Education and Culture committee – submission from Rachel O’Neill about the achievements of deaf pupils

29.4.15

1. Introduction

I work at the School of Education in the University of Edinburgh where I am programme
director for the Masters in Additional Support for Learning and MSc in Inclusive and
Special Education. I also co-ordinate the deaf education pathway through the Postgraduate
Diploma, which is the qualification teachers take in Scotland so that they are able to teach
deaf children. I have been in this post for eight years. My work involves liaison with
teachers of deaf children across Scotland. Through placement observation visits and files I
also keep up to date with what is happening in classroom and in schools and resource
bases. The views in this response are individual and do not represent the University or the
Scottish Sensory Centre (SSC).

Previously I worked as a teacher of children and deaf students for 25 years in Greater
Manchester. When I arrived in Scotland I realised that there was a large untapped database
about the achievements of deaf pupils, a project which had run at the School of Education
between 2000 and 2005. With the help of Marc Marschark from the National Tertiary
Institute of the Deaf in Rochester, USA, we were able to secure a grant from the Nuffield
Foundation to investigate what happened to these children as they moved through the
school system. This research has now been published online: the summary report
(Marschark, O’Neill & Arendt, 2014) and the full report (O’Neill et al., 2014). Our aim in
this research was to establish how the outcomes of deaf children’s education compared to
the wider population, and to explore the characteristics of deaf children who did not have a
successful outcome after school. To some extent we were able to answer the research
questions, though some aspects we were not able to take far enough in the time available. I
am mainly drawing on these findings in this paper.

The unusual feature of the Achievement of Deaf Pupils in Scotland (ADPS) database was
that it covered an extremely wide range of deaf children. In the UK we use the term deaf to
include any child with a hearing loss, whereas in most of the rest of the world the focus of
specialist teachers of deaf children are the more severely or profoundly deaf groups.

The study we undertook allowed us to look at all deaf children, including those who were
mostly minimally supported, who are mildly deaf. This group has not been studied as much
as the deafer groups. Existing Government statistics don’t necessarily capture the
achievement of this group either. The annual pupil census records children who have
individual plans, CSPs and more recently the ‘Other’ category which can include up to
20% of all learners (Scottish Government, 2014a). But we don’t know whether mildly deaf
children who are minimally supported by occasional visits by teachers of deaf children are
counted as ‘hearing impaired’ on the pupil census.
2. What are the findings about under-achievement of deaf children?

The findings of this study in summary are:

Deafness across all categories (including mild, moderate and pupils with a cochlear implant) has a negative effect on school exam achievement at S4.

![Image of Mean Tariff Score by Deafness category]

(Figure 14, p. 42, O’Neill et al., 2014)

Even mild hearing loss was found to impact negatively on the achievement of pupils.

Those effects were compounded when connected with other vulnerabilities in deaf young people (i.e. pupils with identified additional support needs or they were from deprived backgrounds).

Severely and profoundly deaf pupils were entered for fewer examinations than the pupils with a cochlear implant (CI) between 2001 and 2011. This could be due to lower expectations or the need to have tutorial time to support core subjects, losing examination options. This is one likely reason why their tariff score in S4 was lower but it doesn’t explain all the gap.

![Image of Three deafness categories by number of examinations entered and tariff score]

(Table 2, p. 45, O’Neill et al., 2014)

When entered for examinations, deaf pupils with additional disabilities perform significantly worse than those without. This is not a surprising finding at all.
Deafness was found to have a negative effect on English grades for all categories of deafness, including mild. This was most noticeable in S4 at the achievement of Standard Grade /N5 which all deaf groups found much more difficult to achieve than the All Scotland averages.

There is no significant association however between deafness category and whether or not deaf pupils pass English at Scottish Credit and Qualification Framework (SCQF) levels 3, 4 or 5. That is, although there is a gradient of achievement in English, with children with CIs and mildly deaf pupils achieving more like the all Scotland average, and deafer pupils performing worse, these differences between the deafness categories are not statistically significant. This suggests teachers of deaf children should focus on a wider range of deaf children to support them more effectively – or class teachers and better acoustics in schools could support the mildly deaf learners better. It also suggests that the apparent positive effect of a cochlear implant disappears at the more demanding reading levels of N5.

There are significant differences in tariff score between pupils with cochlear implants and those who are severely deaf. However, after controlling for the effect of the socio-economic status, the deafness category of the pupils has no significant effect on their tariff score. The pupils who left school between 2003 and 2010 whose exam scores we studied included many children in the first or second wave of cochlear implanted children. They
tended to be from better off backgrounds. This difference is not as marked today: a wider range of young deaf children receive implants, including more with additional disabilities.

Socio-economic deprivation has a similar effect on deaf children as it does on all Scottish children. This means that deaf children from richer backgrounds achieve better on average at school than deprived hearing children from all of Scotland (see graph below). Another recent piece of research from the University of Edinburgh (Fordyce et al, 2013) showed using official statistics that employment outcomes for deaf graduates were as good as the whole graduate population; deaf people who get to university are likely to be from more affluent families. This 2013 study also showed through interviews with young deaf adults that the risks at transition to higher education or work were minimised for deaf young people from better off backgrounds because they had more social and material support.

(Figure 16, p. 44, O’Neill et al., 2014)

I can explain more if you are interested about the limitations of the Achievements and Opportunities of Deaf Students study and why we were not able to produce an analysis of the impact of different factors on our sample of 540 deaf children for whom we held exam results.

In general the results are similar to other studies on deaf children’s school achievement (see chapter 8, Knoors & Marschark, 2014 for a discussion). Our study was unusual in being as near as possible to a total population study. This research project had two other parts, not reported here: the results of a survey of deaf young people who had been in the original database, looking back at their time at school; and a survey of the views of parents of the school aged deaf children from the original database.
3. **Reasons for the under-achievement of deaf children**

I will briefly outline here the experiences of deaf children from hearing families, which is 95%, and deaf children from Deaf families, about 5% (Knoors & Marschark, 2014; 37).

3.1 Delayed language development for most deaf children

Deaf children are now diagnosed at birth, so an early start with a language development programme should be possible, and this could be in speech and / or sign. However, in practice it is usually speech because of the current low status of BSL as a natural language. The health service and sometimes education services transmit this message to parents.

Not having hearing, or having limited access to listening, affects the child’s whole language system. These parts of the language system are all inter-related:

*Phonology* – distinguishing the sounds of words. Most children use their good listening skills to distinguish between new words they hear in their environment, e.g. *wig / wick*. So not being able to hear sounds such as /k/ will reduce the chance of a new word being understood and acquired.

*Semantics* – understanding the meaning of words in different contexts. Deaf children have to attend to one speaker at a time, and they are only likely to learn new words by lipreading and listening in good acoustic conditions. They have much less chance to hear new words being spoken. They may know the most common meaning of a word, but not all the ways it can be used. For example words such as *turn* are used in many different ways and in phrases with many other words, all with different meanings. Deaf children usually have smaller vocabularies than hearing children.

*Syntax* – the grammar of the language; in England word endings are crucial as well as word order. If a child cannot hear /k/ or /t/ or /s/ consistently because they are high frequency consonants, often unstressed, then they are not going to be able to hear past tenses or plurals. This will affect the way they talk and write too; if they can’t hear it, they won’t produce it.

*Pragmatics* – how the language is used in social relationships. People respond differently to deaf babies and children: parents talk less with deafer babies and engage in fewer conversational turns with them (VanDam et al, 2012). Deaf children are less likely to overhear conversations so they don’t necessarily know how to talk differently in different contexts. This includes understanding that *great!* can mean *terrible*, for example, in context and depending on its intonation. Hearing children can work this out by the age of five.

*General knowledge* - In addition, deaf children on average don’t have as much general knowledge as their hearing peers. This is mostly because they don’t have as much conversation with a wide range of people. General knowledge about the world helps children make sense of what they see around them. For example a child who knows about people getting money for work and what bills are coming in to the house won’t think that people get free money from cash machines. Deaf children often miss out on information about invisible systems. This deficit grows as they get older because they often have weaker reading skills, and reading is a major way children expand their general knowledge.
**Theory of mind** – this is a cognitive skill which children learn gradually over their childhood. It means they can understand the motivation and viewpoints of other people. At about four, most children realise they can tell lies. At school these abilities are used in English and History, for example, to empathise with other viewpoints. Deaf children from hearing families have weaker theory of mind skills in early childhood, whereas those from Deaf families have average skills (Morgan, in press).

**Early literacy** – because of the reduced opportunities to talk, deaf under 5s are exposed to fewer literacy events, such as jointly writing cards, sharing storybooks etc. Parents are often upset to realise their deaf child doesn’t understand stories so they may give up bedtime reading.

So deaf children with hearing parents are likely to have a much weaker vocabulary than hearing children, less general knowledge, difficulties with grammar and less understanding of what other people are thinking. They may have experiences of being directed more often, giving them fewer opportunities to solve problems for themselves in unstructured play (McIntosh et al., 1994), which could lead to cognitive differences later and less independence in learning. Deaf children with cochlear implants and hearing aids can progress well with spoken language development, but it depends on the active support of parents. The more parents understand about the situation in the early years, the more likely their child is to have opportunities to listen, interact with and learn from a wide range of conversational partners. But even with the best conditions, some deaf children don’t progress well with spoken language, and alternatives are usually not offered.

What is interesting from our research is that even mildly deaf children experience these difficulties. Currently speech and language therapists and teachers of deaf children rarely offer early language intervention for mildly deaf children in the under-5 age group. In fact newborn screening does pick up children with a 30-40dB hearing loss, but school services are not informed of these children until over a year later when audiology clinics sometimes call them back to check their hearing levels.

When deaf children start nursery or school the acoustic conditions are often very poor. In Scotland there is no statutory guidance for local authorities about minimum acoustic standards for building new schools or nurseries, or for refurbishing old ones, as there is in England (Education Funding Agency, 2014).

Many hearing parents are interested in learning to sign, because they recognise how difficult it is for their children to learn just using listening. However, not many hearing parents have the resources or stamina to become fluent in BSL over the most important first five years. The current policy climate and attitude towards BSL does not encourage it. Becoming fluent in another language takes between 500 and 2,000 hours, depending on how different it is from English (Effective Language Learning, 2015). This is where the local authority could provide much more support from BSL teachers who are fluent in sign, and hopefully Deaf themselves. Short courses provided by voluntary organisations are not a solution – if parents want to sign they need a great deal of support at home and in the nursery their child attends.
3.2 Similar language development in sign for the 5% of deaf children with Deaf families but possibly poor mapping onto English

Deaf children from Deaf families have the advantage that they have a complete language system around them. The video evidence on the Parliament Facebook site from Sally Work, for example, illustrates the fluency and wide range of social contacts she has experienced growing up in a multi generational Deaf family (Work, 2015). These children have access to a complete language system:

Phonology – the handshapes of BSL
Semantics – the nuances of meaning of signs in different contexts
Syntax – the features of BSL grammar which include simultaneity, placement and constructed action – all different from spoken languages
Pragmatics – how BSL is used with different signers, for example in formal contexts in Church or meetings and in the family

Their general knowledge may be very wide – depending on how many Deaf people they are in contact with. They may have good access to children’s TV which is often interpreted into BSL. Their theory of mind is good because they can discuss and reflect other people’s viewpoints using their fluent language.

These deaf children’s experience of early literacy will be variable, because their parents may well have had late exposure to written English. Their parents will often have been brought up in hearing families, and so often not had the advantages of having pre-literacy activities in the early years. Some Deaf children from Deaf families will see a lot of fingerspelling and subtitles, and have discussions with a wide range of hearing and Deaf relatives about the meaning of English words and how they map onto BSL signs. Other Deaf children will not have had this experience because their parents may have poor literacy.

3.3 Monitoring early language development in speech and sign

Currently in Scotland there is very poor monitoring of the early language development in speech and sign of deaf children. There is advice, developed by practitioners and parents working through the Scottish Sensory Centre (Shannan & O’Neill, 2011). This is not statutory and local authorities generally don’t follow it. There are assessments in BSL and English available from birth to 12 in the UK (Herman et al, 2004). Most local authority services monitor spoken language development, but not very systematically. I have not yet seen any local authority systematically monitoring the productive and receptive BSL skills of signing Deaf children. There have been two attempts by the Scottish Sensory Centre (SSC) to put on courses to train more teachers in how to use the BSL productive skills assessment, but there has been no demand from local authorities. That is, they are not prioritising the systematic assessment of children’s developing BSL skills. Having a BSL Act I hope will make them reconsider.

3.4 Starting school

When the two groups of deaf children start school, they often have very different needs. The deaf children from hearing families often need intensive support in all the areas of spoken or conversational language development mentioned above, and further development of their BSL skills which they are usually learning without models in the home. The Deaf
children need to start work on mapping their good knowledge of BSL onto English, spoken or written, and they need a method for doing it. Fingerspelling, visual phonics, cued speech, live notetaking to screen and Signed English are all methods which can be very effective. They also need access to the curriculum from interpreters who can sign fluently. Many will need support from teachers of the deaf who can support with the mapping, but only if the teachers have excellent BSL skills.

It is an extremely challenging task to be a hearing or a Deaf parent of a deaf child, and also to be a teacher of deaf children or an educational interpreter. The needs of deaf children are very broad. It is not always easy to see which language is going to be the child’s dominant one. In most cases, deaf children don’t get an actual choice because only one approach is on offer in their local authority. Despite this, ‘informed choice’ is the dominant philosophy at present, based on a medical view of the way doctors provide information to patients before an operation, informing them of likely outcomes. The problem is in relation to deaf children’s language development, teachers of the deaf often don’t know the likely outcome. Providing information about options to parents is a step further on from the period 1880 – 1975 when using speech was mandatory and the only approach available (Hutchison, 2007). In Scotland we have a chance now, with the BSL Act, of making real choices about language approach. But should parents have to make a choice? Bilingualism is an excellent outcome.

3.5 Support in school
The job of teachers of the deaf is to support deaf children, mostly in mainstream schools. The specialist teacher has a caseload, and the weighting of how much time per pupil is decided by each local authority, often using the English National Sensory Impairment Partnership (NATSIP, 2012) eligibility criteria which is based largely on level of deafness or level of spoken language development. The teacher visits the school regularly and tries to find time to liaise with the class teachers. This is challenging when the deaf child is at secondary level as there are so many teachers. Local authorities often arrange deaf awareness sessions for teachers each year when it is known a deaf child is going to be in a class. The work the peripatetic teachers do is very varied: checking hearing aids and radio aids are working and reporting faults; encouraging the pupils to check their own aids; working on reading comprehension or vocabulary development; introducing concepts which are going to be used in school over the next week; practising listening skills to attempt to improve listening in class; developing BSL skills. Very often the model followed is the ‘pull out’ one where there is little time to talk to the class teacher about what is planned. Occasionally a teacher will extract a small group to allow more interaction between the deaf child and others in the class. Very occasionally, the specialist teacher will take the class allowing the class teacher to do some individual or small group work with the deaf child.

Sometimes when pupils are not able to use their listening in class, the teacher of the deaf may take notes or ‘interpret’ between BSL or Sign Supported English and spoken English. However, only one teacher of the deaf in Scotland currently is a qualified interpreter. The postgraduate diploma introduces teachers to these skills, but explains the training needed to succeed with them. Notetaking is considerably easier to learn than interpreting, which involves a long-term professional training course to reach Level 6 BSL units and then interpreting units.

There haven’t been any studies on teachers of deaf children’s attitudes towards sign language use. From my own observation I have heard heads of the local authority school
services for deaf children say things to each other such as ‘level 2 BSL is the gold standard’. This shows that teachers of the deaf have very little contact with the Deaf community, where awareness of the significance of the levels is widespread. From the Deaf community’s viewpoint Level 6 is needed to interpret. Teachers of deaf children often say that the deaf child uses speech and just a bit of sign, so it is fine that they themselves have level 2 BSL. We don’t have any exams to judge proficiency in Sign Supported English; the people who are best at using this form of sign are usually fluent BSL users who can adapt their signing to a more English word order and add in speech or clear lip patterns. So at the heart of the profession there is a dilemma: whether to see the deaf child as disabled or a member of a linguistic minority. On the postgraduate diploma we try to show teachers that they often need to keep both views in mind.

What is more, deaf children often experience many inconsistencies in their education. The quality of sign support varies a great deal, as do amplification and classroom acoustics. These inconsistencies occur within and between local authorities. Even the description of the approach used can be very vague, so what may be described as a sign bilingual approach in one area may be labelled a Total Communication approach in another.

In a recent study of bilingualism in deaf education, Marschark, Knoors and Tang (2014; 470) concluded by summarising recent research from across the world:

- Early, effective access to language is essential to the normal development of all children, including those who are deaf and hard of hearing (DHH).
- Children who do not have such access early on will find it difficult or impossible to become fluent at a later age.
- Lack of language fluency will impede cognitive and social development as well as academic achievement.
- Judging by the majority of children in the world, bilingual education is not dangerous, confusing, or delaying in the context of development.
- The population of DHH children is more diverse than the population of hearing children, and as a result it is unlikely that there will be a single educational method that will be optimal for them all.
- One consequence of this diversity is that there are DHH children who succeed with spoken language, DHH children who succeed with sign language, and DHH children who succeed with both, but no one route should be expected for all DHH children.

This conclusion points to the importance of early intervention. In Scotland, as in most of the richer countries of the world, newborn hearing screening is now implemented, allowing for much earlier intervention than previously. Parents are able to come to terms with the news that their child is deaf much earlier in the child’s life. If they live in a place where informed choice and real choice work well, they can decide on a programme of early support drawing on the expertise of many different professionals and voluntary groups. I have seen this rights-based approach work most effectively in Australia (Deaf Australia, 2013). Colorado in the US pioneered early intervention and studies from Christine Yoshinaga-Itano over 25 years have shown the linguistic advantages of making an early start, whatever language or languages are chosen (Yoshinaga-Itano, 2006). We need to do the same in Scotland to close the attainment gap between deaf and hearing children.
4. Solutions

These solutions are based on the view that we don’t need more mapping or reviewing, we need more action and more accountability from school services to parents and to the inspectorate to make sure that deaf children across the country receive a good level of service. I believe that the Government, HMIE, Education Scotland, GTCS, the NHS, and SQA working with organisations such as the SSC can help close the attainment gap. Liaison should be maintained with the voluntary sector, specifically the British Deaf Association (BDA) and National Deaf Children’s Society (NDCS) which have complementary skills to support the maintained sector: the BDA can advise on sign bilingual environments, Deaf Studies and BSL teaching whereas NDCS can advise on ways of consulting young people and parents, and supporting families especially in relation to mental health. This plan requires considerable Government investment which may not immediately be available, but it could be an on-going target to invest in as soon as conditions in the economy improve.

The Government

• The Government will introduce statutory guidance about the acoustics of school buildings, based on the revised BB93 used in England. There will be a school acoustics officer who will check this is being complied with across Scotland and advise architects at an early stage of planning, rather than testing after the build.
• Five teachers of the deaf in Scotland will undergo training in auditory verbal therapy. They will be expected to work on year round contracts, not term time only as they will be working with parents and the under 5s. They will work across local authorities.
• Five teachers of the deaf will undergo training in educational audiology. Similar contractual position and sharing between authorities will apply.
• The Government will fund the online Electronic notetaking course development at the SSC and pay for two support staff from each local authority to attend.
• The Government will buy a new hearing aid test box for each local authority.
• Twenty Government scholarships will be made available over the next 8 years for teachers of deaf children who qualified over the past 8 years to undertake Masters study.
• The Government will increase the number of fields on the pupil census database to include level of deafness, and to allow for additional disabilities to be recorded. A standard way to record language development in English and BSL will be developed based on the EAL model, with advice from the SSC.
• The Government will urgently work with Health Boards to import data from audiology to the school census system.
• The Government will continue to develop criteria to report on d/Deaf pupils’ achievement using the new fields available in the pupil census.
• The Government will fund intensive BSL training courses for teachers of deaf children to reach a minimum standard of Level 3 for those working with signing children and the under-5 age group.
• The Government will fund the development of a modern languages PGDE in BSL teaching, expecting the university which runs it to positively recruit Deaf graduates with fluent BSL.
NHS Health Boards

- Scotland NHS will reintroduce the hearing screen at the age of 5, because significant numbers of deaf children become deaf after birth.
- Newborn screening services will refer all mildly deaf children to local authority education services at birth as they do already for moderately to profoundly deaf babies.
- Ten new posts for Speech and Language Therapists will be funded to work with d/Deaf children in the early years. Half of this group must achieve Level 3 BSL within 5 years. Half must achieve qualifications in auditory verbal therapy in a similar period. Referrals can be for any degree of deafness and from any part of Scotland. Families living in Scottish Index of Multiple Deprivation (SIMD) in deciles 1 – 5 will be prioritised (Scottish Government, 2014b). Children will not have to show improvement over 10 weeks to receive the service.
- The Cochlear Implant centre will spend more time liaising with local authorities about support for families it rejects for an implant on the grounds of ‘chaotic’ lifestyle. Health and education will take joint responsibility for these children’s language development and alternatives will be considered with the families before the child turns two.

Education Scotland / HMIE

- HMIE will inspect services for deaf children and expect documentary evidence of the qualifications of teachers of the deaf and support staff.
- Education Scotland will develop a d/Deaf studies curriculum which will be available online and face-to-face, to include assertiveness training and a module about deaf pupils’ mental health, resilience and rights. Working closely with the voluntary sector will improve this resource.
- Education Scotland working with the SSC will revise the SSC Early Years standards, make them compulsory, and HMIE will seek evidence that they are being used when inspecting local authority services for deaf children.
- Count Us In (HMIE, 2007) will be revised and updated.
- Education Scotland will develop detailed guidance on including BSL as a 2\textsuperscript{nd} or 3\textsuperscript{rd} language as part of the 1+2 Languages strategy, focusing on primary schools which include a resource base for deaf children.

SQA

- SQA will develop N4, N5 and Higher qualifications in BSL in liaison with the BDA, Heriot Watt University and the SSC.
- Centralised exams in BSL will be piloted and introduced within 2 years starting with maths, science and English at N5.
- The English language of exam papers will be modified by trained modifiers (using the list from the British Association of Teachers of the Deaf) for weak readers, which includes many deaf candidates (BATOD, 2014).

GTCS

- GTCS will register qualified teachers of the deaf along with their BSL level – and they will check documentary proof for both, liaising with the SSC.
University of Edinburgh

- Classroom teachers in Scotland are increasingly being encouraged to gain a Master’s level qualification. An online Postgraduate Certificate in inclusive pedagogy will include courses on teaching deaf children and be made available by the University of Edinburgh.

- An access course will be set up to encourage more BSL users into teaching, including Higher English: government funding will be needed. One course may be needed every 5 years.

- An early years Postgraduate Certificate will be developed for qualified teachers of the deaf, Speech and Language Therapists, Audiologists, and graduate parents of deaf children and d/Deaf graduates who have experience of advising other parents.

SSC

- Twenty BSL / English interpreters will be employed nationally, on contracts working between local authorities. Their conditions of service will include supervision by a senior interpreter with experience of education.

- A full time development post will be funded by the Government at the SSC to co-ordinate and extend the work of the BSL Glossary, and to liaise with SQA about BSL school exams and the quality assurance of signed exams.

- The SSC will run a compulsory course about raising expectations for teachers of deaf children who trained more than 10 years ago who haven’t completed a Masters degree since qualifying.

- The SSC will run courses for school guidance teachers, Skills Development Scotland and College Student Guidance officers to improve the quality of careers advice available to d/Deaf students in Scotland.

- Liaising with local authorities, the SSC will draw up suggested job descriptions and recruitment advice for new specialist staff roles such as interpreter, electronic notetaker, BSL teacher and bilingual nursery worker.

Local Authorities and school services for deaf children:

- Funding from the Attainment Scotland Challenge will be used to support provision for deaf pupils living in poverty, particularly for out of school creative activities, support with homework and mentoring by trained d/Deaf adults. Close liaison with the SSC, NDCS and BDA will improve these initiatives.

- Small local authorities will work together to ensure they are making anticipatory provision, as the Equality Act says they should, and can provide an educational audiologist, teachers of the deaf with Level 3 minimum, interpreters with Level 6 and SASLI or ASLI registration, qualified notetakers and all videos with subtitles.

- Local authorities will set up a resource base to allow a deaf peer group to exist, or make arrangements with nearby authorities with deaf schools or resource bases so that d/Deaf children can have a larger peer group.

- Local authority services will all monitor the spoken and / or signed language development of deaf children using nationally agreed assessments. Results will be collected centrally each year at the SSC. Language development will be monitored from birth, provided parents agree. Each local authority must be able to monitor both spoken and sign language development.

- Teachers of the deaf working with signing children, even if using Sign Supported English (SSE) or minimal sign, will gain Level 3 BSL. A 2-year lead in period will be allowed.

- Any teacher working with the under-5 age group and parents must gain level 3 BSL. There will be a 2-year lead in period for local authorities to achieve this.
• Local authority services will submit returns to the SSC every two years to update their staffing profile, including documentary proof of qualification levels in BSL, interpreting, notetaking, education audiology and auditory verbal therapy training. Results will be published every two years in liaison with the CRIDE survey. All teachers of deaf children must hold the specialist Postgraduate Diploma in deaf education.

• All local authority services will provide support for the full range of deaf children from 0 – school leaving age, with examples on their website showing the provision of in-class linguistic access, tutorial and group support.

• Qualifications of staff will be publicised to parents and put on individual plans and CSPs to guarantee minimum standards in being a qualified teacher of deaf children and holding qualifications in sign language, audiology and auditory verbal therapy.

• Each local authority service will set up a transitions forum liaising with local d/Deaf communities, careers and colleges to put in place transition plans for all deaf children, whatever their degree of deafness a year before they leave school.

• Teachers of deaf children will not routinely withdraw deaf children from a curriculum subject, but provide additional tutorial support at a time chosen by the child, which may include after or before school or weekend support.

• Local authority services will work more closely with EAL services to learn from each others’ good practice and share language development resources.

Scottish schools

• All schools will use their pupil census returns to hold target-setting sessions with each deaf child each term – at all levels of deafness. These will be supported by teachers of the deaf from the local authority services. Schools will monitor the number of exams deaf children are entered for, subject choices which lead to better employment and university entrance prospects, and provide extra tutoring for students just below important borders, such as N5 English.

College with good levels of support for Deaf students (e.g. City of Glasgow)

• A national course will be set up, funded by the Government, to train Deaf and hearing nursery nurses in bilingual methods. NVQ 6 Language units and Higher English will be part of this course if students do not already hold these qualifications.

Voluntary sector

• A virtual online BSL school will be set up and run by the BDA in BSL for deaf children who want to sign, supported by the new national group of Deaf teachers of the deaf. It will provide enrichment opportunities, online tutoring, and mentors / role models.

• NDCS will provide training for local authorities in how to consult with d/Deaf children and use their views to inform local authority plans.

• NDCS and BDA will develop a training course for parents to provide independent advice for parents of young deaf children.
5. References

BATOD (2014) Language modification for exams
http://www.batod.org.uk/index.php?id=/resources/exams/Im-exam  accessed 27.4.15

Deaf Australia (2013) Early Intervention and Education for Deaf and Hard of Hearing Children
accessed 23.4.15


Effective Language Learning (2015) Language Difficulty Ranking
http://www.effectivelanguagelearning.com/language-guide/language-difficulty  accessed 27.4.15


Accessed 27.4.15


Accessed 26.4.15


