1. It is well documented that deaf young people individually placed in mainstream schools often feel isolated. This isolation, due to difficulties experienced communicating with their hearing peers, most probably contributes to the worrying statistic that deaf people are twice more likely to experience mental health issues than the hearing population.

For this reason all local authorities should offer as part of their education service a resource base provision in a mainstream school for deaf pupils. This would allow deaf pupils to access education in a mainstream environment while benefitting from having a deaf peer group which would improve their school social experience. They would also benefit from more regular onsite specialist support than they would if they were supported peripatetically by specialist deaf education staff.

2. Children with significant hearing losses will often struggle to learn spoken English resulting in delayed English language development. This delay in language acquisition impacts on their cognitive development and in turn their attainment at school. It is important that they are exposed to a language which they can access, as early as possible in their lives, to minimise developmental delays. Sign language can provide deaf children with a language which they can access fully, however often it is not considered as a language option for deaf children until after they have tried to learn spoken English but have been unsuccessful. Furthermore deaf children’s families are often discouraged from using sign language with their children. They are led to believe that it will be detrimental to their child’s English language development if they sign with their children, even though there is much evidence which states the opposite.

Sign language should be promoted as a positive option for deaf children. By providing deaf children with access to both spoken English and sign language from an early age they will have better linguistic access throughout their lives. For example children who undergo cochlear implantation will be able to use sign language to communicate when; they are waiting for a cochlear implant operation; waiting for their implant to be switched on after surgery (around 4 weeks wait); their implant is not working; they are in the bath or swimming pool and cannot wear their implant and through the night when they are in bed. Knowing a visual language also allows access to the deaf community and could be used within classrooms and lecture theatres, where it can be difficult to access the spoken word due to poor listening conditions.

Providing early access to sign language for deaf children can only help improve their ability to communicate and in turn decrease the language delay which is accepted as the norm for deaf children.
3. Due to cuts in education spending, a number of Local Authorities have cut their specialist deaf education outreach services. A recent report (Report from the Achievement and Opportunities for Deaf Students in the United Kingdom: from Research to Practice project) shows that the attainment levels of deaf children with hearing losses across all the deafness categories (mild to profound) are not on a par with their hearing peers. Specialist support for deaf children and their families, (particularly in the early years) is essential in trying to reduce the attainment gap.