_resources/social_care.html).

## The survey results

### Areas covered by the survey:

- Section 1: General information
- Section 2: Social care responsibilities towards deaf children
- Section 3: Staffing
- Section 4: Eligibility criteria
- Section 5: Equipment/Assistive Devices
- Section 6: Written policies / local protocols / referral pathways
- Section 7: Transitions
- Section 8: Multi-agency working
- Section 9: Training
- Section 10: Information for parents/carers/young people

<sup>4</sup> [www.bbc.co.uk/news/health-28863375](http://www.bbc.co.uk/news/health-28863375)

<sup>5</sup> [www.ndcs.org.uk/cuts\\_map/index.html](http://www.ndcs.org.uk/cuts_map/index.html)

<sup>6</sup> [www.ndcs.org.uk/cride](http://www.ndcs.org.uk/cride)

<sup>7</sup> [www.legislation.gov.uk/ukpga/2014/6/section/26/enacted](http://www.legislation.gov.uk/ukpga/2014/6/section/26/enacted)

<sup>8</sup> [www.legislation.gov.uk/ukpga/2014/23/introduction/enacted](http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted)

<sup>9</sup> [www.ndcs.org.uk/document.rm?id=4854](http://www.ndcs.org.uk/document.rm?id=4854) Also available via [www.ndcs.org.uk/research](http://www.ndcs.org.uk/research)

## Section 1: General information

### 1.1. What is the name of your service?

The majority answered **Disabled Children's Service**. A selection of other answers included:

- 'SEN and Disabilities Team'
- 'Integrated Disabled Children and Families Service'
- 'Sensory Support Service'
- 'Well-Being Services'

## Section 2: Social care responsibilities towards deaf children

### 2.1. What is the name of the team that carries out the principle social care duties and functions with regards to deaf children and young people?

The majority response was either: **Disabled Children's team** or **Disabled Children's Social Work team**.

### 2.2. How would you best describe this team?

- 56% general children's disabilities teams
- 19% answered 'Other'
- 10 % multi-disciplinary team
- 8% specialist deaf/sensory team
- 4% specialist multi-disciplinary sensory/deaf team (including health and education)
- 1% child in need team
- 1% general children and adults disability team

### Comment

The main teams responsible for providing social care for deaf children are within general children's disability teams which cover the wide range of children's varying disabilities.

Only 16 teams (12%) in total identified themselves as either specialist deaf / sensory teams or specialist multi-disciplinary teams. However, a number of these teams did not provide statutory social care duties and were more likely a sensory team within education. A minority of these teams had dedicated family support workers working with deaf children and families.

A significant number of respondents (19%) listed more than one team. We decided to categorise these responses by moving them into the 'Other' category. The main reasons for respondents listing more than one team are:

- Deaf children were not recognised in the eligibility criteria of the disability social care team (unless they had additional disabilities) and therefore listed a number of mainstream teams who would likely provide support, depending on the issue (e.g. child protection / child in care / early intervention teams).
- There were other formal or assumed arrangements in place in which either voluntary organisations or education sensory services delivered some social care support to deaf children, for example equipment, early intervention or family support.

A number of respondents stated that education sensory services provided support to deaf children but did not give any details or provide any additional eligibility criteria or protocols to back up these

statements. This suggests that such comments were based on the frequent assumption that education sensory services who do provide services to deaf children and families are the sole or main provider of 'social care' support. Education sensory services are obviously not social care professionals and do not carry out the statutory functions that are expected of social care teams. This is discussed in more detail later.

### 2.3. Is this team located in...?

75%	Children's services
13%	Adult services
12%	Answered 'Other'

### 2.4. What is the age range of children / adults which this team works with?

67%	0-18 years
15%	0-25 years
10%	Birth-to-death

### 2.5. Please can you confirm which duties listed below are the sole responsibility of this team and which duties are co-worked?

#### *Section 17 assessments*

67%	Sole responsibility
20%	Co-worked
13%	Both*

#### *Section 47 safeguarding investigations*

53%	Sole responsibility
32%	Co-worked
15%	Both*

#### *Section 20/31 Looked After*

62%	Sole responsibility
25%	Co-worked
13%	Both*

#### *Transitions*

31%	Sole responsibility
47%	Co-worked
22%	Both*

### Comment

Some of the responses to this question didn't always fit into the criteria we presented to local authorities, giving a wide range of additional arrangements which were neither 'sole nor 'co-worked'; hence we created the additional 'both' column to reflect the varying answer within some survey returns.

For example, arrangements could be different depending if it was a new referral into children's social care or if it was currently an open case to the social care team completing the questionnaire.

A new referral could be solely worked by another team (e.g. initial intake or safeguarding team) and passed onto the team completing the questionnaire after an initial assessment or when the safeguarding investigation had been completed. However, for an open case, if, for example, a safeguarding issue arose, this could mean that the team continues either to work with the safeguarding concern by themselves or instead co-work with a mainstream safeguarding team. Having so many different social care teams who could potentially work with deaf children and appropriately understand their needs is a very difficult task. If a duty team undertake all new referrals on all disabled children before passing them on to the disabled children's team, how will this team ensure that its assessment fully appreciates and understands the needs of a deaf child?

Where there are specialist social work posts for deaf children or specialist deaf teams, the arrangements were far less complicated and most assessments were undertaken either solely by the specialist team or with clear co-working arrangements with other teams.

Whether there are 'sole' or 'co-working' of assessments, it is vital that there are arrangements in place from the first point of contact into children's social care which recognise the social care needs of deaf children and then to access specialist social care knowledge to inform any actions required.

## **2.6. How many deaf children have accessed a social care service in the financial year 2013/2014?**

Local authorities identified a total number of 1,721 deaf children who had accessed a social care service in 2013/14.

45% of local authorities were not able to submit any figures.

*"Deaf children's needs are assessed through multi-disciplinary assessment and frequently the child / young person has complex health/education/social care needs. We do not record by condition in these cases."*

Response from a West Midlands service

*"A number of children and young people within the service have a level of hearing impairment but this is not recorded as their primary need for which only one is recorded."*

Response from an East England service

### **Comment**

It is clear that local authorities interpreted this question in very different ways and that there is a lack of robust and consistent data collection on deaf children who access social care services across England.

Identifying the total number of all disabled children in a local area has always posed a challenge. This is despite there being a duty on local authorities for many years to maintain a register of disabled children in their area. Without accurate numbers of disabled children in a locality there is a real risk that current or future provision of services may fail to meet the need of disabled children and their families.

A recent judicial review<sup>10</sup> found that a local authority's planned cuts had acted unlawfully in failing to accurately maintain a register of the numbers of disabled children in its area. This meant that, as a result, the council could not fully assess the needs of disabled children in their area.

<sup>10</sup> [www.irwinmitchell.com/newsandmedia/2015/February/high-court-finds-councils-local-offer-unlawful](http://www.irwinmitchell.com/newsandmedia/2015/February/high-court-finds-councils-local-offer-unlawful)  
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Whilst joint working arrangements between the local authorities and others (e.g. health bodies) is not new, it is hoped that the new duties within the Children and Families Act 2014 and recently established Health and Well-Being Boards will be key drivers to improve the identification of local populations of disabled children and therefore inform the planning and provision of services to meet their needs.

### Section 3: Staffing

#### 3.1. Do you have a dedicated social worker whose purpose is to work with deaf children?

Yes	16%
No	84%

#### 3.2. How many designated posts for deaf children are there in the team, expressed as full time equivalent (fte)?

The survey identified a total of 24 designated posts across all England's local authorities.

As this is a full-time equivalent figure, the actual number of staff working across these 24 posts may be higher.

#### 3.3. Of the above post(s), are they combined with other duties (e.g. working with vision impaired children or other disabled children within the team)?

Yes	81%
No	19%

Based on the figures from this survey, just two social workers across England were identified as working only with deaf children and young people.

#### 3.4. If yes, please give details of which other duties these posts are combined with?

*"The social workers also have a small caseload of other disabled children."*  
Response from a Yorkshire and the Humber service

*"Work in a sensory team which straddles adults and children."*  
Response from a West Midlands service

#### 3.5. Of the staff shown in question 3.2, please indicate below the British Sign Language qualifications held.

None	1
BSL Level 1	9
BSL Level 2	12
BSL Level 3	12

The figures above are for actual members of staff.

**3.6. If you have indicated that you do not have a dedicated social worker for deaf children (question 3.1), do you have any other arrangements in place to work with deaf children?**

Yes	93%
No	7%

**If yes, please describe these:**

Some examples of the alternative arrangements in place described include:

*“Using staff from a school where sign language is used.”*

Response from a London local authority

*“Spot purchase assessments from the sensory education support service.”*

Response from a South East service

*“Children’s needs are assessed using the appropriate communication aids and if necessary this may include using outside agencies for translation.”*

Response from a South East Service

**Comment**

***The reliance on education services***

The responses given to question 3.6 show that in many areas, education colleagues in sensory services are frequently relied on to respond and advise in some way on social care issues for deaf children. Such arrangements could suggest close formal working relationships with social care which is to be welcomed. However, this may also mean that social care is, by default, deferring some their responsibilities onto education colleagues.

***Education and social work are distinct professions***

Education and social care have distinct bodies of knowledge attached to clearly defined professional roles. Being an expert in one role clearly does not confer expertise in the other. Therefore the danger is that a local authority’s response to a child’s social care needs is by education professionals who do not routinely assess or understand social care issues at the level to which social care professionals are trained to do. There is also the danger that where education colleagues do recognise potential social care concerns these are then not recognised as such when brought to the attention of children’s social care.

***Lack of clear working together protocols between education and social care***

When looking into more detail at those responses which indicated a reliance on education services, we were unable to find any evidence of additional protocols, training, or other arrangements in place which could satisfy us that deaf children’s social care needs could be assessed appropriately. This is not to say that there may well be some good links between some individual professionals between services, but we do not know this and cannot assume this.

***Lack of relevant safeguarding knowledge associated with deafness***

The summary report of a Serious Case Review in 2011 following the death of a profoundly deaf child with additional disabilities stated that early intervention professionals working with the child and the parents, and also professionals within children’s social care, failed to fully understand the potential safeguarding concerns of neglect associated with the failure of the parent to meet the child’s needs related to their profound deafness. This included the failure to promote the child’s wearing of their hearing aids and repeated missing of audiology appointments for the child. The



local authority in question did not have a specialist social worker for deaf children and there were no other arrangements in place to ensure such social care expertise was brought in.

One response suggested that the needs of deaf children can be appropriately assessed by using “appropriate aids” though we do not know what this means exactly. Using translation services is welcome but simply ‘translation’ and ‘appropriate communication aids’ are unlikely to help the social worker to fully understand the developmental expectations of that child. They will require additional specialist advice.

The vast majority of local authorities do not have specialist deaf / sensory social care teams or specialist deaf social care professionals in place. Unless very clear additional measures are put in place to seek specialist social care advice, deaf children will remain at greater risk of not having their social care needs met. This will have consequences for deaf children’s immediate and long term well-being. The Equality Act 2010 states that service providers must not discriminate against certain protected groups of people named with the Act when carrying out their functions. This includes disabled children. Service providers must make ‘reasonable adjustments’ to ensure that disabled children are able to equally access their services. Without access to such specialist social care advice within children’s social care and an overreliance of professionals outside social care to provide support, it could be argued that local authority children’s social care teams are failing to make those ‘reasonable adjustments’ as legislation requires.

## Section 4: Eligibility Criteria

Eligibility criteria are the written rules that help social care decide who is able to access a team for possible support.

### 4.1. Does the eligibility criterion for a referral into the team include any specific reference to deaf children / sensory impairment?

Yes	51%
No	49%

#### Comment

This remains the most significant factor for deaf children accessing social care services. Without clear recognition of deaf children within social care eligibility criteria, any improvements within social care to develop the knowledge to work with deaf children and families will be short lived if they are not referred.

Deaf children fall within the definition of a ‘child in need’ within the Children Act 1989 and are even specifically mentioned within this Act. They should therefore have their social care needs assessed when request for support is made. It is important to note that a ‘No’ response to this question may mean only a ‘no’ from this responding team, often a general children’s disability social care team.

As these general disabilities social care teams have grown in size at the expense of specialist teams they have raised their eligibility criteria to manage the rising demands on their services from increasing numbers of disabled children. Therefore, if a deaf / disabled child does not meet the criteria for these disability teams, they should still have their social care needs assessed by another social care team.

However, all too often in practice, there are no clear arrangements to consider such disabled children who don’t appear to fit easily between different social care teams. They therefore either

fail to have their needs assessed or if they are offered support it is usually by a team who have very little knowledge or awareness of the social care needs of deaf children.

Research by the University of Manchester showed that many local authorities failed to recognise deaf children as children in need and therefore were unable to access children's social care. Our survey response some years after their findings appears to confirm the conclusion.

#### **4.2. Following an assessment of need do you apply eligibility criteria for assessed needs (e.g. Resource Allocation System (RAS) or other criteria)?**

Yes	40%
No	60%

#### **Comment**

Resource allocation systems are the rules in which a local authority decides what needs it can provide for within its own budgets following an assessment of need. In some areas an assessment on its own can determine what services should be provided. In other areas, completed assessments are discussed at a panel of social care professionals to decide on what services should be provided.

Many local authorities are now using RAS questionnaires within their written assessments. These questionnaires give a scoring to the levels of need which should have been identified in the assessment. The overall scoring along with the written assessment then determines the level of need and whether these needs fall within the 'eligible needs'. Eligible needs are the needs that the local authority has decided it will meet. The local authority must meet those needs which have met the eligible needs threshold.

Where used, NDCS believes that any resource questionnaires must give sufficient weight to the impact of social isolation and the need for deaf children to socialise and for deaf children to have access to communication to meet their language needs against other disabled children's needs.

The charity *In Control* state that resource questionnaires should focus on what is the desired 'outcomes' of service being provided for the child/adult. We would agree that outcomes are a better way of approaching social care support to children and families. However, whatever system is used, this still requires a knowledge base by those social care practitioners undertaking assessments to understand the needs relevant to deaf children.

#### **4.3. Do you apply a means test to any services that you provide (e.g. if service users are in receipt of a disability benefit)?**

Yes	2%
No	98%

#### **If yes, please give details**

Where local authorities replied yes, most indicated that there was a charge only for adult services where those teams had crossover into adult services. One local authority stated that families would be asked what Disability Living Allowance (DLA) is used for. Continued real terms cuts to local authority budgets may lead to local authorities looking to charge for some of its services. NDCS will be monitoring this closely.

**4.4. For 2014/2015 have you restricted or altered your eligibility criteria / eligible needs to receive a social care service? Please indicate in the details as to reasons for changes.**

*Eligibility for a social care assessment*

Yes	8%
No	92%

*Assessed eligible needs*

Yes	5%
No	95%

The majority of social care teams have not altered or changed their eligibility criteria in the last 12 months. However, given the likelihood of future local authority spending reductions, NDCS fears that there are likely to be restrictions in eligibility criteria and eligible needs in the next few years.

For example:

*“The eligibility for services is no longer ‘the need to help parents improve the care of a child’, to ‘prevent family breakdown’”*

Response from an East Midlands Service

NDCS will respond to any restrictions in social care budgets and will robustly challenge those local authorities where we feel that deaf children may be unfairly discriminated against in any changes made.

**4.5. Will the eligibility criteria to access your team change with the introduction of the new Education Health and Care plans which are due to start September 2014?**

Yes	8%
No	92%

**If yes, please can you provide details of what the new criteria will be?**

Some local authorities indicated that they would look to extend the age range of their service to 0 to 25. Another indicated that they were moving to a more “integrated referral and assessment response” across SEN and social care teams. Others indicated that this was still under review.

**Comment**

It is apparent that the wider special education needs and disability legislation is starting to impact on children’s social care with a number of areas re-configuring their social care disability teams. It is likely that such changes will be increasingly adopted by more local authorities.

Given the reluctance of many children’s disability teams to accept that deaf children fall within their criteria (as evidenced in research carried out by the University of Manchester<sup>11</sup>) there is a danger of deaf children struggling to access social care support if children’s disability teams configure their thresholds to consider only those deaf / disabled children who have or will have Education, Health and Care plans.

<sup>11</sup> <http://www.ndcs.org.uk/document.rm?id=4854> Also available via [www.ndcs.org.uk/research](http://www.ndcs.org.uk/research)  
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## Section 5: Equipment (assistive devices)

There are various equipment / assistive devices that social care and other agencies may provide to support deaf children and young people at home and develop their independence and promote their safety and independence, such as vibrating alarm clocks, flashing devices to alert someone is knocking at the door and when a smoke alarm is triggered. Assessments which could provide such support fall within the duties under the Children Act 1989 section 17 and provision of services falls within section 2 of the Chronically Sick and Disabled Persons Act 1970.

### 5.1. Does children's social care have any arrangements in place to consider the possible equipment needs of deaf children at home / in the community?

Yes	81%
No	19%

There should not be any 'No' responses to this question. A 'No' response suggests either:

- a lack of awareness of key social care law, specifically section 2 of the Chronically Sick and Disabled Persons Act 1970
- a poor understanding of how this law applies to deaf children
- that the team in question doesn't work with deaf children only.

The 'Yes' percentage is welcome but intelligence from our NDCS Child and Family Support Officers is that many parents/carers across different local authorities are struggling to get social care to assess the equipment needs of their deaf child.

### 5.2. Are deaf children's possible needs for equipment offered within a statutory child in need section 17 assessment or are they undertaken as a specific (non-statutory) equipment assessment?

33%	Statutory section 17 child in need assessment
38%	Specific (non-statutory) equipment assessment
29%	Both

Some local authorities have developed their own non-statutory equipment assessments. This is where they have recognised that deaf children are likely to have clear needs for equipment assistive devices to support them to access information and communication but may not always appear to require a more in-depth 'child in need' statutory (section 17) assessment. These have largely developed from feedback where parents and carers have felt that such statutory assessments which can assess the whole family's needs can feel disproportionate.

NDCS recommends a 'child in need' assessment is completed to ensure the child's needs are fully considered within their family and wider community and, where such social care workers are not specialists, they must seek specialist advice to ensure the impact of the child's deafness is fully considered. NDCS have produced a document to support professionals who do not routinely work with deaf children and families in undertaking social care assessments: *Social Care for Deaf Children: A Guide to Assessment and Child Protection Investigations* (available at [www.ndcs.org.uk/document.rm?id=5771](http://www.ndcs.org.uk/document.rm?id=5771)).

### 5.3. If other arrangements are in place, please specify:

A number of local authorities indicated that other teams in their authority undertook equipment assessments e.g. Adult Sensory teams, Occupational Therapy teams or education sensory services. In many of the survey returns it was not clear exactly how these assessments could be requested or accessed, which perhaps reflects the experiences of parents/carers as stated above. In addition, some of these arrangements, often within Adult sensory teams, were informally agreed meaning that such arrangements are vulnerable to ending when services are reviewed or managers move on.

### 5.4. Who carries out the assessment of equipment needs?

45%	Children's social care
32%	Adult social care
10%	Voluntary organisation
30%	Other (e.g. Health/Fire)

**If you answered children's social care above, is this person a social work professional or a children's occupational therapist?**

45%	Social work professional
30%	Children's occupational therapist

### 5.5. Is there a specific equipment budget in children's social care for equipment provision?

Yes	48%
No	52%

### 5.6. Does your local fire authority undertake an assessment / provision of equipment in terms of fire safety within the home (e.g. smoke alarms)?

Yes	90%
No	10%

### 5.7. Does the local fire authority issue / install any equipment?

Yes	87%
No	13%

### 5.8. Are there any requirements for an assessment to be carried out before provision of any equipment?

Yes	83%
No	17%

**If you have responded yes, please indicate below which items can be provided without an assessment or following an assessment**

<b>Equipment</b>	<b>Provided without assessment</b>	<b>Can only be provided following an assessment</b>	<b>Both</b>
Vibrating alarm clock	28%	72%	0%
Smoke alarm	32%	65%	4%
Portable listening device (for TV, radio, etc.)	23%	76%	1%
Portable or fixed alert for the door	19%	80%	1%
Amplified telephone	18%	81%	1%
FM transmitter	23%	76%	1%
Other	22%	72%	6%

**5.9. If a need for equipment has been identified, are parents / carers / young people offered an individual budget or direct payment in order to purchase equipment?**

Yes	34%
No	66%

**Comment**

NDCS is concerned that a high proportion of services do not appear to be offering individual budgets to families with deaf children. This is likely to be unlawful under Section 17A of the Children Act 1989, which introduces a presumption that direct payments should routinely be offered in lieu of assessed eligible needs.

**5.10. Do you operate a separate waiting list for parents / carers who specifically request assessment for the provision of assistive devices / equipment to support their deaf child?**

Yes	5%
No	95%

**Comment**

The operation of waiting lists is interesting and is something that NDCS will monitor closely. They are usually related to non-statutory equipment assessments. This means they fall outside the statutory guidance for section 17 assessments which give a maximum of 45 days for completion once a local authority accepts its duty to assess.<sup>12</sup>

<sup>12</sup> Chapter 1 (60) *Working Together to Safeguard Children* (2015)  
Social care support for deaf children in England (2014): a National Deaf Children's Society report

## Section 6: Written policies / local protocols / referral pathways

Protocols or referral pathways are written procedures which explain how to access a service and the journey through that service until it is finished. Although deaf children are not specifically mentioned, statutory guidance states that local authorities should develop protocols for how disabled children should access children's social care and how their needs are to be appropriately assessed, using additional specialist assessments where necessary.<sup>13</sup> However, Ofsted's most recent inspection framework states that Local Safeguarding Children's Boards (LSCBs) must have an understanding of the safeguarding response to deaf and disabled children in all aspects of its functioning<sup>14</sup>.

### 6.1. Do you have any specific protocols / referral pathways for deaf children's access to children's social care services?

Yes	22%
No	78%

If yes at question 6.1, please tick which they cover:

15%	Early Support
12%	Equipment
20%	Section 17 / Child in need
15%	Section 47 / Child protection
4%	Other

### Comment

NDCS believes that there needs to be specific protocols to consider the social care needs of deaf children. Given the low incidence of deafness as a disability, lack of specialist teams and practitioners, specific protocols will help prevent local authorities from too often dismissing the social care needs of deaf children. This must be backed by access to specialist social care knowledge within local authorities children's social care teams or by making clear arrangements to seek such advice when required.

Early Support is the provision of timely support to children and families in the early years to prevent chronic needs from developing in later years and where children's social care are required to intervene. However, to achieve this aim, those professionals who support deaf children and their families must have an understanding of the developmental needs of deaf children and the associated risks if the child's needs related to their deafness are to be met. Vital to this process is that early support professionals have access to specialist knowledge within children's social care in order to be appropriately advised by those professionals where safeguarding expertise resides.

This was recognised in a Serious Case Review in 2011 following the death of a profoundly deaf child with additional disabilities. The summary report stated that early support professionals working with the child and its parents and also professionals within children's social care failed to fully understand the potential safeguarding concerns of neglect associated with the failure of the parent to meet the child's needs related to their profound deafness. This included the failure to promote the wearing of hearing aids and the repeated missing of audiology appointments for the child. The local authority in question did not have a specialist social worker for deaf children

<sup>13</sup> Chapter 1 (67) *Working Together to Safeguard Children* (2015)

<sup>14</sup> See paragraph 41 of *Framework for the evaluation and inspection of services for children in need of help and protection - review of LSCBs* (2013) by Ofsted

Social care support for deaf children in England (2014): a National Deaf Children's Society report

and there were other arrangements in place to ensure that such social care expertise was brought in.

NDCS supports early intervention models that have some social care element / expertise being provided at a lower tier level (e.g. Family Support Worker / Community Care Officers) and where these have clear links into children's social care where there is also access to specialist social care knowledge around deafness to ensure social care respond appropriately. This has the potential for preventing or reducing the escalation of social care issues to more serious levels.

NDCS has published documents for Local Safeguarding Children's Boards (LSCBs) and local authorities on the *Working Together to Safeguard Children* statutory guidance advising how specific deaf protocols for early help and statutory assessments should be constructed to ensure deaf children's needs are recognised and therefore appropriately safeguarded. These are available online at [www.ndcs.org.uk/workingtogether](http://www.ndcs.org.uk/workingtogether).

**6.2. Do you have any protocols in place to use registered interpreters for children and young people whose first language is British Sign Language?**

Yes	63%
No	37%

**If yes, please provide more information**

Overall, there was little detail provided regarding the protocols stated that were in place. Some services suggested that ad-hoc arrangements were in place but it was unclear whether such arrangements required interpreters to be registered with the National Registers of Communications Professionals working with Deaf and Deafblind People (NRCPD) or if any specific qualifications, such as a Level 6 in British Sign Language, were required.

NDCS is seeking further information from local authorities on this. Where there are unclear or unwritten arrangements in place, there is a risk that when a safeguarding matter arises where a sign language interpreter is required, unnecessary delays may follow in getting a suitably qualified and experienced interpreter. This could pose further risks to the safety and welfare of the child as well as additional stress for the child.

**6.3. Are there any new protocols planned for how children's social care will contribute to the forthcoming Education and Health Care plans in the Children and Families Act 2014?**

Yes	82%
No	18%

Some local authorities indicated that they had already put in place a panel to consider assessments or that guidance and policy had or was being developed. Others stated that they already had an integrated education / social care approach.



## Section 7: Transitions

Transition is a term used for the process of change for young disabled people as they progress from childhood to adulthood and planning of the services that they may need when they leave school. From age 14, all disabled children who have statements of special educational needs, or Education, Health and Care EHC Plans should have a transition plan which will consider their possible needs across education, health and social care. These services must work together to ensure disabled young people get the support they are assessed as needing.

### 7.1. Do you have a dedicated transitions worker who works with deaf young people?

Yes	8%
No	92%

### 7.2. Do social care staff routinely attend year 9 annual reviews on all deaf children and young people with statements of SEN (soon to be EHC plans)?

Yes, routinely	10%
No	10%
Only on active cases	79%

**If no, please state if there are any other arrangements in place, e.g. with other social care teams:**

One local authority asserted that no deaf children educated within its county had been known to require a social care service at their annual review. This is a bold claim and no details were provided in evidence to support this statement.

#### Comment

It is clear that local authorities are mostly only attending year 9 transitions reviews on open cases. The concern is that, for those children who may have social care needs but are not open cases, it again falls on education professionals to identify any social care needs.

The SEN and Disability Code of Practice does not state that the children's social care service must attend transition meetings, but the social care service must be informed when they are taking place. The Code says that disabled young people and their parents / carers should be given clear information or signposted to potential services (including social care) which may be appropriate to the young person as they move into adulthood. How this will be done and whether again this falls to education professionals to take the lead is yet to be seen.

## Section 8: Multi-agency working

### 8.1. Does a representative from social care routinely attend the CHSWG\* meetings?

Yes, regularly	30%
Yes, occasionally	20%
No	50%

\*CHSWG – or Children's Hearing Services Working Group – are a multi-agency forum set up in many areas to discuss local provision for deaf children.

**8.2. Does any team manager or service managers responsible for this social care team have any other formal regular meetings with any other statutory / voluntary agencies (e.g. health, education, early years, etc?)**

Yes	73%
No	27%

**If yes, please state what these are:**

A number of local authorities indicated that they had regular meetings with other professionals including discussions around the new Children and Families Act 2014. Others stated that they met at joint panels to agree on funding in education or that services were already integrated at some strategic level.

**Comment**

We are very concerned that nearly a third of all local authority social care teams answered 'No' to this question. The *Working Together to Safeguard Children* (2015) statutory guidance requires all providers of children's services to work together to safeguard and promote the welfare of children. This is of particular importance to deaf children given that the majority of them will have some ongoing support from health and education.

## **Section 9: Training**

**9.1. Have staff in this social care team received deaf awareness training?**

Yes	59%
No	41%

**If yes, is this mandatory for all the team members or only certain staff (e.g. frontline staff)?**

Yes	30%
No	49%
Some staff	20%

**9.2. Do staff in the social care team have specific safeguarding training on disabled children?**

Yes	88%
No	12%

**Comment**

The lack of deaf awareness training (41%) is clearly of concern given that majority of these teams are not specialist deaf social care teams or have specialist social work posts designated to work with deaf children.

Approximately 1 in 10 teams (2%) have not had training on safeguarding and disabled children. Whilst some of these teams do not lead on safeguarding investigations, they will either co-work with safeguarding social work teams or work with disabled children who are at clear risk of safeguarding concerns. NDCS believes that safeguarding disabled children training should be a

separate, mandatory requirement of social work training courses or local authority / Local Safeguarding Children's Board ongoing training for local authority practitioners.

### 9.3. Do staff outside the team in wider children's social care have any training in deaf awareness?

Yes (all)	21%
No	39%
Some staff	39%

**If yes, is this mandatory or optional?**

Mandatory	5%
Optional	95%

## Section 10: Information for parents / carers / young people

### 10.1. How can parents / carers / young people refer or request social care support?

A range of responses were received to this question. Increasingly it seems that referrals have to be made via single point of access into a council which then decides the appropriate action, though a number of specialist teams can be contacted directly in some areas.

NDCS is concerned that 'call centres' with non-specialist staff may lack the expertise to know when to refer a case onwards to the appropriate team. These structures therefore pose an increasing risk of deaf children not getting into the system to have their needs appropriately recognised.

### 10.2. How can parents / carers find out about social care services for deaf children?

Leaflets	73
Internet	96
DVD	3
Local authority website	123
Other	59

Other options included the Local Offer and the local authority website or, in one case, through "word of mouth". Some local authorities indicated a reliance on Teachers of the Deaf to raise awareness of the role of social workers.

### 10.3. Is any of this information available in BSL (British Sign Language)?

Yes	17%
No	83%

A lack of accessible information may be challengeable under the Equality Act 2010. However, a number of local authorities made it clear that they would provide accessible information on request.

#### 10.4. Do you have any plans in place to contribute information about accessing your services to inform the local offer under the Children and Families Act?

Yes	96%
No	4%

### Summary

In recent years, support for deaf / disabled children and their families through short breaks support has tried to reduce the need to access services via formal social care assessments as families often reported experiencing this as stigmatising. With this has come the focus of 'early help' by all children's services providers to support children and families before problems occur or escalate. Equality legislation has also brought requirements on all providers, whether public or private, to make their services, as far as they can, accessible to disabled children

It is possible that these welcome changes, occurring just as many specialist social care teams and specialist posts for deaf were disappearing, have indirectly reinforced the position clearly identified in this England wide survey and in previous research, that deaf children largely remain invisible to children's social care.

This survey has shown that local authority children's social care teams have raised their eligibility criteria to access their services and retreated to more reactive role responding to safeguarding concerns and only those with more complex and multiple disabilities. With this has come an assumption that all other providers outside children's social care, through such early support initiatives and Equality Act duties, will be able to meet many of the social care needs of children in need. For deaf children, many local authorities have come to assume that education sensory services are the providers and 'experts' in the social care needs of deaf children and also, in some cases, communicators and interpreters for deaf children.

Without the replacement of the specialist expertise and knowledge within children's social care and the support and training for those professionals outside children's social care, such assumptions will be putting deaf children at greater risk of their needs not being met and more at risk from suffering abuse. It also risks making unreasonable expectations of professionals who are not trained social care professionals.

Deaf children don't fit neatly within the way many local authorities structure their social care provision. However, deaf children's needs haven't changed; it's the structures that have. Deaf children still remain 'children in need' under the Children Act 1989 and may benefit from services under the Chronically Sick and Disabled Persons Act 1970 - both areas which children's social care is responsible for.

Deaf children's needs also often cross education, health and social care. It therefore requires a multi-agency approach to consider how best services can support them. This survey has identified some welcome examples of joint working relationships between education and social care. Sadly these are few and far between.

Legislation and statutory guidance clearly requires children's services providers to work together to support children's needs. For deaf children, this rarely happens and when it does, children's social care are too often absent. Local Safeguarding Children's Boards, Health and Well-Being boards and parent carer forums are key bodies which can influence a broader response to the whole needs of deaf children and their families. At NDCS we will continue to seek to influence such bodies and challenge local authorities when necessary.

NDCS seeks a world without barriers for every deaf child. This survey has highlighted the very real barriers to accessing children's social care. We must take all measures to remove those barriers and support deaf children to have their social care needs considered as is their legal right.

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