

# Communication is the key

A good practice survey of services for deaf children

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This small survey highlights the key factors underpinning effective joint working across agencies with deaf children and the positive impact that this has had on their lives. The report draws on evidence from good practice case studies and from the views of children and young people, their parents and professionals in three local authorities.

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Piccadilly Gate  
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M1 2WD

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## Executive summary

Previous government reports and national research have highlighted the variability in the availability, quality, and consistency of services for deaf children.<sup>1,2</sup> They also identified shortfalls in the extent to which health, education and children's social care services work together effectively to improve outcomes for deaf children. Deaf children are at greater risk of linguistic, cultural and social isolation than their hearing peers. Eighty-one per cent of school-aged deaf children are in mainstream settings. While the educational attainment of deaf children has improved year on year it continues to lag well behind that of their hearing peers.<sup>3</sup>

This report examines good practice in services supporting deaf children in three local authorities. It identifies the key factors underpinning good-quality services and effective joint working across agencies and explores the difference that these have made to the children's lives. The report draws on evidence from good practice case studies and from the views of children, their parents and professionals.

Babies benefited from very early diagnosis of hearing difficulties through the Newborn Hearing Screening Programme. Effective working relationships were well established between health and education services. This ensured that timely support was provided to families following diagnosis.

Services were coordinated through a variety of mechanisms including school reviews, 'team around the child' meetings and children in need reviews. In one local authority the work of children's specialist services for deaf children was well integrated with specialist education support services and this promoted effective joint working across specialisms. In two local authorities further work was needed to ensure that the involvement of children's social care staff in supporting deaf children was well coordinated with other professionals and agencies, both with individual children and in service planning. Overall strategic planning, quality assurance and evaluation were underdeveloped.

Timely assessments of children's needs and a strong commitment at all levels to achieving good outcomes for deaf children ensured that the children in the good practice cases examined received a package of support tailored to meet their needs.

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<sup>1</sup> National Health Service Newborn Hearing Screening Programme, South Central Strategic Health Authority, Quality Assurance Report 2006–2008, University of Manchester, December 2008; <http://hearing.screening.nhs.uk/qaround1docs>.

The Bercow Report: a review of services for children and young people (0–19) with speech, language and communication needs, Department for Children, Schools and Families, July 2008; <http://dera.ioe.ac.uk/8405/>.

<sup>2</sup> A Young, R Hunt, C Smith, *The impact of integrated children's services on the scope, delivery and quality of social care services for deaf children and their families*, phase 1 October 2008; phase 2, A Young, R Hunt, R Oram, C Smith, February 2010 [www.ndcs.org.uk/news/ndcs\\_news/social\\_care\\_radar.html](http://www.ndcs.org.uk/news/ndcs_news/social_care_radar.html)

<sup>3</sup> National Deaf Children's Society's note on the Department for Education's figures for deaf children's educational achievements in 2011, National Deaf Children's Society, February 2012; [www.ndcs.org.uk/professional\\_support/national\\_data/attainment2011.html](http://www.ndcs.org.uk/professional_support/national_data/attainment2011.html).

This was responsive to the changing needs of children and their families. They were placed in schools that were right for them, with additional support or access to specialist support as appropriate. Children had made good progress academically, socially and emotionally. Parents felt well supported; professionals respected their views and saw them as key partners. Children's views, wishes and feelings were well considered and made a difference to what support they received and what happened to them.

Specialist staff were skilled, knowledgeable and experienced in working with deaf children. They provided good support to parents to help them learn how best to communicate with their child and promoted deaf awareness well among wider staff groups.

## Key findings

The cases in this survey exemplify key factors which were fundamental to delivering high quality well-coordinated support to deaf children and their families.

Deaf children's entitlement to communicate and be communicated with was seen as fundamental to their development, progress and well-being.

- Parents and professionals recognised their responsibilities to support children in developing their communication skills in ways which were best for them.
- Teachers of the deaf had high levels of expertise and played a pivotal role in providing and coordinating support. They promoted deaf awareness among school staff working daily with deaf children, who did not all have expertise in this area. This ensured that they understood the communication needs of the individual children and that the necessary resources were put in place to meet their needs.
- Specialist staff across all professional groups and agencies working with deaf children had the right skills, experience and knowledge, and a good understanding of the needs of the individual deaf children they worked with.
- Children were central to the work. In the best case examples, assessments were multi-agency and considered all the child's needs. Children's views were sought and respected and they were included well in assessments and planning.
- Parents worked in partnership with professionals and ensured that they were equipped with the right knowledge and skills to support their children.
- Staff working with deaf children displayed empathy and understanding of the impact on children of being deaf. They understood the deaf child's need not to be or feel isolated from their hearing peers, but also the importance of deaf children building their confidence in their own identity through contact with other deaf children and having access to deaf adults as successful role models.
- Staff had a strong commitment to multi-agency working based on trust, good information sharing and regular communication. They valued each other's

specialist knowledge and expertise and understood clearly the benefits that this brought for children and families.

- Staff knew the children well and their commitment to helping them manage their day to day lives, build their independence and achieve well was evident. Their care and interest in the children’s progress was commendable.
- Work with deaf children was seen as important by senior managers and they recognised the expertise necessary to deliver services well. There was flexibility in the deployment of staff and resources. Staff were given the time and autonomy to decide how to prioritise their work.
- The Newborn Hearing Screening Programme ensured very early diagnosis of hearing difficulties in babies. Communication between health services and specialist education support services for deaf children was good, enabling prompt support to be put in place for families by teachers of the deaf and, in some cases, by other professionals.
- In two local authorities further work was needed to ensure that the involvement of children’s social care staff in supporting deaf children was well coordinated with other professionals and agencies, both with individual children and in service planning.
- Strategic planning, quality assurance and evaluation were underdeveloped. There was limited strategic overview and no systematic approach across all services to evaluate the quality of services and their impact on improving the lives of deaf children.



## Introduction

1. There are at least 34,927 deaf children in England and around 19% have some form of additional special educational need. Around 6% of deaf children have at least one cochlear implant. Fifteen per cent of deaf children communicate in part using a spoken language other than English. Nine per cent use sign language to some extent to communicate. Eighty-one per cent of school-aged children are in mainstream settings.<sup>4</sup> The educational attainment of deaf children is improving year on year but continues to lag well behind that of their hearing peers.<sup>5</sup>
2. Since 2006, government reviews, research commissioned by the National Deaf Children's Society and an Ofsted survey have highlighted shortcomings in the availability of support for deaf children and the lack of effective coordination between agencies and professionals. A Department of Health report in 2008, which looked at multi-agency arrangements as part of the quality audit of the Newborn Hearing Screening Programme, concluded that there was a need to establish and improve the involvement of the social care services available to deaf children and their families and clarify the role, level and type of involvement and support that the social care team could offer.<sup>6</sup>
3. The Bercow review of services for children and young people (0–19) with speech, language and communication needs found that effective joint working between health and education services is rare and recommended that a range of information, advice and support should be readily available to families, particularly at key stages in a child's life.<sup>7</sup> Research commissioned by the National Deaf Children's Society and undertaken by the University of Manchester between 2008 and 2010 concluded that since the separation of children's and adults' services and the introduction of integrated children's services following the Children Act 2004, access to specialist social care services for deaf children had deteriorated.<sup>8</sup> These findings were supported by the

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<sup>4</sup> The CRIDE [Consortium for Research into Deaf Education] report on 2011 survey on educational provision for deaf children in England, p.1; a UK-wide survey on educational staffing and service provision for deaf children in the 2010–11 financial year; [www.ndcs.org.uk/about\\_us/campaign\\_with\\_us/england/campaign\\_news/cride2011.html](http://www.ndcs.org.uk/about_us/campaign_with_us/england/campaign_news/cride2011.html).

<sup>5</sup> National Deaf Children's Society's note on the Department for Education's figures for deaf children's educational achievements in 2011, National Deaf Children's Society, February 2012; [www.ndcs.org.uk/professional\\_support/national\\_data/attainment2011.html](http://www.ndcs.org.uk/professional_support/national_data/attainment2011.html)

<sup>6</sup> NHS [National Health Service] Newborn Screening Programme, South Central SHA [Strategic Health Authority], Quality Assurance Report 2006–2008, University of Manchester, December 2008; <http://hearing.screening.nhs.uk/searchwebsite.php?searchstring=south+central+sha>.

<sup>7</sup> The Bercow Report: a review of services for children and young people (0–19) with speech, language and communication needs, Department for Children, Schools and Families, July 2008; <http://dera.ioe.ac.uk/8405/>.

<sup>8</sup> A Young, R Hunt, C Smith, *The impact of integrated children's services on the scope, delivery and quality of social care services for deaf children and their families*, phase 1 October 2008; [www.escholar.manchester.ac.uk/uk-ac-man-scw:83970](http://www.escholar.manchester.ac.uk/uk-ac-man-scw:83970); phase 2, A Young, R Hunt, R Oram, C Smith, February 2010; [www.nursing.manchester.ac.uk/research/projectdetails/index.aspx?ID=1501](http://www.nursing.manchester.ac.uk/research/projectdetails/index.aspx?ID=1501).

Ofsted survey of children with special educational needs and/or disabilities in 2010.<sup>9</sup> This concluded that children and young people with similar needs were not being treated equitably and appropriately and that across education, health services and social care, assessments were different and the thresholds for securing additional support were at widely varying levels.

4. Further evidence of the decline in services for deaf children and the variability in access to services comes from the United Kingdom-wide survey conducted by the Consortium for Research into Deaf Education on educational staffing and service provision for deaf children.<sup>10</sup> In the 2010–11 financial year 30% of services reported a decrease in their non-staffing budget in the past year. Twenty per cent reported that their eligibility criteria and/or overall quality of service had worsened. The importance of disability equality and deaf awareness training is emphasised in *Safeguarding disabled children practice guidance* published in 2009.<sup>11</sup>
5. Despite the variability in access to services and the lack of consistently well-coordinated arrangements within local authorities to ensure effective joint working between professionals, research and survey work identified that good practice can be found in some individual cases and that some parents and children felt well supported.

## Methodology

6. In the context of decreasing resources and variability of services for deaf children, this survey set out to highlight the essential elements of good practice in working with deaf children and the difference that access to good-quality support at the right time makes to the lives of individual deaf children and their families.
7. Inspectors visited three local authorities and examined 13 cases in depth. These cases were selected by local authorities as examples of good practice with deaf children. In each local authority inspectors examined children's social care and education case records. In addition, inspectors met with a wide range of health, education and social care professionals and staff.
8. Inspectors met directly with seven children and observed five children with parents and/or professionals. They also met with 12 parents.

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<sup>9</sup> *The special educational needs and disability review* (090221), Ofsted, 2010; [www.ofsted.gov.uk/resources/090221](http://www.ofsted.gov.uk/resources/090221).

<sup>10</sup> The CRIDE [Consortium for Research into Deaf Education] report on 2011 survey on educational provision for deaf children in England, p.1; a UK-wide survey on educational staffing and service provision for deaf children in the 2010–11 financial year; [www.ndcs.org.uk/about\\_us/campaign\\_with\\_us/england/campaign\\_news/cride2011.html](http://www.ndcs.org.uk/about_us/campaign_with_us/england/campaign_news/cride2011.html).

<sup>11</sup> *Safeguarding disabled children: practice guidance*, The Children's Society commissioned by the Department for Children, Schools and Families, July 2009; [www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00374-2009](http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00374-2009).

## Structures and services

9. Models of service delivery varied as did the range of educational provision which children attended. All had teams of specialist teachers of deaf children who provided outreach support to children at home and in various education settings. They also worked with teachers, parents and carers to develop their understanding and skills in supporting the children. All had specialist education resource centres for deaf children. Children attended a mix of mainstream schools, special schools or non-maintained schools for deaf children.
10. Two local authorities had dedicated social workers for deaf children while a third had a dedicated support worker for deaf children based in the disabled children's team.
11. In one area an integrated model of service provision effectively supported joint working by staff from different professional backgrounds and specialisms. In this area a sensory and communication service had been established. This incorporated a specialist social work service for sensory impaired children with specialist teachers of deaf children, supported by sensory support practitioners and language aides.
12. Two local authority areas had specialist Child and Adolescent Mental Health services (CAMHS) for deaf children and their families. In the third area the mainstream CAMHS had good access to advice and support from a neighbouring specialist CAMHS for deaf children.
13. In many cases one of the key professionals, usually the teacher for the deaf or the social worker, was designated as the lead professional and took responsibility for coordinating the work of the other professionals and was the key point of contact with the family.

## Diagnosis

14. Early diagnosis and effective communication between agencies were critical to ensuring that support was put in place in a timely way. Children who had been diagnosed as deaf shortly after birth benefited from the Newborn Hearing Screening Programme which was introduced in 2001 and fully rolled out by 2006. Effective communication was well established between audiology services and specialist education support services and led to babies and their parents being promptly allocated early support by teachers of the deaf.
15. At this early stage the teachers of the deaf played a key role in helping parents come to terms with the fact that their baby was deaf. For most parents this was a new experience. Some parents described the trauma they experienced when their child was born with a level of deafness and how much they valued the support they received at that early stage. One parent said:

'I got great support from the teacher of the deaf when [my child] was first diagnosed; at the beginning this support was all about our feelings, this really helped.'

16. The teachers of the deaf helped parents to understand how they could best help their child. This is exemplified in this case.

### **Early support for parents**

Child A, now aged two, was born prematurely. Newborn screening and subsequent tests revealed that she was profoundly deaf. A teacher of the deaf made very early contact with the parents and visited within one week of the baby's birth and continued to provide consistent support. She built a very good rapport with the parents and child. She was seen by them as their main support and the person who coordinated the involvement of other professionals. The teacher of the deaf helped the parents to understand how best to help their child. The parent said, 'I am very good with all the things I have to do to help. I know what to do.'

17. In other cases children's hearing difficulties emerged or became evident as they got older. Some children had additional disabilities and sometimes when children had very complex health needs these were initially the primary focus for intervention and could mask hearing difficulties.
18. When a child was diagnosed with a level of deafness the involvement of professionals with expertise in deafness ensured careful, continuous monitoring of changes and ensured that services were responsive to them. Very close working between professionals and parents was essential to achieving an accurate diagnosis.
19. A consultant audiologist described the importance of understanding a child's responses to sound at home and in school and to people they know. Circulation of audiology clinic lists in advance ensured that all professionals could have input into the appointment and provide support where needed. In some cases, teachers of the deaf attended audiology appointments with children and their parents; this promoted a better understanding of the child's world. These issues are exemplified in this case.

### **Recognising a child's changing needs**

Child B attends a special primary school. She is deaf and also has other physical and learning disabilities; she uses a wheelchair. It was not evident at birth that she had disabilities; these emerged as she got older. The primary foci were her mobility difficulties and learning disability. Concerns about hearing were identified early in primary school. Hearing aids were prescribed but were of limited use. Professionals reported that cochlear implants were appropriate but could not be done due to the child's other health needs. The child attended a special school and had developed signing skills, but the current school was not a signing

environment. The educational psychologist, the teacher of the deaf and the consultant audiologist worked closely together and with the parent and recognised that while the child had several complex needs, her deafness had become her primary need and the key focus needed to shift to ensure that this was met. It was agreed that to progress she needed to move to a school that provided a full signing environment. Work to identify an appropriate school was well under way.

## Support and intervention

### Multi-agency support

20. Following diagnosis, timely access to well-coordinated support was essential. A wide range of education, health and social care staff were involved in supporting deaf children, with teachers of the deaf and in some cases social workers coordinating this support effectively. Support was coordinated through a variety of mechanisms including: individual education plans and regular multi-agency school reviews; the Common Assessment Framework and regular 'team around the child' meetings; initial and core assessments and children in need reviews. In one case a child had been the subject of a child protection plan and work was coordinated through child protection conferences, reviews and multi-agency core group meetings.
21. Whatever the mechanism, effective and well-coordinated support relied on: good assessments to identify what the needs were, which ensured that the right services were involved to provide the support required; good sharing of information between professionals including regular attendance at meetings; and the involvement of parents and, where appropriate, children in all assessments and plans.
22. In the authority with an integrated service, deaf children were assessed as children in need and work was coordinated effectively by the social worker through children in need reviews. This case study describes a complex family situation and the way that professionals worked together to offer support.

### Help in managing behaviour

#### Background

Child C passed early hearing tests and was not diagnosed as having a significant level of deafness until she was aged three years. This was a very difficult time for the family. One parent suffered with ongoing anxiety and depression which had a significant effect on her day to day life. Child C attended a mainstream primary school with a specialist resource unit for deaf children and had two cochlear implants.

## Support

The children and young people's sensory and communication team initially helped the family to come to terms with the child's diagnosis, supported the parents in making a decision about their child having a first cochlear implant and provided housing and benefit advice. They also provided a great deal of support around helping the parents in communicating with their child.

As Child C got older she had angry outbursts at home which the parents found difficult to manage. She was fearful of injections and was anxious about having a second cochlear implant. A number of actions were taken to assist with these issues.

Family support workers provided parenting advice and behaviour management strategies to the parents.

The deaf children, young people and family CAMHS service provided individual play therapy. This provided an opportunity for Child C to express and work through her feelings. The service also supported the parents to help them to a better understanding of their child's feelings.

Good communication between professionals, including adult mental health professionals who were involved in planning meetings and reviews, ensured a consistent approach.

## Outcomes

The parents have done well in applying behaviour management strategies. Child C has fewer angry outbursts and has developed more autonomy and resilience. Her anxiety about the cochlear implant was allayed and she went on to have the second implant successfully.

She has made excellent progress at school; she has gained considerably in confidence and is instigating communication more.

23. In the two local authorities where the education services and children's services for deaf children were not integrated, some cases showed a lack of clear, effective and consistent communication between children's social care and other agencies, including education. For example, in one case a young deaf child with additional complex needs received respite support arranged by children's social care. This was reviewed through the children in need review process. However, other professionals had not been involved in these reviews. The child's educational and health progress was reviewed through the reviews of his individual education plan. These meetings involved the teacher of the deaf, the audiologist, the speech and language therapist, the class teacher, the headteacher and the parent but did not include the social worker. As a result the work was fragmented and there was no holistic view of the child's needs.

24. The case below exemplifies the good use of the Common Assessment Framework by a teacher of the deaf to ensure that coordinated support was put in place, and that the appropriate steps were taken to support this young person who had become deaf following an illness in his mid teens.

### **Using the Common Assessment Framework to plan and coordinate support**

#### **Background**

Child D contracted an illness in his mid teens which resulted in him losing his hearing and becoming profoundly deaf. He had great difficulty in coming to terms with this. This traumatic situation was exacerbated by the sudden death of his father the previous year. He withdrew from family and friends, did not attend school and became isolated and depressed. The family struggled to cope with how best to support him and were highly anxious for his well-being and future.

#### **Support**

The teacher of the deaf committed time to building a trusting relationship with the young person and his family. She recognised that additional support was needed from a range of agencies. Working through the Common Assessment Framework approach she adopted the lead professional role. She took the lead in completing an assessment which clearly identified the young person's needs and the range of issues which needed to be tackled. She brought together the right professionals to work closely with each other as well as with the young person and the mother to take this forward.

A psychologist from CAMHS worked directly with the young person and his mother and family, helping them to come to terms with their losses and work through their grief. This work was facilitated by the teacher of the deaf who provided notes of everything that was said for the young person and ensured that the young person could participate fully in the sessions through writing down his views and feelings.

The CAMHS psychologist received support from a specialist CAMHS worker for deaf children and their families.

The teacher of the deaf also supported the young person and his mother at medical appointments, taking detailed notes and going through these with the young person. This enabled him to grasp what was happening and to engage in decisions rather than be a passive participant. This had the added benefit of ensuring good understanding of the effects on the young person of the medication he was prescribed. This information was shared at the 'team around the child' meetings, with the young person's agreement.

An interim school placement was made available at a continuing access to education centre. The teacher of the deaf worked with the young person's teacher to ensure that she understood the young person's history and needs and took appropriate steps to communicate with him through writing.

It was agreed that Child D's needs would be best met in a specialist school for deaf children as he needed to be taught in a small group with other deaf young people with whom he could identify, to develop his esteem and identity as a young deaf person. An appropriate school was identified with the assistance of the Connexions worker and the teacher of the deaf which the young person was happy to attend on a weekly boarding basis.

The teacher of the deaf maintained a high level of contact with the young person. When he had accepted that his hearing was not going to return, she, school staff and other professionals prepared him to consider having an assessment for a cochlear implant. He was very anxious about this and unsure if this was the right way forward. All the professionals recognised the need to provide him with clear, accurate and consistent information about the implications of a cochlear implant.

When Child D was assessed as appropriate for a cochlear implant the cochlear implant team, school staff and the teacher of the deaf ensured that he had a clear understanding of the likely benefits and the risks, and of managing expectations about what it could achieve so that he could make an informed decision.

### **The benefits of the Common Assessment Framework approach**

'Team around the child' meetings were held monthly. Minutes were clear and detailed and set out specific targets and responsibilities. The teacher of the deaf sent email updates to the group between meetings to ensure that everyone was up to date with developments.

Professionals noted that having regular meetings made it easy to build good relationships with each other and with the mother. It ensured consistency of approach in their response to the young person's anxieties about the future.

CAMHS involvement helped the professionals and the mother to understand better what the young person might be thinking and feeling and the impact of this on his behaviour, which at times was emotive and challenging. Professionals noted: 'We can't underestimate the impact of what had happened on everybody. Child D was caught up in emotions and there was lot of anger and upset to work through.'

### **Outcomes for Child D**

Child D has accepted that he is deaf but has confidence that this will not prevent him achieving well and engaging in life. The cochlear implant was very successful and has hugely enhanced his communication.

Child D's mother described her son as 'happy and relaxed now'.

25. Professionals and parents understood the importance of the children developing their confidence as deaf children and having good role models to help them see that deafness should not be a barrier to achievement. Some of the staff who supported deaf children and their families were themselves deaf. One parent said:

'Meeting deaf people and deaf teachers is so good for [my child] who can see that deaf people can succeed. It is very good for her to have role models. She saw a deaf Member of Parliament on TV and said, "Look he is deaf and he is on TV!" That was so good to hear.'

26. Professionals from different disciplines often undertook joint visits to parents and children. This promoted effective multi-agency working and communication with families.

## Support in education

27. Ensuring that deaf children have access to appropriate education to meet their individual needs is vital to their development and progress. Many children received additional support through attending specialist resource units for deaf children attached to some schools. Some attended special schools, others attended non-maintained schools for deaf children, either as day pupils or as weekly boarders.
28. Good attention was paid to ensuring that the needs of children in pre-school education were met appropriately. This is exemplified in this case.

### Meeting the needs of a child in pre-school education

#### Background

Child E is a pre-school child and attends nursery. She has a significant level of deafness and has hearing aids for both ears.

#### Early support

The peripatetic teacher of the deaf is the lead professional and has provided support to the parents since Child E was born. She supported them with attending hospital, audiology and ear, nose and throat appointments to ensure that they had a clear understanding of their baby's ongoing needs. She built a trusting relationship with the parents and helped them develop their confidence in meeting the baby's needs.

#### Support at nursery

The teacher of the deaf has worked with nursery staff to ensure that they understand Child E's needs and how they can best support and work with her to help her progress.

Child E is growing up in a trilingual environment and is managing this well. She is learning to speak English at nursery, while at home she speaks the two different languages of her parents.

The pre-school individual education plan was clear and specific with well-defined objectives agreed with parents. This plan was used effectively to enable the child to settle into nursery and progress with her English. The teacher of the deaf worked closely and effectively with the nursery manager and key workers to identify specific actions that could be taken to enable her to hear better within the nursery environment. This was particularly important as she had not previously socialised very often outside of the family environment. Some simple actions taken in the nursery included the provision of soft furnishings to improve the acoustics.

29. The cases showed very careful monitoring and assessment of children's changing needs and very good attention paid to ensuring that children were placed in settings that matched their particular needs and had the right levels of additional individual support. Some of the children attended mainstream schools and were supported with their education by teachers of the deaf and classroom support assistants. This case typifies a deaf child attending a mainstream school.

### **Supporting a child in a mainstream school**

Child F had a cochlear implant prior to attending school. She attended a mainstream primary school and had additional support at school from the sensory support service and the speech and language therapist. Child F was fully integrated in mainstream school life. Her language skills developed well. She was making good progress at school. She demonstrated confidence and resilience in managing school life and at a young age had learnt to look after her electronic equipment.

The teacher of the deaf had worked with the school to raise deaf awareness across the whole school community so that everyone took on board their responsibilities to communicate as effectively as possible with Child F. Staff told inspectors how helpful they had found this. Staff also received training on use of equipment to communicate with Child F.

30. When children had a cochlear implant while at school, school staff and the cochlear implant team worked very closely together to help children adjust to their implant.
31. For these children, accessing resources was not a barrier. They had all been able to access the right educational resources, support and schools to meet their needs. There were examples of effective working across local authority

boundaries to enable children to attend the school that was right for them. This is exemplified in this case.

## **The right school and the right support**

### **Background**

Child G had a bilateral hearing loss. She had a cochlear implant in her right ear and had been assessed as needing a sequential implant in her left ear. Child G spoke, she did not sign. She attended mainstream nursery and primary school in her local area but moved to a secondary school in a neighbouring local authority. This was chosen by parents and professionals because it had a specialist resource unit for deaf children and also had four deaf students of a similar age, which provided Child G with peers with similar needs.

### **Assessment and support**

Child G's individual education plan identified her needs very clearly. It outlined long- and short-term educational aims including her need to develop positive interactions and friendships with an increasing number of peers. The transition was very sensitive and well planned. Child G was taken on a number of visits and met with some of the other deaf children who would be attending the school.

### **Support for Child G**

- Included advice by Child G's teacher of the deaf to each of her teachers about acoustics in each classroom and how best to enable good two-way communication with Child G.
- Assessment by the speech and language therapist who assessed Child G for spoken language and worked with her until she no longer needed this input. This therapist also demonstrated the progress that Child G had made, showing a video of a session with Child G to her teacher of the deaf, and parents. This reassured them that speech and language therapist input was not needed and also highlighted the areas in her spoken language which needed practising and reinforcing in school and at home.
- Support in the classroom from a learning support assistant and from a teacher of the deaf.
- Attendance at a homework club and a social club at the specialist resource unit for deaf children and clubs in music and dancing in mainstream school.
- The specialist education support team helped to sort out early anxieties about possible bullying. Child G's fears were taken seriously, the issues were tackled well and are now resolved.
- In classrooms, electronic aids were used along with a radio aid which had a multi-talker feature. This enabled Child G to hear the teacher but

also enabled her learning support assistant or the teacher of the deaf to speak with her directly during class to help her understand points and ensure that her mind was on her work, and get her back into the lesson.

- Staff have received deaf awareness training and have been trained to repeat what other pupils say to ensure that Child G can hear all contributions (though she can still miss out on social chat).

32. Cases showed that when diagnosed early, placed in the right school, with parent or carer involvement and with the right support, deaf children can match their hearing peers in their educational achievement, demonstrating that deafness in itself should not be a barrier to achieving well. Teachers and teaching support staff showed good awareness of the needs of deaf children in the classroom setting. One group described what they had to remember routinely, for example:

- do not talk to the whiteboard
- remember to repeat comments by other students so that these can be picked up by radio microphone for children who have cochlear implants
- read the profile for each deaf child to understand their individual needs
- be aware of what works for her
- remember to pair her up with a peer and not use the support assistant or teacher of the deaf as a partner for tasks in the classroom
- be aware that the use of jargon is problematic and should be avoided as far as possible.

33. These case studies highlight the good educational progress made by children.

#### **Examples of children making good progress in school**

Child H attended a mainstream primary school with a specialist resource unit for deaf children. Very good and effective links existed between education services and health professionals, including the educational psychologist, the audiology team, his teacher of the deaf and his class teacher, to ensure that he was well supported in school to help him progress.

Child H's special educational needs plan clearly identified the key issues and the support that he required in school. Child H was achieving very well at school in line with or above the performance of his peers. He was particularly good at mathematics and had been moved to a higher mathematics group to provide him with additional challenge. He had grown in confidence through the support that he had received from the specialist education support service from his time in pre-school to moving to primary school.

Child D attended a specialist school for deaf children. Since moving to this school he had made very good progress. He was taking A levels and was predicted a C in mathematics, which was a huge improvement since Year 10 when his best attainment in mathematics was an E (at that point Child D had not become deaf). He planned to study computer science and had received offers from universities.

Child G's class teacher said: 'She has come on in leaps and bounds. She has made significant academic progress in moving from 4c to 4b in English, 4c to 4a in maths and from 3b to 4a in science. Her confidence in science is fabulous.'

## Wider deaf awareness

34. In wider society deaf children are regularly faced with a lack of understanding of what it means for children to be deaf, which makes their day to day life more difficult. Some young people also become angry and frustrated by difficulties in communication and this can lead to challenging and sometimes aggressive behaviour and responses. These issues and the work done to tackle them are exemplified in this case.

### Improving a community's deaf awareness

#### Background

Child I was a profoundly deaf young person and also had other disabilities. He used some speech but relied primarily on his good signing skills to communicate. However, the local community where he lived had little understanding of his needs. The professionals supporting him noted that people thought that 'shouting at him would make him hear'. This added to the young person's frustration. He had difficulty managing his emotions and behaviour and this had resulted in him becoming aggressive towards others.

#### Intervention

A number of steps were taken by the multi-agency children in need group to tackle this problem:

- work with the local community on deaf awareness to help them understand how best to communicate with, and respond to, the young person
- work with the young person to help him take responsibility for his actions and understand their impact
- support given to the young person to access leisure activities to build his independence and confidence
- establishing good liaison and support by the community police.

The young person thought that things had improved. He told inspectors: 'In my [neighbourhood] everyone tries to help me.'

35. Professionals worked effectively with deaf children to promote their independence and help them manage everyday life. A very practical approach to this is exemplified in this case study.

**Practical support to develop confidence and independence skills by one specialist resource unit for deaf children**

The speech and language therapist and the teacher of the deaf ran a project involving four young deaf people, focusing on building confidence and independence skills and giving children strategies to deal appropriately with unfamiliar adults without becoming upset. The project involved going to the office and asking for a red pen. On the first occasion the child was deliberately given a black pen and did not know how to respond to ask for the pen they wanted. With more input the child learnt how to respond politely but firmly and was able to ensure that she got the pen she wanted. Video was used well to show the young people what they had achieved and how they had grown in confidence.

One young person involved in this work told inspectors that she had learnt 'how to be polite, be confident and be brave' (when talking to new people).

## Parents

### Support for parents

36. In these examples of good practice parents were strongly committed to getting the right support for their child and engaged very well with professionals in learning how best to support the child.
37. The cases show the importance of working with parents to help them develop their understanding, knowledge and skills to support their deaf baby or child. The positive engagement of parents is fundamental to achieving good outcomes for deaf children.
38. Families also came from a range of ethnic and cultural backgrounds and sometimes needed additional support to navigate health systems and access services. There was good access to, and use of, interpreters to support work with parents for whom English was an additional language. The following case exemplifies these issues.

## Overcoming cultural barriers

### Background

Child J's mother had been concerned about her young child's hearing but she was not diagnosed as deaf until the family moved to England. After a considerable number of assessments it was considered that Child J was suitable for a bilateral cochlear implant and this was carried out. The mother spoke very little English.

### Assessment and support

Following diagnosis an initial assessment was carried out and a package of support was put in place to help the mother meet her child's specific needs. This included the following.

- One-to-one advice and support using interpreters.
- Direct work with the mother and child on using play to aid development. Cultural barriers had to be overcome to convey the importance of this.
- Supporting the mother to attend specific support groups for deaf children on language enhancement and on preparing deaf children for pre-school.
- Support with engagement with health services and help to understand what health services could offer.
- Practical support to learn how to use public transport.

The mother is learning to use signs to communicate with her child. Siblings and extended family have been involved in the work to raise their awareness of deafness.

### Outcomes

All the professionals working with the mother said that she has been 'amazing' and despite the language and cultural differences she has worked exceptionally hard to support her daughter. The wider family had no previous experience of parenting a deaf child and have also engaged well in learning how best to support mother and child.

The mother was initially concerned about the role of the social worker and what this might involve but a positive and trusting relationship developed with all professionals. The mother said: 'She [her child] and I have learned a lot and she plays much better, especially with other children.'

The mother also highlighted the benefits to her child of the cochlear implant:

'Since the cochlear implant she has seemed much happier and content. When I call her name I can see that she can hear the sounds and she

turns to look at me. She has started dancing to music and asks me to put the music back on. All the time she is learning more and more. She is more interested in her surroundings and tries to make me understand what she wants. Both of us are beginning to master sign language. She can sign for animals, food, and water and can tell me when she wants the toilet.'

39. Parents that the inspectors met were given ongoing advice and guidance by teachers of the deaf and specialist social workers and support staff, on learning the best ways to communicate with their child. This ranged from deaf awareness and communication for the potentially oral child to developing skills in signing. Parents were supported to develop their signing skills in a variety of ways. At home, after initial diagnosis, they received input from teachers of the deaf. One area had appointed sensory support practitioners to support parents. Parents also had access to signing language classes at pre-school drop-in sessions, parenting workshops and classes run at their children's schools. Some accessed support provided by voluntary agencies and others attended courses on British sign language. While all parents received support with developing signing skills, the extent to which this was easily accessible varied. In one area parents could receive financial support to cover the cost of attending such courses but in the other two areas financial support was not as readily available.
40. For some parents, managing their child's behaviour was challenging as children acted out their frustrations in communicating. Parents received support and advice in helping them to understand their children's feelings and developed practical strategies to manage their behaviour. When speaking to inspectors of the parenting advice and support she had received from the family support worker, one parent said that it 'helps me a lot; she gives me advice on parenting, how to use charts and stickers; I am more relaxed and understanding now and this has helped make things better'.
41. Parents that the inspectors met also valued the information, advice and guidance they received from a national charity for deaf children. One parent described the website as 'fantastic for finding out information'.
42. Some parents whose children had a range of complex physical and learning disabilities received support through direct payments and/or respite care. Parents used direct payments in a variety of ways, including arranging for carers to take their child for outings or accessing leisure and sport. Parents spoke about the benefits that respite care brought. For example, one parent whose child had previously received respite care with foster carers from a specialist deaf link scheme in one local authority said: 'This was excellent. The whole family was wonderful and [my child] still meets his special brother and special sister regularly.'
43. Most parents had very good access to pre-school support groups for deaf children. This allowed parents to meet together and children to meet their

peers and develop relationships with others as they progressed to school. Parents told inspectors how much they valued meeting other parents of deaf children to share experiences and ideas.

44. For some parents, transport was problematic and the cost of taking their child to attend various appointments and support groups, clubs and leisure activities was a heavy burden. In some cases parents were signposted to voluntary agencies that provided support for this.
45. When parents do not engage with professionals and take up advice and support in communicating with their deaf child, this can have a detrimental effect on the child's well-being and development. In a very small number of cases these concerns become very serious and children suffer significant harm and are made subject to child protection plans. These issues are exemplified in this case.

### **Child protection concerns**

Child K is a primary school-age child. She has a profound bilateral sensorineural hearing loss and wears high-powered hearing aids. She is dependent upon a system of signed communication, but her signing skills, although developing, are still at an early stage. She is also beginning to develop lip-reading skills and is starting to use speech.

### **Background**

Child K's parent had a learning disability and there were increasing concerns about her ability to understand and meet her child's needs. Child K's language development was very delayed. Her parent had very little deaf awareness and had not developed any signing skills. She struggled to provide her child with consistent care and there was a lack of routines and boundaries. These concerns led to the involvement of children's social care and Child K was made the subject of a child protection plan.

### **Support and intervention**

A comprehensive assessment by the specialist CAMHS team working with deaf children further evidenced the concerns about communication and interaction between Child K and her parent and the difficulties that this caused for Child K.

Considerable support was put in place to tackle these concerns. However, no progress was made. Child K's behaviour at home became increasingly concerning. She had run away from home a number of times and there were incidents in which she was physically aggressive towards others.

Subsequently it was decided to seek a care order and place Child K with foster carers able to provide a home environment where her

developmental needs could be met appropriately. The mother was supported throughout by an advocate.

### **Outcome**

A care order was granted by the court. Child K was placed with foster carers skilled in using British sign language. Her carers implemented routines and boundaries which she responded to well. She is settled, happy and relaxed in her placement and making excellent progress socially, emotionally and academically. She is developing her signing skills, learning to lip read and communicating verbally. She has developed friendships locally, including with another family and deaf child. She is now on the same level as her peers in school.

Child K's sense of identity was fully promoted within both the deaf and hearing communities. She was encouraged and supported to participate in activities within the deaf community such as youth clubs. The carers have also accessed voluntary sector services for deaf children. Child K said that she feels safe where she is now and feels able to talk to her foster carers.

## **Involvement and views of parents**

46. Consideration of parents' views was seen as essential by professionals and their opinions were consistently taken account of. One teacher of the deaf said that 'parents are first and foremost the experts on their child'. They had a key influence on the services and support that they received. This is exemplified in this next case.

### **Parental involvement**

Child L is a profoundly deaf young child. He has additional physical disabilities and was unable to have a cochlear implant.

In this case the mother was seen as a key member of the multi-agency team. She had undertaken a lot of research into her child's condition and provided good information and appropriate challenge to professionals. She also updated the local multi-agency group of professionals with regard to her child's health needs following medical appointments. The parents' request for the child to attend both a faith school and a school with a specialist resource unit for deaf children was responded to positively.

47. Parents that inspectors met were always completely involved in assessments and felt very well-supported in making key decisions such as choosing a school. Parents were confident that they had been supported to make decisions that were right for their children. Decisions were driven by the needs of individual children. This is exemplified in this next case.

### Child-centred decision-making

Child M is profoundly deaf and has additional complex needs. He initially attended a special school where his needs were continuously assessed. Child M was receptive to learning, and signing was his best means of communication. There was concern that his needs could not be fully met at this school. Professionals and the parents explored alternatives. At his last special educational needs and/or disabilities review it was proposed that his needs would be best met in a full signing community. A request to fund a place at an appropriate specialist school for deaf children was presented to the resource panel, supported by detailed assessments and strong parental and multi-agency support. Funding was agreed and he transferred very successfully. The parent told inspectors:

'They [the professionals] fully supported me from start to finish in the move to the new school. Everybody was on the same page; all agreed and supported the move.'

The parent said she had seen a huge change in her child since the move to the new school:

'He is able to communicate a lot better, and it's easier for us to work out what he is telling us. He doesn't get as frustrated trying to communicate with us; he knows there is a way now.'

48. Throughout the cases examined there were many excellent examples of the work done to keep parents up to date with their children's progress and keep two-way communication going. For example, Child G had weekly tutorials with her key teacher of the deaf. They discussed the child's homework in detail, identifying any help she might need with this; they talked about any issues or problems in school over the week and what had gone well in school. A tutorial report was then emailed to parent weekly and the parent could respond and share any relevant information from home. The parent said:

'I feel if there is a problem I can go to them. Communication is two-way and that is important, as what happens at home helps them to understand what happens at school and vice versa.'

49. Parents that inspectors met were very positive about the quality of service and the way in which services were delivered. Parents said:

'If I had not had the help I would not be here, they are fabulous.'

'Without them I wouldn't have achieved anything. They are a godsend.'

'I have never felt talked down to or dismissed.'

50. Parents highlighted the care taken by health professionals to explain the outcome of hearing tests to them. They also appreciated having a consistent person who acted as lead professional, to contact with queries, concerns and for reassurance.
51. Parents spoken to by inspectors were very positive about how well agencies worked together and the subsequent benefits to the parents. For example, one parent noted that because of the good and regular communication between professionals she did not have to continually repeat things and retell her story.

## Children's views, wishes and feelings

52. Cases demonstrated the vital importance of supporting children to communicate in whatever way is best for them, and that listening to and acting on what they say is important to them. The case of Child K described above, who was placed with foster carers, demonstrated the impact that a child's view can have when professionals ensure that the child's view is made clear.

### **The difference a child's views can make**

When an application was made to the court for a care order every effort was made to involve Child K. She was taken to visit the court to help her understand what was happening.

Child K had very limited verbal communication. Careful work was undertaken to establish her views. This was supported by a British sign language interpreter. Child K was very clear that she did not wish to remain living at home and she was able to present in pictures the reasons for this. This was presented to the court. Most significantly, when the parent saw her child's views set out so clearly she no longer contested the care order.

53. Where appropriate, children were involved in their reviews and other meetings. Children and young people who spoke to inspectors all said that they felt able to give their views and that they felt people listened to them. They were well supported, enabled and encouraged to give their views in meetings. Targets and actions in individual education plans were written in clear, plain English, which helped to make them understandable for the child.
54. Helping children to understand and make sense of what was happening was seen as very important by all the staff involved. Where children were old enough to make important decisions then they were helped to do so; for example, cochlear implants for older children were only carried out with their express understanding and agreement. This is exemplified in these cases.

### **Focus on empowering the young person**

Child D was at the centre of all the work. His views were always clear. Enabling the young person to communicate was central to helping him to

take back control of a life that for him had gone awry. Helping him to understand the implications of his illness and the long-term impact of this on his hearing gave him the knowledge and understanding to make informed decisions about his life. When meeting with the consultant for the cochlear implant the young person asked questions with confidence. Child D was happy that this was the right next step for him and the consultant was convinced that he understood the implications well.

Child G was very anxious about the prospect of having another implant as she was fearful of hospitals. The teacher of the deaf at school and the cochlear implant team worked closely with her to explore her feelings around the prospect of having a sequential implant to help her make an informed decision and understand the implications whether she decided to have the implant or not have it. Child G decided to go ahead with the implant and was very clear, when she met the consultant, why she wanted it.

55. Cases showed creative work with younger children to help them grow up as confident deaf young people with a good understanding of their history. This is exemplified in this example.

#### **Life story work**

In this case a young child had a cochlear implant inserted when she was a toddler. A life story was being developed to help her understand what had happened, using photographs before and after her implant and photographs of her with the bandages and implant so that she has a history of this.

56. One parent, whose teenage child had a profound bilateral hearing loss and used British sign language to communicate, confirmed that interpreters were always provided for meetings. They met her son beforehand and made sure he could contribute what he wanted to during meetings. This parent said: 'All the professionals listen to him; they know him well and everyone is very accepting of him and his needs.'
57. In this case professionals noted the value of having consistent interpreters for the young person.

### **Skills and knowledge of staff**

58. Staff across agencies who worked directly with deaf children had received training in deaf awareness. Whenever a deaf child starts nursery or school the specialist education support team undertake deaf awareness training with all the staff working with the child, tailored for each child's particular needs. Teachers of the deaf, specialist health staff and social workers for deaf children have appropriate professional training, keep their knowledge and skills up to date by attending relevant national training courses and have skills in British

sign language. They have a strong commitment to this work and most have many years of experience to draw on.

59. Specialist staff in education and social care had attended safeguarding training specifically for children with disabilities and sensory loss. There were good examples of staff contributing their good knowledge and experience of working with deaf children to the development of local and national training and guidance, to ensure that the needs of deaf children to be safeguarded were recognised. A variety of training resources were used within staff development to support practice with children.<sup>12</sup> Managers also cascaded relevant training to their teams. For example, one manager had attended a course on safeguarding minority ethnic deaf children and discussed this with her team. Specialist staff across agencies had attended safeguarding training but not all had attended training specifically on safeguarding children with disabilities.

## Planning, quality assurance and evaluation

60. Joint working at an operational level between education and health services was facilitated effectively through well-established children's hearing services working groups. This brought together representatives from the specialist education support team for deaf children; the cochlear implant team; the audiology team; the newborn screening team; speech and language therapists; voluntary agencies and parents. This group was used to share information about service developments and new equipment and technology. It also provided a valuable networking opportunity. However, children's social care was consistently involved in this group in only one area.
61. Quality assurance and evaluation of the impact of services were not very well developed. Areas did not have an integrated strategic plan against which progress could be measured. Some services had well-established quality assurance processes; for example the quality and timeliness of the newborn screening service were evaluated, but this was not the case across all services. Overall, auditing and reporting of the quality of multi-agency services to support deaf children were underdeveloped.
62. The educational attainment of individual children was well monitored and information on the attainment of deaf children was gathered and reported to contribute to national surveys. However, these data were not used strategically to evaluate the impact of services and plan provision.

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<sup>12</sup> Examples included: *Safe: personal safety skills for deaf children*, National Society for the Protection of Cruelty to Children, 2009; [www.nspcc.org.uk/Inform/publications/safe\\_wda58697.html](http://www.nspcc.org.uk/Inform/publications/safe_wda58697.html) and *Healthy minds*, the National Deaf Children's Society, 2008; [www.ndcs.org.uk/family\\_support/positive\\_parenting\\_families/emotional\\_health\\_and\\_wellbeing/healthy\\_minds.html](http://www.ndcs.org.uk/family_support/positive_parenting_families/emotional_health_and_wellbeing/healthy_minds.html).

## Challenges

63. Through examination of the cases and discussions with staff some ongoing and future challenges were identified.
- Ensuring that priority continued to be given to meeting the needs of deaf children in the context of pressure on resources.
  - The growing demand for specialist resources, particularly for children with profound and multiple disabilities including deafness.
  - The possibility of future gaps in skills and expertise in working with deaf children, particularly among teachers of deaf children.
  - The availability of skilled and consistent interpreters for families where English is an additional language.
  - Funding pressures, to support transport, interpreters and translation services.
  - Ensuring consistency of provision of services for deaf children wherever they live.

## Conclusions

64. This small survey of good practice in services to support deaf children highlights the importance of early, well-coordinated multi-agency support that is consistent and sustained from birth to adulthood. These cases demonstrate that each child's needs are individual and careful assessment and regular reviews are needed to identify what resources, support and schools are right for them as they grow and develop and their needs change.
65. The children in this survey were progressing well because of the strong commitment and support of their families, specialist professionals and support staff and above all their own determination. Services were underpinned by a good understanding of the need for specialist services for deaf children and a strong commitment to maintain them.

## **Annex A: Local authorities visited**

Hounslow

Newcastle

Suffolk