Accessibility of GIRFEC

Accessibility of the Getting It Right for Every Child (GIRFEC) framework for Deaf Children

National Deaf Children's Society SCOTLAND

In partnership with:

SSC scottish sensory centre

ALLIANCE HEALTH AND SOCIAL CARE ALLIANCE SCOTLAND people at the centre

A report by National Deaf Children's Society: March 2025

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1 Executive summary

Purpose: Following a presentation from the National Deaf Children's Society about deaf children and young people's experiences of GIRFEC, the GIRFEC Accessibility Group established a working group involving the National Deaf Children's Society, the University of Edinburgh and Health and Social Care Alliance Scotland (the ALLIANCE).

The aim of the working group was to improve understanding of how well GIRFEC is working for deaf children by gathering evidence and insights from the experiences of parents of deaf children and young people, and from professionals working with deaf children and young people. This evidence could then be used to inform improvements in Scottish Government, Health Board and local authorities' practice when working with deaf children and young people.

Approach: National Deaf Children's Society advice and guidance officers working across Scotland, parents of deaf children and professionals working with deaf children – including qualified teachers of the deaf (QToDs), speech and language therapists (SALTs) and health visitors – have contributed to these insights through focus group discussions and one-to-one conversations, and by sharing their experiences through written submissions.

Unfortunately, we were not able at this stage to gather experiences from an audiology perspective, or directly from deaf children and young people. The possibility of further evidence gathering should be taken into consideration to ensure their views are taken into account when developing any future guidance for supporting deaf children.

Summary of findings:

- Services for deaf children and young people provided by different public bodies are **not effectively joined up**, creating unclear pathways of support for deaf children and young people and their families.
- There is a **lack of consistency** of provision between different local authorities and different health boards, in their approach to the GIRFEC framework and language used to explain the framework.
- More generally there is a **lack of awareness and understanding** of GIRFEC amongst both parents and professionals, and GIRFEC is used inconsistently, if at all, with deaf children.
- **Lack of promotion** of GIRFEC to deaf children and young people and their parents leads to a limited understanding of GIRFEC by deaf children and young people and their parents. Professionals felt most parents were not familiar with GIRFEC, and those who were aware often lacked the confidence or knowledge to engage proactively with professionals or to advocate for their child's needs effectively.
- **Lack of resources** that explain to professionals and the wider public how GIRFEC aligns with deaf children's rights to language, education and healthcare, and to be involved in decisions that affect them, under the new **United Nations Convention on the Rights of the Child (UNCRC).**
- **Lack of deaf specific materials, and training** that enables professionals to contextualise GIRFEC within an approach that respects rights and deaf awareness.

- **Opportunities for family-centred early intervention are missed** because support from statutory agencies only becomes available when a crisis point is reached. Parents frequently only become aware of GIRFEC/deaf children's UNCRC rights at crisis point.
- Perception that GIRFEC only relates to education settings in the early years, meaning that **health services may not effectively engage with the GIRFEC process**. Furthermore, professionals not based within education (such as QToDs, SALTS, health visitors) face difficulties contributing to the child's plan and inconsistent perceptions of whether deaf children require a child's plan.
- **Uncertainty about how health visitors should work with QToDs** before children start nursery/ELC, with a lack of clear and consistent pathways, especially for deaf children identified in the early years outside the Universal Newborn Hearing Screening process.
- **Uncertainty about how the Multi Agency Support Plans**, referenced in the *Scottish Quality Standards for Paediatric Audiology*, aligns with GIRFEC processes and frameworks.
- Professionals told us that where they were supported by **effective locally embedded practices**, which improved their ability to deliver the GIRFEC framework with reference to the eight wellbeing indicators, Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included (SHANARRI), being a useful tool to assess a child's needs and share information with multiples services and at planning meetings.
- Information that was shared by some professionals only focused on one aspect of a deaf child or young person's wellbeing, rather than the more holistic approach required by GIRFEC, based on assessing children's welling in terms of all eight of the SHANARRI indicators. There was a concern that this could be because **some professionals were not actually taking a holistic approach to assessing children's wellbeing.**
- When parents were introduced to their child's health visitor or head teacher, their role as the child's named person, and the opportunities for support this role could deliver, **were not explained**. **Parents were unaware** that, where their child or young person has multiple plans, a lead professional should be appointed to co-ordinate planning. Many parents emphasised that they felt they had to coordinate their child's support themselves, often being the only person to share information between services.
- The lead professional role is integral to the GIRFEC framework when a child has a single personalised child's plan. **Health and education services often do not collaborate effectively** in producing these plans for the deaf children who need them, or in the identification of, and support for, the lead professional coordinating the delivery of these plans. This leads to the inconsistent application of personalised child's plans and ambiguity about the role of the lead professional.
- Other barriers to effective delivery of the lead professional's role include a **lack of understanding of the role's function and responsibilities**, with many professionals perceiving it as the 'forgotten' part of GIRFEC. Professionals involved in a deaf child's life, who are not directly employed by the school, have little say on who takes on the role of lead professional. Reports also highlight that the role of lead professional is often seen as being undertaken by the named person.

Recommendations:

- Local authorities and Health Boards should work together to ensure a consistent and coherent application of GIRFEC wherever a deaf child or young person lives in Scotland.
- Local authorities, Health Boards and voluntary organisations must work together to ensure that GIRFEC principles and practice are applied to the support deaf children and young people, to ensure that:
    - i) The professionals who act as the named person for a deaf child or young person explain the role to the deaf child or young person and their parents/caregivers. The named person needs to be supported by their Health Board or local authority to deliver this role.
    - ii) All deaf children with statutory plans, such as coordinated support plans, or non-statutory plans, such as individualised educational programmes (IEPs) or individual management plans (IMPs), from both health and education **must have** a single child's plan that is clear about which services or people will provide support, who is accountable for that support and the way in which that support will be provided.
    - iii) Where a deaf child or young person has a single child's plan the professional who has the greatest responsibility for coordinating and reviewing the child's plan (such as the child's QToD) must be identified and given support to act as the child's lead professional.
    - iv) All agencies involved in planning and delivering support for deaf children will attend planning meetings for single child's plans, and guidance, such as the *Quality Standards for Paediatric Audiology*, will be re-written to reflect this.
    - v) All agencies involved in supporting a deaf child or young person should use the same language and tools – the SHANARRI wellbeing indictors – to assess and describe the wellbeing of a child and share information.
- There is a need for practice guidance to ensure professionals understand how to make sure GIRFEC is effective in supporting deaf children and young people. This should include practice guidance in developing a child's plan for deaf children and young people, designed to be used by professionals in both health and education. It should also set out clearly the support required from different professionals at the different ages and stages of a deaf child's life.
- Existing guidance, such the *Scottish Quality standards for Paediatric Audiology*, should be updated to reflect this new practice guidance. This should help ensure that common language and terminology is used by all public bodies. For example, audiology IMPs should refer to, and align with, GIRFEC.
- Training materials should be developed and disseminated for professional using this practice guidance on GIRFEC for deaf children and young people, and on general deaf awareness.
- Information resources should be developed that can be shared by all practitioners working with deaf children and young people and their parents to explain how GIRFEC can support them. These should include an explanation of the separate roles of the named person and lead professional, including how these change over the course of a child's life, and the function of the GIRFEC single child's plan. Flowcharts and other visual material should support these resources. Local authorities and Health Boards should actively promote and use multiple communication channels, including digital tools, to

ensure consistent and direct access to GIRFEC information by parents, children and young people.

- The importance of seeking deaf children and young people's views should always be recognised by professionals as crucial in the implementation of GIRFEC. This includes making provision for appropriate involvement of children and young people's views throughout the planning process of the child's plan. For younger children or children with complex needs, professionals should be supported to use child-centred planning approaches.
- Named persons, lead professionals and the planning process of the child's plan should facilitate opportunities for parents to connect with support networks and advocacy resources to empower them in navigating their child's needs. They should also facilitate older children and young people connecting with organisations that will support self - advocacy and empowerment.
- Health Boards and local authorities should consider the wider context of support services for deaf children and young people, to ensure that a lack of resource is not a block to the implementation of GIRFEC for deaf children. For example, reductions in services such as the 30% fall in numbers of QToDs in Scotland since 2011 is a major challenge to the effective delivery of GIRFEC in practice.

2 Introduction

The GIRFEC Accessibility for Deaf Children Group (comprising the National Deaf Children's Society, The Alliance, Scottish Sensory Hub and Scottish Sensory Centre) has an opportunity, via the GIRFEC Advisory Group, to influence the Scottish Government to develop practice guidance specifically for those working with deaf children and young people, to ensure deaf children's needs are identified and met through the GIRFEC framework.

On behalf of the GIRFEC Accessibility for Deaf Children Group, the National Deaf Children's Society has delivered a project to understand how well GIRFEC is working for deaf children and their families. This has included: the involvement of National Deaf Children's Society advice and guidance staff supporting deaf children and families; and parents of deaf children and professionals working with deaf children. The aim of the project has been to gather insights and deepen our understanding of how well GIRFEC is working for deaf children and their families, and what more professionals need to support deaf children and their families through the GIRFEC framework.

The insights gathered through the engagement project has supported the GIRFEC Accessibility for Deaf Children Group to identify key findings and recommendations, presented in this report, to influence the Scottish Government's GIRFEC Advisory Group.

3 Background and policy context

GIRFEC is a Scottish Government policy framework that aims to improve the wellbeing of all children and young people in Scotland. GIRFEC aims to provide children and their families with the right support at the right time so children can reach their full potential. GIRFEC should provide children with a supportive environment, promoting the rights of the child and young person, ensuring that collaboration and coordination of the right support and services meet a child's needs.

The Scottish Government states:

> *"GIRFEC provides Scotland with a* ***consistent framework*** *and* ***shared language*** *for promoting, supporting, and safeguarding the wellbeing of children and young people. It is* ***locally embedded and positively embraced*** *by organisations, services and practitioners across Children's Services Planning Partnerships, with a focus on changing culture, systems and practice for the benefit of babies, infants, children, young people and their families."*[1]

The GIRFEC framework and the need for clear practical guidance to support deaf children is also central to other Scottish policy and multi-partnership groups, including:

- The See Hear strategy,[2] which states the Scottish Government should issue further guidance in relation to children and young people following the enactment of the GIRFEC

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[1] Scottish Government. Getting it right for every child (GIRFEC). gov.scot/policies/girfec (accessed 08 April 2025).

[2] Scottish Government. See Hear. gov.scot/publications/see-hear (accessed 08 April 2025).

provisions of the Children and Young People (Scotland) Act. However, this has not been delivered.

- The independent review of audiology services in Scotland identified the lack of effective integration of planning and support as one of the major challenges that GIRFEC should meet.
- The ‘Children, Young People and Families’ section of the *British Sign Language National Plan 2023–2029*[3] commits to embedding the GIRFEC framework to ensure deaf or deafblind children and their families are offered the right information and support at the right time to engage with BSL.
- The BSL Scotland National Plan Implementation Advisory Group, the Independent Review of Audiology Services in Scotland Task and Finish Group, the Scottish Government’s See Hear strategy and the GIRFEC Advisory Group are all looking at the issue of GIRFEC support for deaf children and young people.
- Strategic partners for securing change include: the ALLIANCE (who run the GIRFEC Advisory Group); deaf education heads of service; the British Association of Teachers of Deaf Children and Young People (BATOD) Scotland; local deaf children’s societies and the Children and Families Directorate Civil Servants who are keen to see the reach of GIRFEC extended.

4 Involvement purpose and approach

Purpose of the involvement: Collect evidence and insights from the experiences of parents of deaf children, and professionals working with deaf children, to influence the Scottish Government to develop GIRFEC practice guidance specifically for those working with deaf children and young people, to ensure the needs of deaf children are identified and being met through GIRFEC structures such as the child’s plan.

- **Objective 1: Existing evidence and insights:** Collate existing stories, information and evidence from within the National Deaf Children’s Society on parents’ access to information about GIRFEC, and on parents’ understanding of their child’s rights to support through GIRFEC structures – for example, how well the child’s plan is working for their deaf child.
- **Objective 2: Parent experience of GIRFEC:** Engage directly with parents to understand their awareness of their deaf child’s rights and of GIRFEC, and their experience of how well the child’s plan has worked for their deaf child.
- **Objective 3: Professional experience of GIRFEC:** Engage with professionals supporting deaf children, including QToDs, SALTs, health visitors and audiologists, to understand: their role in promoting GIRFEC to parents of deaf children; how delivering GIRFEC is working for them; and what guidance could help improve meeting the needs of deaf children and young people.

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[3] Scottish Government. *British Sign Language National Plan 2023–2029*. gov.scot/publications/bsl-national-plan-2023-2029/documents (accessed 21 April 2025).

5 Existing evidence and insights

Aim: Collate existing stories, information and evidence on parents' access to information about GIRFEC, and parents' understanding of their deaf child's rights to support through GIRFEC framework.

5.1 Knowledge and insight source

- Focus Group: In December 2023, the National Deaf Children's Society delivered focus groups to refresh the See Hear strategy on behalf of the Scottish Government. Discussion with 16 parents of deaf children covered multiple topics, including education, coordinated support and GIRFEC.
- Focus Group: In March 2024, four National Deaf Children's Society advice and guidance officers (AGOs), covering 32 local authorities, discussed GIRFEC, named persons, lead professionals, the personalised child's plan and how the framework is working for parents of deaf children they support.

5.2 Summary of findings

- Our evidence and insights suggest there is no 'consistent framework' (GIRFEC) embedded locally for deaf children in practice. There appear to be inconsistencies that go beyond the flexibilities that should exist in how GIRFEC is promoted, accessed and coordinated between local authorities. Our insights also question to what extent a child's plan is being used to coordinate the multidisciplinary support deaf children require.
- Evidence and insights suggest parents of deaf children can struggle to understand and navigate the support available to them and the pathway of support is not always clear. The named person and lead professional roles should support parents in this navigation process, but this rarely appears to happen in practice.
- Evidence and insights suggest parents are not proactively informed about what GIRFEC means and do not have a shared understanding of some of the GIRFEC terminology ('shared language').
- Parents are often confused about their child's entitlements and rights to support locally, including the right of parent and child to be included in decisions, and uncertainty about who is responsible for coordination of their child's support.

5.3 Findings

The National Deaf Children's Society supports parents of deaf children in Scotland through a range of services, including our Helpline, which offers information, advice and signposting and referral to our AGOs. Our AGOs support parents to navigate local systems, work with local professionals and attend meetings with families to get the right support in place for deaf children. We promote information on GIRFEC to parents through our Advice and Guidance services.

Enquire, the Scottish advice service, provides information and advice for parents and professionals in Scotland on GIRFEC and the rights of children with additional support needs. The National Deaf Children's Society has drawn on Enquire's information and advice as a key resource when helping parents of deaf children to understand GIRFEC and their child's rights, and how to navigate local pathways.

The ALLIANCE has produced short, accessible BSL-translated videos explaining the GIRFEC framework to parents, and providing training opportunities for professionals, including our AGOs.

5.3.1 Awareness raising and understanding GIRFEC and the rights of a child

- Our AGOs have highlighted an information gap that affects professionals and parents supporting the needs of deaf children. The gap includes a lack of awareness among parents about local pathways of support.
- Insights gathered also highlight the fact that parents often become aware of GIRFEC only when problems emerge or reach crisis point and their child's needs are not being met.

5.3.2 Parents do not understand the 'shared language' of the GIRFEC framework

- Our AGOs are in a unique position to support deaf children across local authorities, have helpful insights on how well GIRFEC is working in practice for deaf children and understand what parents need.
- Insights from our AGOs suggest professionals do not proactively inform parents about what GIRFEC means for their deaf child, who their main point of contact should be and who has responsibility for coordinating their deaf child's support within the child's plan.
- Insights from AGOs highlight the fact that parents do not understand some of the terminology or 'shared language' of the GIRFEC framework, which leaves parents confused about their child's rights to support, their right to be included in decisions and about who is responsible for coordinating their child's support.

5.3.3 Inconsistent delivery of the GIRFEC framework locally

From insights gathered from the See Hear strategy refresh parent focus groups (2023), and focus groups with National Deaf Children's Society AGOs, there does not appear, in practice, to be a 'consistent framework' (GIRFEC) embedded locally for deaf children. There do appear to be inconsistencies in how GIRFEC is promoted to parents, parents' understanding of what this means for their child and how well a child's support is coordinated locally. Our insights also raise questions about how well the child's plan is understood and used, in local areas, to coordinate the multidisciplinary support deaf children require.

5.3.4 Navigating support pathways for deaf children locally

- Insights from the AGO focus groups suggest inconsistencies in how well parents of deaf children navigate the support available to them in their local area, and that they find pathways challenging and time consuming.

- There does not appear to be one place locally where families can find out about the support available for their deaf child and how GIRFEC is being implemented locally.
- The named person and lead professional roles should support parents to navigate the process and coordinate support, but this rarely appears to happen in practice for deaf children and families who are receiving support from the National Deaf Children’s Society.
- However, AGOs have identified that when a lead professional coordinates and regularly reviews support within a child’s plan, and involves multiple services and parents, the GIRFEC framework can work well to meet the needs of deaf children.

6 Parents’ experience of GIRFEC

We engaged directly with parents to understand their awareness of their deaf child's rights, the GIRFEC framework and their experience of how well the child’s plan has worked for their deaf child.

6.1 Summary of parents’ experience of GIRFEC

- Overall, while it was clear that parents had some awareness of the ‘shared language’ of GIRFEC, the discussions that followed revealed this awareness was inconsistent. It was fragmented (or limited) and parents lacked understanding around how GIRFEC should benefit their deaf child.
- Parents discussed how GIRFEC was delivered by local authority services such as education, particularly primary education, but did not include coordination with other services such as audiology.
- Half of parents had not heard of the SHANARRI wellbeing indicators and only one parent had experience of SHANARRI being used to identify their child’s wellbeing needs.
- Parents had not had the named person role explained to them in a way that made it clear that their child had a named person or that they, as parents, should go to that named person with any wellbeing concerns. Parents’ experiences of what the GIRFEC framework provides for their child was inconsistent in terms of the named person as a main point of contact. Parents did understand that their main points of contact should be the health visitor in early years settings, the head teacher or deputy head teacher in primary school and a guidance teacher at secondary school level.
- Most parents of deaf children were unaware that a professional, known as the lead professional, should be coordinating their child’s support if they had plans from multiple services. In fact, most parents said they were fulfilling this role themselves.
- Some parents were uncertain whether the plans they discussed in the focus groups we part of a single GIRFEC child’s plan or not. In some cases, it was observed that parents discussed their child’s plans but may have been referring to specific statutory and non-statutory support plans, rather than a consolidated GIRFEC child’s plan.
- Parents also said that their deaf children were still receiving support from multiple services such as audiology and speech and language therapy, beyond education. But,

parents often felt, their children were not benefitting from the joined-up approach from statutory services that the GIRFEC framework should deliver.

- Parents are unaware of what GIRFEC should be providing for them and their deaf child, and professionals are not promoting the framework.

6.2 Participants

In May 2024, eight parents attended online focus groups covering the South Lanarkshire, Scottish Borders and Aberdeen local authority areas. Participants had deaf children aged 7 to 18 years old.

6.3 Format of focus group

- A poll was conducted to explore parents' level of awareness of the GIRFEC framework, including SHANARRI wellbeing indicators, named persons, lead professionals and the child's plan.
- The ALLIANCE showed participants short GIRFEC BSL-translated videos by (*What is GIRFEC? What is the named person? What is the lead professional? What is a child's plan?)* to ensure parents understood the GIRFEC framework, terms used in the focus group and what they should expect for their child. This was reinforced at the start of each discussion on the above themes.
- After the focus group an email was sent out, offering parents support through the National Deaf Children's Society and an opportunity to provide feedback on their experience of being involved.
- Four parents provided feedback and shared what actions they took following the session.
- Parents will receive feedback from the National Deaf Children's Society highlighting the difference their contribution made.

6.4 Findings

6.4.1 Parents' responses to the poll

- Seven parents (out of eight) indicated they had some level of awareness of GIRFEC, with six (75%) saying they knew what to expect for their deaf child.
- Half of the parents indicated they had heard of the SHANARRI wellbeing indicators (n=4).
- Five parents (62.5%) had heard of the named person.
- Two (25%) had heard of the lead professional, with only one stating they knew what to expect.
- Five (62.5%) had heard about the child's plan but did not know what it meant. Three (n=3) had never heard about it.

6.4.2 Awareness of GIRFEC

Overall, it was clear that while there was some awareness of GIRFEC terms highlighted within the poll, the discussions that followed showed parents' awareness was not consistent, but fragmented (or limited). Parents lacked understanding around the GIRFEC framework and how professionals should deliver it locally, and were unclear about the support they should expect for their deaf child.

6.4.2.1 Positive awareness of GIRFEC

Parents did not become aware of GIRFEC until their deaf children were in primary school, despite their children, most likely, having received support from more than one agency in early years settings. Almost all parents had children in primary school when the focus groups were held. One parent, who is deaf, first became aware of GIRFEC at an event about access to education held by the British Deaf Association.

Four parents spoke about their positive experience of GIRFEC in primary school. One parent said the SHANARRI wellbeing indicators were visible on the classroom wall and that the teacher raised the subject.

Another parent said that the hearing support specialist ensured their deaf child understood the wellbeing indicators and that their child's needs were met and communicated well across the school.

One parent was aware of their child having a 'Get it right for me' plan (GIRFMe plan) which was not a term used by the other parents.

One parent was aware their child had a child's plan but had not associated this with the GIRFEC framework.

These experiences demonstrate the difference in parents' experience and understanding of the GIRFEC terminology.

> *"[My child] is still in primary school. They are very good, and they have been good at helping her understand what they are [SHANARRI wellbeing indicators]. The hearing specialist teacher is good at making sure those needs are met, liaising with home/helping [the] class teacher or other settings in the school."*

6.4.2.2 Lack of GIRFEC awareness

Parents highlighted the lack of information being provided to them about GIRFEC by professionals. This was reflected in the lack of consistency across parents' level of awareness and fragmented experience of GIRFEC overall. Two parents talked about their own research into GIRFEC once they found out about it. One said:

> *"In Scotland I would say parents don't know the policy and procedures and they are different in different areas and what you are talking about hasn't been promoted. Lots of information about adverse childhood experiences but that's it. No other information about GIRFEC and terms you're talking about."*

Parents saw GIRFEC being aligned to education, in particular in primary school years, to the exclusion of other services in a deaf child's life, such as health and audiology.

One parent, who was deaf, raised the issue of barriers around accessibility to information and how they have had to find their own communication support resources to translate written information when attending events and meetings.

> *"I had to bring my own interpreter to access some of the information... Same with the council when they have events, it's quite complicated, it's difficult to know. So, although the information might be there, I have heard about it through the BDA and the council – there wasn't an interpreter."*

They also raised the challenge of meeting the needs of children who are deaf and have other complex needs such as autism.

6.4.3 Parents' understanding and experience of the named person

6.4.3.1 Parents uncertainty about the named person

While six parents had indicated in the poll that they had some level of awareness of the term 'named person', all eight parents agreed that they had never been formally introduced to a professional as their child's named person.

In the focus group, the named person was described to parents as a professional who might feel like the 'main point of contact' for their child. Parents were also told what they should expect from someone in the named person role. This helped parents to think about who the named person might actually be in their child's life.

At the same time, however, the way parents responded reinforced the level of uncertainty they felt around the subject. Parents did understand that the named person was, usually, the health visitor in early years settings, head teacher or deputy head in primary school and a guidance teacher in secondary school. However, the fact that their role as named person was not actively made clear to them did cause parents uncertainty:

> *"I don't think it is very well communicated [that] this is the named person, [or] the role, and on reflection it's been a source of anxiety for me not knowing who to contact and feeling like, am I going the wrong way? Am I escalating something to the head teacher when I should be talking to the classroom teacher? It's not clear and it would be really helpful if it was."*

6.4.3.2 Parents' positive experience of the named person

Some parents who reflected on the named person reported that the relationship was supportive and they felt heard. When asked if this role was working well, one parent said:

> *"Yes, they have been so supportive. I was concerned about my son going from primary school to a very large secondary school and what the support would be*

> *like. This is the first time we have had to speak to them because of his surgery and they have done everything I have suggested and more. They have been very good."*

Two other parents felt confident they knew who to speak to if issues or concerns came up. Two parents assumed the named person must be the person whose name was on all the paperwork.

6.4.3.3 Lack of awareness of named person as main point of contact

Parents lacked awareness of the named person role being the main point of contact when raising issues or addressing needs.

> *"I think it would depend – speak to the school, or GP or to audiology if it's to do with his hearing. Or might be the NDCS or British Deaf Association, depends on the situation. But really there are so many perspectives on things, it's difficult to know. And so many organisations it's hard to know."*

6.4.3.4 Barriers to the named person role working well

Access to funding to support deaf children's needs was raised several times throughout the focus group discussion.

> *"It's funding it comes down to and the time, so it really impacts the children when they are not getting the services they need."*

> *"I feel that although schools take into account GIRFEC, sadly funding can put a stop to that. I've sadly experienced that, and the school were supportive but had no access to funds… [parent being told] it was too prohibitive a cost for one child."*

6.4.4 Parents' understanding and experience of the lead professional

6.4.4.1 Parents were unfamiliar with lead professional

Three quarters of parents (n=6) indicated in the poll that they had never heard about the lead professional. Of the other two parents (n=2), one had heard this term but didn't know what it meant for their child, while the other felt they had heard about the lead professional and understood what to expect for their child.

6.4.4.2 Professionals identified as lead professionals

While parents were unfamiliar with the term 'lead professional', they were still aware of their child's support being coordinated to some degree. Two parents described the lead professional role as being undertaken by the QToD. Another parent said the named person was also performing the lead professional role, i.e. the deputy head, and they did not have much contact with the QToD.

6.4.4.3 Positive experience of support coordinated by professionals

The two parents who were aware that their child's support was being coordinated by a professional had not heard of them being referred to as a lead professional. Despite this they felt this role was working well.

> *“It has never been said this is the lead professional but it’s the hearing support teacher that coordinates everything for us, deputy head emails us, keeps in touch with the hospital if hearing aids have needed updated or tech updating, so I think she (hearing support teacher) might be lead professional but that’s not necessarily in school. It’s working really well.”*

> *“I have never heard them be referred to as a title, so I would assume my daughter’s named person is the head teacher and her lead professional is the QToD. She [the QToD] certainly does the support plans and contacts me and I have a good relationship with her.”*

One parent highlighted that when things are going well, there might not be a need to know these terms:

> *“I think it’s a lack of telling us the names, is there a need for us to know when we are getting the support? We don’t need them to have a title as long as they are getting the support they require, which is the important factor for me.”*

This was reinforced by another parent who was unaware of the GIRFEC terminology but through sharing their experience was able to confirm their child’s support had been coordinated and that they had had a child’s plan since primary school, which involved multiple services with regular review meetings every six months. When asked if this was working well and they were involved, the parent said:

> *“I do but sometimes they don’t meet all the criteria as they planned to do. It doesn’t go as it has been discussed… It does [go well] when it comes to the meeting but it’s the results that are not always working.”*

6.4.4.4 Lack of knowledge of the lead professional role

Despite two parents saying in the poll they had heard this term, none of the parents of deaf children were fully aware of what this role meant for their child. They were not aware that the lead professional should be coordinating the support and plans from multiple professionals and services. In fact, some parents felt they were fulfilling this role themselves. Even if they felt they had a good relationship with a professional, e.g. with a QToD, the responsibility was often on them, the parent, to update different professionals repeatedly, even if the professionals had received communications about the deaf child’s support planning via email.

> *“I feel like a lot of the time you have to repeat yourself…* It feels like there are too many different people and no one brings it all together [planning].”

> *“I feel this is what I am doing all the time [coordinating/lead professional role]. My wee girl has an implant and hearing aid and I am having to deal with two different Health Boards, deal with speech and language therapy, having to chase the rehab team, cochlear implant centre. My daughter has other things, so [needs] a paediatrician and it’s always me having to chase them, everyone sending everything*

> *to me, always me having to coordinate all this stuff with the school… So, everywhere I go I have to carry files of paperwork to show them, for example, this is where her hearing aids are at, this is where her implants are at.”*

Parents demonstrated how they, not a professional, were coordinating their child’s support, saying they were not sure who should be coordinating their child’s support. One parent said:

> *“The focus group informed me about things that should be in place for my child, but I am not sure how to have things put in place that we don't have. For example, I don't think we have a lead professional coordinating information about my son, but I don't know who this should be in order to get this. We don't have a child's plan in place, but again I don't know how this should be put in place since we don't have anyone coordinating information about my son. I am the person that passes information to his school and to his QToD.”*
>
> *“I do not know who that person should be and the QToD has said to me she wouldn’t expect me having to do that as a parent. So, something missing somewhere or people not talking to her as she would expect to.”*
>
> *“Lack of communication between Health Boards is terrible, daughter’s consultant is in Glasgow but audiology is in Lanarkshire and they don't communicate.”*
>
> *“Although I have good communication and daughter’s voice is heard, it is me that communicates and is the link for all of the support she gets.”*

6.4.5 Parents’ understanding and experience of the child’s plan

6.4.5.1 Parents’ uncertainty around the child’s plan

The focus group was an opportunity to highlight what the GIRFEC child’s plan was and how it should be delivered. The poll at the start of the session revealed that three parents (n=3) had never heard about the child’s plan. While most parents had heard of the child’s plan (n=5), only two parents were certain it applied to their child, referring to this as a child’s plan (n=1) and GIRFMe plan (n=1).

While all parents contributed to the discussion around plans and review meetings, there was uncertainty amongst parents, so we cannot be certain that the plans discussed, and meetings they referred to, were in fact part of the child’s plan process. In some cases, we are aware parents may have been referring to an IEP, a statutory transition plan or additional support for learning issues. This was in part due to a lack of awareness of the child’s plan terminology.

All parents said that their deaf children were receiving support from multiple services beyond education. Therefore, these parents should expect their child’s support to fit within the GIRFEC framework and be coordinated by a lead professional, be developed against the SHANARRI wellbeing indicators and reviewed regularly with the parent and deaf child within the child’s plan. However, our engagement with parents would suggest this is not happening. Parents do not know what the GIRFEC framework should be providing to meet their deaf child's needs though a coordinated child's plan.

6.4.5.2 Indicators of the child's plan working well

Indicators of the child's plan working well for parents included:

- awareness of review meetings
- involvement in review meetings
- awareness of other professionals being involved beyond education
- parents feeling confident to attend review meetings or feeling empowered to raise issues and have their voice heard.

Only two parents (25%) were aware that their child had a child's plan and attended review meetings around this plan.

> *"Yes, my son has always had a child's plan but whether they are meeting the criteria or not... Sometimes they don't meet the results or answer your questions but always had the child's plan and met the services in the same place."*

While most parents were not aware of the child's plan, several parents were aware of their child having some kind of review meeting about their support needs, mainly relating to education and involving other professionals such as a QToD. As previously mentioned, it was hard to know if these review meetings were to review a child's plan or if they were related to other statutory planning processes.

> *"Termly review meetings have notes but I don't know if that is the child's plan as it doesn't include anything from audiology. It's about what support he needs in school…"*

6.4.5.3 Indicators of the child's plan not working well for parents

Indicators of the child's plan not working well for parents included:

- their child not having a child's plan
- lack of clarity around whether the support plan they were aware of aligned with GIRFEC
- Being unsure whether review meetings were part of the GIRFEC framework
- other professionals beyond school staff and QToDs not being included in review meetings
- not being involved in decision-making
- not receiving enough information from professionals about their child's plan and support.

Most of the parents voiced that their deaf child did not have a child's plan or did not know whether the support plan they were aware of was aligned to GIRFEC. Most parents had not seen a physical copy of a child's plan to coordinate their deaf child's support.

While parents did discuss review meetings in school, they were unsure if the review meetings they had in school were part of the GIRFEC framework.

Parents mentioned they talked about plans and review meetings mainly with school staff and the QToD, but this did not involve other professionals from audiology or speech and language therapy in their deaf child's life.

Some parents said that they didn't feel involved or included in decisions being made for their child, that their voice was not heard and their questions went unanswered. There was also no mention of deaf children's voices being heard as part of the development process of support plans or within review meetings.

Parents cited various reasons for review meetings not working for their deaf child. One parent experienced these stopping after nursery and another parent said they did not take place in their child's secondary school. One parent described review meetings as being too short, lasting just 15 minutes before the school bell, which was not enough time to discuss everything.

Another parent had to 'fight' to have their child's review meeting schedule changed from annual to termly as a minimum.

With regard to their child's plan not being coordinated, one parent said:

> *"Agree with the other mums, while my relationship with the QToD is brilliant, I have got to speak up all the time, [get] in touch with everyone, make suggestions, pull it together."*

A common theme throughout the focus group was lack of information from professionals. Parents spoke about not having been told about a child's plan and how it could benefit their child. Finding the right information was challenging. Several parents spoke about relying on other places for information such as family, social networks and their local deaf society.

> *"It was helpful to hear what support can be available [in today's session]. I had a good understanding of GIRFEC, but didn't realise the child's plan could be beneficial to my daughter."*
>
> *"I would try and get information myself, speaking to friends, speaking to clients and getting advice on the discussion about their education."*
>
> *"It's really hard to work out what is the right information and what is not. So [it's] just been barriers all the way and funding [issues] too."*
>
> *"The Deaf Society has been a brilliant source of support, about going back and finding out things about GIRFEC to go back to the school or information on technology and equipment, it's [information from Deaf Society] probably changed my daughter's schooling completely. We don't have a coordinated child's plan but they [Deaf Society] has been a massive source of support for me as a person and as a mum, and for my daughter."*

6.4.5.4 Immediate impact of involvement of the parents in the focus group

While parents had some awareness of GIRFEC, parents expressed throughout the focus group how much they did not know about what should be in place for their child under the framework. Four out of the eight parents provided feedback, saying how much difference the session had made and giving details of any action they had taken. Parents were provided with the National Deaf Children's Society Helpline number and details of the support available from our AGOs.

> *"It was helpful to hear what support can be available. I had a good understanding of GIRFEC, but didn't realise the child's plan could be beneficial to my daughter... I have been in touch with the named person at school to ask about this, and to find out if this could better support [my daughter] as she moves into her last year of primary school."*
>
> In terms of raising awareness around GIRFEC, parents said:
>
> *"Yes, definitely. I have emailed the QToD and asked who these people are for my daughter. Thanks for your email and allowing me to participate yesterday. My friend is a teacher and actually had mentioned these terms to me but I didn't know anything about them."*
>
> *"The focus group informed me about things that should be in place for my child, but I am not sure how to have things put in place that we don't have. For example, I don't think we have a lead professional coordinating information about my son, but I don't know who this should be in order to get this. We don't have a child's plan in place, but again I don't know how this should be put in place since we don't have anyone coordinating information about my son."*
>
> *"Yes, I found it very interesting and also found a lot of information that I was not aware of. Going forward I will definitely feel more confident about the GIRFEC meetings and make sure that the things I want put in place for my daughter will be. Thanks so much for the opportunity to take part and I will definitely be interested in being involved in future discussions."*

7 Professionals' experience of GIRFEC

We engaged with professionals supporting deaf children, including QToDs, to understand their role in promoting GIRFEC to parents of deaf children, how delivering GIRFEC is working for them and what guidance could make it easier to meet the needs of deaf children.

7.1 Summary of professionals' experience of GIRFEC

- **Professional confidence:** Professionals supported by training with locally embedded GIRFEC practices resulted in increased confidence and improved multidisciplinary collaboration, communication and prompt information sharing. However, a notable challenge is the lack of confidence among professionals in tailoring GIRFEC specifically for deaf children.

- **SHANARRI:** The SHANARRI wellbeing indicators provide a robust and structured framework for assessing and addressing deaf children's needs, particularly when used collaboratively among professionals and families. However, in practice, the broader application of SHANARRI is not being delivered coherently and consistently.
- **Named person:** Professionals generally understand who the default named person should be for a deaf child. However, significant challenges limit the effectiveness of the named person role for deaf children, particularly in the early years.
- **Lead professional:** The lead professional role is integral to the GIRFEC framework, but its implementation is often hindered by role ambiguity and inconsistent application, especially for deaf children. Key barriers include a lack of understanding of the lead professional's responsibilities, with many professionals perceiving it as the 'forgotten' part of GIRFEC. Many of the professionals most directly involved in a deaf child's life are not directly employed by the school/education settings, meaning that they can be overlooked in discussions about who should take on the role of lead professional.
- **Child's plan:** Professionals stressed the importance of the child's plan in supporting the needs of deaf children. However, professionals not based in schools/education settings (such as peripatetic QToDs) faced difficulties in contributing to the plan. Inconsistent perceptions of whether deaf children require a child's plan can result in deaf children not receiving coordinated support.
- **Coordinated planning meetings:** Feedback from professionals demonstrated that multidisciplinary child's plan meetings are vital for addressing all the needs of a deaf child. However, critical challenges exist, including lack of deaf awareness in the early years, attendance issues and the failure always to involve other professionals who are not part of the education setting, e.g. peripatetic QToDs.
- **Promotion of GIRFEC:** Professionals play a critical role in promoting the GIRFEC framework to parents, children and young people, and are central to ensuring the child's voice is included within the GIRFEC process. There are currently a number of challenges that prevent parents of deaf children having equitable access to information and resources.
- **Parents' awareness of GIRFEC:** Professionals revealed that parents' awareness of the GIRFEC framework and their child's rights is limited and varies significantly. Most parents are not familiar with GIRFEC, and those who are aware often lack the confidence or knowledge to engage proactively with professionals or advocate for their child's needs effectively.
- **Guidance and training:** Professionals from different disciplines have varying levels of understanding of GIRFEC or how to implement it, highlighting the need for ongoing, integrated training to align practices around shared language and using SHANARRI to meet shared objectives.

7.2 Involvement questions explored

- professional confidence and the factors that support or challenge the implementing of the GIRFEC framework

- understanding professionals’ experience of how well the GIRFEC framework is working in practice for deaf children and the key challenges
- professionals’ roles in promoting GIRFEC to parents, children and young people
- professionals’ perception of parents’ awareness of GIRFEC and their child’s rights
- existing guidance and learning that professionals have found helpful – and potential gaps.

7.3 Professionals’ involvement and approach

- eight heads of service for specialist education services for deaf children, via a focus group
- one local QToD service, including eight participants via a focus group.
- one local QToD service, including two QToDs and head of service, via written collective response to the questions
- four SALTs via individual online conversations
- three health visitors via individual online conversations
- no audiologists: one did show interest but was unable to set up a conversation
- two professionals from national services/networks for professionals
- seven local authority heads of services.

7.4 Findings

7.4.1 Professionals’ confidence in implementing the GIRFEC framework for deaf children

Discussions first explored professionals’ confidence in implementing the GIRFEC framework for deaf children, identifying key factors that support or challenge their practice.

7.4.1.1 Factors that support professionals

Professionals reported a range of factors that support them in applying GIRFEC to meet the unique needs of deaf children, including:

- **Training and practice:** GIRFEC is central to professional practice, and professionals are well trained to deliver child-centred care and approaches.
- **Confidence in framework usage:** Local implementation of the GIRFEC framework is well established, fostering confidence among professionals in applying it effectively.
- **Multidisciplinary collaboration:** Strong collaborative working across disciplines enhances the delivery of tailored support for deaf children.
- **Pathways and communication:** Clear pathways for professionals and parents ensure coordinated efforts, with the deaf child consistently at the centre of the GIRFEC process.
- **Timely information sharing:** Relevant professionals share information promptly, enabling responsive support based on the child’s assessed needs.

> *“It's easier to implement GIRFEC when you've got an area that’s very confident [with how it should work].”*

> *"The relationship is really fundamental (with education) and buy-in higher up in education... If they understand, then that's passed down. But if they don't, you can also feel the lack of urgency or the lack of understanding."*
>
> *"GIRFEC processes are central to our practice in a variety of ways and aim to ensure holistic and child-centred approaches."*

7.4.1.2 Factors that challenge professionals

Professionals reported a lack of confidence in applying GIRFEC specifically to meet the unique needs of deaf children, highlighting a gap in targeted training or resources, including:

- **Lack of confidence:** This affects implementing GIRFEC specifically for deaf children.
- **Lack of training:** In the area of practical implementation of GIRFEC, especially for deaf children, "professionals are not prepared".
- **Poor communication:** This was reported across multiple agencies involved in meeting the needs of deaf children.
- **Parents and GIRFEC:** Parents lack understanding of the GIRFEC framework.
- **Unclear professional roles:** Within the GIRFEC framework supporting deaf children, lack of clarity about professional roles was reported, e.g. the roles of SALTs and QToDs.
- **Equalities legislation:** This is used as a fall-back when things go wrong rather than the GIRFEC framework.

These findings reveal that while professionals generally feel confident in implementing the GIRFEC framework, there is a notable lack of confidence and deaf awareness among professionals when it comes to tailoring GIRFEC specifically for deaf children.

7.4.2 Understanding professionals' experience of how well the GIRFEC framework is working in practice for deaf children and the key challenges

Professionals were asked about their involvement in assessing and sharing information about the wellbeing of the deaf children they support by using the SHANARRI wellbeing indicators.

7.4.2.1 Professional experience of SHANARRI working well

Professionals reported a range of factors that support them in using the SHANARRI wellbeing indicators, including:

- **Training and assessment:** Professionals are trained to assess children's needs using the SHANARRI indicators, ensuring a consistent approach to wellbeing.
- **Structured planning:** SHANARRI is effectively used to structure the child's plan, fostering clarity and cohesion in support.
- **Information sharing:** SHANARRI is used to structure information sharing between professionals, ensuring accessibility, and understanding amongst professionals, children, young people and their families.
- **Review meetings:** SHANARRI is used to structure review meetings, involving professionals and parents in evaluating support.

- **Empowered professionals:** Professionals are upskilled and empowered to use SHANARRI to address the specific needs of deaf children.
- **Inclusivity:** The voices of parents, children and young people are actively incorporated into SHANARRI assessments and the child's plan.

7.4.2.2 Challenges identified

Professionals reported a range of challenges to using the SHANARRI wellbeing indicators, including:

- **Limited use:** Outside of formal, collaborative SHANARRI meetings, the wellbeing indicators are used less often.
- **Lack of deaf awareness and training:** Lack in these areas was reported amongst professionals working with deaf children.
- **Audiology services:** These services do not use SHANARRI to structure support or information sharing.
- **Not a shared language:** SHANARRI is not always adopted as a shared language across professional disciplines beyond education.

> *"SHANARRI breaks down the content (about the child) so it is clear and easy to read; this is then shared with parents and professionals."*
>
> *"We all bring a different perspective, be it from health or from education or third sector. As long as we've all got a shared understanding, shared language, i.e. this is what these indicators (SHANARRI) mean, and this is how you would define them."*

Discussions with professionals highlighted that the SHANARRI wellbeing indicators provide a robust and structured framework for assessing and addressing deaf children's needs, particularly when used collaboratively among professionals and families.

However, significant challenges remain in the broader application of SHANARRI. Its full implementation is prevented by: the lack of SHANARRI as a shared language; limited use of the framework outside formal meetings; insufficient deaf awareness among professionals; and inconsistent integration within audiology and other non-educational disciplines.

7.4.3 Professionals' experience of the named person

Discussions with professionals explored their experiences with the named person role, highlighting its effectiveness in supporting deaf children's wellbeing and identifying challenges specific to its implementation.

7.4.3.1 Experience of the named person role working

Professionals' experience of the named person role working included:

- **Role assigned by default:** The named person role is assigned by default, to health visitors in the early years, head teachers in primary school and guidance staff in secondary school.
- **Flexibility:** In some cases, the named person role is transferred, e.g. to the nursery.

7.4.3.2 Challenges experienced

Professionals’ experience of challenges in respect of the named person role working included:

- **Communication:** Professionals such as health visitors, QToDs and SALTs are not based within nurseries or schools, potentially limiting opportunities for ongoing collaboration and communication.
- **Role clarity issues:** Nurseries may perceive certain responsibilities as solely belonging to the health visitor, leading to a grey area in accountability.
- **Dual role:** Health visitors often serve as both the named person and lead professional, which is not how the GIRFEC framework is intended.
- **Lack of deaf awareness:** Health visitors often lack sufficient deaf awareness, which can impact their ability to fully address the needs of deaf children and identify which other professionals should be included in the child’s support.

Discussions highlighted that professionals generally understand who the default named person should be for a deaf child. Flexibility in transferring this role, where appropriate, to nursery staff can also support deaf children’s needs.

However, significant challenges limit the effectiveness of the named person role for deaf children. Many professionals in a deaf child’s life are not based within school settings, e.g. peripatetic QToDs, SALTs and health visitors This reduces the opportunity for specialist input and may delay timely support.

The ambiguity of the named person role within nursery settings, where responsibilities may incorrectly be perceived as solely the health visitor’s, can also act as a barrier to support.

The key issue with the named person role for deaf children occurs in the early years. Health visitors often take on responsibility for both the named person and lead professional role. This factor, combined with a lack of deaf awareness, undermines their ability to address the specific needs of deaf children effectively and to ensure the coordination of support between services.

7.4.4 Professionals’ experience of the lead professional

Discussions with professionals examined their experiences and understanding of the lead professional role within the GIRFEC framework.

7.4.4.1 Experience of the lead professional role working

Professionals identified one factor in respect of the lead professional role working:

- **Needs and circumstances:** The named person identifies the appropriate lead professional based on the child’s needs and circumstances.

7.4.4.2 Challenges experienced

Professionals identified multiple challenges to the lead professional role working:

- **Role ambiguity:** There is a widespread lack of understanding of the lead professional's role amongst professionals. Comments like "depends on who steps up" and "it's often the part of GIRFEC that's forgotten" suggest unclear expectations and inconsistent implementation.
- **Dual responsibilities:** Health visitors are frequently the named person and lead professional, particularly in cases without social work involvement, which can lead to role overlap and barriers to effective implementation of support.
- **Identifying professionals**: The role of who should be the lead professional in a deaf child's life is unclear, leading to uncertainties and lack of coordination of support.
- **Professionals not based in the education setting:** Health visitors, SALTs and peripatetic QTODs often have less direct ongoing interaction with the child as they are not based in the education setting, which reduces the school's perception of their ability to take on the lead professional role.
- **Confusion between roles:** Blurred lines and confusion between the lead professional and named person roles further complicate the effective implementation of support.

Discussions with professionals highlighted that whilst the lead professional role is integral to the GIRFEC framework, its implementation is often hindered, especially for deaf children, by role ambiguity and inconsistent application.

Key barriers include a lack of understanding of the lead professional's responsibilities, with many professionals perceiving it as the "forgotten" part of GIRFEC. Role overlaps, particularly when health visitors serve as both the named person and lead professional, contribute to workload strain and confusion.

A lead professional should be assigned where a deaf child has a child's plan. However, this is not the norm, and often the named person will take on a dual role. Where a lead professional is identified, which professional is best placed to take on this role varies for deaf children. The absence of clear guidance on whether a QToD, SALT or other professional should take on the role creates further uncertainty.

Professionals involved in a deaf child's life, who are not directly employed by the school, have diminished capacity to take on the role of the lead professional effectively. This highlights the unfounded view that the lead professional should come from the child's education setting, rather than health or another service. Additionally, blurred understanding between the roles of the named person and lead professional also prevents effective implementation of support.

7.4.5 Professionals' experience contributing to the child's plan

Discussions with professionals examined factors that support and challenge professionals' ability to contribute to the child's plan for the deaf children they support.

7.4.5.1 Supporting factors

Factors that support professionals to contribute effectively to the child's plan include:

- **Education based:** Professionals based in nurseries or schools are better positioned to actively contribute to the child's plan.
- **Communication:** The child's plan meetings are well coordinated and communicated to professionals not based in nursery and school settings.
- **Structured planning**: Meetings structured around the SHANARRI wellbeing indicators enhance the effectiveness of the child's plan by providing a clear framework for addressing the child's needs.
- **Positive outcomes:** Deaf children with a child's plan generally experience improved outcomes, indicating the value of these plans when implemented.
- **Inclusive participation:** Involvement of the deaf child, young person and their parents in the planning process ensures that their voices are central to decision-making.

7.4.5.2 Challenges

Factors that challenge professionals' ability to contribute effectively to the child's plan include:

- **Not school based:** Professionals not based in school settings face challenges in fully engaging with the child's plan, impacting collaboration and implementation.
- **Inconsistent perceptions:** Variability in how professionals perceive the necessity of a child's plan for deaf children contributes to inconsistencies in support, and not all deaf children are offered one.
- **Information sharing:** Information sharing among professionals and between services has been less effective since the COVID-19 pandemic, leading to a lack of collaboration between services and support.
- **Resistance:** Some health visitors and schools are reluctant to have planning meetings for the child's plan for deaf children, due to a lack of deaf awareness, requiring QToDs to advocate for their importance.

Discussions with professionals highlighted the importance of the child's plan in supporting the needs of deaf children, emphasising how structured planning processes and inclusive collaboration contribute to positive outcomes.

However, several challenges limit the effectiveness and accessibility of the child's plan for deaf children. Professionals not based in school settings face difficulties in contributing to the plan, and inconsistent perceptions of whether deaf children require a child's plan can result in deaf children not receiving this wraparound support.

7.4.6 Coordinated multi-disciplinary child's plan meetings

Discussions with professionals explored their experience of collaborative multi-agency working for deaf children within child's plan meetings.

7.4.6.1 Supporting factors

Factors that support professionals in respect of multi-agency working and the child's plan include:

- ***British Sign Language National Plan 2023–2029*****:** The long-term goal of embedding GIRFEC support for deaf children within the *British Sign Language National Plan* could result in all deaf children requiring a child's plan but this will be a huge undertaking.
- ***Independent Review of Audiology Services in Scotland*****:** The review prioritises the child's plan for late diagnosed children.
- **Scheduling review dates:** Review dates are agreed upon at the end of meetings, and the meetings themselves are structured around SHANARRI, with templates tested with parents.
- **Family engagement:** Meeting the family (with interpreter if required), prior to the child's plan meetings, supports parents' understanding and engagement.
- **Multi-agency attendance:** Relevant professionals, including SALTs, QToDs and audiology staff, are invited to, and attend, planning meetings.
- **Clear roles and communication:** There are good working relations and communication among professionals who support the deaf child and clear purpose of their roles.
- **Early intervention:** Relevant professionals and families recognise early intervention as a key factor for deaf children.

7.4.6.2 Challenges:

Factors that challenge professionals in respect of multi-agency working and the child's plan include:

- **Lack of deaf awareness:** Professionals' awareness of early intervention for deaf children and deafness itself varies, with some holding inaccurate beliefs about the impact of deafness on development and speech. There tends to be a belief among professionals that GIRFEC and the child's plan only come into play if/when a deaf child starts at an early years setting, rather than at the point of identification of deafness.
- **Attendance issues:** Relevant professionals are sometimes not invited to, or do not attend, planning meetings, even when critical decisions are being made. Audiology contributions vary widely, with some professionals never present, though their presence is highly valued when they do attend – "when they are there, it's powerful".
- **Not school based**: QToDs and SALTs not being based in school settings results in schools holding greater power to schedule and implement meetings.
- **Communication gaps:** Structured communication often works within education but is less consistent across other disciplines, with delayed or withheld information causing significant barriers to support.
- **Child's views:** The child's voice is still not prominent in meetings and the planning process.
- **Parent participation:** Meetings can be overwhelming for parents, especially without early involvement tailored to their needs and confidence levels.
- **Resource and time constraints:** Funding cuts, waiting times in health services (e.g. in audiology and SALT) and delayed scheduling of meetings prevent the timely delivery of support for deaf children. For example, delayed information from audiology has a detrimental effect on referrals and meeting the needs of deaf children; information is not always shared between health visitors and nurseries; and education does not always share notes of concerns fully.

> *"Child Planning meetings can be overwhelming for parents, e.g. ten professionals in a room with parent; sometimes appropriate to have a professionals meeting in advance."*

Feedback from professionals demonstrated that coordinated multidisciplinary child's plan meetings are vital for addressing the needs of deaf children, but their effectiveness depends on several critical factors:

- enhanced collaboration across education and health to dispel perceptions that GIRFEC is an education-only framework
- proactive promotion of multi-agency working between professionals within health and education through regular, structured communication and outreach initiatives
- more value needs to be given to the views and role of peripatetic QToDs not based in school settings to enhance collaboration and support
- the need to strengthen information-sharing practices, particularly in a post-COVID context, to ensure timely and effective communication.

7.4.7 Professionals' role in promoting GIRFEC to parents, children and young people

We asked professionals about how they promote the GIRFEC framework within their role, and about how it is promoted in their local authority. Responses included:

- **Inclusion of children's views:** Children and young people's views and communication preferences are a vital component of the GIRFEC process and the development of the child's plan.
- **Effective communication and coordination:** Professionals leading on child's plans and meetings facilitate better inclusion of parents' and other professionals' views through strong communication and coordination.
- **Lack of accessibility:** Parents supporting their deaf child face unique challenges in accessing GIRFEC information. Barriers include limited support networks, difficulty advocating for their child and restricted access to necessary resources.
- **Reactive promotion:** GIRFEC is often promoted reactively, such as when parents struggle with issues like securing audiology appointments for their child, rather than proactively.
- **Information sharing:** The promotion of GIRFEC heavily depends on the availability and accessibility of information provided via local authority websites. Some parents receive GIRFEC information through informal means, such as shared links via mobile phones or online searches.
- **Resources:** GIRFEC is mentioned in the NHS red book provided to new parents, but professionals think that parents often overlook this section.

Feedback highlighted the critical role professionals play in promoting the GIRFEC framework to parents, children and young people, and that they are central to ensuring the child's voice is included within the GIRFEC process. The challenges stated above prevent parents of deaf children having equitable access to information and resources.

7.4.8 Professionals' perception of parents' awareness of GIRFEC and their child's rights

Discussions explored professionals' perceptions of parents' awareness of the GIRFEC framework and their child's rights. Responses included:

- **Varied awareness:** Some parents demonstrate awareness of GIRFEC and the child's plan process, but this is not consistent across families. Generally, professionals report that most parents lack familiarity with GIRFEC and its processes.
- **Parent proactivity:** GIRFEC is rarely a topic that parents bring up with professionals. Parents often do not realise they can take proactive steps, such as requesting a review meeting for their child.
- **Parent confidence:** Many parents lack confidence in professional settings, which can inhibit them from asking questions or advocating effectively for their child.
- **Advocacy skills:** Parents' ability to navigate GIRFEC and advocate for their child's rights depends heavily on their understanding of the framework and their confidence in asserting their child's needs.
- **Accessibility:** Limited access to clear, tailored information about how the GIRFEC framework relates to deaf children is another barrier to parental awareness and engagement with the framework.

> *"GIRFEC encourages parental involvement, but parents of deaf children have additional barriers to information, lack of a support network or challenges advocating for their child."*
>
> *"Regular information sessions or workshops for families of deaf children, explaining what GIRFEC is, how it works and how it can benefit their child, may be beneficial. These sessions could be delivered in accessible ways, such as with BSL interpreters, captioning or materials in easy-read formats. These workshops can be held in local community centres schools or health clinics."*

Discussions revealed that parents' awareness of the GIRFEC framework and their child's rights is limited and varies significantly. Most parents are not familiar with GIRFEC, and those who are aware often lack the confidence or knowledge to engage proactively with professionals or advocate for their child's needs effectively.

7.4.9 Guidance and learning

Discussions with professionals explored current guidance and gaps in training needs on the GIRFEC framework, specifically in relation to supporting deaf children and young people.

7.4.9.1 Existing guidance and learning

Examples of existing guidance and learning include:

- **GIRFEC training is available:** Though available, the training is not specific to the needs of deaf children.
- **Good practice examples:** Some local examples of good practice do exist, such as QToDs raising awareness amongst health visitors, demonstrating positive efforts to bridge knowledge gaps. However, examples of good practice are not widespread or consistent across local authorities.

7.4.9.2 Gaps in training and guidance

Examples of gaps in guidance and learning include:

- **Training to implement GIRFEC:** There is a notable gap in training on how to implement the GIRFEC policy into practice, with on the ground examples, particularly for deaf children.
- **Lack of broader integration:** GIRFEC is often only discussed for deaf children in the context of collaborative meetings, without being integrated more broadly into daily practice.
- **Lack of deaf awareness:** Many professionals, including health visitors, lack deaf awareness, which affects their ability to understand and meet deaf children's needs, including: early intervention; and how to communicate with professionals to meet deaf children's needs, e.g. using SHANARRI to assess a deaf child's needs and use the GIRFEC framework to prioritise a deaf child's place at nursery.
- **Lack of multidisciplinary training:** There is a lack of ongoing GIRFEC training for professionals across different disciplines. All professionals should have a shared objective to meet the deaf child's needs, regardless of their profession or practice.
- **Lack of standardised promotion:** There is not enough promotion of standardised GIRFEC templates and language to ensure consistent information sharing across services, and a lack of easy-read versions for families.
- **Paediatric audiology standards and training:** GIRFEC is not included in paediatric audiology standards or training, limiting the role of audiology within the framework.
- **Limited tailored guidance:** There is limited guidance in accessible formats, tailored to the needs of deaf children and their families, about GIRFEC, care pathways and what they can expect.

> *"I haven't been given any specialist sort of training around implementation of GIRFEC specifically for deaf children. So, I suppose in that respect there's probably not been a lot of professional preparation."*
>
> *"Health and education have their own guidance and guidelines, but joint training would be ideal because we have the same objectives, although we come from different places, [have] different knowledge [and] expertise, and bring this together with the same objectives. "*

Findings show that professionals from different disciplines have varying levels of understanding of GIRFEC, in terms of it being a shared language or in the use of the SHANARRI indicators in its implementation.

This variation in understanding exists despite professionals having a shared goal to put the needs of deaf children at the centre of care through information sharing within the planning process for the child's plan.

The gap in knowledge around GIRFEC and deaf awareness for professionals has been evident throughout this report. This is especially the case for professionals involved in a deaf child's life, such as health visitors and teachers in the named person role, as well as those not present in meetings for the child's plan, including audiologists and children and young people themselves.

8 Limitations

Parents in the focus group had deaf children aged 7 to 18. Therefore, we didn't hear from parents who could help us understand how well GIRFEC is currently working in the early years.

Deaf children and young people's awareness and experience of the GIRFEC framework, and how specifically it works for them, is also a key area of insight that this project has not investigated. This is an area that should be considered for developing information, guidance and training.

Audiology plays a key role in the lives of deaf children and their families. While professionals involved in this project were able to share their experience of multi-agency working with audiology, we found it difficult to find audiologists who wanted, or were able, to participate. Therefore, this is a gap that will need to be explored to ensure their needs are included in the development of guidance and training.

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9 Key terms

AGOs:	advice and guidance officers (of the National Deaf Children's Society)
ALLIANCE (the):	Following a presentation from the National Deaf Children's Society about deaf children and young people's experiences of GIRFEC, the GIRFEC Accessibility Group established a working group involving the National Deaf Children's Society, the University of Edinburgh and Health and Social Care Alliance Scotland (the ALLIANCE).
Child's plan	Scottish Government: "A personalised child's plan is a non-statutory plan which should be considered when those working with a child or young person and their family, identify that they need a range of extra support beyond universal provision to be planned, delivered or co-ordinated." gov.scot/policies/girfec/childs-plan
IEPs	individualised education programmes
IMPs	individual management plans
Lead professional	Scottish Government: "During childhood there may be circumstances where children, young people and families require the support of a child's plan. […] "When a child's plan is required, this is where a lead professional will be needed. The lead professional is an agreed, identified person within the network of practitioners who are working alongside the child or young person and their family." gov.scot/policies/girfec/lead-professional
Named person:	Scottish Government: "Children, young people and families need to know who they can contact when they need access to relevant support for their own, or their child or young person's wellbeing. "Within the GIRFEC approach, these foundations are carried out through the role of a named person who is able to provide a clear point of contact within universal services, if a child, young person or family want information, advice or help." gov.scot/policies/girfec/named-person
QToD(s):	qualified teacher(s) of the deaf

SALTS:	speech and language therapists
SHANARRI:	Scottish Government: “Using the GIRFEC principles, the approach to considering children’s wellbeing should be rights-based, strengths-based, holistic and adaptable enough to take account of stage of development and the complexity of each child or young person’s individual life circumstances. “Practitioners and organisations should consider each of the eight wellbeing indicators (SHANARRI) in collaboration, with children, young people and their family.” The eight indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included gov.scot/policies/girfec/wellbeing-indicators-shanarri