

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

Executive summary by National Deaf Children's Society: March 2025

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.