

THE IMPACT OF THE EDUCATION (ADDITIONAL SUPPORT FOR LEARNING) (SCOTLAND) ACT 2004 ON DEAF CHILDREN

EXECUTIVE SUMMARY

1 Introduction

This research was commissioned from the Centre for Research in Education, Inclusion and Diversity in the University of Edinburgh by the National Deaf Children's Society (NDCS) to investigate the impact of the Education (Additional Support for Learning) (Scotland) Act 2004 (the ASL Act) on deaf children aged 3-18. It draws on published statistics and literature, and on views of two groups: of parents, and of professionals and other key stakeholders concerned with education of deaf children in Scotland.

Parents' views were gathered through a survey of 256 NDCS members, and follow-up interviews with a stratified sample of 19 parents who volunteered. Views of professionals and other stakeholders were gathered through a survey of the 32 local authorities, and interviews with 12 key stakeholders in Scottish Government, local authorities, schools and voluntary sector organisations.

Key features of the ASL Act include:

- Widening the definition of additional support needs
- Improving provision for children
- Harmonising and strengthening the planning mechanisms
- Improving the co-ordination of services
- Streamlining the arrangements for transition
- Enhancing the rights of parents and children, including rights to routes of redress.

According to the 2008 School Census, there were 954 deaf pupils in publicly funded Scottish schools, accounting for 2.5% of the population for whom reason of support is reported. In 2004, prior to the new legislation, there were 639 pupils with a significant hearing impairment, representing 2% of the additional support need population. The corresponding figure for 2006 was 837 (2.3%). This shows a modest increase over the period 2004 to 2008; however, this increase may be a result of changes in data collection that came into effect with the ASL Act which allows pupils to be counted in more than one category of support need.

Deaf pupils, according to government statistics, accounted for around 0.1% of the pupil population in 2008. This contrasts strongly with our data from local authorities which suggested that up to 0.4% of pupils required support due to hearing impairment. Official statistics include only those with CSPs and IEPs. The fact that a number of authorities use alternative plans which are not included in official statistics raises serious issues about the extent to which official statistics represent an accurate picture of the number of deaf school pupils.

2 Parents' and carers' views

2.1 Postal survey of parents and carers

The questionnaire was sent to 256 parents on the NDCS mailing list; 128 (50%) responded. The survey was most likely to be completed by a mother; the ethnic origin of most respondents was White UK; and 8% of the parents were themselves deaf. They represented a broad spectrum of socio-economic status. They had a total of 136 deaf children in their families, 17 below, and 10 above, compulsory school age. Of these children, 60% had

profound hearing loss, 21% had severe hearing loss and only two (2%) had a mild hearing loss. Most of those with profound hearing loss had a cochlear implant (63%) and 33% of that group had behind the ear hearing aids. Virtually all those with severe, moderate or mild hearing loss had behind the ear hearing aids. Most (75%) identified speech and lip-reading as the preferred method of communication, while 14% said their child preferred British Sign Language (BSL), and 7% Sign Supported English (SSE). At school, communication methods used were speech and lip-reading for 105 children, BSL for 30 and SSE for 29, with some using a combination of methods.

When asked about **planning**, parents reported that 30% of the children had a Co-ordinated Support Plan (CSP); and 47% indicated that their child had previously had a Record of Needs (RoN). Given that many children were too young to have been in the school system in 2005, this suggests that far fewer have CSPs than previously had RoNs. The 55 children with additional support needs (as well as hearing impairment) were no more likely than others to have a CSP than other deaf children: 17 (31%) of them had CSPs. The total number of pupils with an Individualised Educational Programme (IEP) was 65 (48%), including 15 who also had a CSP. Ten had other local plans. Overall, 74% of children had a plan; 26% had none. One third of children and over three quarters of parents (80%) had been involved in the planning process. Given that so many of the children had severe or profound hearing loss, this level of involvement is surprisingly low. Of these parents, 85% were satisfied with their involvement in the process, and slightly fewer (76%) were satisfied with the outcome.

When asked about **support from staff**, they said that more than half the children received additional help from a class teacher, visiting teacher of the deaf, audiologist or speech and language therapist. Generally they were satisfied with this support; additional comments suggested problems were lack of availability or frequency of visits from these professionals rather than the quality of service they provided when available. Around a third of the children were supported by a school-based teacher of the deaf, in classroom or support base (as opposed to a visiting teacher of the deaf); 48% had support from a classroom assistant and fewer parents mentioned the support of a school nurse/doctor, a social worker, a voluntary organisation or another type of therapist. Seventeen described 'other' support for their child, most commonly from a non-school organisation such as the NDCS, or another local group. Learning support staff, auxiliary or care staff were cited by five and family members, an interpreter, a private tutor and a sign tutor were also mentioned. In general, parents were satisfied with the support provided by all these, though some commented on lack of training and/or lack of awareness of the needs of deaf children.

Questions about **resources** revealed that over a third of the children had had adaptations in school or nursery to improve acoustics and the majority in this category were satisfied with this when provided. Just under half had been provided with a radio hearing aid and again levels of satisfaction were high. Additional access to computers, software or DVDs had been made available to 44% of children/young people. Levels of satisfaction with this type of resource were not quite as high: three quarters were satisfied.

When asked about **transitions**, 81% of parents indicated that their child had been involved in a transition from nursery to primary, and 41% reported that their child had transferred from primary to secondary. Very few had moved from school to work or further or higher education. More than half (60%) of those who commented reported satisfactory transitions from nursery to primary and only two parents, who cited poor planning and communication, were dissatisfied with arrangements for moving from primary to secondary.

Of the 128 parents, 48 (37%) stated that they had had some **disagreement with their school or local authority**, most frequently about access to communication support and specialist staff. Teaching methods, school placement and assessment of difficulties by education staff were also mentioned. Most cases were dealt with informally, at school or local authority level. In cases dealt with at school level just over half of the parents were satisfied; fewer were satisfied with those dealt with at local authority level. Formal mediation, adjudication

and appeal to the tribunal had been used by very few parents. Only three had been involved in mediation and two of these were satisfied and one was not. Only one parent had used adjudication and was satisfied with that mechanism. Of the two parents who had used the tribunal, one was satisfied and one, with an issue about school placement, was not.

For **information**, a small number of parents had contacted Enquire, the national advice and information service for additional support needs in Scotland, and were generally very satisfied with the support provided. Comments from parents also show a high level of satisfaction with agencies such as NDCS and/or local organisations supporting deaf children.

2.2 *Interviews with parents and carers*

A stratified sample of 19 interviewees was selected from volunteers amongst respondents to the postal survey. They included three parents or carers of pre-school children, eight of primary school children and eight of older children. Care was taken to include two deaf parents, two fathers, two ethnic minority parents, two parents who had moved from outside Scotland, two carers who were not the parent of the deaf child and to ensure a broad spectrum of socio-economic status. Four interviewees had two deaf children in the family and were encouraged to talk about both. The interviews therefore provide insights into education and support for a total of 23 deaf children, of whom six had mild or moderate hearing loss, five severe and twelve profound. Twelve used behind the ear hearing aids, and eleven had cochlear implants. Twelve were described by their parents as having other support needs in addition to hearing loss.

Interviews with the deaf parents were conducted face to face, the others by telephone. After an introductory discussion of the child and his or her diagnosis, interviews covered areas which the ASL Act was intended to improve: assessment of educational needs; educational planning and review; co-ordination of services from health, social work and education; transitions; parents' rights and children's rights; and access to information for parents.

Parents of children of all ages in our sample recalled the stress of **diagnosis** and dealing with a range of health and education professionals, especially when the child had additional health needs. Most parents described the **assessment of educational needs** of their child as having involved a wide range of professionals, including audiologists, educational psychologists and speech and language therapists, as well as teachers of the deaf. Two described resisting successfully the choice of school suggested by their local authority, one having fought, with support both of professionals working with her son and of Enquire, against the reluctance of the local authority to send him to the school of her choice, and the other having resisted the advice to send her child to a distant school with a unit in favour of her local primary school. One anxious parent of a nursery child was not being kept informed about where her child might start school and demonstrated the importance of good and early communication between local authority decision-makers and the parents of pre-school deaf children.

When asked about **educational planning and review**, two parents were unsure of the name of their child's plan, but responses suggest that eight of the 23 had CSPs, and a further two were applying for one; IEPs were declared for ten, including two who also had CSPs. Four had other local plans. One mother did not think her daughter, studying for Highers, needed one. One parent was uncertain whether her primary-aged child had a plan, as she had not been to a review meeting since changing school. Parents were generally happy about attending reviews and most felt they were listened to. We found little evidence of nostalgia for the Record of Needs; parents were less concerned about documentation and more concerned about whether services were working smoothly.

On the topic of **co-ordination of services** to support their child, although many had large multi-agency teams involved, 16 out of 19 said that on the whole they were happy that their children had the services required. When asked to suggest improvements, however, some

issues were raised about supply of speech and language therapy, about support for needs such as dyspraxia, and about communication between professional groups.

Discussion of arrangements for **transitions** suggested that most parents think this is working well. They described extra visits to new schools arranged well in advance. Nevertheless, there were also examples of deaf children arriving in schools where class teachers had not been briefed about their needs, and of problems in ensuring, for example, that a child was always seated at the front of the class. Several parents mentioned children's difficulties in social adjustment on moving to secondary school, where some found it hard to make new friends. Only a few transitions out of secondary school were mentioned. In one case, a teacher of the deaf escorted a pupil on visits to further and higher education establishments to help assess the learning support there, while another young person, after college visits and discussions with a careers advisor, was considering a further year at school instead.

On the question of **parents' rights**, 17 out of 19 parents said they had been involved in the important decisions about their child's education. Many had no reservations about their own involvement, while a few indicated that they had had to be assertive to achieve that. Although only one parent had been involved in dispute resolution procedures, others had resolved disagreements at local level. Asked about **children's rights**, parents differed in their views about the appropriate age for their child to be involved. Some started to attend review meetings in Primary 5, while others only became involved in reviews in secondary school.

When parents were asked about **access to information**, the most frequently mentioned sources of information were the professionals working with their children, both in health and education, and NDCS, both through publications and the website, and also meetings for parents run by NDCS and local groups. Other valued sources of information were other voluntary organisations, Enquire, family members and friends, including other parents of deaf children met through NDCS networks.

Parents were asked whether they saw the **overall impact of the ASL Act** as positive, negative or neutral. Five said they could not judge, but of the other 14, seven said it had had positive impact; six that there was neutral impact, with no obvious change; and one, who was unhappy with her son's current school, was undecided between negative and neutral.

Finally, parents were asked if they had **advice for the Scottish Government or NDCS** on improvements which would benefit deaf children. Some suggested reinforcing aspects of services which they had found helpful, such as flexibility and choice; while others were less happy with the status quo and wanted more support for BSL users and deaf children in mainstream schools. Improvements to acoustics and building regulations and more accessible information for parents of deaf children were also suggested.

2.3 *Cross-cutting themes from parents*

The overall picture, from survey and interviews, is of parents satisfied with most aspects of the support for their child, and taking an active role in their children's education in collaboration with education and health professionals. There is, however, a sizeable minority of parents, over 30%, who, at various points in the survey or interview, expressed concerns about some aspects of their children's support, notably staffing levels, levels of awareness of the needs of deaf children and the need for more training for staff.

Individual professionals' communication skills make a difference, in establishing good relationships with parents. Parents also appear to differ in their ability and willingness to communicate with schools, and to use their rights. Disagreement could sometimes - though not always - be seen as part of a healthy relationship between parent and school.

The survey and interviews demonstrate the sheer diversity of the needs of deaf children and of the provision for them, ranging from an occasional visit in a mainstream school to the

constant presence of a teacher of the deaf in their classroom, and the diversity of the expectations of their parents. In the interviews and comments in the surveys, some parents appeared predominantly concerned with their child's social adjustment, others with their academic achievement.

3 Views from local authorities, professionals and other key informants

3.1 Survey of local authorities

Questionnaires were sent as an email attachment and in hard copy in February 2009 to all identified as responsible for the service to deaf children in their authority. Fourteen questionnaires were returned from 16 authorities (50%). Respondents were most likely to be Heads of a Sensory Service or teachers of the deaf. For these authorities, the proportion of deaf children in the school population ranges from 0.1% to 0.4%. Children with mild or moderate hearing loss predominate, and most are in mainstream education.

All the authorities have **staff** with teacher of the deaf qualifications. For BSL, 11 of the 14 authorities had teaching staff with BSL level 1, nine had staff with level 2, and only four had staff trained to level 3 or 4. The level of communication support qualifications amongst support staff was considerably lower. The most commonly used **assessments** are audiograms, speech tests and audiological tests with other methods such as vocabulary and literacy tests used by fewer authorities. Teachers of the deaf and the classroom teacher were almost always involved in assessment with educational psychologists, speech and language therapists and learning support teachers also highly likely to take part. Most respondents felt that the new legislation had had little impact on assessment procedures.

Questions about **planning** revealed considerable variation between authorities in use of CSPs, IEPs and alternative plans. Parent, classroom teacher, educational psychologist and teacher of the deaf were almost always involved in the development of CSPs and the same, apart from the educational psychologist, in planning of IEPs. Children and other professionals were involved less frequently. In terms of **resources**, radio aids were the most commonly available and interpreting was the resource least likely to be available. Respondents emphasised that these resources were allocated according to individual need.

The ASL Act is not considered by the majority to have impacted on support, **coordination** between agencies or **transition** arrangements. The teacher of the deaf (school based or more often peripatetic) and classroom teacher were seen as key people in providing **support** for deaf pupils. Classroom assistants and speech and language therapists also perform an important role as do audiologists, but on a less frequent basis.

The local authority staff reported relatively few **disagreements** between parents and schools and/or local authorities in relation to support for deaf children. All but one had been resolved informally, one being referred to the tribunal. Most likely areas of disagreement were access to classroom assistants or other personnel, school placements and decisions not to open CSPs.

When asked about the **strengths and weaknesses** of the new legislation, most respondents said focus on coordination of services, a wider definition of additional support needs, strict criteria for a CSP and additional routes of redress were its strengths. Just over half of respondents identified lack of clarity about what counts as 'significant coordination needs' as a weakness and about the same number saw variation between local authorities in the use of CSPs as cause for concern. Limited access to the tribunal, lack of clarity about assessment and lack of specificity in relation to content of IEPs were not generally considered a problem.

3.2 Interviews with professionals and other key informants

Semi-structured interviews were conducted, face-to-face or by telephone, with twelve key informants, including five senior staff with responsibility for school-based and/or peripatetic services for deaf children; four other professionals working with deaf children and three officials, one from Scottish Government, and two from the voluntary sector.

Descriptions of their **approaches to meeting deaf children's needs** highlighted the diversity of services, some BSL-based, others oral/aural, most seeking to provide both within their system. **Identifying and assessing needs** was described as a multi-agency activity, but most did not think this had changed since the introduction of the ASL Act.

Only nine of the 334 deaf children covered by interviewees' services had CSPs and 90 had IEPs. In discussion of **recording of children's needs**, views differed widely about the importance of a CSP, some seeing it as giving the legal right to protest if services were cut, while others stressed that a CSP is '*about the co-ordination of the plan, it is not a passport to services*' (K12). Others were critical of the quantity of paperwork generated by a CSP, which they did not think would make a difference to provision. IEPs and the multi-agency review meetings with parents (and sometimes children) were widely valued, particularly for generating clear action points and targets. When asked about the impact of the ASL Act on the recording of deaf children's needs, of the nine who were in a position to comment, four felt that it was the same as before, no worse, no better; three that it was better, largely because of heightened awareness of the inter-agency responsibilities in planning. Two non-teaching interviewees felt it was worse, one citing increased paperwork.

Discussions of **decision-making** demonstrated the importance of collaboration between teaching staff, other agency staff, parents and children, not only at review meetings, but also in informal negotiations about meeting the child's needs. While there was agreement that decisions about support for deaf children should always be needs-led and in the best interest of the child, a few interviewees mentioned that intervening factors of finance and the availability of trained staff might affect decisions. Of the eight interviewees in a position to assess the impact of the ASL Act on decision-making, six said it was the same as before, while two felt it had improved. When asked whether it had improved **co-ordination** of input from different professional groups, they were more positive: three said it was unchanged, while five said it had improved, because of multi-agency training related to the ASL Act, and because of synergy with *Getting It Right For Every Child*, which also highlights multi-agency working. Nine of the twelve commented on the impact of the Act on **parental involvement**, five saying that it had improved, while four said it was unchanged.

Discussions of **adjustments and learning support** suggested that provision of equipment and building adaptations has improved over the last few years, although some attributed this to other legislation such as the Disability Equality Duty, rather than the ASL Act. Teachers of the deaf were using a range of techniques to support deaf pupils, including pre- and post-tutoring, interpreting and small group work. They also stressed the importance of their work supporting mainstream teachers and encouraging deaf awareness and language modification. Some noted scope for improvement in the use of technology. Three felt that adjustments and learning support were better since the introduction of the ASL Act; five reported no change; and four were unsure or unable to comment.

Interviewees were invited to identify **strengths and weaknesses of the ASL Act**. Strengths included: wider definitions of additional support, acknowledging '*a wider range of issues going on there that can potentially have an impact on a child's ability to access their education*'(K3); opportunities to strengthen interagency working and clarify responsibilities; and improved rights for parents. They then identified weaknesses of the Act, including concerns over definitions of 'adequate and efficient provision'; problems dealing with cross-border issues between authorities; time-consuming CSPs and inappropriate expectations of their power since they are not '*a passport to services*'; and concerns about whether

procedures would be adequately monitored and enforced. Others pointed to challenges ahead, to encourage all parents to become involved and empowered to make a difference.

When asked for a final comment, several highlighted **staffing** shortages, amongst teachers of the deaf, many of whom are approaching retirement, speech and language therapists and auxiliary staff, especially those with BSL skills. The need to employ more deaf people was stressed, both for their skills and for their value as role models.

3.3 Crosscutting themes from professionals and other key informants

The local authority survey and interviews suggest that little has changed as a result of the ASL Act, but where it has changed, this has been for the better. Slight improvements were noted, in the way needs were assessed, recorded and reviewed and in the provision of adjustments and learning support for deaf children. Evidence suggests the ASL Act has had more impact in the areas of parental involvement and co-ordination of multi-agency working.

Concerns were raised about low numbers of teachers of the deaf, now and in future; shortages of posts for communication support workers and speech and language therapists; and the need to involve more deaf people in the education of deaf children. Concerns about funding also recur in both survey and interviews, and awareness that schools and local authorities now have a far wider school population of pupils requiring additional support for their learning.

While the survey data confirms that there are relatively low numbers of CSPs and slightly higher number of IEPs in place, the predominant view from the local authority staff is that the documentation is less important than the planning process itself, and that needs would be met regardless. Almost all disagreements between parents and service providers are being resolved informally at school or local authority level.

4 Conclusions

Are parents / carers of deaf children satisfied that their children's needs are being met?

Overall, the majority of parents are satisfied that their children's needs are being met, although just over a third of parents raised concerns about some aspects of their support, including funding for equipment, acoustics, levels of support in the classroom, availability of speech therapy and the BSL skill levels of some staff working with them.

How many deaf children are being identified as having additional support needs since the introduction of the new legislation?

The evidence of this project confirms that the official Scottish Government statistics, based on numbers of deaf children with a CSP or IEP, seriously underestimate those requiring and receiving support in Scottish schools. With 923 deaf children reported by the 16 authorities who responded to our survey, the official figure of 954 for all 32 authorities cannot be accurate. It seems important that methods of counting deaf children in Scottish schools should change to reflect the reality of children's needs. Moreover, although previously there were concerns about the degree of local variation in practice in use of the RoN, it seems there is now even greater local variation in use of IEPs and CSPs.

What types of educational planning mechanisms are used for deaf children in different parts of Scotland? How are assessments of needs conducted and how do these vary by local authority? How are decisions made on additional support and how do these vary by local authority?

Evidence also suggests that assessment and planning mechanisms, including multi-agency collaboration and involvement of parents and, when appropriate, children, in reviews and decision-making are working well, although they are not seen to represent a great change from the previous system. Most parents are happy with their involvement, although we note that they need reliable and accessible information on which to base their choices about what is best for their children. There is, however, a minority of parents who are not satisfied with decision-making and their role in it. While there was consensus that services should be needed, from both parents and professionals we learned of constraints in local authority budgets which sometimes limited the support that could be offered, even when all involved in the planning process agreed that the child would benefit from more. It is also worrying that parents reported that only 30% of their children had CSPs, a total of 67% had a CSP and/or an IEP, and 7% had other local plans, suggesting that 26% of deaf children had no plan at all, leaving them particularly vulnerable to withdrawal of services. It could be argued that deaf children who have no CSP or IEP are, strictly speaking, not having their ASL needs met under the terms of the ASL Act and the accompanying Code of Practice.

Are the available routes of redress sufficient to ensure that the rights of deaf children and their parents are being met?

Although over a third of parents in the survey said they had had some disagreement with their school, most of these had been dealt with at school level. Very few parents of deaf children have taken advantage of formal routes of redress provided by the ASL Act, since most disagreements have been handled locally, but the evidence suggests that the system is working and that parents are using their rights to be involved, to disagree and to challenge. Serious questions, however, remain about the extent to which parents are actually aware of the routes of redress which might be open to them.

Overall, has the ASL Act made a difference to services?

Assessing the impact of the ASL Act is further complicated by other legislation, such as the Disability Discrimination Act, and initiatives such as *Getting It Right for Every Child*, which have also encouraged awareness of the needs of deaf children and of the value of child-centred approaches. It appears, however, that there is still need for more awareness training for staff of the needs of deaf children. Overall, it has not led to huge changes, and the relatively low numbers of CSPs and the persisting variations in planning and services in local authorities suggest that the ASL Act has not met all its objectives.

Are further changes required?

It would appear that many local authorities are failing to comply with the educational planning and recording aspects of the legislation, and measures may be needed to ensure that these aspects of the ASL Act are not ignored, and more deaf children receive IEPs and CSPs. Concerns about staffing levels, in education and in health services, suggest that clarification of the numbers, both of the children requiring support, and of those available to support them, is urgently required.