The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

EDUCATION AND CULTURE COMMITTEE

Tuesday 12 May 2015

Session 4

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EDUCATION AND CULTURE COMMITTEE
11th Meeting 2015, Session 4

CONVENER

*Stewart Maxwell (West Scotland) (SNP)

DEPUTY CONVENER

*Siobhan McMahon (Central Scotland) (Lab)

COMMITTEE MEMBERS

*George Adam (Paisley) (SNP)
*Colin Beattie (Midlothian North and Musselburgh) (SNP)
*Chic Brodie (South Scotland) (SNP)
*Mark Griffin (Central Scotland) (Lab)
*Gordon MacDonald (Edinburgh Pentlands) (SNP)
*Liam McArthur (Orkney Islands) (LD)
*Mary Scanlon (Highlands and Islands) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Dr Audrey Cameron (Child Protection Research Centre)
Tracy Christie (Hazelwood School Parent Council)
Dominic Everett (Royal National Institute of Blind People)
Catherine Finestone (British Association of Teachers of the Deaf Scotland)
Heather Gray (National Deaf Children’s Society)
Rachel O’Neill (Moray House School of Education)
Sally Paterson (Scottish Association for Visual Impairment Education)
Dr John Ravenscroft (Scottish Sensory Centre)

CLERK TO THE COMMITTEE

Terry Shevlin

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Education and Culture Committee

Tuesday 12 May 2015

[The Convener opened the meeting at 10:02]

Decision on Taking Business in Private

The Convener (Stewart Maxwell): Good morning everybody and welcome to the 11th meeting of the Education and Culture Committee in 2015. I remind everyone present to ensure that all electronic devices are switched off because they can interfere with the sound system.

The first item is to decide whether to take item 4, on the on-going financial scrutiny, and item 5, on the educational attainment gap, in private. Is that agreed?

Members *indicated agreement.*

Attainment of Pupils with Sensory Impairment

10:03

The Convener: Our next item is evidence for our inquiry into the attainment of school pupils with a sensory impairment. This is our first evidence session of the inquiry, and I thank everyone who has made a written or a British Sign Language submission.

The first panel of witnesses will cover issues relating to the attainment of pupils with a visual impairment and the second panel will cover those with a hearing impairment. There may be some crossover between the two panels. Next week we will take evidence from some service providers and the following week we will take evidence from the Scottish Government.

On Monday, we will visit Craigie high school in Dundee to meet pupils and parents and to discuss the support that is provided by the school for pupils with sensory impairments. I know that committee members are looking forward to that visit.

I welcome our first panel: Dominic Everett from the Royal National Institute of Blind People; Dr John Ravenscroft from the Scottish sensory centre; Sally Paterson from the Scottish Association for Visual Impairment Education; and Tracy Christie from Hazelwood school parent council.

We will go straight to questions; the first one is from Mary Scanlon.

Mary Scanlon (Highlands and Islands) (Con): The first thing that we need to do is to look at the extent of the issue. I am very concerned about the data that we have before us this morning. I will give you some figures:

> "In 2012 there were 869 children on the blind and partial sighted register in Scotland, while the total number ... is estimated to be 2,080. This latter figure is suspected to be an underestimate, with a further 800 children undetected."

Within two sentences we go from 869 to 2,880 children. Why are the figures not more accurate?

Dr John Ravenscroft (Scottish Sensory Centre): The issue is how a child with visual impairment is initially defined and who is acknowledging that the child is visually impaired. Currently, on the registration system, a child can be certified only by an ophthalmologist who has deemed that they are visually impaired. There is a range of education and pupil census data and other registers, but there is no guarantee that the pupils who are on the pupil census are actually visually impaired, so that may account for an overestimate. If we take the incidence and prevalence rates, we are looking at around two children per 1,000 or 20 per 10,000.

We believe the figure in Scotland to be around the 2,000 mark—academics working in the field believe there to be 2,200 visually impaired children in Scotland. However, again, because of the way in which the pupil census works, there is also the possibility for overestimating. The data from Education Scotland varies within that.

Dominic Everett (Royal National Institute of Blind People): I would add that RNIB Scotland is concerned that so many children have a hidden sight loss, particularly if they have complex needs. Many children who suffer from certain conditions, such as Downs syndrome, cerebral palsy and multiple sclerosis, have an undetected sight loss, which might explain why there is so much variance in the different types of information that is provided.

There is a lack of data. The data needs to be collected much more effectively than it has been. Education Scotland has very different figures from the 2,080 figure that Mrs Scanlon just quoted. There is a real need to get down and investigate to find out who the children are and what type of support they need.

Mary Scanlon: I am grateful for your responses. How does the lack of data and the varying figures—between 800, 2,200 and 2,800—impact on the lack of services? If you do not have the data, how can you possibly meet the demand and provide support for the children?

Dominic Everett: There is undoubtedly an impact. If you have read our reports, you will have seen the overlapping concern between our three separate organisations—I am sure that Tracy Christie’s submission will also overlap—with regard to the fact that, right across Scotland, the services are being delivered in very different ways; provision is extremely fragmented.

The concern of RNIB Scotland is that, because there is a lack of data, we do not know who the children are and we do not know about their individual eye conditions, which can affect how they learn, access the curriculum and engage with the wider world. As a consequence of not having that data, local authorities are basically saying that they do not need to provide the deep or intensive support that we as professionals say is needed. We need the data first so that we can target local authorities and make them stand up to meet their statutory obligations.

Mary Scanlon: You need the data and we do not have it. What action needs to be taken to improve the data collection and the assessment of sensory impairment? What needs to be done that is not being done at the moment?

Dr Ravenscroft: In our submission and the submission from the visual impairment network for children and young people—VINCYP—you will see the pathway that data comes in. One way to collect the data would be for there to be a formalised pathway that gets registered through VINCYP, which developed from the visual impact Scotland network, which all of us were involved in.

I think that Dominic Everett is absolutely right. If you do not know how many children there are and the profile of the visual impairment itself—whether it is due to eye condition or to brain damage—how can you support the child and get the resources necessary for that support?

We need to have formalised systems, such as through VINCYP, to ensure that the data for the profiles of visually impaired children is actually being captured. Otherwise, in some ways and in some local authorities, we are guessing in the dark about how much support and resources we need.

Mary Scanlon: That is very helpful. I will move on to attainment, and I hope that the two ladies will come in this time.

The Convener: Before we move on, does Liam McArthur have a supplementary?

Liam McArthur (Orkney Islands) (LD): Yes—I am interested in the exchanges on the back of Mary Scanlon’s questions. Are there examples of where, for instance, parents are making a case that their child needs additional support because of a visual impairment and is not getting it? Are we meeting a degree of resistance, or is it more a question of the data not being there and therefore local authorities being off the hook in what they have to deliver?

Sally Paterson (Scottish Association for Visual Impairment Education): I have worked in mainstream education as a VI teacher for the last nine years. Looking purely at registration, there are some parents who do not want their child registered as blind. That is another whole can of worms. They know that their child has a visual condition, that they need support and that they are getting support to the level that they need within the school. However, when it comes to actually registering the child as blind or partially sighted, there is a debate about whether children should be registered—although some visual impairments are fixed, the conditions of some of the children I work with can be more fluid.

Also with regard to parents—this is difficult to say without tarring everybody with the same brush—a lot of the children we work with are in families whose self-advocacy skills are not the best. That is not their fault at all, but it might be that a child is going to school, the school is providing a certain level of support and the child is learning and achieving but the child may not be doing as much as we want them to do with the resources that we can provide. We do not have a huge number of parents who would complain in that situation unless there was a very specific need that was not being met.

We are in a difficult position as teachers in that we are not allowed to influence those parents. I am trying to be politically correct on this issue, but that is a real problem. There are children who we will look at and say, “Services should be better for that child,” but, if we are tied by how many staff we have, how many children we support and how often we can go and see each child, then, without the parent actually physically complaining about the situation, it is very difficult for the picture to be any different.

Dominic Everett: Part of my role as education and family services manager is to advocate for those parents. In RNIB’s submission, we emphasise the lack of early intervention support. We are not getting families right from the start of their journey. Parents do not know and understand their own child’s sight loss and how they could support the child and scaffold the child’s learning at home and their understanding of the world around them, never mind how to support the work that is being done within school.

Many parents do not know how they can help their child. As a consequence, they do not know the right questions to ask of education professionals as well as other agencies. That is why it is so important to start thinking about getting the families right at the very beginning and to inform them as much as possible so that they know whether their child is not receiving appropriate support.

Sally Paterson is absolutely right. I was a teacher of the vision impaired for 20 years before I joined RNIB four years ago, and I saw parents whose children were not being supported by the local authority, which was restricted because of the amount of funds that it had. Teachers cannot challenge the local authority. I see it as part of my role to ensure that local authorities are made to provide what should be delivered to a child as and when required.

Tracy Christie (Hazelwood School Parent Council): I want to explain something of my experience as a parent. I have a nine-year-old who is registered blind and who has been a pupil at Hazelwood school since the age of three, when she entered the nursery.

Frankly, it was a fight to obtain a place in the nursery for my daughter. Hazelwood school is based in Glasgow—it is a Glasgow authority school—and was built and partly funded directly by the Scottish Government, as well as Glasgow City Council. I am an out-of-authority parent and my director of education in East Dunbartonshire was unwilling to meet the cost of my daughter’s education. We did not end up going as far as a tribunal, because we were able to make a very strong case; ultimately our daughter’s educational needs were met and she has now been in school for seven years.

10:15

Prior to that, the most valuable input that we had was from Dominic Everett’s predecessor at RNIB, who was a qualified teacher of the blind and a family officer. She was able to come to our home, on a biweekly basis, and help us to understand what had happened to our daughter and what her likely future educational needs were going to be.

That first year, when my daughter lost her vision, I opened the newspaper one August day, and there was a double spread in *The Herald* announcing the opening of a school for the sensory impaired in Glasgow. I said to myself, “Hallelujah!” Over the subsequent seven years, that “Hallelujah!” has diminished and vanished, because the service level at the school has diminished.

I know that we will come to that issue later, but that is how hard it is to get your child into a school.

The Convener: Thank you for that. I will let Chic Brodie ask a question before we go back to Mary Scanlon on attainment.

Chic Brodie (South Scotland) (SNP): Mary Scanlon has asked most of the questions that I wished to ask but, coming back to the definitions, can you tell us who defines visual sensory impairment? You mentioned ophthalmologists. In the medical profession, are those the people who define it? Why is that information not captured? What is the connectivity between those who define the impairment and those who have to educate the children? I include parents in that. I know that, as you have said, some parents will not engage, but why are we not capturing the data at source?

Tracy Christie: If you have a child like mine, it is absolutely easy and apparent to notice that they cannot see, but there are various profiles of cerebral visually impaired children and young people in the country whose sight loss presents in different ways because of the particular kind of brain damage that they have. Even as a parent, it takes years and years to understand. I am still learning about my daughter’s sight loss, because even though she is registered blind her sight changes all the time as she grows and her brain develops.

What we need to do with young people is to reassess their visual acuity—

Chic Brodie: Who is going to do that?

Tracy Christie: Ophthalmologists.

Chic Brodie: We have to get it right; presumably it is a matter of on-going assessments at source. As Mary Scanlon said, we are all over the place with the numbers. How can we determine the educational assessment needs unless we know exactly what the foundation is for what we require?

Tracy Christie: I am ready to be corrected by the professionals in the room, but I feel that the cohort of professionals who understand vision and vision loss is minuscule.

Chic Brodie: What do you mean by minuscule?

Tracy Christie: Many of the teachers in the profession do not seem to understand the vision loss of the individual child, so we are often reliant on health professionals to analyse, assess and tell us the nature of our children's vision and how education can best be presented to them in a way that they can access. Personally, the most useful route to understanding my child's vision loss has been through the consultant ophthalmologist.

Dominic Everett: I would add that there is a difference between a clinical assessment of vision and a functional vision assessment. A functional vision assessment is usually carried out regularly by a qualified teacher of the visually impaired, and there is an issue with that across Scotland.

I do not know whether the committee has heard of the CVISTA model—children's visual impairment services Tayside agencies—which is a joint functional assessment service based in Tayside. That is the gold standard of a multi-professional approach to carrying out functional vision assessments, bringing education, health and social service practitioners together in the best interests of the child. In a sense, it is the true spirit of getting it right for every child in action. However, that does not happen across Scotland; it is almost a one-off.

Chic Brodie: Why does it not happen?

Dominic Everett: Money and time. It is time heavy in terms of resources for local authorities—they have to backfill if a teacher is going to a functional vision assessment clinic. I am sure that there is a similar issue for health and social services providers, too.

Tracy Christie is right. An ophthalmologist will carry out a clinical assessment and determine what it is that a child can or cannot see, but what a child can see in an eye clinic is very different from what they can see in their home or in school. Assessing how they engage with the classroom environment and out in the playground is the role of the teacher of the visually impaired: on a regular basis they will engage with the class teacher, who is not a VI specialist, and ensure that they feel supported in helping the child access the curriculum.

Seventy per cent of children with a visual impairment in Scotland attend their local school, under the presumption of mainstreaming. We have to ensure that there is better collaboration between professionals and that functional vision assessments are being carried out. We must ensure that parents are part of that process so that they know and understand what their child can see and therefore can reinforce what is being delivered in a curricular setting. We must also ensure that, as the child gets older, the parents and children are part of the decision-making process, allowing them to take possession of their own learning and ensuring that they can access the school curriculum and are being prepared effectively for independent adulthood.

At the moment, we are making unemployable young people. The level of unemployment among blind and partially sighted people is so high because we are not preparing them for successful life. Our children are surviving when they leave school—many of them are simply surviving in school, too—and they are certainly not thriving. We must address that to ensure that we provide better service in the future. It is not working at the moment and it is not effective.

Sally Paterson: As a teacher, the best-case scenario was that I would get a letter from an ophthalmologist telling me about a child because I was one of the members of staff who had to do what we call a new referral report. That would usually not happen before the child was two or three years old. I would then arrange to do a home visit to the child's parent. As Dominic Everett suggested, I would not be doing a clinical assessment; I would be doing a functional assessment of the child's vision: assessing what they can see when they are at home, what they can see when they are at nursery and what adaptations we need to put in place to support that child. If they came under our remit for support, they would then be given a certain level of support, such as a monthly, termly or yearly visit.

However, I have lost count of the number of times that I have been phoned by a school and told, "We are a bit concerned because this child does not seem to be able to access the books that they are reading". For example, there was a child in primary 6, who was 10 or 11 years old and had a visual impairment. For lots of reasons she had not made it to hospital appointments, and she had been very clever at making sure that she sat nearest to the board and next to a friend so that she could copy what they wrote. All of sudden I was doing a functional vision assessment and contacting hospitals for a child in primary 6, who needed a place at a school other than her local one.

Unfortunately, the issue is not simple. When she was two years old, that child should have been on some sort of register that said that she had a significant visual impairment, but for many reasons she slipped through the net. She became one of the number, but she had not been one previously because she had been coping.

Mary Scanlon: I thank the witnesses for those responses, particularly Tracy Christie, because no one knows better than the parent at the chalkface. I will put my points together because I realise that my colleagues want to come in.

First, the data on attainment for pupils in England, Wales and Northern Ireland is analysed in such a way so as to address Dominic Everett's point—the information is gathered separately for pupils with a visual impairment only and for those with a visual impairment and another disability. In Scotland, it is not possible to separate the two figures. The witnesses might want to say something about the fact that it can be done elsewhere.

My second point is for Sally Paterson. I am familiar with the Care Inspectorate reports on nursery education, which I am impressed with. I understand that every child entering nursery has some form of assessment of their needs and that reports have to be made on how they have advanced during the years. Why does that process not pick up visual impairment?

My third point is on secondary schools. We gather data on pupils who stay on beyond secondary 4 only when they leave school. Obviously, something has to be done there.

My final point—sorry to throw all this at you—is on the figures on positive destinations, which are interesting. They all come from the report produced by the Scottish Parliament information centre. The percentage of pupils leaving school with no additional support needs who have positive destinations is given as 91.7 per cent. For those with a visual impairment, it is 85.3 per cent. I hope that you will forgive me for saying this, but I expected that figure to be much lower. However, I appreciate that that comes down to the definition of a positive destination.

As a former further education lecturer, I note that 22.5 per cent of those with no additional support needs went into further education, while the figure for those with a visual impairment was 42 per cent. Again, I hope that you will forgive me, but I expected the figure to be much worse—I am pleased that it is what it is. What is your analysis of those figures? Are things not as bad as we think they are or are the figures just a result of scant or minimal data collection?

To refer to Dominic Everett's point about hidden sight loss and the relevant data being separated, if that can be done in England, Wales and Northern Ireland, why can it not be done in Scotland?

Those are my questions.

The Convener: I am glad, Mary, because that is plenty. I ask the witnesses to try to wrap their answers to those questions together, as a lot of members want to come in.

Dominic Everett: There were a number of things there.

Regarding the gathering of evidence, Mary Scanlon is right: why can we not split the data and find out exactly which children have additional support needs as well as a visual impairment and which children are VI only?

Going back to 2012, when the Scottish sensory centre carried out research into the number of children across Scotland and the number of teachers and others working in the field of visual impairment, part of the problem was that not all the local authorities responded. There was no obligation on them to respond. Some of the key hitters, including Glasgow City Council and the City of Edinburgh Council, did not respond. There are sizeable populations of children who live with sight loss there. I found that particularly frustrating. I was part of the group that was gathering that evidence. If authorities had been forced to respond, we would have got a much clearer understanding.

Regarding employment and positive destinations, my experience is that a lot of young visually impaired people who leave school go on to further education college. They are planted in courses that are inaccessible, and there is a poor transition from school to college. I might get a phone call from a college saying, "We have a blind child here. What do we do?" and asking how to support that young person. It is a very difficult transition period in the short term. In the long term, many young people tread water for three or four years. They go from one short course to the next, and they are not necessarily supported appropriately. That leads to the figure that 70 per cent of blind and partially sighted people are unemployed. That is the true statistic.

The RNIB recently carried out research across the United Kingdom, which showed that 69 point something per cent of blind and partially sighted adults of working age are unemployed. There is a failing in the transition from school to college and university. That is a weakness. There is a failing in the college and university sector to a certain extent—although it is perhaps not quite as bad as it used to be—in relation to young people moving around on short-term courses. At the other end, they face unemployment, because they do not have the appropriate skills.

One major issue is that, although a lot of our kids leave school with reasonable qualifications, they are still unemployable, because they do not have the interpersonal and softer skills, the mobility and the independent living and travel skills that would enable them to engage more effectively in the workplace. That is a major failing in the current curriculum, and I hope that we get a chance later to discuss what we need to deliver more effectively to ensure that our young people are truly ready for work.

10:30

Dr Ravenscroft: To answer Mary Scanlon's first question, there is absolutely no reason why we cannot have that information. The Visual Impairment Scotland database, which I looked at before I came here, has more than 1,150 children on it, 70 per cent of whom have additional disabilities and 30 per cent of whom have single disabilities. That database already has the system that Mary Scanlon is talking about, but there is no mandatory requirement for people to go on it. If there were, we would be able to know a lot more and put resources in place.

It is absolutely right to say that the issue of positive destinations comes down to how we define those. However, from all the research, we know that it is not necessarily visual impairment itself that prevents employment; it is all the other things, such as mobility issues and issues around daily living. Those are the issues that are not being catered for. I know that we will go into that a bit more later on.

Although it is great to hear that 85 per cent figure, we need to focus on the fact that 70 per cent of people with visual impairment are not getting employment.

Mary Scanlon: There is still the question of the issue being picked up in nursery education.

The Convener: I am conscious of time. Do people want to raise additional points?

Tracy Christie: I would like to say something at this juncture. Given that we are talking about children with a visual impairment in mainstream education, I am quite disappointed that this inquiry has not sought the views of the multiple-disability visual impairment community. I should not really be here today.

The Convener: Why should you not be here?

Tracy Christie: Because the parameters of the inquiry do not include children like my daughter, who have multiple disabilities, including a sensory impairment. It is a big mistake to ignore that section of the sensory impaired young people in Scotland. Although they might not go to the workplace, they are equally deserving of a positive destination after school.

Dr Ravenscroft: Absolutely. We know from the data and the research that more children have multiple-disability visual impairment than have single-disability visual impairment. The first point that I made was about the importance of the question of how we define visual impairment. If we just define it as a single disability, that is a problem, because that is not the profile of visually impaired children in Scotland. Around 30 per cent have a single disability and 70 per cent have multiple disabilities, and the majority of them have complex needs.

Tracy Christie: That is correct. As a consequence, we have children in Hazelwood school who have difficulty not only in accessing the curriculum but in relation to the issues that my colleagues have brought up, such as habilitation, independence and life skills. Even though we have a building that, on the face of it, provides an environment in which children can be taught those life skills, it is in a state of disrepair. The life skills house is shut because it is full of mould and damp and is inaccessible. It is not being brought back into use, because of cuts to Glasgow's education budget. Since the opening of Hazelwood in 2007, not one child has slept a night away from home in the life skills house.

I bring that up to make the point that those in the complex needs sector are every bit as deserving of a positive approach to independence and life skills in their education.

The Convener: The committee recognises that. That is why, when we set the agenda for this short inquiry, which is a subset of a wider attainment inquiry, we recognised the multiple disabilities that some children have and stated that although, given the time available, we would on this occasion look at single-disability visual impairment, it might be possible to go on to consider issues relating to children with multiple disabilities separately.

Tracy Christie: You will find that some of the VI and HI children in mainstream education have more than one disability, so you should address them as a united body.

The Convener: As I said, we recognised that issue. We are not ignoring it. We stated clearly in the remit of the inquiry why we decided to take the approach that we are taking.

I will move on to Gordon MacDonald.

Mary Scanlon: We have not had an answer to the question about nursery education.

Sally Paterson: Do you want to know about the screening?

Mary Scanlon: Yes.

The Convener: Please answer the question briefly.

Sally Paterson: I know from my experience as a parent that children are screened to flag up basic health issues, which is why I ended up at the opticians with my daughter when she was five. By the time that children have moved into education, I do not know how many health issues a screening programme would flag up. It may well flag up issues that no one has yet discovered between the ages of nought and five. However, it is quite often a teacher who comes to us to flag up a health issue.

We do not screen the whole of primary 1. Perhaps that needs to be done and we should check children for visual impairment. We have to rely on teachers coming to us. You must bear in mind that a teacher is with the children six hours a day and notices if a child is accessing the curriculum differently. We then get a phone call, or we might be in a school already and be asked about a child in another class. There are processes to go through, but we are told what has been picked up. Nine times out of 10, it is the class teacher who notices that something is different in the way in which a child is accessing the curriculum.

Equally—I cannot overstate this—health issues are fluid. Recently, in my previous job, I had a child for whom we had done a new referral report. She was going to have what we call a monitor visit, which is a visit once a year. In the space of 18 months, the headteacher called me and said, “We have a problem—can you come in?” The child has gone from a yearly to a monthly visit because her vision is deteriorating.

In primary 1, two children in a school of 300 might be affected. Therefore, it is critical to have visual impairment teachers in place to do the assessments.

Gordon MacDonald (Edinburgh Pentlands) (SNP): Dominic Everett said that our children are not thriving when they leave school. What should we do to change that? When I read through the written evidence to the committee the other day, I was a bit confused. Most of your evidence focuses on the educational attainment gap. The RNIB Scotland submission says:

> “Educational attainment is linked to the preparation for independent adulthood, future employability and economic resilience.”

However, the Scottish sensory centre said that that approach

> “has led some educators to focus too much on the educational attainment of children with visual impairment in order that they match their sighted peers.”

In addition, the Royal Blind school said that many visually impaired children

> “have access to a reasonable standard of curricular resources but with little or no time devoted to life/independent living skills, academic achievement is of less value.”

What should we focus on? Should we focus on life skills or closing the attainment gap, or should it be a bit of both?

Dominic Everett: To my mind, on hearing you read out those points, it sounds as if all the organisations are more or less saying the same thing.

The curriculum for excellence has wonderful aspirations. It sets the standard for the four capacities that we expect Scottish children to have by the time that they enter adult life. The curriculum’s problem is that it is extremely busy—it is jam-packed. Indeed, it is busy for a child with full vision or no disability. It is extremely challenging for teaching professionals to ensure that blind or partially sighted children or, as Tracy Christie mentioned, children with significant other needs, are prepared, fully engaged in school life and have the skills necessary to be successful in life while also learning maths, foreign languages, history and so on.

There is a huge debate in the world of visual impairment about whether there should be so much focus on the academic or whether children should perhaps look at the academic side of things slightly later in life. To return to the early years, Sally Paterson talked about picking up health issues in babies. If you lost your sight, you would have an understanding of the world around you. A blind child or a child with severe visual impairment must learn about the world around them. They must be taught to understand their own self in space, such as how they can engage with their living room and their house, and that then goes out into the community and around the school or nursery when they attend. All that must be taught; it does not come automatically. They cannot learn through the medium of sight. Therefore, time must be dedicated to ensure that parents can support and help their child. More important, time must be dedicated so that nursery, primary and secondary school staff know how they can support a child, too.

Personally, I think that there is an overemphasis on the academic side. Time has to be taken from the curriculum. Instead of young people leaving school with six or seven highers, we need to start shifting our focus and ensuring that those young people can touch type by the time they leave primary school and that they know how to use appropriate assistive technology—whether that be iPads or Braille technology devices—so that they can be independent learners.

Time has to be set aside in the curriculum to ensure that orientation and mobility lessons are delivered as part of an appropriate habilitation service, which should be delivered not by teachers but by habilitation specialists who know and understand the developmental needs of children.

Similarly, employability skills, social skills and communication all have to be delivered and taught to young people. Social inclusion is a major problem for blind and partially sighted kids. Sometimes, they are very welcome in the primary setting but when they go up to high school the friends that they had in primary school disappear like snow off a dyke. Many of those children become very socially isolated, perhaps because it is not seen as cool for teenagers to be hanging about with the blind child in a mainstream setting.

I have to engage with and support those young people through the hugely emotional situation that they then have to endure. That can affect their behaviour in class and so on. In a sense, we are just scratching at the surface in the meeting today. There are major problems in what we are delivering to children across Scotland. We have to think about what is in the curriculum and we have to ensure that the professionals who work with those children and young people are geared up so that they can support them more effectively. As I have said many times, that is not happening just now. Teachers are not qualified.

Local authorities are trying to do things on the cheap and are not putting people through the appropriate qualifications—the postgraduate diploma. We have teachers retiring and being replaced by inexperienced staff or perhaps not being replaced at all. Up in Orkney, there were months—in fact, years—when there was no teacher of the visually impaired. One woman works two days a week trying to cover the whole geographical area of Argyll and Bute. Such things are happening right across Scotland. At a time of austerity, local authorities do not have the money and therefore are not meeting the needs of blind and partially sighted children.

Dr Ravenscroft: If only it was as clear cut as being a choice between attainment and habilitation, as Gordon MacDonald outlined. As Dominic Everett has alluded to, it is a complex mix. Let us have qualified teachers—that would be a good start. Let us have them recognised by the General Teaching Council for Scotland—that would also be a good start, because the GTCS does not recognise my colleagues Dominic Everett and Sally Paterson as teachers of the visually impaired. They are recognised as additional support need teachers but not as teachers of the VI. Let us have more qualified teachers of the VI—that would certainly be a good start, too.

The curriculum for excellence is a great revelation in Scotland and it affords the opportunity to develop habilitation skills and mobility across the curriculum. More than anywhere else, the curriculum for excellence framework really affords the opportunity for that to occur. However, for it to occur, we need trained specialists—not specialist teachers of the VI but specialist habilitation workers who work primarily with children. That should not happen just within the school, as that is how a lot of the failings occur. It needs to happen at home, on the way to school and in the summer holidays. At the moment, a child might be able to have some mobility around the school but then, for the six or eight weeks of the summer holidays, they do not have that training and do not have the resources in the home environment, which has an effect. I will not go on for longer—although I could—but it is a complex weave.

10:45

Sally Paterson: As a teacher, if I had one cause to crusade on, having worked with children and young people, this is it. Gordon MacDonald correctly picked up on what I said. There are days when I would say that I am not worried about whether the children get 100 per cent in their maths, but I would like them to be able to have a conversation with the child next to them and I would like them to know how to go down to the shops and buy something. In one sense, we are quite rightly fighting the system academically.

When we go into classrooms and we want to take a child to do something, some teachers are accommodating, but others think, “That’s another thing that they’ll have to catch up on.” I want to say, “Actually, this isn’t about them catching up; it is about something that will facilitate what you are doing.”

It is a difficult balance and a delicate path to walk. I mentioned particular provision. As John Ravenscroft said, we are not habilitation specialists, but as QTVIs we are trained to do a certain amount of life skills and to support what is started by those specialists. In the school that has been our base, the corridors are full of things, so we cannot teach a child to trail along the wall. We have a room available, but it is used for different things, so we cannot set it up to do some cooking with a child or to practise skills such as shopping. The school is not built in the right way to allow that, and because there is an ever-increasing school population, we are losing space.

I would rather have a child who can communicate with their peers, who understands how to shop and who can pour juice for themselves and tie their shoelaces—things as simple as that, which we take for granted. However, negotiation is required with the academic system to take them out and teach them such things. As Dominic Everett rightly said, maybe we should do that in—for argument's sake—the first two years of primary school. I throw that in as an option. It is more important to support the children so that they can then make the most of their academic attainment. At present, we try to do bits and pieces, and we try to fit in bits of life skills.

I attempted to do just three things with a particular child in a term because I knew that time was against us, given the other children that I was supporting. I think that I managed two lessons on tying shoelaces and tying a ribbon in her hair. That is not enough, but we have other children to visit, other things to do and other things that we need to see. Those are important skills. They are the skills that make children the same—they bring them up with their peers. They want to know how to tie a ribbon in their hair if they are a girl, and how to tie a bow. I am trying not to sound too simplistic, but that matters.

We need a conversation about how we put life skills attainment into school and how we negotiate with teachers and with the curriculum for excellence to do that.

Gordon MacDonald: Are there any schools or local authorities in Scotland that are striving to achieve that level of life skills attainment?

The Convener: I am very concerned about time this morning because we have a lot to get through and we have another panel to hear from. I ask both questioners and those on the panel to keep their questions and answers reasonably short.

Sally Paterson: My answer to Gordon MacDonald's question would be no.

Gordon MacDonald: That is a short answer.

Sally Paterson: It is about trying to fit it in with everything else.

Tracy Christie: In our school, the answer is yes, because the Government and Glasgow City Council built a purpose-built sensory impairment school that has all the bells and whistles—hydrotherapy, an art room, a music room, a home economics room and a life skills house with hoists, bedrooms and cooking facilities—to try to support these young people to gain as many independent living skills as possible and to socialise.

If I may, I will give you some numbers. In the 2012-13 session, Hazelwood school had 18 teachers. This year, for the next session, we were offered 10 teachers. We negotiated and we have been given 11.4 teachers. That is the change from 2012-13 to 2015-16. Can you imagine how difficult it is with a group of 53 children in a school, many of whom are in wheelchairs? How do we move them around the school safely, never mind educate them? The education system for those disabled children has been undermined.

My daughter's visual impairment is her main barrier to learning, but she has other disabilities as well, like her peers and the rest of the children in the school. How will the school cope with 11.4 teachers next year? The management of the school will be in the classroom, so the school will not be managed properly. There is no budget to bring all the attributes of this fantastic purpose-built school online and make it live and thrive and provide the widest kind of education possible. I think that those figures speak for themselves.

Dominic Everett: Scotland has a spectrum of types of provision. What we have just heard about is very much a special school environment, but the majority of children go to their local school, where they are supported by a peripatetic teacher. Depending on the needs of the child, the peri teacher might come in once a week or, as Sally Paterson mentioned, once a month. The onus is on the school to support that child. However, teachers in the school will not necessarily know about or understand sight loss and how to support children with sight loss effectively.

The emphasis is on the academic side; not enough time is spent on the social skills development side of things. That is the case for the majority of children across Scotland. As we will come on to discuss, the number of TVIs is dwindling and their awareness of how to support children with visual impairment is perhaps not as good as it should be, because many of them are inexperienced. As a consequence, many children across the country are really struggling.

The Convener: Siobhan McMahon wants to ask questions in this area.

Siobhan McMahon (Central Scotland) (Lab): I have a question about the importance of habilitation skills to independence, on which we have received a lot of written evidence. I got the sense that some of you think that it is working well with habilitation skills in some areas, whereas some of you think that that is not so much the case. Do we have any data on that? Have any studies been carried out? We have spoken about the importance of habilitation skills, so I do not need to ask about that; I understand that they are important. Do we have any data on the extent to which habilitation skills are being developed in mainstream schools and special schools?

Dr Ravenscroft: I guess that you are looking to me to give an answer from a university perspective. I am not aware of any such data.

There is anecdotal information that Dominic Everett and Sally Paterson would know about, but there is no hard, concrete data that we can look at and analyse.

Sally Paterson: To set things in context, when I wrote the submission, I was at the end of my time working for a local authority and was about to take on a position with the Royal Blind school. I think that I am probably allowed to say that I am about to write to all the heads of service in visual impairment to ask them where their gaps are to inform the development of service provision. That will give me an idea of what the situation is. I hope that the head of service in visual impairment—or someone in the authority; sometimes it is just one person who has responsibility for this area—in each of the authorities will get back to us to tell us what they need and what they are not managing to do. I know that it will be the life skills aspect that they will be struggling with. However, I do not have hard data.

Dominic Everett: I, too, can say that the delivery of habilitation is extremely patchy across Scotland. In some local authority areas, it is delivered by the social work department, while in others it is delivered by the education department. In some areas, it is delivered by local societies, including RNIB Edinburgh and the Lothians and Blind Children UK. There is no set pattern according to which habilitation is delivered.

Another issue is what habilitation is regarded as being. Habilitation is different from rehabilitation. As I said, adults are rehabilitated. A child has to develop their understanding of how to engage with the world—that is habilitation. Many of the people who are delivering the training are not habilitation specialists. They have not taken the postgraduate diploma that is offered by the Institute of Education at the University of London in partnership with the University of Edinburgh. Many of them are rehab workers who have been used to working with old people who, all of a sudden, find that they have a young child on their books. That is not good enough. We are addressing that, as are other organisations that are represented here.

We need habilitation specialists. I do not care who delivers that or how it is funded. I will give an example. I worked in South Lanarkshire for 20 years. We had a sit-down meeting with the social work department and the education department at which we said, “We have kids who need this input. Who is going to deliver it?” They could not agree on who would deliver it.

Similarly, there are many children who are educated across authorities. For example, there was a Glasgow child who was educated in South Lanarkshire. Glasgow City Council refused to give that young guy, who is now training to be a lawyer, habilitation training. He had to park his backside down in Glasgow City Council and demand that it support him. The council was embarrassed into doing that. That is unacceptable. We have to develop a way of ensuring that our children are supported more effectively.

Siobhan McMahon: Is that happening? You mentioned Blind Children UK, which talked about the pre-school years in its evidence. Is there any evidence on what is happening in the pre-school years? That goes back to Mary Scanlon’s point. Do we know of anything that is happening at nursery schools that is positive?

Tracy Christie: The answer to that question is no, but I can say that Glasgow’s habilitation team is based at Hazelwood school, as is its VI outreach team. The habilitation team in Glasgow has two members of staff for the whole city. They are wonderful, but there are only two of them.

My daughter has been able to get habilitation training through what is now Blind Children UK, which we know as Guide Dogs UK. It seems to be trying to train more habilitation staff rapidly, but there is a dearth of habilitation staff.

Dominic Everett: The Glasgow habilitation workers were not paid for originally. Glasgow City Council did not pay for their training; I think that it was paid for by Kathy Spowart of NHS Greater Glasgow and Clyde. There is concern about the two members of staff. One is about to retire—I do not know whether you know that yet.

Tracy Christie: No.

Dominic Everett: There is a worry that that person will not be replaced.

Siobhan McMahon: We have spoken about a number of barriers that are put in place to young children getting the habilitation skills that they need to be independent. What is the main barrier? Obviously, you are focusing on something and there are numerous examples in the evidence, but what is the main barrier?

Tracy Christie: At Hazelwood school, we had an excellent pupil support assistant who was funded to undertake her habilitation diploma. She asked whether she could have a job in Glasgow and left because there was not a role for her there. She now works for Blind Children UK. If you asked around the pupil support areas in schools, you might well find people who are interested in doing a diploma in habilitation, but who will replace them in class? At the end of the day, it comes down to money, does it not?

Dominic Everett: That is part of it. There is a desire for people to take up the habilitation training course. The Scottish sensory centre delivered that training, but the numbers were not there because local authorities did not release staff. They said that they did not have the money. Is that right, John?

Dr Ravenscroft: That is right.

Dominic Everett: Many of them then had to get training down at Wakefield in Yorkshire, which costs local authorities that decide to send staff a lot more money.

Basically, we need to force local authorities to recognise that this is an issue. I know that it is one of the things that the Scottish Council on Visual Impairment will try to press and challenge local authorities through the Convention of Scottish Local Authorities, for example, and even politicians in the Scottish Parliament to accept as an issue that needs to be addressed. We need to ensure that the money is there—ring fenced in some way or whatever—so that we have appropriately trained habilitation specialists who work in partnership with teaching professionals to ensure that our children are more prepared than they currently are.

Dr Ravenscroft: The simple answer is qualified staff.

Liam McArthur: I was going to touch on the curriculum for excellence, but Dominic Everett covered that quite comprehensively.

Something that was said had me thinking. Is the presumption of mainstreaming or the way in which it is being interpreted and applied working against the interests of those with a visual impairment or those with multiple disabilities? I was struck by what Sally Paterson said about it maybe being more advantageous to nail down core, fundamental life skills more proficiently, even in the early stages of primary school, than to do some of the other things that non-visually impaired peers may be up to. Is there a way of applying that presumption of mainstreaming in a more flexible fashion that would address some of the concerns that you are talking about?

Sally Paterson: Yes. When I started my job nine years ago, I recognised that inclusion and the presumption of mainstreaming are good when they work well, but the longer I have done the job, the more I have realised that a mainstream school is not the best place for a lot of children to be. My colleagues, who probably know more statistics than I do, can correct me, but I think that, with the presumption of mainstreaming, the number of places for children who would be better supported in a more specialised environment has reduced. Among my previous case load of 28 or 29 children, I had two children with severe cerebral palsy in a mainstream setting. It is very difficult for, say, a standard QTVI to be qualified to cover everything from a blind baby to a child with CP in a mainstream school.

11:00

I do not know what I am allowed to say, but it is a real problem. When the presumption of mainstreaming works, it works, but when it does not work, we need somewhere else. This is a completely personal idea of mine. I have a new role and a new path to carve here. I would like to be able to gather together some of the children who are in mainstream schools, who we are able to see only once a term or once a month, and I would like to have somewhere to bring them, with their teachers, to spend a day or two there. It is not a big thing. It is not what it should be—it is not really regular—but we need that kind of provision within the main stream. We need somewhere to go and, for so many days a year, we should be able to go there and learn using things that it is very difficult to deliver in a mainstream setting.

Dominic Everett: That can be done at a local level. North Lanarkshire Council used to have an area set aside where kids would be extracted to go and learn life skills. Local authority cuts closed that, however.

I am a product of mainstream education. I went to my local school, lost my sight at 16 and then went to a unit at Uddingston grammar school for blind and partially sighted pupils. I then went on to university. My point is that we need a presumption of mainstreaming. We need to ensure that the majority of our children who just live with a sight loss go to their local school or as near to that as possible. That is vital for inclusion.

It is also important to have a spectrum provision. There is a need for children to go to places such as the Royal Blind school or indeed Hazelwood school, which are more specialised environments, which they would not necessarily get even if they went to a local special school. I refer in particular to peripatetic visual impairment support.

Liam McArthur: That is why I framed the question as I did. I was not suggesting that the presumption itself was a wrong approach, but how it is applied, and the consequences that flow from that, may not necessarily meet the needs of children in every instance, and their needs may change over time.

Dominic Everett: There is no doubt that mainstreaming causes problems. I have alluded to some of them today. They include the tightness of the curriculum. As Sally Paterson mentioned, it is hard for some kids to navigate along a corridor that it is jam-packed or cluttered. There are a lot of inaccessible schools, which are not necessarily VI friendly, let us say. There are huge issues there, and there are things that cause problems. That is not to say that mainstreaming is not what we want, ultimately, for the majority of children—to go to their local school. However, in many cases, the quality of support that is provided to those children in their local schools is not good enough.

Dr Ravenscroft: Yes. That last point is quite important. Not only should mainstream teachers consider an inclusive pedagogy approach; we should consider the quality of the VI staff. There are children who are supported by non-qualified teachers of visual impairment. How can that be? We have a mandatory qualification for those posts, with a five-year statute so that local authorities are allowed to employ people who are not qualified for five years, but that is not looked at at all. Education Scotland does not inspect against that, nor does the GTCS.

I have recently educated a teacher who has been supporting pupils with a visual impairment for 20 years but who is not qualified and who decided to get qualified. How can we allow unqualified teachers of visually impaired children to support visually impaired children? All the teachers are qualified—don’t get me wrong on that—but many do not have the specialist qualification. They are doing their very best—this is not a criticism of them—but they are not qualified. That cannot be allowed to continue.

The Convener: Just for clarity, you are not saying that they are poor teachers; you are just saying that they do not hold—

Dr Ravenscroft: We do not know whether they are—they are not qualified.

The Convener: You just mentioned a specific example of a teacher who had been teaching for 20 years. Was that teacher a poor teacher, or did they just not hold the certification?

Dr Ravenscroft: I have not done a long-term assessment of that teacher, who was one of my students. They had been supported by other colleagues and had not understood the theory of what they were doing, so they benefited from the qualification. They got a lot more out of their teaching and understood the theoretical aspects—

The Convener: I am sure that that is absolutely the case, but I want to be clear. The teachers you are talking about—generally, not as individuals—are teaching to the standard that we would expect although they do not necessarily hold the specialist qualification.

Dominic Everett: How do we know that?

The Convener: I am asking you because you—

Dominic Everett: If they are not being assessed by Education Scotland during school inspections, how do we know whether a teacher is bluffing and just going through the motions? To me, it should be more than that. We are trying to teach kids an enhanced curriculum and it is not just about helping them to access what the classroom teachers do; it is about supporting the other skills. Unless the teacher truly understands sight loss—unless they know the theory and the strategies and resources that are available—that cannot be happening. That is my prime concern.

With the presumption of mainstreaming and local authorities trying to save money, we are also beginning to see the emergence of joint sensory impairment services from VI and HI services. That has been happening in England and we are starting to see it in Scotland as well. Many of those services are now being managed by somebody who has no experience of visual impairment, and many service managers do not have any experience of hearing impairment either—they just happen to be managers. Personally, I do not think that that is good enough. I think that anybody who heads up a visual impairment service in Scotland should have a deep understanding of what is in the best interests of the children. They should not just be going through the motions of managing people; it should be deeper than that.

We have not yet touched on—I hope that we have time to do so—the fact that many of our children are not even able to access school intranet systems and school networks. There is a huge issue with children who use handheld devices such as BrailleNotes and iPads being locked out and prevented from learning at the same time as their sighted peers, which is against the law. Those children are expected to research, gather information for their studies and download from Noodle or various other intranet systems; yet, because local authorities’ networks are not allowing them access, they are not learning. Alternatively, the system refreshes and the JAWS or SuperNova software that many of the children use becomes redundant. I have seen children go for weeks without being able to access a computer because they have been locked out. There is a huge issue, which we talk about in our report, around the problems that children have in accessing the curriculum itself, which significantly affect attainment.

The Convener: Thank you. We are pushed for time, but I want a couple of other members to be able to ask questions before we finish. There are a number of areas and questions that we want to pursue with you beyond today’s meeting, so we will write to you with additional questions and I hope that you will be able to provide additional information.

Chic Brodie: I have two very brief questions. We have heard how bad everything is—we understand that—but there are pockets of good practice. Tayside was mentioned, and East Renfrewshire Council has suggested that its mainstream schools are doing well at educating children with sensory requirements. We have talked about the spectrum of provision. Why are we—I mean all of us around the table, not just the politicians—not able to ensure that there is cross-communication so that those that are not performing might benefit from the pockets of best practice and the good experiences?

Dr Ravenscroft: That is an interesting question. There are some good examples across Scotland—Highland is one and Aberdeen is another—but, in order to put best practice into operation, we must establish that we are comparing like with like. The Scottish sensory centre has just started a mentoring scheme whereby senior experienced and qualified teachers of visually impaired pupils in various local authorities will mentor newly qualified staff from other local authorities to support them and provide examples of best practice. There will be a lot of shadowing and mentoring, which will be funded by the Scottish Government. We are trying to get that connectivity across Scotland, which you talked about earlier, through those senior qualified staff working in a new mentoring system. We are trying to incorporate that at the moment.

Both we and the RNIB are creating various continuing professional development opportunities to try to establish best practice criteria and we try to put on CPD learning courses on best practice. However, those courses are successful only if local authorities release staff to take them up. There is no point in the Scottish sensory centre demonstrating best practice online, through multimedia approaches or face to face if local authorities do not allow their staff to access the courses. There is some connectivity, but there could be a lot more.

Sally Paterson: I am the chairperson of SAVIE, which is a voluntary organisation of teachers across Scotland. We have an issue with members not being allowed to come to meetings. One of the fundamental reasons for the existence of SAVIE is to enable us to get together to talk about good practice and to get other professionals in to speak to us in order to improve our practice. We can sit in a room and discuss what we are doing from Orkney to the Borders. If there are areas where we are coming unstuck, we can usually find another teacher who can provide support or put us in touch with someone else.

People often say to me, “I would love to be at the meetings, I would like to come, but I cannot get out of school,” “I cannot be released because there is no one to do my job,” or “I cannot be paid to come out.” On train fares, people say, for example, “Can we start the meeting at 10 o’clock so that I can get the cheaper train ticket coming down from Aberdeen?” It is things as fundamental as that that lead to such connectivity—albeit that some of it is very informal—being lost.

Dominic Everett: SAVIE has been instrumental in pushing forward the agenda to ensure that assistive technology is available for blind and partially sighted kids across Scotland. Our submission mentions a report called “Eye Right”, which is about getting IT right for blind and partially sighted children across Scotland. SAVIE was instrumental in developing that report. By bringing professionals together and identifying what the IT issues are across the majority of local authorities in Scotland, SAVIE has come up with very positive examples of where the IT is working, so that staff in a local authority can go back to their IT managers and their corporate IT team and say, “It is not working in our authority. Why is that? It is working in Aberdeen and they can get it to work in Edinburgh. Why can we not allow our children with a Braille note-taking device to access our intranet system?” That type of opportunity has to be nurtured to ensure that the approach is much more effective.

The Convener: I bring the session to an end. I am aware from our side—and I am sure from yours, too—that we have not covered a number of areas. As I said, we are very tight for time this morning, but we will write to you. If you want to supply us with any information, please go ahead and be proactive about that, but we will write to ask you a number of questions that we have not got through on areas that we have not had time to cover this morning.

We are very grateful to you for giving up your time to come and speak to us. This is a big and complex issue and, as Dominic Everett said, we have barely scratched the surface. We hope that we can get further information from you to help us to understand a bit better some of the issues and problems that these young people face in Scotland, because we recognise the problems that some of you have brought to the table today. I thank you once again for your attendance.

11:13

Meeting suspended.

11:19

On resuming—

The Convener: I welcome our second panel of witnesses: Heather Gray, National Deaf Children’s Society; Rachel O’Neill, Moray House school of education; Dr Audrey Cameron, child protection research centre; and Catherine Finestone, British Association of Teachers of the Deaf Scotland.

We will go straight to questions, beginning with Mark Griffin.

Mark Griffin (Central Scotland) (Lab): I will go into issues around the shortage of teachers of the deaf in schools in Scotland.

Written evidence from Aberdeen City Council about the age profile of teachers of the deaf states that

> "the majority of qualified staff are in their mid to late 50s."

Do you agree with that? What needs to be done now to bridge the gap? How can we boost the numbers to an acceptable level to cover the staff who will leave the service in the next 10 to 15 years?

Catherine Finestone (British Association of Teachers of the Deaf Scotland): I trained 39 years ago, and at that time the Government had ring-fenced funding, which meant that all local authorities had the opportunity to appoint people to take up training. We did a one-year, full-time course; people committed themselves for a year and then became qualified.

When the colleges and universities merged, the course became modular, with modules in line with the university course. Initially, there were eight modules over a period of up to five years. People's circumstances change over five years—they get married, have children and so on. At the time, there was also a monetary incentive to do the course. It was not much—it was in the region of £200—but it gave people some incentive to study for the qualification, whereas there is no incentive now.

It is the teachers who are extremely interested in working in deaf education who apply for courses. Some have to pay for themselves, while others ask the authority for funding and, if funding is agreed, continue with their day job and do the modules in addition to that, which can take quite a lot of time. It is only the people who really want to do the job who will commit themselves to that. That has caused the national shortage of teachers. When you advertise for qualified teachers of the deaf, you rarely get any applicants—if you are lucky, you will get one.

Rachel O'Neill (Moray House School of Education): I will talk about the course from the university point of view. I run the postgraduate diploma at Moray House, and we have some people who come on the course quite late in life. We know that 30 per cent of teachers who work with deaf children are unqualified, so we know that sometimes local authorities do not send us people. The people who come on the course are usually highly motivated.

I would like more deaf people to come forward. However, it is quite difficult. People first have to become qualified as a teacher, and they find out about the opportunity once they are working in a local authority. That means that we do not often get people with fluent sign language, for example, coming through.

It is true that the age profile is quite old. However, some authorities—I think that Falkirk and Fife have done this—have made provision in advance, by looking out for very good, younger teachers in mainstream education, attracting them to the service and sending them on the diploma course. It depends on the perspective of the local authority, and I think that smaller and rural authorities struggle the most.

Dr Audrey Cameron (Child Protection Research Centre): (*simultaneous interpretation from British Sign Language*) Some of the history of deaf teaching would be instructive at this point. There are so few deaf teachers because deaf teachers were only allowed to become teachers of the deaf very recently, and it took a concerted amount of lobbying to change the rules to allow deaf people to train at all. That is why we have so few deaf teachers.

One of the preconditions for becoming a qualified teacher was that you had to be able to hear what was going on at the back of the classroom. Clearly, a lot of deaf people who were qualified and intelligent enough to become teachers were not able to do so because of the rules. I was one of those people, so I am very thankful for the rule change that allowed me to qualify. However, that is the reason why there is such a dearth of deaf people as teachers of the deaf. We need to make a concerted and proactive effort to build to a much higher level the share of the teachers of the deaf population who are deaf.

Heather Gray (National Deaf Children's Society): On the statistics, according to the consortium for research into deaf education there are 200 teachers of the deaf in Scotland, and more than a third of those are unqualified. The CRIDE report shows quite a significant decline in the past few years. We know that more than 50 per cent of teachers of the deaf will retire in 10 to 15 years. We also know that it is incredibly difficult to attract teachers, because there is no incentive—Cathy Finestone spoke about that. The additional qualification does not bring with it any additional responsibility allowance, which is a major factor.

We have a piece of work to do in promoting the work of teachers of the deaf and the huge impact that their work has on children—the fact that it can transform their lives. There is also work to do to address the quite significant reduction in teachers of the deaf and the difficulties in getting young people into the profession. It is absolutely right that we should support and encourage more deaf young people to become teachers of the deaf. Interestingly, three of our young campaigners are interested in becoming teachers of the deaf, and it is really important that we give young people the confidence to aspire to go into the profession. However, we have work to do on promoting the profession and the impact that it can have—the transformational change that it can make.

Mark Griffin: I want to pick up a point that Dr Cameron made about the qualifications of teachers of the deaf. Currently, the standard of BSL that they need is level 1. I was struck by the comment that previously people were not allowed to become teachers unless they could hear what was going on at the back of the classroom. A teacher who has only BSL level 1 will not know what his or her pupils are signing in the classroom, so on that basis surely they would not be qualified to be in the classroom either. That seems to be a disparity.

What are your views on the level of BSL qualification that teachers have, and what could the impact on pupils' learning be when some pupils have a much higher standard of BSL than their teachers?

Dr Cameron: (*simultaneous interpretation from British Sign Language*) You are quite right that it is very unfair, and it can have a serious detrimental impact on deaf pupils' learning. If the language that is being used by the person who is instructing them is not clear and they have a low British Sign Language skill level, simple mistakes can be made. For example, the symbol for the English word "iron" in the scientific world is the abbreviation FE, but we have seen examples of people in the classroom instead using the sign for the iron that you iron your clothes with. Such mistakes are being made, and isolated deaf children in a mainstream environment cannot work out what is meant. It is crucial that the sign language is fluent and of a standard that allows the deaf child to conceptualise what they are learning.

You talked about level 1. We do a lot of work at the university on developing science signs, but none of that knowledge is being transferred or replicated anywhere. There are examples of good work going on, but it is clear that if the sign language in the school is not clear and not good enough, the kids have no chance of learning. The group that developed the science signs was a large group of experts from the areas of science and linguistics who came together and did an awful lot of hard work just to get those concepts out in sign language.

11:30

At the Scottish sensory centre, we are helping teachers to teach deaf and hearing kids. I will give you an example. Let us think about the concept of mass. Does the committee know what mass is? Can you describe mass or volume? It is very difficult, just using English. Let us think about the concept of gravity, which I am sure you are all familiar with. In sign language, the fist that I am using is the sign for mass. Everything is there. Gravity is the force that acts on an object, so we have the sign for gravity, as in to come down to earth—as Mary Scanlon showed with her pen. If we put the two together, conceptually and visually, we have weight. That is what weight is, as a concept. You can see how visually superior that is compared to trying to explain something in English.

It is not just deaf kids who will benefit if we can use sign language with them—everybody will benefit. Can you imagine trying to explain—without the teacher of the deaf, as there might not be one there—mass or volume to a deaf child in lip speaking? They will not get it. If you have got someone who can sign like that, they will get the concepts immediately. It is incredibly disappointing that we allow teachers of the deaf to qualify with only level 1 BSL.

Rachel O'Neill: I quite agree. That was a great science lesson. The work of the Scottish sensory centre BSL glossary is really important because it tells teachers of deaf children and communication support workers about new signs and concepts that they can use.

The Government currently advises that level 1 BSL is the required standard—it is the same all over the UK—but that is no way near good enough for people who use sign language. What is more, it allows people to continue to assume that most deaf children do not use much sign, but in my work and in that of the British Deaf Association, we see that in some parts of the UK, large numbers of children use some sort of sign.

We know that teachers of the deaf who work with signing pupils often regard level 2 as a good level. People in the deaf community are shocked by that because level 6 is regarded as a good level for interpreters. Level 3 is seen as a minimum. When I say level 3, I mean something like a higher in a language. Could any of you who have a higher in a modern language teach in that language? That is the level that we see as the minimum level for teachers of deaf children. That is what I say to my students. The Government regulation says level 1 or "more as appropriate". That vagueness of the language—"more as appropriate"—is very unhelpful.

In Scotland, we are in an interesting position with the British Sign Language (Scotland) Bill, and I expect the Government's guidance to be revised upwards. I do not know yet whether it will be revised for all teachers of deaf children or for teachers who work with signing students and the under-fives. We must remember that when we use the word “deaf” in the Scottish context, we are talking about two quite different groups of children. There is some overlap between them and, at the moment, the signing pupils are not getting a good deal.

Heather Gray: Can I put this into context? In Scotland, 71 per cent of peripatetic hearing impairment services have no teachers who are qualified to BSL level 3 or beyond, and there are six services where there are teachers with no qualifications in BSL. That gives a sense of the dimensions of the challenge that we face.

We recently had a deaf learners conference, which was attended by 21 BSL users. They strongly and clearly told us that, if they are to succeed and really achieve their potential, they need to have support from people who are far more fluent than is currently the case. We need to listen to the voices of those young people and identify that we need to do something about the situation.

Those are certainly the statistics now in relation to BSL qualifications and teachers of the deaf in Scotland today.

Colin Beattie (Midlothian North and Musselburgh) (SNP): I start with a plea for plain English that applies to some of the submissions. I can barely say a sentence such as this one:

> “Part of the solution is to transmogrify the educator from adhering to the sophisticated deficit model to one that generates empowerment of the pupil.”

It was not from anyone on this panel.

The Convener: Just for clarity, I note that it was from one of the witnesses on the first panel. It was not from anybody here.

Colin Beattie: It was just a plea for plain English.

I want to ask about some of the suggestions that have been made about technology support and how that could best be introduced to have the biggest impact on pupils with hearing difficulties or other sensory impairment. What would give the biggest hit?

Catherine Finestone: In Falkirk we have sound field systems, which we are installing in all primary 1, 2 and 3 classes and where we have children with unilateral loss or with severe conductive loss. We find that the systems benefit all the children in the class and also help the teacher with their voice—they do not have to project as loudly. All the children, regardless of where they are in the class, get the same volume level from the teacher.

There are also modern, discreet, radio aid systems. Any of our children who would benefit from a radio aid system will be supplied with one. They cost about £1,000 each. People who are the only teacher of the deaf in their local authority have written to BATOD to ask how they can get funding for a radio aid system or for a sound field system in their authority. Whether funding is available is very much in the hands of education services.

Colin Beattie: Is that the one major adaptation that you think would make a huge impact?

Catherine Finestone: I think so, in terms of technology. Children also have laptops, but for us the radio aid systems are the major adaptation, because, regardless of where they are in the class, children who wear a radio aid system will always hear the teacher’s voice at the same volume and be tuned into what is happening.

Colin Beattie: In Midlothian, which is my local authority, when schools are closed because of snow or other inclement weather, the children’s homework is made available through smartphones or the internet. Are children with sensory impairment impacted by that? Does it disadvantage them hugely? Are there adaptations that could be made to that system to enable them to carry on with their education?

Catherine Finestone: Children are able to access support through glow, which is an online learning network that can be rolled out to all children: if their parents apply, they can be signed up to it.

Colin Beattie: So there is no disadvantage.

Catherine Finestone: There is no disadvantage there. Very often, if a child is ill or otherwise off school, the parent will contact the school and ask for work to be sent home. Teachers do their best to present homework that is challenging but which the child will be able to cope with. If that is not possible, the teacher of the deaf—in our authority, at least—will go out and do a home visit to tutor the child.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) Technology is obviously very important, but what must underlie that is a bilingual education that empowers deaf children. If they are able to read, they will be able to work from home just as any other child can. If they are given language from birth and grow up confidently using sign language and English in a bilingual way, they should not have any problems. They should be able to access written English in the same way as their hearing peers and, like their hearing peers, they should not have to rely on technology for everything.

Rachel O’Neill: I do not think that there is one technological hit that will solve the problem. As Audrey Cameron says, the main issue is access to a language early on. We need more educational audiologists in Scotland. We do not have enough. Those people can make the technological adjustments that are needed in local authorities, especially if they are able to work across many local authorities.

Authorities are reluctant to employ an educational audiologist, perhaps because they do not have enough work for one post, so it seems obvious to give the job to a service that works in many local authorities, such as the SSC. Educational audiologists can fit radio aid systems, advise on sound field systems and advise parents. They are very valuable. They are basically teachers of deaf children who have additional training. We need more of them in Scotland.

Colin Beattie: Is there an example of a local authority that employs an educational audiologist?

Rachel O’Neill: Yes, Fife Council employs one and there is another who is freelance and works across some local authorities in the west of Scotland. Falkirk Council also has one. They have been hard to recruit.

Catherine Finestone: Yes.

Rachel O’Neill: They are very difficult to recruit because there are so few of them.

Colin Beattie: How many are there throughout Scotland?

Heather Gray: There are five. There has been a significant reduction over the past few years. Often postholders leave and are not replaced. That was certainly the case in Ayrshire and in the Lothians. We are seeing a reduction in educational audiologists.

There is no point in having the technology if we do not have the expertise to use it properly. A strong message that came through from the young people at the deaf learners conference was that the teachers do not know how to use the technology. One of the young people gave a really funny example: the teacher had not switched off the radio mic and the kids heard the whole conversation that went on in the staff room. However, there is a fundamental point. Our young people are telling us that it is critical that our staff know how to use the technology that we have.

We need to ensure that there is a solution to reduction in educational audiologists. A teacher of the deaf in Ayrshire has been skilled up to be a specialist. There are ways to address the issue, but it is clear that not everyone has the skills and expertise to properly use the technology that we have.

Colin Beattie: Is there any indication that councils are increasingly sharing that resource?

Rachel O’Neill: No. It is the opposite: in times of cuts, councils tend not to share. Previously, we had an educational audiologist who was based in Edinburgh but who worked with all the Lothian authorities. That postholder has not been replaced because the authorities could not agree, and the service has definitely deteriorated as a result. The children used to have an excellent service from that educational audiologist, right the way through from nought to 18.

Catherine Finestone: One of the other difficulties is that there is no training for educational audiologists in Scotland—none of the universities provides that training.

Heather Gray: There is no consistency across the educational audiologists who work in Scotland, so there is no job description.

Colin Beattie: Is there any guarantee of skill level?

Rachel O’Neill: The qualification is a guarantee.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) It makes sense to have better use of technology and to centralise services across authorities to make good use of not only hardware and software resources, but people. Rather than see authorities waste money trying to provide such services on their own, we must leverage in economies of scale.

Rachel O’Neill: I agree.

The Convener: We will take a short break before we move on.

11:43

Meeting suspended.

11:48

On resuming—

The Convener: We will move on, beginning with Chic Brodie.

Chic Brodie: In our briefing paper there is a quotation from the Scottish Council on Deafness, highlighting the importance of multi-agency information. It says:

> “Under the Universal Newborn Hearing Screening (UNHS) programme, children are picked up in a hearing test that happens as part of health tests in the first six weeks.”

In the earlier evidence on vision impairment, we heard that we have no idea of the actual numbers involved and that there is a spectrum. As far as hearing is concerned, we are told that screening

> “is recorded within the NHS databases at a local level but our understanding is this information has not always been shared effectively across the different services, potentially creating missed opportunities for early interventions and support for the children and families”.

Do you agree with that?

Dr Cameron: (*simultaneous interpretation from British Sign Language*) Yes, I definitely agree with that. Fundamentally, we need to know how many children we are dealing with for early intervention and for starting the language learning process. It is crucial for a deaf baby to have access to a visual language from as close to day 1 as we can manage. It is very important.

I have other concerns about the newborn screening test. My experience when I had a baby was that the test was administered the next day, because both my husband and I are deaf. I knew instinctively that my baby had hearing and I thought that everything was going to be fine. Straight away, the person said that they were going to refer my baby to a speech and language therapist, even though she could hear perfectly. I thought, “Hang on a second; you don’t know my background or who I am. I’m from a hearing family; I grew up in a hearing family myself.” My daughter, who is now 10, is fluently bilingual, and speaks just as clearly as anyone else, so none of the fears were realised. I can imagine what their attitude is like when the situation is the other way round, with hearing parents who have a deaf baby. I was upset: that was the day after my daughter had been born. I can put myself into hearing parents’ position.

Health services and settings need to know how to work with the social services. They need positive role models and to get deaf adults in, and should not have that negative “Oh dear, your child is deaf” attitude, or see deafness as a necessarily negative thing. The health services need to be plugged in, and they need to make parents aware of all the different life possibilities and different avenues that their deaf child can go down, and that deaf people regularly strive for and achieve their dreams in many walks of life.

Chic Brodie: That is very helpful. Teachers, the curriculum and methods are all very important, but the parents are absolutely critical from day 1. What measures would you support in improvements in multi-agency working to support parents from day 1 and in the early years?

Rachel O’Neill: I refer members to the Scottish sensory centre’s early years standards, which were developed by a group of practitioners and parents in 2011. They set out ways in which agencies can work together in putting the parents at the centre of the team. That attitude—putting the parents at the centre—is quite difficult for some agencies to realise.

We have the benefit of newborn screening in Scotland and we have good paediatric standards, but they are not statutory. Education Scotland does not use the standards and does not assess early years services. Many early years services are very successful—for example, Angus Council’s. It is a small authority, but it has age-appropriate language for all deaf children, or nearest to age appropriate from the age at which screening was done, which improves as they go on. Children with mild deafness are being picked up at newborn screening but are not referred straight away. Those sorts of things could be improved a great deal. The guidelines could be made statutory and Education Scotland could inspect use of them.

The British Deaf Association recommendations about an early years sign-intensive environment could also be very useful for establishing bilingual education for many deaf children. It is an advantage for everyone to have a bilingual experience; I like the BDA’s suggestion that there should be a reasonable space with a reasonable number of deaf children and deaf adults signing, or hearing adults who can sign very fluently. Exposure to fluent use of the language before having an implant helps to map very well the signs that a person knows on to spoken English. Deaf children from deaf families do best of any of the groups when they have an implant because they already have a language. Early exposure to two languages is a good thing, but it is very hard to organise. That is why I like the BDA’s response, in which it looked at the practical detail of how agencies and authorities could co-operate to make that happen.

These are the two steps that I suggest: put the parents at the centre and establish early years bilingual environments, and implement the standards and make them something that HMIE can inspect.

Heather Gray: We had in Lothian and Tayside two pilots on local records of deaf children, which were set up on the back of universal newborn screening. They were all about sharing information and ensuring that services were working together. One of the things that we have called for is national roll-out of that, because it creates an environment in which services work together; we can use information from universal newborn screening to ensure that professionals and services are working together.

One thing that is critical for parents of deaf children—remembering that 90 per cent of parents of deaf children are hearing parents—is the role that the third sector can play using deaf role models, making sure that parents have impartial advice and ensuring that there is someone who can help them to navigate what can be a really challenging and difficult experience. GIRFEC provides the perfect framework for that but we need to ensure that we are progressing in terms of the GIRFEC pathways, that services are truly working together and that parents have that practical and impartial advice from other parents. Our family support service covers every authority in Scotland and our family support workers are parents of deaf children. That kind of emotional support is also very important.

There are solutions and there are things that we know and have learned from the past that we can roll out to improve how services work together and to ensure that, along the pathway, parents get support from other parents.

Mary Scanlon: I have a supplementary question on that point; I am grateful to you for raising it. Paragraph 5.1 of the evidence from the National Deaf Children's Society says that

> "Despite the introduction of UNHS"—

in 2005—

> "the Scottish Government has not published any guidance in terms of post-diagnostic and subsequent early years support"

for children and families, resulting in

> "considerable implications for the longer term education and wellbeing outcomes".

I hear what Rachel O'Neill said about coming together, but why—following the introduction of universal newborn health screening in 2005—has it taken 10 years for the Government to produce nothing?

Heather Gray: We have standards, but what we do not have is an endorsement.

Mary Scanlon: The Government has not published the standards. That is what I am talking about.

Rachel O'Neill: It might be because newborn screening was approached in a very health-oriented way. There are very good paediatric standards, but they do not incorporate what happens next—talking to teachers and to language role models. Implementation of screening has been seen almost entirely as a health issue, but it is obviously not.

Mary Scanlon: When you say that the Government

> "has not published any guidance"—

I will not repeat what I said—I read into that that you expected it to publish guidance. Did you expect that or does the guidance not matter? That is what I do not understand.

Heather Gray: The guidance is absolutely critical.

Mary Scanlon: So why has it not been done in 10 years?

Heather Gray: I think that it has not been done for the reasons that Rachel O'Neill described in terms of the health focus. Sorry Audrey, did you want to say something?

Dr Cameron: (*simultaneous interpretation from British Sign Language*) I was just going to say that nobody is listening to deaf people. Perhaps that is the reason. No one is listening to us.

Mary Scanlon: I think that we are listening today. To be fair, I picked up that it was Audrey Cameron who started on that point.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) The inference was that the Government has not been listening for 10 years.

Mary Scanlon: I appreciate that. All that I am asking is whether Government guidance on early years support and information is critical in relation to support for and attainment among deaf children.

Rachel O'Neill: I would like to discuss that point, because I think that that is critical. In some local authorities in Scotland there are not enough teachers of the deaf, or not enough qualified teachers of the deaf. Rather regularly, we hear about children who are languageless at five or six, which is far too late; they are referred at birth. I have heard of a recent example of a child being aided at three and a half, having been referred at birth and nothing much having been done in the meantime.

12:00

The reason why we need the standards is because there is inconsistency among authorities. Some authorities have very proactive staff who go on extra courses, read a lot and understand the early monitoring protocol that we have, which is English material about development of early sign and speech. They are implementing that and monitoring the children very carefully. One local authority person has asked me, "What is the monitoring protocol?" That is just shocking: children do not have a chance in that case. There should not be languageless children.

Unfortunately in the deaf world, we meet languageless children and of course they are not going to achieve academically. One of the problems is that languageless children often live in rural areas and are not able to get to a place where they can see sign language being used.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) I have to say that it is a little bit sad. I have met languageless children who live not in rural areas, but in urban areas. It comes back to the fact that the teachers and support staff whom they meet do not know how to sign and their parents do not know how to sign to a significant standard. What chance do those children have?

I would not mind going back to the newborn screening issue. There has been some research from Leeds—I am sorry but I cannot remember the name of the researcher—about emotional attachment to the baby. The attitude of health professionals at the point of diagnosis does not allow either the mother or father to bond effectively with their child and to celebrate. Everyone is always after the perfect healthy baby—that is what we are told. Screening has an advantage in that it picks such things up early, but that can create a risk that the parents will detach from the child and start to feel guilty immediately. No matter what we think, babies pick that up clearly. We should be providing a positive environment for such parents straight away and we should be telling them that there is a language that they and their child can access straight away.

Ironically, before the newborn screening programme, parents had that time to bond with their child. My parents did not know that I was deaf until I was nine months old, but the bond and love had already been established. The affirmation of me as a human being had already been made—I was not immediately seen as deficient or disabled. Much more needs to be done on that to give parents a positive experience, rather than someone saying, “Oh dear. Your child is deaf”, and everything being negative and seen as something that needs to be repaired.

Mary Scanlon: My questions are on data collection and attainment, but I will focus on just one of them. Our Scottish Parliament information centre briefing looks at positive destinations for school leavers who have hearing impairment. The figure for children with no additional support needs was 91.7 per cent, but for children with a hearing impairment it was 89.4 per cent. On paper that does not look too bad. If I turn to further education as a follow-up destination, the figure for children with no additional support needs is 22.5 per cent, and for those who have hearing impairment it is 41 per cent.

As an economist, I know that below those figures there are many stories to tell, but if you will forgive me, my rough glance at the figures suggests that they are quite good. I find it hard to believe that that is the full story. I have to say that the percentage of people with a hearing impairment in higher education is about half that of those without. The figures for positive destinations, including further education, look quite good, but do you have any concerns—behind the figures—that you would like to raise with us?

Rachel O’Neill: Yes I do. You are right to pick out the difference between further and higher education. A larger proportion of deaf children go on to further education than to higher education, for which the figures are practically reversed. The reason is largely the level of English qualification.

The Nuffield Foundation funded research into the achievement of deaf pupils in Scotland that we did recently at the University of Edinburgh. The research shows two areas of concern, which are shown in the graph in my submission. In the results, pupils at all levels of deafness—from those who have cochlear implants, through to those who are mildly deaf, profoundly deaf and severely deaf—perform much worse in English at secondary 4 than the high fliers, or those who would be expected to go to university, who are at level 5 when they are in S4. Again there are drastically different results. All those who have the different categories of deafness perform much worse, which must be because of their early language experience and their experience all the way through school of support and access to language in the curriculum. Data collection is very important.

The other group that I would concentrate on is those who leave school with low-level qualifications or no qualifications, which is about 16 per cent, which is much higher. With a level 3 Scottish credit and qualifications framework qualification, one really cannot get on to a decent college course. That group of children needs much more examination.

Who are they? I expect that many of them come from impoverished backgrounds, as we in the UK have, unfortunately, come to expect. Many of them would be the languageless children whom I talked about earlier, and many might have been unfortunate enough to grow up in areas in which, if they were profoundly deaf, they did not have access to sign language, or they did not have very good acoustic conditions. Children who achieve poorly and leave school with SCQF level 3 and below need to be studied more. We need to find out who they are and we need to set targets, and not for when they are 16 because that is far too late. We need to work in the early years environment. Mildly deaf children need early support as much as profoundly deaf children.

I am concerned about the speech and language therapy cuts in Scotland, which seem to be widespread. The whole range of deaf children needs extra support in the early years from multi-agency groups.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) There is a need for support, but there is also a desperate need for research into what is actually going on in the classroom. Why are successful learners successful? What is going on with them?

We talk about not having enough communication support workers, teachers of the deaf or other qualified people, and that is fine, but we need to find out what is really going on in classrooms today. I suspect that we will often find mainstream teachers with one deaf child in a class, perhaps with a teacher of the deaf or a communication support worker coming in for a certain amount of time a week and running what is essentially a micro-class within the larger class. The classroom teacher is not teaching the deaf child directly. They devolve the responsibility to someone else who might not be qualified to deliver that education.

I have seen evidence of that myself. There is no way we can expect a child to behave normally in that situation. They will be disruptive and distracted, they will look out of the window and they will not pay attention, because they are detached from the rest of the class. They exist within a micro-environment. There is no direct follow-up from the teacher. Such pupils do not enjoy anywhere near the level of access to education that all the other kids have, so what is called inclusive education is actually exclusive.

I have been following four deaf children to ask them why they do not get involved in asking the teacher questions. That interactive part of someone's educational experience is crucial to their learning. We have identified that, when classroom teachers ask a question in the class, as we have seen on the panel here today, some people can put up their hands a lot faster. On average, it is only 1.2 seconds before the first kid's hand goes up. If a communication support worker is not qualified, how are they—or even a teacher of the deaf—supposed to keep a deaf child up to speed? I have seen a teacher of the deaf saying, "Don't worry about it. I will write it down for you later." The support workers do not stand a chance, and therefore the children do not stand a chance. That is why deaf children are not getting anything out of this supposedly inclusive system.

It would be better to have children in smaller group environments, interacting directly with a teacher who is qualified and skilled in the necessary language and cultural aspects, rather than providing education through a third party. In those circumstances, deaf children would be involved in class discussions and debates, they would know what was going on in the whole classroom and they would not feel isolated—as they currently are.

We talk about a holistic education experience including life skills and habilitation skills, but we are falling woefully short on all of those measurements when it comes to deaf children. A first step towards improving that is to have a look at what is actually going on in the classrooms today. We do not have a picture of that yet.

It should not be acceptable. Would you accept such an education it if it was your child? A lot of the communication support workers who are providing the access do not have subject knowledge and, fundamentally and crucially, they do not have the language skills to perform their job. How can someone interpret physics if they can barely sign? We need to look at what is going on in classrooms today.

Heather Gray: That is one of the reasons why the NDCS has been calling for an aspect review of deaf education. What we have seen and what has emerged from our research are pockets of excellent practice in Scotland, where support is done exceptionally well. However, there are other areas where it is incredibly poor.

Peripatetic teachers of the deaf—who are the main group of teachers supporting young people in mainstream schools—are not routinely inspected, which means that we do not have a national picture of the quality of support in schools. We in the NDCS have repeatedly said—and I will repeat it again today—that we believe very strongly that we now need a full aspect review of deaf education. That will enable us to identify where practice is really good, to learn from it and to share that best practice. It will also help us to get to grips with where deaf education is not working well.

Siobhan McMahon: I want to talk about the independence of people who are at school and how they get that independence. I asked the first panel some questions about habilitation skills and I will come to those. However, I want to start with Dr Cameron's written evidence. In the last paragraph, you wrote:

> "What we need is a system for gathering data on the achievements of deaf pupils".

What might that system look like and what do you believe the achievements would be?

Dr Cameron: (*simultaneous interpretation from British Sign Language*) I feel that in Scotland the achievements would be woefully bad and inadequate. I think that that is what the picture would be. I had to travel from Scotland to England to get a decent education.

You asked about the system. We need to take in the whole picture, not just the child's understanding of the subject. We need to look at confidence, habilitation skills, independence skills and all the stuff that we see in the curriculum for excellence, which is simply not happening for deaf children.

There are some isolated individual success stories, but they are by no means indicative. Often what we see in those situations is that extra payments have been made for communication support for the child, either by the family, the school or some other body—it comes down to money. If a hearing child was not receiving the same standard of education as their peers, parents would be outraged. However, we seem to find it acceptable for deaf children. That is the nub of the issue.

Siobhan McMahon: That brings me on to my next questions. To what extent are habilitation skills being provided across the country? Do we know that or has anyone got an idea about who is doing what, whether it is in mainstream schools, independent schools or special schools? Have we got any idea about what is happening across the country?

12:15

Rachel O'Neill: In my job, I am lucky in that I visit a lot of schools and do placement visits and read placement files, so I have some idea of what is happening, although it is not a complete picture. Many good things are happening in terms of supporting people. We do not usually use the term "habilitation" in deaf education, but I know what you mean. In visual impairment terms, it is about things such as mobility training; in terms of deaf education—

Siobhan McMahon: What terms would you use?

Rachel O'Neill: We talk about independence, resilience and confidence. The NDCS has done some very good work in this area. We sometimes have events at the Scottish sensory centre for pupils and, when they come from places where there is a school with a resource base, I see much more confidence in the children.

In some areas of Scotland, deaf studies is a subject in itself. I do not mean just Deaf—with a big D—studies that focus only on sign language; I mean deaf studies where people can talk about the experience of being deaf and have the chance to reflect on that experience and see themselves as potential deaf adults who are likely to sometimes want to use sign and sometimes want to use speech, according to the circumstances. It is about understanding the situation of deaf people and understanding what they need to do to make hearing people work better with them. That sort of self-confidence and assertiveness training is done in some places and we can see the results when we get groups of deaf children together. I must say that Falkirk is one of those places where I have seen deaf students being very confident, talking out and being aware of who they are.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) There are deaf adults at Catherine Finestone's school in Falkirk, so the proof is in the pudding. Having deaf adults there helps a great deal because, amazingly, a lot of deaf children think that they are going to become hearing when they grow up. They walk around with that fallacy because they never meet a deaf adult throughout their whole childhood.

Catherine Finestone: In Falkirk, we have a deaf sign language tutor, but lots of our former pupils often come back and talk to the children and are involved with what they are doing. Any time that we have a deaf adult in the school, we always invite them down to the primary classes to make sure that the children are aware of them. We do surveys with the very young primary children, asking, "Are you deaf or are you hearing? Is that person deaf or are they hearing? How do they communicate? Do they wear hearing aids?" and so on. It is a much more natural environment. The children who come back praise the education that they have had in Windsor Park school, because we care very much about each individual child's needs and try to address those needs as best we can.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) What we are seeing here is a clear need for a deaf-friendly, signing environment, not an environment that isolates the child.

Liam McArthur: Dr Cameron, you made a comment that echoed what Dominic Everett said in the previous panel about the scope within the curriculum for excellence to address some of the issues. His concern was that there was not enough space and capacity in the system to allow some of the habilitation to take place. I wonder whether similar issues arise in relation to the independence and resilience that Rachel O'Neill was talking about.

We got into a discussion about whether the presumption of mainstreaming—the way in which mainstreaming is implemented and interpreted—actually works against the interests of those with sight impairments. I wonder whether there is a similar issue in relation to those with hearing impairments.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) I think that mainstreaming is not working at all in that regard. You can see why mainstreaming sounds like a great thing—it is about wanting to include deaf people in society. It does not sound like a bad thing at all, in theory. However, the actual experience is that deaf people are becoming more isolated and they are more vulnerable in the main stream than they have ever been before.

Teachers of the deaf might be able to visit once a week—in some cases, once a month—or for an hour a day. What are the kids doing for the rest of the time in school? What is happening in all the other hours? If a deaf resource centre is based in a larger school where there is a critical mass of children to enable confidence and independence, we can get through all of the curriculum for excellence. There should be no barriers to learning if we provide the right learning environment. I have met deaf people who know a number of languages; there is no reason why deaf people cannot learn French, Japanese, physics or indeed any subject if the language base is there. If the education is accessible, they can achieve on a par with their hearing peers.

However, to drop these children into the main stream with no or inadequate support is shameful, and one does not like to think about the mental health implications that must arise from the anxiety that these young people must feel as a result of such an experience. It is important to bear in mind that deafness is not a learning disability.

Liam McArthur: Our visit to Windsor Park school showed that such an approach can work extremely well, so I suppose the question is whether that gives us the confidence to make it work across the piece, perhaps by concentrating resources in certain cases or tailoring things to urban or rural settings. The previous panel talked about the lack of any provision in Orkney, which is my constituency. That comes as no surprise to me, because recruitment can present real difficulties in some rural areas. Is there a danger that we try to fix this with a one-size-fits-all solution that really will not work in different parts of the country?

Rachel O'Neill: I am really glad that you have asked that, because I caught you asking the previous panel the same question on the monitor downstairs. The Standards in Scotland's Schools etc Act 2000, which led to the presumption of mainstreaming, has done some deaf children a real disservice, because of the risk of their falling into the languageless category. Moreover, as Dr Audrey Cameron has very clearly explained, there are mental health implications of being different, isolated and not involved in the classroom.

Our research suggested that it would benefit local authorities if they co-operated in the setting up of resource base schools where there is a peer group. That approach can work for children who sign as well as for children who use speech. Dalziel high school is a very good example of a successful resource base school where children achieve. You will notice that, according to *The Herald*'s league table, the school is one of Scotland's top 50 secondary schools, even though it has more children from deprived backgrounds than one would expect. Its success rate is good. As for the point about having a mass of children, I do not necessarily think that it is good that Dalziel uses only speech—I see no reason why we need that kind of approach these days—but nevertheless it is an achieving school and a school that parents want their children to go to. The parents of deaf children are very happy when their children get into Dalziel, because they achieve well.

Resource base schools are a good idea; they are obviously easier to make work in the central belt than in the rest of Scotland, but rural authorities could collaborate on such matters; indeed, they did so in the past. For example, Aberdeenshire Council used to send children to a school in the city of Aberdeen, but it does not do so any more. That is where the risk lies, and I think that it is perfectly possible for such authorities to collaborate more.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) We have to consider boarding schools as part of this discussion. Children still go to such schools, such as Mary Hare school in England, which is very successful. The children there are usually weekly boarders, which means that they go home at the weekend. Some find it heartbreaking that, these days, children still have to leave their parents, but I am actually grateful to my parents for taking that brave step and providing me with the education that I required. If they had not made such a move at that time, I certainly would not have got my doctorate and I would not be sitting here in front of you.

The Convener: I do not know, but perhaps the "Harry Potter" books have made boarding schools more attractive to 21st century parents.

Dr Cameron: (*simultaneous interpretation from British Sign Language*) That is what my school was like. It was like being at Hogwarts, except that we were all deaf. [*Laughter*.]

The Convener: But still magical.

I thank the panel for giving up their time to give us their very helpful evidence. This is the start of our short inquiry on sensory impairment and attainment that will go alongside our bigger inquiry on attainment, and I think that it also fits very well with some of our work on Mark Griffin's BSL bill. Once again, I thank the witnesses very much, and I also thank our BSL interpreter, Andy Carmichael, for all his efforts. It is through him that we can do this so well.

I suspend the meeting to allow our witnesses to leave.

12:24

Meeting suspended.

12:26

On resuming—

Petition

Creationism (Schools) (PE1530)

The Convener: Agenda item 3 is consideration of a petition. On 27 January 2015, the Public Petitions Committee referred petition PE1530, by Spencer Fildes on behalf of the Scottish Secular Society, to this committee. The petition stated that it wished the Scottish Parliament to urge the Scottish Government to issue official guidance to bar the presentation in Scottish publicly funded schools of separate creation and young earth doctrines as viable alternatives to the established science of evolution, common descent and deep time.

We considered the petition at our meeting on 10 March and agreed to write to the Minister for Learning, Science and Scotland's Languages with a number of questions. The minister's response, which we have now received, is attached to the members' committee papers, and I invite the committee to consider what further action, if any, it wishes to take on the petition or to make comments on the matter.

Chic Brodie: We should close the petition.

The Convener: Okay. Do other members have comments?

Liam McArthur: The three questions that we posed to the minister have been addressed. I note in particular the comment about having a "non-statutory curriculum" and the risks of going down a route that might begin to undermine that approach. As the letter from the minister contains the assurances that we were looking for, I am, like Chic Brodie, minded to close the petition.

Mary Scanlon: In this unique instance, I agree with the Government. The main point in the letter is that

> "It is preferable to leave the curriculum to teachers and enable them to exercise their professional judgement on what is taught, rather than legislate to ban issues"

in schools. That says it all. As a result, I think that I am on the same page as others who have spoken.

Mark Griffin: The minister has answered the concerns that we expressed about the prevalence of the issue, and I am reassured that it has not been an issue in schools or in science lessons. As a result, I agree with what seems to be the consensus that we close the petition.

The Convener: One of the concerns that I raised was not about the banning of discussions of such philosophies and ideas in schools but about the possible intrusion of creationism into science classes. In the minister's letter—which I will quote to ensure that it is in the *Official Report*—he has helpfully pointed out:

> "Guidance provided by Education Scotland, set out in the 'Principles and Practice' papers and the 'Experiences and Outcomes' documentation for each of the 8 curriculum areas does not identify Creationism as a scientific principle. It should therefore not be taught as part of science lessons."

The Government could not have made that any clearer, and I am therefore in accord with other members that, in light of the Government's letter, we should close the petition. Do members agree to write to the petitioner, informing him of our decision and enclosing a copy of the minister's letter?

Members *indicated agreement.*

The Convener: The petition is now closed.

As the committee has agreed to hold the next items in private, I close the meeting to the public.

12:30

Meeting continued in private until 12:48.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

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