



Specialist assessment involving deaf children and adults: a discussion document.

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**Specialist Assessment Involving Deaf children and Adults:
a discussion document.**

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1. Introduction

Focus of the report

This discussion document focuses on the additional information and considerations that might be required in undertaking a specialist assessment, from a social work perspective, in relation to:

- a Deaf adult
- a deaf child
- a hearing child cared for by a Deaf adult
- a deaf (hard of hearing) adult

In relation to adults, the core context for specialist assessment is the unified assessment process (NAFW, 2002). In relation to children, the core context is the Framework for Assessment of Children in Need and their Families (NAFW, 2001).

This document does not set out a model of practice for how best to carry out such specialist assessments. However, the identification of the relevant considerations does inevitably begin to demonstrate how practice might be shaped, if the issues identified are to be appropriately met and managed. The issues raised for consideration by any potential assessor apply as much to those undertaking initial/screening assessments as to those undertaking more complex/core assessments.

Background - social care services for deaf children and adults in Wales

This work was commissioned by CSCI Wales in the context of a multi-faceted review of social care provision for d/Deaf¹ adults and deaf children. Within that review, the initial benchmarking study had raised a range of concerns about assessment and care management including: the scarcity of specialist workers (with specific knowledge, experience and qualifications in working with d/Deaf adults and deaf children); the isolation of specialist workers; the paucity of d/Deaf professionals; and the lack of effective multi-disciplinary arrangements specific to deaf children.

A subsequent consultation study on the roles and tasks of specialist social workers in Wales² had further identified: (i) the importance of specialist knowledge/experience in recognising the significance of presenting issues that would otherwise be missed by the non-specialist in undertaking assessments;

¹ Throughout the report we use capital 'D' when referring specifically to culturally Deaf sign language users and small 'd' when referring to those adults who are not culturally Deaf or to deaf children.

² Young, A.M., Hunt, R. (2009). The role, contribution and training requirements of specialist social workers. Report for CSCI Wales.

(ii) the difficulties encountered in making key specialist assessment issues ‘fit’ within the formal frameworks and tools for assessment; (iii) the skills deficit, particularly but not exclusively, in relation to Sign Language fluency amongst specialist workers; (iv) how to work effectively with independent Deaf-led advocacy services within assessment tasks.

At the same time, Wales-wide implementation of universal newborn hearing screening has been achieved. Its implementation has led to the specification of new clinical and care pathways³ and recommendations for how outcome measures in language and communication for early identified deaf children should be collected on a Wales-wide basis⁴. This work has almost exclusively been confined to the health and education sectors with no representation of social care within the task groups involved or within the quality standards protocols⁵.

More broadly, 2008 saw the publication of the UK-wide National Occupational Standards for Sensory Services. Although not directly concerned with assessment, these defined elements of competence (including performance criteria), knowledge and understanding, core values, and theory and good practice across 11 key standards⁶. However, no specialist post qualifying provision currently exists for social workers seeking to specialise in working with d/Deaf adults and deaf children⁷.

In 2004, the Welsh Assembly Government formally recognised BSL (British Sign Language) as a language in its own right, subsequently publishing guidance: “Delivering in British Sign Language, Advice for Public Services”.⁸

Assessment in context - defining our terms

Assessment in this document refers to assessments either undertaken by social workers/social care practitioners or to which they contribute given their roles, powers and responsibilities in relation to deaf children and adults.

Unified assessment process

The unified assessment process, conceived of initially in relation to older people but now applied across all domains of adult services, has sought to ensure an holistic approach to the assessment of a person’s needs within the

³ <http://www.screeningservices.org.uk/nbhs/>

⁴ Task and finish group on outcome measures in language and communication for early identified deaf children.

http://www.screeningservices.org.uk/nbhsw/professionals/outcome_measures_report.pdf

⁵ Newborn Hearing Screening Wales, Quality Assurance Report, June, 2009.

http://www.screeningservices.org.uk/nbhsw/professionals/qa_jun09.pdf

⁶ Skills for Care and Development (2008). National Occupational Standards for Sensory Services. NOS

⁷ Formal representation was made concerning this problem by NDCS in collaboration with SORD, University of Manchester, in response to the Social Work Taskforce ‘call for evidence’ in May 2009.

⁸ <http://wales.gov.uk/topics/equality/rightsequality/language/BSL/?lang=en>

context of their health and social and family networks. It has sought to promote person-centred care planning, the co-ordination and integration of services (including those in the voluntary sector), a reduction in the duplication of assessment and information gathering, and the standardisation of eligibility criteria across Wales.

The purpose of the assessment is defined as: to evaluate the effect of an individual's needs on his or her independence, daily functioning and quality of life so that appropriate action can be planned. In practice, therefore, an assessment should:

- Identify needs of an individual
- Identify the options that are available to service users
- Identify the outcomes required from any help that is provided
- Enable service users to understand the basis on which the decision is made

Within the unified assessment process there are four different types of assessment: Contact Assessment; Overview Assessment; Specialist Assessment; and Comprehensive Assessment.⁹

Framework for the assessment of children in need and their families

The Framework for the Assessment of Children in Need and their Families (NAFW, 2001) was produced as guidance to Local Authorities in the fulfilment of their duty under the Children Act 1989 to safeguard and promote the welfare of children in their area who are in need. It encompasses assessment associated with children who may be or are suffering significant harm (Section 27) and those children, who without the provision of services, are unlikely to achieve or maintain a reasonable standard of health or development, or whose health or development is likely to be significantly impaired, or who are disabled (Section 17). The Children Act 2004 further placed a duty on Local Authorities and relevant partners to cooperate to improve the well being of children and young people in line with the aims set out in the National Service Framework for Children, Young People and Maternity Services (DoH, 2004) (Pithouse, 2006).

The assessment framework is founded on a thorough understanding of three interrelated domains, each with a number of facets:

- **the developmental needs of children** (health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills)
- **the capacity of parents or caregivers to respond appropriately to those needs** (basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability)

⁹adapted from: Merthyr Unified Assessment steering committee staff information
<http://www.merthyr.gov.uk/NR/rdonlyres/4578460D-31D2-4C5F-AE8E-72840A2325FB/0/FinalVersionLeaflettoPrint100205p53.pdf>

- the impact of wider family and environmental factors on parenting capacity and children (family history and functioning, wider family, housing, employment, income, family's social integration, community resources)

The framework of itself is not a model of practice, but underpins how assessment should be conceptualised and the domains of interest it should encompass. It is conventionally represented using:



Given this framework, this report will address the information and additional considerations that it would be important to take into account when carrying out assessments with hearing families with deaf children; Deaf families with deaf children; and in relation to hearing children with Deaf families.

Report structure

Each section identifies a series of considerations that are illustrated with a range of examples underpinned by self reflective questions. An extensive range of references embeds the considerations identified within contemporary policy and practice literature. The aim is not to produce a 'how to assess' document, but rather a document that outlines what needs to be taken into consideration whilst carrying out an assessment, in deciding who should be doing the assessment and how to ensure the quality of any assessment that is undertaken with deaf children and d/Deaf adults

2. Specialist assessment with d/Deaf adults within the unified assessment framework

It is not just about ‘specialist’ assessment

D/deaf adults may be involved in assessment processes with social care professionals for a wide range of reasons in the same way as all service users might; e.g. concerning mental health, older people’s care needs, carer assessments, or seeking to foster/adopt.¹⁰ All kinds of assessments, therefore, involving d/Deaf adults fall within the unified assessment process. This process allows for “specialist assessment” if required, where a practitioner with particular skills or experience relevant to a particular service user group or issue, may be called upon to supply an additional layer of assessment.

However, additional issues involved in assessment with d/Deaf people are not confined to any ‘special’ considerations that may be linked to being d/Deaf and therefore the subject of a ‘specialist’ assessment. Being ‘deaf’ whether in the sense of having impaired hearing, or in the sense of being culturally Deaf both, be it in differing ways, fundamentally involve issues of language and communication. Therefore, the conduct of any and all aspects of assessment within the unified assessment framework involve specialist considerations whether it is a ‘contact assessment’, an ‘overview assessment’, a ‘comprehensive assessment’ or indeed a ‘specialist assessment’ that is being undertaken.

Overarching considerations linked to language and communication will effect:

- how any assessment is carried out,
- what and how needs are identified,
- the degree of involvement of service users within the assessment process,
- how decisions are arrived at,
- and how desirable outcomes are negotiated and understood.

These issues are elaborated in the sections that follow below. At this point it is enough to identify that the first consideration in specialist assessment within the unified assessment framework is:

Does the practitioner appreciate that specialist considerations associated with assessment involving d/Deaf people are not just confined to ‘specialist assessment’, because issues of language and communication will permeate all aspects of all assessments?

Identification of need requires effective engagement

The identification of an individual’s needs does not just require that a practitioner has appropriate knowledge and understanding to bring to the

¹⁰ ADSS/RNID/LGA/BDA (1999) Best Practice Standards in Social Work with Deaf and Hard of Hearing People. London: RNID.

assessment, but that they are able successfully to engage the individual within the process of assessment. In the case of assessment involving d/Deaf adults, the central issue is, therefore, that of communication adequacy between practitioner and service user. In this respect there are three distinct concerns:

- judgement about the most appropriate approach to communication
- communication skills at the right level
- ability to evaluate the quality of mutual communication.

Judgement about communication approach

D/deaf adults encompass a wide range of communication preferences, strengths and needs. Compare for example, the potential communication profiles of: a deaf adult who regards himself as having had a hearing impairment most of his life, is an excellent lipreader and exclusively uses spoken language to communicate; an older woman with a gradual but substantial hearing loss, but who does not use hearing aids very well; a culturally Deaf young couple who are first language BSL users. A very basic question is therefore:

Does the assessor have knowledge of the full range and variation of communication preferences to be able to judge what is the most appropriate method of communication in any given situation involving a d/Deaf person?

On one level the answer to this question concerns knowledge and information e.g. being aware that BSL is a fully grammatical language unconnected with English or Welsh, not a visual representation of the spoken language; or that not all hearing aid users are necessarily good lipreaders; or that many born deaf adults have significantly depressed levels of literacy so information in written English or Welsh may not be a good means of communication. The acquisition of such knowledge is a vital pre requisite to any specialist assessment.¹¹

On another level however, the answer to the question requires an ability to form a judgement in relation to specific individuals in specific contexts. Such judgements usually require considerable experience, not just theoretical knowledge of difference and variation.

For example, if a note on case file says “sign language user, but can communicate in English” does an assessor have enough experience to worry whether such a judgement is reflective of the last practitioner’s inability to sign (thus forcing the service user to attempt to communicate through speech), or a true statement of the service user’s excellent bilingual skills?

Or on meeting an older person with hearing aids and unimpaired speech, does the practitioner assume that the service user’s expressive language is commensurate with their comprehension skills, or hesitate to make that

¹¹ The National Occupational Standards for Sensory Services provides helpful further information.

judgement without first trying out various communication strategies (e.g. speaking more slowly, choosing carefully where to sit in the room (e.g. not with their back to the light), or backing up direct communication with written information?

A non-specialist might know it is important to check when carrying out an assessment with an elderly hearing aid user, that their hearing aid batteries are correctly inserted and the aids functioning optimally, but would they necessarily think to check that the service user had the correct spectacles on in order to lipread? Would they be aware of the likely consequences for a person's hearing of such physical difficulties as arthritic hands or paralysis following a stroke (i.e. they may not actually be able to insert their hearing aids or change batteries without additional support).

In summary, successful engagement of service user with practitioner in an assessment process requires that ***the assessor has the ability to judge what might be the most appropriate communication approach for any individual in any given context.*** But such judgement requires both:

- knowledge and awareness specific to d/Deaf people, and
- experience of the application of such knowledge in practice

Communication skills at the right level

Having made a judgement about the most appropriate means of communication within an assessment process, the next question is:

Does the assessor have the skills at an appropriate level to carry out the assessment?

In terms of sign language skills, there have been longstanding concerns that even amongst specialist social workers with Deaf people, practitioners' level of BSL skills are often inadequate to the complexity of the tasks they undertake.¹² This is problematic not just because the assessor may not be able fully to understand the information the service user wishes to contribute to the assessment (and vice versa), but the service user may find they have to communicate in ways that restrict their ability to contribute fully. Deaf people are often very skilled at modifying how they sign to match the level of communication of those signing with them, but such adaptations may be at the expense of being able to express the complexity of an argument, or an emotional aspect of an otherwise seemingly factual transmission of information. In terms of engagement with assessment therefore, ***the issue is not just one of adequacy of communication but of whether the lack of skills of the assessor are inhibiting the service user from full engagement on their most comfortable terms with the actual process of assessment.***

¹² Young, A.M., Hunt, R., Loosemore-Reppen, G., McLaughlin, H., Mello-Baron, S. (2004) A profile of 15 social work services with deaf and hard of hearing people in England. Research, Policy and Planning, 22 (1), 31 - 46.

Also, practitioners who are not native sign language users, however good their BSL skills might be, may find themselves in assessment situations where the nature of the service user's current problem is significantly altering their communication in ways that non-native users may find particularly difficult to understand e.g. the disordered signing of someone with dementia or experiencing mental distress, where non-conventional forms of expression might emerge. In other words, a consideration of whether an assessor has an appropriate level of communication skills also encompasses:

Can an assessor make an appropriate evaluation of their own skills deficits and act accordingly?

In terms of unconventional or disordered sign communication, potential solutions for full engagement within assessment processes might, for example, include the involvement of a Deaf relay interpreter or an independent Deaf advocate.¹³ In terms of sign communication more broadly where the social workers' skills might not match those of the service user within the assessment process, the potential solution might be to involve an interpreter.

Ability to evaluate the quality of mutual communication

As we have discussed, the full engagement of d/Deaf service users within assessment requires practitioners to be knowledgeable, experienced and self aware enough to recognise the strengths and limitations of their own communication skills within specific and varied communication contexts. It also requires, however, a critically reflective approach to whether quality mutual communication is being achieved and the flexibility to make adjustments accordingly. Therefore a fourth key question is:

Does the assessor have enough knowledge, skills and experience to be able to evaluate whether communication during the assessment is optimal and if not to consider different strategies/alternatives?

This issue does not just apply in assessment situations involving culturally Deaf people as discussed above. It may also apply in less obvious ways in assessment through the medium of spoken language. For example, a service user might appear to be fully involved in a discussion, their positive body language, smiling face and nodding head signalling agreement with what the practitioner is saying. But without the practitioner checking out the service user's understanding through using techniques such as rephrasing information in question form, or asking for active contributions of additional detail (rather than passive agreement with information), the practitioner will not be able to evaluate whether there really is adequate communication and understanding. It might just be easier for the service user to appear to have 'heard' if they are worried about appearing stupid or fear embarrassment if they ask for information to be repeated.

¹³ Young, A.M., Hunt, R. (2009). The role, contribution and training requirements of specialist social workers with d/Deaf people. Commission for Social Care Inspection, Wales.

Both acquired hearing loss and cultural Deafness can prompt a vast array of adaptations to uncertain communicative situations, where it cannot be assumed one will understand or be understood. Full engagement within an assessment process will require the practitioner to be aware of how such adaptations to situation may interfere with or assist in communication during assessment. Having the skills to evaluate these effects within any individual communication context is vital to the achievement of quality mutual communication.

Additional aspects of involving service users in contributing to the identification of need and preferred solutions

The above considerations of effective engagement within assessment processes have largely concerned communication and how to be aware of, tune into and evaluate whether communication strengths and preferences are being met. However there are many other aspects of ensuring effective involvement of service users within the consideration of their needs, preferred outcomes and how to meet those. Many of these are no different from those conventionally associated with effective assessment processes¹⁴. Provided communication considerations are met the same good practice will apply.

However, there are some additional considerations that a non-specialist is unlikely to be aware of and which may (or may not) effect how an individual is enabled to contribute to their assessment.

In relation to culturally Deaf sign language users:

- Life long experience of poor access to information in their preferred (or only) language [BSL] and far fewer opportunities for incidental learning (chatting with friends, overhearing conversations, listening to TV/Radio) may mean that levels of general knowledge are low or specific gaps in knowledge may unexpectedly exist. Consequently it is important that any assessor is alert to the fact that common sense/lay understandings of common concepts may not be shared in the same way. E.g. one cannot necessarily assume an individual may be familiar with the concept of 'assessment' or need.
- Poorer access to information may also mean that basic rights are unknown such as the right to have a Sign Language interpreter, the right to an assessment, right to a carer's assessment etc.

¹⁴ For example, Coulshed, V & Orme, J. (2006) Social Work Practice: an introduction (4th ed) Basingstoke. Palgrave Macmillan

- Many Deaf people have poor levels of literacy¹⁵, therefore it is not reasonable to assume that information to help in decision making processes can be provided effectively through a written medium.
- Poor access to information and gaps in general knowledge/common sense understandings, may mean that it is considerably harder for services users to engage in a consideration of a range of options to meet needs as their ability choose may be severely limited by their experience.¹⁶
- How information might be presented in a culturally appropriate manner is not just an issue of translation into BSL, e.g. it cannot be assumed that providing information on DVD in BSL would make it accessible if an individual's preference is for face to face communication. There are cultural norms in how a topic might be introduced and discussed. Generally it is more common and preferred for a strong and direct statement to be made then for modifications and discussion to occur around it rather than to approach a topic in an indirect and discursive manner eventually getting to the main point at the end. Such issues are to do with cultural forms of expression not to do with language or fluency of communication.
- Older Deaf people are likely to have experienced a dependent relationship with welfare providers and approaches to involvement founded on empowerment, enabling individuals to express their own preferences, identify their own needs, and to be aware of their rights, may be very alien and treated with some suspicion and dislike. Consequently, involvement in such approaches to assessment may be extremely difficult for some service users. In this case other techniques to enable engagement will need to be used.
- A great many Deaf people have little or no experience of consultation - what it might mean, how to participate, why such involvement might be aluable.¹⁷
- Younger d/Deaf people have had very different but also highly variable educational and social experiences which may mean the above

¹⁵ Powers, S., Gregory, S. and Thoutenhoofd, E.D. (1998) The educational achievements of deaf children: A literature review. Research report 65. London, England: Department for Education and Employment

¹⁶ Young, A.M., Hunt, R., McLaughlin, H. (2007) Exploring models of D/deaf service user involvement in translating quality standards into local practice. Social Work and Social Sciences Review 12 (3), 25 - 39.

¹⁷ McLaughlin, H., Brown, D., Young, A.M. (2004) Consultation, community and empowerment - lessons from the deaf community. The Journal of Social Work, 4 (2), 153-165.

considerations are less likely to apply to them. It is thus vital to take into consideration generational differences within the Deaf community to avoid being trapped by old assumptions about Deaf people that may be totally irrelevant to assessment activities with younger Deaf adults

It is worth noting that considerations such as those listed above require a cultural understanding and experience. They are not fundamentally about whether communication in a linguistic sense between assessor and service user is fluent.

Therefore it cannot be assumed that the provision of a qualified sign language interpreter, even one experienced in the appropriate linguistic domain, working with a non-specialist practitioner will ensure an effective and appropriate assessment.

- Furthermore, many older Deaf people may be unsure of how to use an interpreter. The provision of interpreters is a relatively new aspect of service development and was not a common part of life for generations of Deaf people. The expectation would more usually be that the social worker could communicate directly with them. As such the provision of an interpreter may actually confound service users' optimal involvement within assessments, not facilitate it.
- From the perspective of the non-specialist practitioner, they may not be aware of the additional scope for confusion and loss of subtlety that the use of an interpreter might engender e.g. they may not fully take into account the lack of temporal synchronisation between the expression and reception of meaning through an interpreter which can mean e.g. body language/facial expression are out of sync with communication, or how the ability to interrupt is impaired if the communication has moved on but one's awareness of what is being said lags a few sentences behind.

In relation to hard of hearing/deaf service users

- Being deaf may hold very different meanings and encompass a wide variety of personal responses and implications. Whereas for culturally Deaf people, being Deaf might simply be regarded as an aspect of their life and their personality, for those who acquire deafness it may be regarded as a source of grief, regret and handicap heralding significant changes in lifestyle. For those who have been deaf all of their lives (but not Deaf), the issues they face may be less to do with transitions of personal identity and more to do with encountering new challenges at new life stages. Such wide variations in the personal meaning attributed to being deaf/hard of hearing are important additional aspects to be

alert to in ensuring a comprehensive assessment of needs and preferences.

- Given that for some service users, the experience is one of losing one's hearing, rather than being deaf, it cannot be assumed that a hard of hearing person would be necessarily aware of the full range of aids and equipment that would be available to them both in terms of improving participation in communication and in terms of safety (e.g. flashing/vibrating smoke alarms). It is therefore vital that any assessor has a comprehensive knowledge of what might be available in order to facilitate a service users' informed choice in new and changing circumstances for them.

The specialist context may require re-interpretation of the significance of some elements of the assessment

It is becoming more evidenced that specialist practitioners working with d/Deaf people often face considerable challenges in making the needs of d/Deaf people fit the frameworks designed for their identification in a way that assures an equitable outcome.¹⁸ The problem is not so much that assessment frameworks are restrictive. The strong move to person-centred assessment practices allows much scope for the description and individualisation of need and resource. Rather the issue is often one of having to re-interpret the significance of an indicator of need, or of an expressed preference, in order for its full implications and weight to be appreciated.

For example, the significance of impaired mobility experienced by an older culturally Deaf person as a result of a fall, might be more strongly linked with their mental rather than physical well being. If they live alone and cannot engage with their usual social activities with other signing Deaf friends, poor mobility is tantamount to communication isolation. An inability to walk independently might be of far less importance to them than losing communicative contact with the few people with whom they share a language.

In a different context, a young deaf homeless man who is living on the streets may be at far greater risk than other hearing homeless people in similar circumstances because of the consequences of not being able to 'hear' e.g. he may be more likely to have his possessions stolen as he is not aware of the presence of others nearby; he may be more likely to be assaulted as he cannot hear someone coming up behind him.

¹⁸ Young, A.M., Hunt, R. (2009). The role, contribution and training requirements of specialist social workers with d/Deaf people. Commission for Social Care Inspection, Wales.
Young, A.M., Hunt, R., Oram, R., Smith, C. (2010). 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. London: NDCS.

The physical restraint of a Deaf adult experiencing severe mental distress might be appropriate for their own or others' safety, but the implications of restraining their hands have a far different resonance than for hearing people - one is in effect taking away their ability to communicate their distress/their needs/their wishes.

Therefore another key question for the practitioner is:

Is the assessor experienced enough to be able to recognise how the implications for d/Deaf people of common experiences may be very different than for hearing people and therefore their significance may need to be very differently assessed?

3. Specialist assessment involving hearing children with Deaf parents

The provisions of the Children Act 1989, The Children Act 2004 and the Framework for the Assessment of Children in Need and their Families (NAFW, 2001) may be applicable to hearing children growing up with Deaf parents in the same way as they may be applicable to any child and family. However, there are two distinct kinds of consideration that need to be addressed when applying these provisions and framework in assessment with hearing children in Deaf families:

- (i) whether there are special considerations specifically associated with hearing children with Deaf parents which might mean that assessment is required or desirable;
- (ii) what the issues might be in the execution of assessments involving hearing children with Deaf parents that need to be addressed to ensure the validity of those assessments.

Special considerations that might mean assessment is required or desirable?

The vast majority of culturally Deaf signing people will choose another Deaf person as their life partner. In over 90% of cases their children be hearing. If their parents are BSL users, these children will grow up with at least two languages - BSL as the language of the home (and likely extended social circle); and a spoken language as the language of the wider environment around them (school, television, hearing friends etc.). In some cases they will be routinely exposed to two spoken languages e.g. in Welsh speaking contexts. Notwithstanding the fact that some Deaf parents (if they have those skills) might also choose to use some spoken language with their hearing children, the majority of hearing children with Deaf parents will grow up as sign-bilingual children.

They will also grow up in a culturally Deaf environment. Regardless of their own 'hearing' status they will naturally absorb the cultural manners, history, perspectives, priorities and values of Deaf culture, in the same way as any child absorbs, be it unconsciously, the culture(s) of their parents and home. The culture of the wider society around them, the culture of hearing people, will be acquired as they navigate through the various other environments of childhood such as school.

However, their cross-cultural identity may not be one that is universally viewed as positive within their extended family. Around 90% of Deaf parents will have come from hearing families. Hearing grandparents, whether deliberately or unconsciously may adopt roles with their grandchildren which demonstrate a view that Deaf parents may not be fully capable of parenting a hearing child; or which seek to boost a child's hearing/spoken language development amid

concerns that something needs to be compensated for. Children quite undeliberately may absorb the negative rather than positive implications of their cross-cultural, bilingual status.

Therefore, a starting point in thinking about assessment related issues with hearing children in Deaf families is to appreciate that these children should be thought of fundamentally as cross cultural, bilingual children, a status that brings with it a host of potential consequences. This might seem obvious, given the information discussed above. However, to a practitioner who has no specialist background in working with Deaf families these children will not look bilingual/bicultural in any obvious way unlike, for example, an Asian child who might speak English with a Welsh accent.

Therefore, the first question in thinking about assessment with hearing children in Deaf families is:

Has the assessor appreciated the fundamentally cross cultural and bilingual status of the hearing child?

Without such an appreciation, any potential implications of such a status may never actually be addressed and therefore some potential grounds for why some kinds of assessment might be desirable (or not) would not be recognised.

This issue of recognition of potential grounds for assessment is of particular relevance to the provisions of Section 17 of the Children Act 1989 and the formal definition of 'child in need'. This Section of the Act, whilst offering no specific guidance on the kind or extent of services to be offered, nor the specific mechanisms for so doing, nonetheless requires Local Authorities:

- (a) to safeguard and promote the welfare of children within their area who are in need; and
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs. [Section 17, (1)]

It goes on to define:

For the purposes of this Part a child shall be taken to be in need if—

- (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) he is disabled, [Section 17, (10)]

In relation to hearing children with Deaf parents, these provisions might at first glance seem not to be significant other than in those circumstances that might apply to any child, where their health and development is in some way being

compromised. However, as some social workers with Deaf people will argue¹⁹, and organisations that represent the rights and needs of Deaf parents²⁰ also lobby, the cross-cultural and bilingual status of hearing children in Deaf families are likely to create circumstances where the provisions of this Section do apply, specifically because of those cultural and linguistic issues. For example:

- A hearing child in a Deaf family may be at greater risk of failing to develop age appropriate spoken language without additional support and intervention (such as the provision of a nursery place).
- The cultural needs of a hearing child from a Deaf family may not be adequately met without the opportunity both to learn within hearing cultural environments from a young age as well as having contact with their cultural peers i.e. other hearing children from within Deaf families.
- Deaf parents will vary in their capacity to meet the cross-cultural and bilingual needs of their hearing children. Some will be very good at understanding those needs and making their own arrangements. Others may require structured support and additional resources.
- Some hearing children in Deaf families may be put under undue pressure to act as interpreters for their parents in circumstances not appropriate to their age or rights as a child. This may result in the hearing child having age-inappropriate knowledge and experience and a level of power and control within the family that may be divisive.
- Poor access to information in their preferred language (BSL) may mean that some Deaf parents are unaware of the range of support and resources that might be available to them and their families thus impeding (directly or indirectly) their hearing children's well being and developmental progress.

Therefore a second key question is:

- *In considering the rights of hearing children and their Deaf parents to appropriate assessments of need, has proper consideration been given to the potential implications of their linguistic and cultural status by a practitioner with knowledge of the specialist background issues?*

¹⁹ A recent study of 52 Local Authorities found that around a quarter (23.4%) would “always” recognise a hearing child from a Deaf family as a child in need within the meaning of the Children Act 1989, with a further 44.7% saying they “sometimes” would dependent on circumstances (Young, Hunt, Oram and Smith, 2010).

²⁰ For example, <http://www.deafparent.org.uk>

In any circumstance where one might draw attention to special considerations in assessment there is also the equal danger of that attention amounting to stereotyping. Not all of the above bullet points will apply in circumstances involving hearing children and Deaf parents. Therefore in addition to awareness and specialist knowledge it is also vital to ask:

Does the assessor have enough experience and skills in working with Deaf families to be able to execute an assessment in such a way as to explore the child/family-specific relevance of any more general specialist issues?

To do so requires a practical understanding and experience of the diversity of Deaf families with hearing children as well as appropriate communication skills. In the next section we consider in more depth issues in the execution of assessment activities which are pertinent to hearing children in Deaf families.

Issues in the execution of assessments involving hearing children with Deaf parents

The 'role' of the hearing child in assessment processes

The Framework for the Assessment of Children in Need and their Families emphasises an understanding of the child within the family context, a context that will have its own strengths and needs. Therefore:

A pre-condition for any kind of assessment will be that the assessor is able to communicate with all family members in order to understand the family system as a whole.

However, there have been many reports from Deaf parents themselves²¹ of practitioners relying on the hearing child(ren) in the family to facilitate communication between them and the Deaf members of the family. This has occurred even in cases where initial assessments have been carried out relating to child protection concerns.

Not only is this an inappropriate use of a child for professional purposes, it also:

- Significantly inhibits the child's ability to take part in any discussion as themselves and representing their point of view, because they have to play multiple roles within an assessment.
- It may create conflicts of loyalty as the child brokers what it is that the professionals will learn about his/her family. This brokering may consist in making choices what to tell one party or the other; or what interpretation or emphasis to place on the passage of particular information/comment. Thus the role in which they are placed is not just one of translation, but embodies also the negotiation of meaning

²¹ These kinds of reports are quite commonly known amongst parents and professionals in this context, but there is no research evidence that has documented child and family assessment processes with Deaf parents and their children within safeguarding or child protection arrangements.

between their parents and the professional concerned. The child may feel the need to 'make' the professional or parent 'understand', rather than simply convey what one party or the other has said. Thus the child is involved in making decisions about meaning and communication beyond the literal content of a conversation.

- The child, through being inappropriately used in an interpreting role, may become party to information that it would be highly inappropriate for them to know.

Issues such as these are more immediately apparent perhaps when a professional is involved in a formal assessment process, such as those linked to serious child protection investigations. However, they are just as applicable to any contact that a professional might have with Deaf parents with hearing children, however informal, where the professional is involved with the family and cannot communicate with those members of the family who are Deaf.

There is a great deal of literature on CODAs (Children of Deaf Adults) and the influence on family life and personal development where a child grows up as a hearing Sign Language user in a Deaf family.²² It is beyond the scope of this document to discuss the positive and negative aspects of this role that have been reported. However, notwithstanding the everyday communication/ translation roles that CODAs may or may not experience as part of growing up, their use as interpreters by professionals in the assessment roles we have outlined remains fundamentally inappropriate.

Consequently, it is important to ask:

Has the assessor thought through whether they will need an interpreter²³ when an assessment involves a hearing child in a Deaf family, even if they can communicate fluently with the child themselves?

Has the assessor prioritised the rights of the child not to be put into the role of language broker between their family and professional services?

If the assessor is not a professional experienced with working with Deaf people and able to sign fluently, do they know how to acquire a qualified sign language interpreter and have access to a financial resource to pay for one?

Cultural brokering

Placing hearing children within the role of a language broker in processes of assessment is, however, not only confined to the more obvious tasks of

²² Preston, P. (1994) *Mother Father Deaf: living between sound and silence*. Cambridge, Mass. Harvard University Press.

Bertling, T. (1994) *A child sacrificed to deaf culture*. Wilsonville, Or. Kodiak Media Group

²³ For a formal definition of an interpreter and their role and function see:

<http://www.asli.org.uk>

translation. It can take more subtle forms as well if hearing children are required to play the role of cultural brokers too. By cultural brokering we mean acting as bridge between their family's culture and that of the wider society in ensuring meanings and intentions are correctly understood by both parties²⁴. Often this has less to do with accurate translation of 'words' and more to do with the form of expression or the explanation of cultural norms, priorities and values.

For example, Deaf culture tends to be a more direct culture than hearing Welsh culture is. Where a hearing person, intending to say something sensitive, might introduce their content obliquely, building up to their main point, after sharing caveats or softening comments, a Deaf person is more likely to state their point up front and strongly, only later introducing related material. To someone unfamiliar with Deaf cultural norms, their expression may be easily interpreted as rude or inappropriate. Thus the cultural broker may find themselves in a situation of having to explain the intent of the expression, even if its linguistic meaning has been conveyed accurately. Similarly, for a cultural broker to get over the seriousness of what a hearing professional might be trying to say, s/he may have to re-form the translated expression into far more direct language to achieve cultural equivalence as well as linguistic equivalence. Other examples of cultural brokering typically might include having to navigate parties through the differences in norms of 'touch' between hearing and Deaf people.

Our point here is that it is not just inappropriate to use a hearing child in the role of translator, it is also inappropriate to use them in the role of cultural broker. Similar conflicts arise as those listed in relation to children taking on translator roles.

Is the assessor aware of how they may be using the hearing child in a Deaf family as a cultural broker and the inappropriateness of so doing?

However, the extent to which a sign language interpreter should act as a cultural broker also is not necessarily clear cut. A certain degree of cultural *mediation* does come with an interpreter's role. It is readily seen, for example, in the translation of terms or expressions whose cultural resonances are different for Deaf people in comparison with hearing people. A very basic example of such a phenomenon is the way in which Deaf people might describe someone as 'hearing'. This descriptor does not refer to their audiological ability to hear sound, but rather to their status of not sharing Deaf cultural values and not seeing things from a Deaf perspective (hence why it is perfectly possible for someone who can hear, to be readily referred to as 'Deaf'). In this case, 'Deaf' is an attribute of the extent of their cultural understanding or shared perspective with Deaf people. A simple translation of the lexical content of the communication would fail in an important way to convey the

24 Hall, N. (2004) The Child in the Middle: agency and diplomacy in language brokering events, in Hansen, G., Malmkjar, K. and Gile, D. (eds) Claims, Changes and Challenges in Translation Studies. Amsterdam: John Benjamins.

meaning of the expression, without some degree of cultural mediation by the interpreter.

That said, the boundaries between cultural mediation and cultural brokering can be difficult to negotiate. It is not the interpreter's job to advocate on behalf of a Deaf person²⁵, for example, or to 'explain' their perspective, or provide extra information about the origins of their values, or to describe the wider context of concerns which might be influencing their decision making.

Traditionally, many such functions have been the territory of specialist social workers with Deaf people, many of whom have been Deaf themselves. In recent times, concerns have been raised about why a Deaf individual or family might need a social worker in all instances where in fact a professional advocacy service might do the job just as well, if not better. In some parts of Wales, well established formal Deaf advocacy services²⁶ exist although there remains a certain lack of clarity about the boundaries of their roles and those of specialist social workers. Nonetheless within assessment processes in addition to the use of interpreters, it would be important to consider the role that Deaf advocacy services might usefully play in appropriately culturally contextualising Deaf parents' experience, preferences and point of view. Therefore, in relation to the role of hearing children in assessment in families with Deaf parents additional questions to ask are:

Is the non-specialist assessor aware of the boundaries of sign language interpreters' legitimate role in cultural brokering?

Has the assessor considered that it may be appropriate, in addition to an interpreter, to involve a Deaf advocate or a specialist social worker with Deaf people within a child and family assessment process?

If a specialist social worker is already involved in carrying out the assessment, have they considered how that process might nonetheless be enhanced by the involvement of Deaf advocate?

Implications for safeguarding

Assessment activities of any sort with any child and family require considerable skills in appropriately identifying strengths, resources, needs and concerns. They also fundamentally require an ability to reflect on and engage with diversity within families in order to assess what may be appropriate or inappropriate norms of parenting and family life. Whilst safeguarding in its broadest sense sets both minimum standards and maximal aspirations for children to reach their full potential and for families to thrive, it does not presume a single pathway to such goals. As the previous discussion on

²⁵ Association of Sign Language Interpreters (ASLI) "The role of the Interpreter". <http://www.asli.org.uk/the-role-of-the-interpreter-p81.aspx> [accessed: 12/11/09]

²⁶ Young, A.M., Hunt, R. (2009). The role, contribution and training requirements of specialist social workers with d/Deaf people. Commission for Social Care Inspection, Wales.

assessment in the context of Deaf parents with hearing children has revealed, appreciating, identifying and responding to cultural and linguistic complexity in these families and the potential implications of it for assessment activity is a massive challenge.²⁷ Consequently the scope for misinterpretation or failure to recognise parenting competence and family strengths and resources is just as great as the scope for potentially failing to identify needs and concerns.

²⁷ Although not specifically in relation to mixed Deaf and hearing families, it is of relevance to note that the Ofsted report on serious case reviews 2007-2008, noted that “Very few of the evaluations of serious case reviews found that race, language, culture or religion had been addressed by agencies in a meaningful way” (para. 71) and recommends “practitioners in all agencies would benefit from help with assessment of the implications for practice of race, language, culture and religion.” (para. 81) <http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Documents-by-type/Thematic-reports/Learning-lessons-from-serious-case-reviews-year-2>

4. Specialist assessment involving deaf children

Introduction

As previously emphasised in relation to other assessment contexts, *specialist assessment* may imply additional or specialised assessments specifically pertaining to being d/Deaf; or refer to an understanding of the particular implications of carrying out routine kinds of assessment activities if a d/Deaf person is involved. It is the difference between presuming that specialist assessment refers to such aspects as sign language development, or hearing thresholds; and recognising what the implications might be for *ordinary* (non deaf child specific) assessment practices that social workers might engage in if the child is a deaf child.

Although a variety of child and family assessments might be carried out by specialist social workers experienced and skilled in working with deaf children and their families, this is becoming quite rare. It is more usual for non specialist social workers to engage with deaf children and families.²⁸ The following therefore aims to provide an introduction to a range of considerations that it would be important for a social care professional to be aware of in undertaking child and family assessments involving a deaf child. It should equip them to be alert to the limits of their own understanding, when it would be necessary to seek out specialist knowledge/understanding and why it might be desirable to involve an additional specialist social care practitioner. It does not provide a blueprint for assessing deaf children and their families.

The bulk of this chapter concerns deaf children in hearing families, however additional issues concerning deaf children with Deaf parents are woven through the chapter.

Deaf children: the same AND different

The Assessment Framework for Children and their Families (NAFW, 2001) states that it is not a practice manual but rather “a framework which should be adapted and used to fit individual circumstances”. Therefore in approaching child and family assessment from this perspective it is important to identify what might be same and what might be different for deaf children and their families²⁹ as well as recognise the full diversity of deaf children and their families. Just as there are ‘many ways to be deaf’³⁰ there are many ways to be a family with a deaf child³¹. However there are a range of common concerns

²⁸ Young, A.M., Hunt, R., Oram, R., Smith, C. (2009). 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. London: NDCS.

²⁹ Young, A.M. (2003) Parenting and Deaf Children - A psycho-social literature based framework. London: NDCS.

³⁰ Taylor, G., Darby A. (2003) (Eds.). *Deaf Identities*. Coleford: McLean.

³¹ <http://www.handandvoices.org>

that may span all deaf children and their families, whilst finding different expressions with varied implications. Therefore a first and obvious question to be considered is:

Is the assessor aware of the diversity of children who may all be referred to as 'deaf children' and that such diversity derives both from the many and varied implications of childhood deafness as well as the many and varied families in which deaf children grow up?

Common background features but not necessarily with shared implications

The following is a list of some common features that anyone approaching a child/family assessment involving a deaf child might wish to keep in mind as background knowledge. However the implications of these for individual deaf children and their families will be highly variable. To illustrate the variability of implications, we have included some contrasting examples after each topic, however these should not be read as in any way definitive or classifiable categories into which families or children should be placed. They are used only for illustrative purposes.

1. Hearing/deaf families

Around 90% of deaf children will be born into hearing families, the overwhelming majority of whom will have had no previous experience, knowledge of, or contact with deafness or d/Deaf people.

Consequently hearing families face many challenges in acquiring information, making decisions and coming to terms with having a deaf child.³² This is an experience that parents tell us is not confined only to the early years following diagnosis but may be childhood-long. Not all parents, as individuals in their own right, might be particularly good at the skills required to: process new knowledge, engage with subjects and professionals that hitherto have not been considered relevant, or have lain outside their immediate experience.³³ Families will vary in their capacity to cope with change and come to terms with the unexpected. A host of previous and current circumstances, that might have nothing to do with having a deaf child, will impact on how a hearing family with a deaf child is able to deploy their strengths and/or react to new pressures. For the vast majority there is no intergenerational wisdom and experience from within their own families on which to draw. Circumstances are constantly encountered as new.

By contrast, for the 10% of Deaf parents with deaf children, their children represent a continuity of experience. In many respects this is positive, with few concerns about establishing communication within the family and often

³² Young, A.M. (2002) Parents of deaf children - factors affecting communication choice in the first year of life. *Deafness and Education International* 4 (1), 1 - 12.

³³ Carr, G., Young, A.M., Hall A.M., Hunt, R., McCracken, W., Skipp, A., Tattersall, H. (2006). *Helping you choose: making informed choices for you and your deaf child.* London: DfES.

considerable pride in the intergenerational transmission of language, culture, history and values. However, there is also often an assumption amongst mostly hearing professionals that deaf parents with deaf children are unlikely to require services, because 'they know what they are doing'. However this may not be case. Parenting itself may be a challenge as few will have models of having been brought up by Deaf parents themselves. Deaf families in the same way as any families could be vulnerable to a host of pressures and concerns that have nothing to do with having a deaf child but which might impact on family life and being a parent.³⁴ Also Deaf parents may need access to information about support services and benefits like any parent of a deaf child - just because they are Deaf themselves it does not mean they are more likely to be fully informed about a host of issues related to rearing a deaf child such as current educational options, advances in audiology or nursery support for example.

2. Identification of childhood deafness

Since the introduction of universal newborn hearing screening, the average age of confirmation of deafness in Wales is now around 2 months of age, whereas it used to be around 26 months of age.

The routine early identification of deafness in the first few months of life has served to remove a great deal of the anxiety that many hearing parents in the past had reported when they had noticed their child was developing differently but had no idea why. However early identification does not remove from hearing parents the common reactions of grief, shock and sorrow.³⁵ Whether families have early, or what would now be regarded as 'late' identified deaf children, the profound emotional reactions of hearing parents can persist over time, periodically recur and/or be resolved in a host of different ways, not all of which might be positive for the deaf child or other family members.

3. The professionalisation of parenting and family life

Comprehensive early intervention services connect families from an increasingly early point (now usually under 3 months of giving birth) with professional involvement in parenting and family support services.

Whilst for some parents the comprehensive support they receive is empowering, others can struggle to feel competent and confident parents in the face of so much professional involvement. For some, difficulties in being a confident and competent parent may have pre-existed having a deaf child. However the additional challenges parenting a deaf child brings might serve to make pre-existing difficulties worse, or expose them to outside scrutiny for the first time.

³⁴ See also Section 3 on hearing children with Deaf parents for additional relevant discussion.

³⁵ Young, A.M., Tattersall, H. (2007). Universal Newborn Hearing Screening and early identification of deafness: parents' responses to knowing early and their expectations of child communication development. *Journal of Deaf Studies and Deaf Education*, 12 (2), 209 - 220.

4. Language and communication

A basic challenge for all deaf children, regardless of degree of hearing in an audiological sense or communication method (spoken, signed or both), is to be exposed to language of enough quantity and quality to enable optimal language development and accompanying psychosocial development.

Families, and parents in particular, are seen as playing a vital role in ensuring deaf children's language development. However, language and communication mismatch is a common experience. For those parents whose children are developing with spoken language they cannot be certain of comparable access to sound and communication (including overhearing and incidental communication) that hearing children effortlessly are exposed to. For parents whose children are developing with sign language, hearing parents too are learning and using a language with which they are unfamiliar and do not have native competence. Differing degrees and kinds of language deficit and delay have been very common for deaf children in hearing families. With early identification, combined with quality early intervention, age appropriate language development is a far greater possibility than ever before, but is by no means certain.

All of these factors, however manifest, will also affect the quality of *shared* communication between parent and child as well as within the family as a whole. The ease and extent of parent/child communication will vary dramatically depending on individual circumstances and the impact of it will also vary depending on age and situation. For example, warning of danger when a child is very young requires little communication, but explaining to an older child why something might be dangerous and should be avoided does. From a child's point of view, recognising someone is 'upset' might not be difficult, but learning to differentiate between sadness and annoyance requires additional social learning through conversation. The extent to which the quantity and quality of shared communication is age appropriate and adequate to the complexity of parenting tasks and child developmental milestones has a crucial impact in families.

5. Being the only deaf one

The overwhelming majority of deaf children will be the only deaf person in their family. Also over 90% of deaf children will be educated in mainstream educational environments (with varied and differing levels and kinds of support) where they are likely to be the only, or one of very few deaf children in the school.

The impact of being the only deaf member of a family will be very different depending on a host of factors including the opportunities a deaf child has to be with other deaf as well as hearing children; the extent to which families unconsciously or deliberately construct the child as different from the rest of them; how much a family is able to acknowledge that all members are changed by one of them being deaf and a new holistic family identity emerges. Developmentally, all children need experiences of how they are the same and

how they are different from those around them in order to forge and be comfortable with their own emerging identity/identities. However, isolation can be a common experience for developing deaf children. Not having a deaf peer group within an educational setting may or may not pose significant problems for deaf children. However, because of communication barriers deaf children have far fewer opportunities for peer learning which is vital to social learning. Also the nature of peer relationships between deaf and hearing children may change with age. Whilst younger, playing together may require little complex communication. As a teenager, peer bonds become more dependent on shared language and 'talking'.

6. Reading and world knowledge

Deaf children as a whole lag significantly behind hearing children in relation to educational attainment with literacy in particular posing significant challenges.³⁶ Many deaf children will lag behind hearing peers in their psycho social development. Some deaf children will achieve at entirely age appropriate standards.

For deaf children growing up with BSL as their preferred language, English whether in its written and/or spoken form will be acquired as a second language with the attendant challenges of second language learning. For deaf children growing up with spoken language, reading may be challenging because of poor or limited sound awareness of spoken words and their relationship to the written text. For all deaf children, access to incidental learning can be a struggle. Picking up knowledge and information through conversations and communication that one may not be part of (through television, radio, overhearing etc.) is a vital part of how children learn about the world, other people's emotions and social norms. Such learning is likely to be far more precarious if communication cannot be reliably accessed through sound (to whatever extent). It is therefore not unusual to find significant gaps in some deaf children's world knowledge which may not be age appropriate; some deaf children will struggle with achieving important milestones such as the development of theory of mind³⁷; reading may remain a life long struggle.

7. Health needs and disability

Around 40% of deaf children will have a health need or disability ranging from the relatively minor (such as impaired eye sight) to the complex or life limiting.

For example, some syndromic causes of deafness carry with them major health related implications as in the co-incidence of serious heart defects and

³⁶ Powers, S. Gregory, S., Thoutenhoofd, E.D. (1998). The educational achievements of deaf children: A literature review. Research report 65. London: DfEE

³⁷ Woolfe, T., Want, S.C., Siegel, M. (2002) Signposts to development: theory of mind in deaf children. Child Development 73(3) pp768-778

deafness in Jervell and Lange-Nielson syndrome.³⁸ Illnesses such as meningitis or rubella that might cause deafness can also leave in their wake physical and learning disabilities. In some kinds of developmental disability, deafness is more common than in the general population. For parents coping with a disabled child or a child with complex needs, deafness and associated issues of communication may not be regarded as priority in the face of more obviously immediate or life threatening considerations. For others, communication may be seen to be the key priority in mediating and moderating the consequences of other needs the child might have and revealing the child's potential.

8. Vulnerability to abuse

*Research suggests that deaf children are 3.4 times more likely to experience abuse than hearing children.*³⁹

Deaf children's vulnerability to abuse does not arise because they are deaf. Rather it arises from a range of implications, principally linked to communication, which may or may not follow from being deaf. For example, gaps in social knowledge and fewer opportunities for peer relationships may make it more problematic for children to become aware of appropriate/inappropriate behaviour by others; fewer opportunities to communicate in depth with adults may give fewer opportunities for disclosure; abusers may specifically target deaf children as those less likely to 'tell'; signs of abuse such as withdrawal can be falsely attributed to typical of being deaf, rather than prompting the concern of others.

9. Mental health

*Over 40% of deaf children/young people will experience mental health difficulties in childhood of a clinically recognisable level.*⁴⁰

This means that deaf children are over 1.5 times more likely to experience such difficulties as their hearing peers. All of the issues reviewed above may or may not be contributing factors to poor mental health outcome. Every child and family will be different. However, these factors are more common and specific to the circumstances of deaf children and therefore require specialist understanding to appreciate their significance for each deaf child with mental health difficulties.

Summary

The nine issues discussed above begin to demonstrate how deaf children are both the same and different from any children. Their parents face the same

³⁸ Moss, A. (2005). Long QT and Congenital Deafness: what parents should know.

http://www.handsandvoices.org/articles/tech/long_qt.html

³⁹ Sullivan P.M., Brookhouser P., Scanlan J. (2000) Maltreatment of deaf and hard of hearing children in: P. Hindley, N. Kitson (Eds) Mental Health and Deafness (pp. 149-184), London: Whurr).

⁴⁰ Hindley, P.A., Hill, P.D., McGuigan, S., Kitson, N. (1993). Psychiatric disorder in deaf and hearing impaired children and young people: a prevalence study. Journal of Child Psychology and Psychiatry, 35 (5), 917-934.

and additional issues in parenting a child who is deaf in comparison with parenting any child. Therefore a professional carrying out an assessment with family where there is a deaf child must first consider:

Does the assessor have enough background knowledge about deaf children's typical and atypical developmental challenges to be able to undertake this assessment in the first place?

The assessment framework through the lens of deaf children and their families

Possessing specialist knowledge such as that contained in the complex background considerations discussed thus far is only half the story. In practice, the central consideration is whether the professional(s) involved in the assessment have, in addition to knowledge, enough experience and understanding to see the common considerations of the assessment framework through that specialist lens. In other words, can they apply knowledge in practice to appreciate how the elements of the assessment framework may be transformed by the implications for deaf children within families?

If we return to the assessment framework and think, each element potentially takes on new dimensions. The following examples are by no means exhaustive but begin to illustrate how specialist knowledge can transform not just *what* it is an assessment should take into consideration, but *how* the very elements of the assessment might taken on a different range of meanings:



For example:

- What is the impact of the quality of shared communication, given the age of the deaf child, on parents' capacity to ensure safety?

- To what extent are the linguistic and cultural resources of Deaf families within Deaf communities identified as key strengths in supporting deaf children's development?
- In considering the child's developmental needs, do family and assessor hold age appropriate expectations or assume lower expectations to be an acceptable norm?
- Has thought been given to the potential emerging 'Deaf identity' of deaf children in hearing families who may have hitherto been exposed only to spoken language?
- In what ways might the needs of a deaf child have had a significant impact on a family's income if, for example, parent has chosen to give up their job or a family has moved house to access a specific educational option?
- Are professionals able to recognise what might be an unusual pattern of emotional and behavioural development in a deaf child?

A key consideration thus becomes:

Does the professional have enough understanding and experience of the specialist issues underpinning the diversity of deaf children and their families to be able to consider elements of assessment through the appropriate lens?

Potential errors

Without such specialist knowledge, understanding and actual experience in practice, several potential types of error can commonly occur:

False attribution

Identified difficulties in the family are attributed to the fact the child is deaf, rather than appreciating that they are not automatic nor may be even usual consequences. E.g. the difference between assuming there is not much communication at home because the child is deaf; and recognising that the parent is actually unable to communicate with their child (who in the school environment communicates very well).

Taking an exclusively deaf child specific focus

Another kind of error arises when families' needs are considered primarily in terms of their deaf child (e.g. assisting them to learn how to play with their child in such a way as to extend their spoken language acquisition) without attention to a variety of needs that might have little direct connection with their deaf child but which will affect a parents' ability to engage with their deaf child's needs (e.g. poor housing; financial pressures).

Incorrect expectations

The assessors' own expectations of what might be usual or typical for a deaf child (if based on poor knowledge, understanding or experience) will prevent them from recognising concerns. For example, if one has low expectations of a deaf child's ability to interact with hearing others around them, then social withdrawal and a lack of interaction may be regarded as typical rather than being recognised as symptomatic of depression.

Not engaging the child

If the assessor has poor skills in being able to communicate with deaf children, or overestimates her abilities to communicate with them, she is unlikely to be able to engage them or fully take into consideration a child's perspective, concerns, strengths and needs. (This issue is fundamental and therefore discussed in some depth in the following section).

Thus it is important to ask:

Does the assessor have enough experience in addition to knowledge to avoid the common errors in assessment practice which might arise without it?

Can the professional carrying out the assessment communicate with and engage the child?

As has been emphasised continually throughout this document, communication is the fundamental pre-requisite to all assessment activities. In the case of engaging children within any kind of assessment, it is vital:

- to make a direct connection with the child
- in such a way as to enable them to express themselves as they would prefer and to the best of their ability
- in order fully to participate
- and get their points across

This might seem obvious. However to someone engaging in assessment activities, who had little or no experience of deaf children, it would be easy to create a situation in which such vital pre-requisites did not occur.

For example, if a child were a BSL user it might seem straightforward that the assessor would realise that it would be better if another professional who was a BSL user carried out the assessment, or if an interpreter were involved (see below for more detailed considerations of interpreters in child and family assessments). However, it is not uncommon for children who are BSL users to have some spoken language skills also, or for sign bilingual children to make choices about which language to use in which domain e.g. they may sign at school and with deaf friends but use spoken language (perhaps with some signs to support their speech) at home. In addition, deaf children are very good at tuning in to the communication needs of others around them and modifying their means of expression to meet the needs of those they are communicating

with, even if it goes against their own preferences or limits their own abilities to fully communicate as they might wish.

The point is that, to an inexperienced assessor, any spoken language skills the child might display might falsely be taken as an indicator that they can communicate with them in spoken language and no additional specialist communication support would be needed. Yet in reality this might easily be a false impression. For example:

- children might have considerable difficulties expressing themselves in speech, which they otherwise would not if using sign language;
- they might have better productive spoken language skills than receptive language skills (or the other way round) and such a disparity may be easily missed by the non-specialist;
- they might have to modify their preferred means of communication to such an extent that they do not feel empowered in the assessment situation;
- they might be much more fluent on one language than in another and struggle with specific concepts in one language that they might not in another (e.g. 'time').

If the child has a clear preference for spoken language (and/or it is the only means of communication available to them) it would nonetheless be important for any professionals involved to be deaf aware to maximise the ease with which the child can participate in any communicative exchange. Also, a professional not used to interacting with deaf children might find that they struggle to understand the spoken language of some deaf children (some of whom may also use signs to support the clarity of their spoken language whilst not actually using BSL).

If the child has a clear preference for communication through BSL, a professional with no BSL skills would need to decide whether it was more preferable to work with another social care professional who was a BSL user or with an interpreter (see below). However some professionals might have some BSL skills themselves thus opening up the possibility of child and assessor communicating directly without the need of a third party. However in such instances it would still be important to consider whether the limitations of a professional's signed communication skills were such as to, in effect, limit the possibilities of full and comfortable signed communication by the child.

These few examples have shown how deaf children can display a bewildering range of communication skills and abilities, as much as they might show a complex range of communication struggles and deficits. Therefore, it is not straightforward to work out how effectively to enable them to participate fully in any assessment process in a way that is comfortable and gives them confidence. Problems associated with their full participation and empowerment may be as easily created by the professional involved as by any communication difficulties experienced by the child.

Key questions therefore for a professional to consider when involving deaf children within an assessment process are:

Can the assessor be sure that they are enabling the child to use their preferred means of communication and participation?

Is the assessor inappropriately prioritising direct communication between them and the child at the expense of full communication and participation by the child?

Does the language of the assessment place the child in the most empowered position to fully express themselves and get their views across?

In situations of shared spoken language between child and professional, is the professional deaf aware in such a way as to be able to maximise the ease with which the child can participate?

In situations of shared signed language, can the assessor adequately assess the limits of their own BSL skills and whether they are limiting or enabling a child's full participation in an assessment activity?

Has the professional considered they may need to work with someone who is experienced with deaf children, even in situations where BSL is not the medium of the assessment, in order fully to understand the child?

Would the professional be able to identify when it might be preferable to co-work with another professional who is a fluent BSL or user, or when it might be preferable to involve an interpreter instead?

Co-workers and/or interpreters

As previously discussed, it is becoming increasingly rare to have access to social care professionals who are specialist social workers with d/Deaf people and who have fluent communication skills in BSL⁴¹. However co-working with such a professional, rather than interpreter, could be advantageous. Their role encompasses far more than translation and cultural mediation. As social care professionals, their knowledge of child and family assessment, as well as knowledge of deaf children's development and families with deaf children, enables them, in a much broader sense, to interpret the situation in which a deaf child might find themselves. Such involvement also removes from the child the need to communicate through a third party (the interpreter) which they may be unused to doing and which might be added stress in an already difficult situation (such as in the case of child protection investigations).

⁴¹ Young, A.M., Hunt, R., Oram, R., Smith, C. (2009). 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. London: NDCS.

However, such co-working arrangements are rare and it is much more common for professionals to work alongside interpreters in order to communicate with and involve deaf children in assessment processes. Also, although there is a clear structure of qualification and registration for Sign Language Interpreters, there is no post-qualifying structure that would enable interpreters to specialise in particular fields, such as child protection, legal interpreting, or mental health assessments. Although occasional specialist courses are run⁴² and individual interpreters become known for and experienced in particular kinds of work⁴³, there is no easily accessible register of expertise in specialist areas of practice (other than to search the qualified register by the descriptions that individual interpreters would give of their usual work). For professionals not used to working with interpreters, there is little guidance available on how to use an interpreter. For example, that given in Annex A of the Welsh Assembly Government's document *Delivering in British Sign Language: Advice for Public Services* (2005) is confined to such generic issues as preparation, briefing and positioning rather than how to co-work in professional situations such as those involved in social care assessments.

In addition, therefore, if it is established that working with an interpreter would be best in the assessment situation:

Does the professional know how to find and book an appropriate interpreter?

Does the professional know how to work with an interpreter in the most effective way for all involved in the assessment?

Family members as interpreters

Finally, it is also important to reinforce that it would not be appropriate for a family member to act as an interpreter for a deaf child involved in an assessment:

- because of the significant risks to the child of not being able to express what they may want to;
- of the potential role confusions created for the child who might need their mother/father/brother/sister etc to be just that within the context of a family based assessment, not to be their interpreter instead or in addition;
- because optimal communication quality between parent and child cannot be assumed in all families with deaf children (some children may

⁴² E.g. the recent course on *Interpreting in Tribunals*, organized by the British Society for Mental Health and Deafness. <http://www.bsmhd.org.uk/training.htm> [accessed: 10/12/09]

⁴³ There is for example a Code of Practice for Sign Language Interpreters Working in mental Health that is produced by ASLI (Association of Sign Language Interpreters) but it does not signify any kind of additional qualification or registration process for those working in mental assessment situations. Also there is nothing comparable in relation to child protection or other kinds of child and family assessments, even in terms of a code of practice.

- communicate more easily and fluently with someone else outside the family);
- in serious cases of e.g. child protection, the rights of the child to independent disclosure and discussion could be severely compromised by using a family member as their interpreter.

5. Conclusion

This discussion document has not set out to provide a blue print of 'how to' carry out assessments in a range of contexts involving deaf children and d/Deaf adults. It has however sought to alert professionals placed in potential assessment roles, whether this be for initial/screening assessment or later more complex assessment, to the complexity of this context; their own limitations; and the considerable challenges of successfully involving d/Deaf individuals at the heart of all assessment processes. It has challenged the notion that specialist assessment is defined by those features that might be particular to being d/Deaf. Deaf people potentially will access all aspects of social care provision in the same way as service users. The question of how to carry out specialist assessment thus transforms to include how to carry out routine assessments in specialist circumstances.

The document contains extended references to other sources for those seeking to gain further knowledge and proposes a series of self-reflective questions to assist practitioners in deciding an appropriate course of action if they become involved in assessments involving deaf children or d/Deaf adults.

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