

## Report summary

# Communication is the key

A good practice survey of services for deaf children

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Previous government reports and national research have highlighted the variability in the availability, quality, and consistency of services for deaf children. 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.

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.

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.

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