



The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and families. Phase II Report.

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The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and their families.

Phases 1 and 2 - December 2009
Alys Young • Ros Hunt • Rosemary Oram • Carole Smith



The Research Team

Alys Young PhD is Professor of Social Work Education and Research at the University of Manchester. She has previously worked as a social worker with d/Deaf people.

Ros Hunt PhD is a research associate in the School of Nursing, Midwifery and Social Work, University of Manchester. She was previously a social work team manager working in Sensory Services

Rosemary Oram is a research assistant in the School of Nursing, Midwifery and Social Work. She was previously a specialist social worker with Deaf people.

Carole Smith PhD is an honorary senior lecturer in the School of Nursing, Midwifery and Social Work, University of Manchester. She was previously a social worker and subsequently a senior manager in social services for children and families

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The views expressed in this report are, however, those of the authors and not necessarily those of NDCS.

Ethical Approval

This work was approved by the Association of Adult Social Services (ADASS), the Association of Children's Services (ADCS), The University of Manchester Research Ethics Committee and met the governance requirements in the one Local Authority who required it.

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

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15 Dufferin Street, London EC1Y 8UR

Tel: 020 7490 8656 (voice and text) Fax: 020 7251 5020

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Executive Summary

The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and families¹.

Fifty-seven Local Authorities in England have taken part in the largest ever study of the organisation and provision of social care services for deaf children and their families. Specifically, the two-part study focused on the impact of integrated Children's Services on how social care needs are identified, assessed and met for this specialist user group.

This question is important because deaf children are at particular risk of a range of less than optimum outcomes: they are 3.4 times more likely than hearing children to experience abuse; 40% will experience mental health problems in childhood; educational attainments lag significantly behind national averages. Deaf children, whether using spoken or signed language, face significant challenges in achieving normative linguistic, cognitive and psychosocial development. Over 90% are born into hearing families with usually no prior experience of raising a deaf child. Meeting the complexity of deaf children's needs within the diversity of their family contexts does not lie solely within the skills and responsibilities of audiology and deaf education services. Furthermore, some statutory duties lie specifically within the domain of social work services.

The research was funded by the National Deaf Children's Society, carried out as part of the Social Research with Deaf People programme at the University of Manchester² and was approved by ADASS and ADCS.

Service organisation effects

In the case of deaf children and their families, the main impact of the move to Children's Services Departments has not been the integration of education and social services, but rather the effects of the disaggregation of Adult and Children's Services. Previously social care services for d/Deaf people had commonly been organised by means of specialist teams providing 'cradle to grave' provision staffed by social workers/social care professionals with highly specific skills. The separation of Children's and Adult services has created a puzzle for Local Authorities about how best to meet the needs of deaf children and provide specialist services to d/Deaf adults when the available social care resource might be highly specialized and also quite small. We found in light of integrated Children's Services:

Only around a third of Local Authorities had specialist team/team arrangements with designated responsibility for deaf children and their families and containing social workers/social care personnel qualified and experienced in working with deaf children and their families.

Where broad based 'children's disability teams' had designated responsibility, they were unlikely to have any internal specialist expertise beyond an occasional worker with basic communication skills.

The lack of specialist knowledge and expertise was significant because it demonstrably hampered teams from being able appropriately to recognise the seriousness of a presenting problem when it concerned a deaf child.

¹ Young, A.M., Hunt, R., Smith, C. (2008). The impact of integrated Children's Services on the scope, delivery and quality of social care services for deaf children and families (Phase 1 report). London: NDCS. http://www.ndcs.org.uk/news/ndcs_news/social_care_radar.html

² <http://www.nursing.manchester.ac.uk/research/researchgroups/socialwork/sord/>

Within non-specialist service arrangements, being ‘deaf’ was rarely seen as encompassing complex developmental concerns or presenting particular safeguarding risks. A situation tended to have to escalate to a generically identifiable crisis before any response was possible.

Where teams had specialist knowledge and experience, deaf children and families’ needs were significantly more likely to be identified as meeting eligibility criteria for the provision of assessment/services and there were clear referral pathways for families and other professionals alike.

The retention of service responsibility for deaf children and their families within Adult Services structures only worked where arrangements occurred by design, rather than by default. Otherwise specialist social workers were left to find ‘ways round the system’ whilst their ‘manager turns a blind eye’.

We found 4 Authorities with no designated service arrangements at all in respect of deaf children and their families.

Specialist workforce

Over a quarter 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 having contracted out arrangements whereby a specialist voluntary organisation, for example, provides services.

In 46% of the Local Authorities there were no qualified social workers who worked with deaf children and their families either as part or whole of their job remit.

The median staff complement of qualified social workers working with deaf children and their families across all sampled Authorities was 0.25.

‘Children in need’

In only 40% of participating Authorities would a deaf child be regarded as a ‘child in need’ in line with the definition contained in the Children Act 1989. Of those who would recognise this status, only two thirds were of the view that such designation would lead to even an initial assessment.

Integrated working

In half of the Authorities, there were no systematic arrangements for ensuring that deaf children and their families receive 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”.

Statutory child protection

Only 37% of responding Local Authorities described co-working arrangements between child protection teams and specialist social workers.

18% described a situation in which there was no co-working at all, either because specialist social workers did not exist to co-work with anyway, or because specialists working in Adult services were not allowed to work cases involving children, or because the CDT did its own child protection work and did not involve outside deaf related specialists.

The remaining Local Authorities described various arrangements that involved getting 'help', of different varieties, from workers either within or outside of their Local Authority. In looking at the range of descriptions given to us of the external help sought, we were struck by three things: (i) how much the help took the form of information and advice in a general sense about deafness or sign language rather than specifically in relation to any particular case; (ii) how little awareness there was about the extent to which specialist knowledge might be required about cultural issues or deaf child development issues in a broad sense, rather than only about language and communication (several respondents described involving an interpreter as of itself solving the problem of specialist aspects of a case); (iii) how ad hoc the arrangements appeared to be.

Additionally, no respondent who was not themselves a deaf specialist seemed aware that there would be issues that needed to be taken into account or that would impact on the investigation if a child was deaf and not a BSL user.

Principal Conclusions

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

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

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

Email: helpline@ndcs.org.uk

www.ndcs.org.uk