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

Research undertaken by the Centre for Education, Inclusion and Diversity, Moray House School of Education, University of Edinburgh, for the National Deaf Children's Society

Sheila Riddell, Sheila Edward, Rachel O'Neill, Elisabet Weedon

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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 needs-led, 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.

LIST OF TABLES

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

ADHD	Attention deficit hyperactivity disorder
ASL	Additional Support for Learning
ASN	Additional Support Needs
ASNTS	Additional Support Needs Tribunals for Scotland
BPVS	British Picture Vocabulary Scale
BSL	British Sign Language
CACDP	Council for the Advancement of Communication with Deaf People [now Signature, since January 2009]
CSP	Co-ordinated Support Plan
CSW	Communication Support Worker
DDA	Disability Discrimination Act
DLA	Disability Living Allowance
DEPCAT	Deprivation Categories (as identified in McLoone, 2004)
FTE	Full time equivalent
GIRFEC	Getting it Right for Every Child
HMIE	Her Majesty's Inspectorate of Education
IEP	Individualised Educational Programme
ISP	Individual Support Plan
K1 – K12	[Codes used for quotations from key informant interviews]
LA	Local authority
NDCS	National Deaf Children's Society
NHS	National Health Service
OT	Occupational therapist
PN1 – PN3	[Codes used for quotations from interviews with parents of nursery children]
PP1 – PP8	[Codes used for quotations from interviews with parents of primary children]
PS1 – PS8	[Codes used for quotations from interviews with parents of children at secondary school or in further education]
RoN	Record of Needs
SLT	Speech and language therapist
SQA	Scottish Qualifications Authority
SSE	Sign Supported English
STASS	South Tyneside Assessment of Syntactic Structures
ToD	Teacher of the deaf
TROG	Test for Reception of Grammar

CHAPTER 1: INTRODUCTION

In 2008, the National Deaf Children's Society (NDCS) commissioned the Centre for Research in Education, Inclusion and Diversity (CREID), at the University of Edinburgh, to investigate the impact of the Education (Additional Support for Learning) (Scotland) Act 2004 (the ASL Act) on deaf and hearing impaired children.

This report presents our findings, in four sections. In this first section, we consider the background to the ASL Act and its aims and provisions and current arrangements for the education of deaf children in Scottish schools, including discussion of statistics and relevant literature; and the section ends with an outline of our methodology. In the second section we present the findings from investigations of parents' views, both through a postal survey, and through a series of follow-up interviews with a subset of those respondents. In the third section we report on professional perspectives, first from a survey aimed at Heads of Services for deaf pupils, and then from a series of interviews with key informants, including officials and professionals working with deaf pupils at a range of levels. In the final reflective section, we try to assess the impact of the ASL Act on the education of deaf children, and whether more change is still required to meet their needs.

Our focus is on deaf and hearing impaired children and young people between the ages of three and eighteen. Within the report we have generally used the term 'deaf children' when referring to this cohort, although we appreciate that it includes young people with a broad range of levels of hearing loss, and a broad range of ages. Similarly, we have generally used the term 'parents' to include parents and carers, although we appreciate that both the survey and the interview sample include carers who were not the parent of the deaf child.

1.1 The ASL Act: background, aims and context

The past 20 years have seen major changes in the management and governance of education for children with additional support needs. The Warnock Report (DES, 1978) introduced the concept of 'special educational needs' (SEN) for children with difficulties and disabilities requiring additional support to that normally available in mainstream schools in order to make progress in learning. Post-Warnock education legislation, which was significantly different in Scotland compared with other parts of the UK, enacted these principles of more inclusive education underpinned by a legal duty on local authorities to determine whether a child had special education needs requiring additional support based on a multi-disciplinary assessment. Children with exceptional SEN were given a Record of Needs (RoN) which identified the nature of the child's difficulties and the measures proposed by the local authority to meet these needs. Scotland has recently radically overhauled the legislative basis of its provision for children with additional support needs, a term which replaced the post-Warnock construct of special educational needs.

The Education (Additional Support for Learning) (Scotland) Act 2004 (ASL Act) required local authorities to identify and meet the needs of all children requiring additional support to benefit from education, irrespective of the cause of their difficulties. Children with enduring difficulties arising from one or more complex factors or multiple factors and requiring significant additional support from education and other agencies qualify for a Co-ordinated Support Plan (CSP). Other children with additional support needs will have these recorded in an Individualised Educational Programme (IEP) or other type of plan (e.g. Additional Support Plan, Behaviour Support Plan). The ASL Act imposed duties on education authorities to:

- *make adequate and efficient provision for the additional support required for each child or young person with additional support needs for whose school education* *they are responsible*

- *make arrangements to identify additional support needs*
- *keep under consideration additional support needs identified and the adequacy of support provided to meet the needs of each child or young person*
- *provide appropriate additional support for disabled pre-school children (generally children under 3) belonging to their area who have been referred to the education authority by an NHS Board and have additional support needs arising from their disability*
- *publish, review and update, as necessary, specified information about their policy and arrangements in relation to provision for identifying, addressing and keeping under consideration such provision for each child or young person with additional support needs for whose school education the authority are responsible*
- *provide those children or young people who need it with a co-ordinated support plan and keep this under regular review*
- *provide independent and free mediation services for those parents and young people who want to use such services and publish information on these services*
- *have in place arrangements for resolving disputes*
- *at least 12 months prior to the expected school leaving date, request, and take account of, information and advice from appropriate agencies likely to make provision for the child or young person when he/she leaves school*
- *no later than 6 months before the child or young person is expected to leave school provide information to whichever appropriate agency or agencies, as the authority think appropriate, may be responsible for supporting the young person once he/she leaves school, if the child's parent or young person themself agrees.*

(Scottish Government, 2005, p.12)

The Act also sought to ensure that all agencies with a responsibility for meeting children's needs communicate effectively with each other and with children's families, and that input from different agencies is effectively co-ordinated. Parents were granted more rights in terms of involvement in key decisions, such as school placement, and in ensuring that local authorities and schools identify and meet children's additional support needs. The Act also provided opportunities for children with additional support needs to be involved in decision-making relating to their education. Young people, defined as people over 16 who are not yet 18, '*enjoy the same rights as parents under the Act unless they are considered to lack capacity to exercise their rights.*' (Scottish Government, 2005, p.85).

Under the Act, CSPs have statutory status and open up additional routes of redress for parents, in particular access to the Additional Support Needs Tribunals for Scotland (ASNTS). The interpretation of qualification criteria for a CSP is therefore of great importance. The ASL Act calls for a CSP when the child or young person has additional support needs arising from complex or multiple factors, when those needs are likely to continue for more than a year, and when those needs require significant additional support to be provided by the education authority in the exercise of any of their other functions as well as in the exercise of their functions relating to education, or by one or more appropriate agencies as well as by the education authority itself. Deciding what constitutes '*significant additional support*' has been much debated since, and the evaluation of the new legislation conducted by HM Inspectorate of Education (HMIE, 2007) drew attention to discrepancies of practice across local authorities in giving children CSPs.

The legislation gave local authorities considerable autonomy in relation to assessment and meeting children's needs, subject to the requirement for '*adequate and efficient provision*' (Scottish Government, 2005, p.12). Deciding what constitutes '*adequate and efficient provision*' for deaf children, is not a simple matter, given the wide range of their needs, depending on the degree of hearing loss, the preferred communication methods of the child and their family, and the wide range of different monolingual and bilingual approaches in use in local authorities, schools and units throughout Scotland, which have been well documented (Grimes *et al*., 2007; BSL and Linguistic Access Working Group, 2008). Some services have a commitment to one particular approach, but others attempt to adapt to the needs of each child:

> *'Between 2000 and 2005, almost a fifth of Scottish deaf children were supported by services declaring 'no specific policy' in relation to language and communication; most note that they aim to meet the individual requirements of all children with additional needs.'*
>
> (BSL and Linguistic Access Working Group, 2008, p. 10)

In addition to these debates about the meaning of the legislation, which may have affected both the numbers of CSPs set up, and possibly the quality of the service offered to deaf children, other factors have had an impact on the education of deaf children in the lifetime of the ASL Act. For example, the Disability Discrimination Act 2005 and the introduction of the Disability Equality Duty have stimulated public bodies, including local authorities, to improve provision for persons with disabilities, and obliged them to consider whether their buildings meet their requirements. Obtaining funding for provision of soundfield systems, and carpeted and curtained classroom should have become a higher priority for schools. Recent research into education authorities' disability equality action plans and reports (Riddell *et al*., 2008) suggested that some progress is being made in physical adaptations of buildings.

Another, less positive, factor is the shortage of qualified staff to work with deaf children. The BSL and Linguistic Access Working Group (2008) drew attention to a shortage of Teachers of the Deaf (ToDs) which is likely to grow more serious in future, since 20% of ToDs in post in 2003 were already over 50, and 69% were over 40 (BSL and Linguistic Access Working Group, 2008, p.19). Other professionals such as BSL/English interpreters and educational audiologists are also reported to be in short supply, and there is also a lack of deaf staff within visiting services to support deaf children in mainstream schools. These staffing factors are likely to have an impact on the quality of education delivered to all deaf children, irrespective of whether the child has a CSP or some other type of additional support plan.

As noted above, an important aspect of the Act is the requirement to collaborate, both within schools and with other professionals from health and social work services, to meet the needs of each child. The sheer numbers of professionals involved is potentially overwhelming for parents of young or recently diagnosed deaf children, who may find themselves dealing with teachers of the deaf, speech and language therapists, educational psychologists, audiologists and the cochlear implant team, even before the child has started at nursery or school. At best, this system offers multiple sources of support for the parents who are learning how best to support their child's communication; but it also risks being confusing unless it is well co-ordinated. As Watson *et al*. (2007) point out, the great majority of deaf children are born to hearing families

> *'who are unlikely to be familiar with signed communication or to have considered using it with their child prior to a diagnosis of deafness.'* (2007, p.105)

Such families need information and advice to help them make sense of the options for their child, and as Watson *et al.* (2007) demonstrate, their views on communication methods may change following cochlear implantation, and they may need further support to reconsider those options. Once the child starts at school or nursery, yet more professionals - head teacher, class teacher, classroom assistant - become involved; and in secondary school, an even larger team of subject teachers and learning support and guidance staff need to understand the needs of the deaf child, and to work together. As McCluskey (2008) has shown, achieving integrated teamwork, amongst all those within schools who are dealing with children with the full range of additional support needs, is not an easy task.

The Education (Additional Support for Learning) (Scotland) Bill 2008 is currently in progress in the Scottish Parliament, and the consultations (Scottish Government, 2008) on this demonstrate that at least some of the concerns which have been voiced by parents and professionals in our research are likely to be addressed. The amendments seek to strengthen the rights of children who need additional support for learning and their parents, in making out-of-area placing requests, accessing mediation and dispute resolution, and accessing the Additional Support Needs Tribunals for Scotland (ASNTS) regarding failures by the education authority.

1.2 Education of deaf children in Scotland in the context of additional support for learning

Numerically, deaf children constitute a relatively small proportion of children identified as having additional support needs. Table 1.1 shows the number of all children with hearing impairments in all publicly maintained schools, according to data published in *Pupils in Scotland 2008* (Scottish Government, 2009). It should be noted that pupils can be recorded in more than one category. As can be seen from this table, hearing impaired children numbered 954 in 2008 and accounted for 2.5% of the children with additional support needs.

Table 1.1: Children with hearing impairment recorded in 2008 (table 1.8 official statistics) – all sectors that are publicly funded

Additional support needs numbers	***Female***	***Male***	***Total***	***Hearing impaired as % of all pupils with additional support needs***
Hearing impaired	401	553	954	2.5%
All pupils for whom reason of support is reported	11,388	26,463	37,851	

Source: Scottish Government, 2009

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. It should be noted that, in their submission in relation to the Education (Additional Support for Learning) (Scotland) Amendment Bill 2008, endorsed by the Royal National Institute for the Deaf (RNID), NDCS estimated that there are around 3,000 children with a severe to profound hearing loss in Scotland, of whom around 1,800 are of school age, and many more with mild to moderate losses (NDCS, 2008a). In its ‘Pick a Number’ campaign leaflet, NDCS also urges that

> *‘Once deaf children go to school, education statistical reporting mechanisms must record the number of deaf pupils, regardless of whether a CSP or IEP is in place.’* (NDCS, 2008b, p.9)

Possibly because the terms used for collecting statistics lack clarity and are therefore being interpreted differently by different authorities or school staff, it would appear that deaf children without a CSP or an IEP are being excluded from the official statistics. This does not necessarily mean that these ‘excluded’ pupils are not currently receiving support from teachers of the deaf or speech and language therapists - indeed our research shows that many do receive a service, although they do not have these plans. Problems may arise, however, when deaf children move into another local authority, since the assessment and planning process may have to start from scratch, thus wasting valuable time in education. There is also a danger that official statistics might be used to estimate future staffing needs. If posts for teachers of the deaf, speech and language therapists or educational audiologists are lost on the basis of these official statistics, deaf children will suffer.

Table 1.2 shows the number of children with hearing impairment in each authority in publicly funded schools, classified according to the new categories. The pupil census uses an asterisk to denote cases fewer than five because of confidentiality. For that reason the total numbers are shown as ‘up to 4’ where an asterisk has been used. A dash is used where the total is nil or rounds to nil and # denotes ‘not applicable’.

Table 1.2: Children with hearing impairment by local authority in 2008

Local Authority	***Primary***	***Secondary***	***Special***	***Total Hearing Impaired***	***Total pupil population***
Aberdeen City	13	5	9	27 (0.12%)	21,874
Aberdeenshire	25	23	-	48 (0.14%)	34,326
Angus	15	11	#	26 (0.16%)	15,614
Argyll & Bute	*	9	-	9 + up to 4 (0.1%)	11,716
Clackmannanshire	*	*	-	Up to 8 (0.1%)	6,796
Dumfries & Galloway	14	7	-	21 (0.1%)	19,894
Dundee City	11	19	*	30 + up to 4 (0.18%)	17,598
East Ayrshire	8	9	*	17 (0.1%)	16,654
East Dunbartonshire	*	5	*	5 + up to 8 (0.07%)	16,253
East Lothian	*	5	-	5 + up to 4 (0.06%)	13,164
East Renfrewshire	5	6	-	11 (0.06%)	16,213
Edinburgh, City of	30	-	13	43 (0.09%)	44,531
Eilean Siar	7	*	#	7 + up to 4 (0.26%)	3,711
Falkirk	7	8	17	32 (0.16%)	20,636
Fife	44	34	6	84 (0.18%)	48,203
Glasgow City	14	38	67	119 (0.18%)	66,075
Highland	16	19	*	35 + up to 4 (0.12%)	32,860
Inverclyde	6	11	13	30 (0.27%)	10,779
Midlothian	*	*	*	up to 12 (0.09%)	11,686
Moray	15	11	#	26 (0.2%)	12,581
North Ayrshire	9	*	7	16 + up to 4 (0.10%)	19,062
North Lanarkshire	32	35	8	75 (0.15%)	48,667
Orkney Islands	*	-	#	Up to 4 (0.13%)	2,788
Perth & Kinross	12	7	-	19 (0.10%)	17,745
Renfrewshire	11	7	14	32 (0.13%)	24,110
Scottish Borders	6	5	-	11 (0.07%)	15,116
Shetland Islands	-	*	#	Up to 4 (0.11%)	3,377
South Ayrshire	9	5	*	14 + up to 4 (0.11%)	14,783
South Lanarkshire	27	22	21	70 (0.16%)	43,429
Stirling	7	*	-	7 + up to 4 (0.08%)	12,563
West Dunbartonshire	12	5	*	17+ up to 4 (0.16%)	12,723
West Lothian	12	10	*	22 + up to 4 (0.1%)	25,740
All local authorities	385	N/A			680,240
Grant aided	-	-	50	50 (4%)	1,333

Source: Scottish Government, 2009

Note: * denotes numbers fewer than 5 - nil or rounds to nil # not applicable

These deaf pupils are educated in a range of settings, including mainstream classes, special units attached to mainstream schools, special schools and residential special schools. As noted above, approaches to teaching vary, and a relatively small proportion is taught using British Sign Language. Using insights from the Achievements of Deaf Pupils in Scotland (ADPS) project, set up in 2000 by the late Dr Mary Brennan as a response to concerns about educational underachievement among deaf pupils, and funded by the Scottish Executive from 2000 to 2005, Grimes *et al.* (2007) provide a useful analysis of language approaches used with deaf pupils in Scottish schools. Their evidence suggests that there are still considerable regional and local variations in approaches, and

> *'significant regional variations in the extent and quality of sign bilingual environments available to Scottish deaf children and their families'* (2007, p.545).

Data from the Scottish Government suggest that the number and proportion of all children with additional support needs has increased since the passage of the new legislation in 2004. The number of children with additional needs has increased, but it should be noted that data gathering methods have changed. Previously, children were recorded only under their main difficulty, but now children are counted under more than one category if they have multiple impairments. In addition, compared with the proportion of pupils who formerly had a Record of Needs, a much smaller proportion of pupils have a CSP, with great variation by local authority. This research seeks therefore to investigate the numbers of children with a CSP, IEP or other plan, and to monitor the effectiveness of the new planning mechanisms in ensuring that the educational needs of deaf children are adequately assessed and the necessary support delivered, to the satisfaction of parent and child. In addition, there is a need to examine the extent to which parents and children are being involved in the planning process, and whether the new routes of redress are working well for deaf children and their parents. In this respect, we note the finding of Riddell *et al.* (2009) in a current project on dispute resolution and avoidance that there is 'considerable confusion', since

> *'Parents are receiving very different messages about the merits and demerits of different redress mechanisms, which are promoted by different actors within the system for different purposes.'* (Riddell *et al*., 2009, p.12)

Finally, one issue concerns all parents of children with additional support needs: access to information both about the services available to them, about their own options and choices, and about their rights. Research on the delivery of advice and information services soon after the ASL Act came into force found that, although there was 'strong endorsement of the existing service', there was scope to improve resources, particularly web-based resources (Riddell *et al.*, 2006). The ASL Act has expanded parents' rights, but unless they understand them and how to use them, little impact will be felt. We note that the ASL Amendment Bill, currently in progress, is seeking to improve the availability of information to parents on the services and rights which the ASL Act offers them. Checking on parents' perceptions of the accessibility and usefulness of information on the options for their children's education, health and future is an important part of this research.

1.3 Methodology

Rationale and research questions

The overarching research question addressed in this research is:

What impact has the ASL Act had on educational provision for deaf and hearing impaired children and are the new planning mechanisms sufficiently robust to ensure that these children are able to access high quality education regardless of geographical location?

Sub-questions include the following:

- How many deaf and hearing impaired children are being identified as having additional support needs since the introduction of the new legislation?
- What types of educational planning mechanisms are used for deaf and hearing impaired 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?
- Are parents / carers of deaf children satisfied that their children's needs are being met?
- Are the available routes of redress sufficient to ensure that the rights of deaf and hearing impaired children and their parents are being met?
- Overall, has the ASL Act made a difference to services?
- Are further changes required?

To address these questions, we have drawn not only on analysis of Scottish Government statistics and literature about the ASL Act and the education of deaf children in Scotland, but also on the views of two important groups:

- the parents and carers of deaf children, and
- professionals and other stakeholders engaged in, or concerned with, educating deaf children in mainstream and special schools across Scotland.

Methods

Parental views

In outline, two methods of data collection were used to collect parental views:

- a postal questionnaire was sent to 256 parents on the NDCS mailing list, and 128 (50%) were returned and analysed. Information was sought on the ages, level of hearing loss and place of education of their children, the support plans, support and additional resources made available to them, including support for transitions, the parents' level of involvement and satisfaction with their children's education, and any disagreements with the school or local authority over that education.
- follow-up interviews with a sample of 19 volunteers from those parents responding to the survey, to explore in more detail their views of the areas of concern in the ASL Act: assessment of educational needs; educational planning and review; co-ordination of services; transitions; parents' rights and children's rights; and access to information.

More details of the methodology for gathering parents' views and the sample of parents surveyed are presented in Section 2, along with the analysis of these findings. Two points should be noted, however, about the data collected on parents' views. Firstly, although parents are likely to have their children's best interests at heart, their views on their children's education do not necessarily equate with the children's own views, and there is occasional evidence of divergence, particularly in relation to older children, in the data we collected both from parents themselves and from other key informants. Because of the broad age range of the children (3-18) whose education we were investigating, expanding our methodology to include direct investigation of children's perspectives was not practicable.

Secondly, the parents' views we collected are not necessarily representative of those of all parents of deaf children. Our survey sample was self-selecting at two levels: firstly, these parents were on the mailing list of NDCS and may therefore be better informed about their rights than the whole population of parents of deaf children; and secondly, because they chose to return our questionnaire. For the interviews, parents from the survey sample had again self-selected by volunteering for interview: in total, 85 out of 128 (66%) offered to talk to us. In our selection of 19 of those to interview, we sought to achieve a balance of perspectives, ensuring that the interviewees included: eight parents of primary children, eight of secondary pupils, and three of deaf children aged 3-5; at least two parents who were deaf themselves (who were interviewed face to face rather than by telephone); two fathers (although the great majority of respondents were female); two ethnic minority parents; two parents who had moved to Scotland from elsewhere with their deaf children; two carers who were not the parent of the child in question; and, to ensure social inclusion, at least two and not more than four from each of the seven DEPCAT postcode-based categories of the Carstairs Index of Multiple Deprivation (McLoone, 2004).

Views of key informants and local authority staff

Again two methods were used to investigate these perspectives:

- A questionnaire was sent to the individual with responsibility for additional support for learning for deaf pupils in each of the 32 local authorities. Respondents were asked to comment on the type of educational planning mechanism being used, the type of educational provision being made, the involvement of services outwith education and particular issues arising in implementing the new legislation. Their views were also sought on the use of different routes of redress.
- Interviews were conducted with twelve key stakeholders in the Scottish Government, local authorities and voluntary sector organisations to investigate the way in which national policy was being translated into local practice, and the nature of educational provision for deaf and hearing impaired children in different parts of Scotland.

More details of the methodology for gathering these views are presented in Section 3 of this report. Here we note simply that nine of the twelve key informants were working directly with deaf children in Scottish schools, in roles which included Head of Hearing Impairment Service, teacher of the deaf, speech and language therapist, and communication assistant, and these were particularly useful for probing, in more depth than was possible in the survey, the provision for deaf children in the light of the ASL Act. The areas covered in these interviews included:

- Approaches to meeting deaf children’s needs
- Identifying and assessing deaf children’s needs
- Recording deaf children’s needs
- Decision making, including involvement of other professionals, parents and children
- Adjustments and learning support
- Strengths and weaknesses of the ASL Act

Ethical issues

All individual participants in the study in all stages were assured of their anonymity and that their views would be treated as confidential. The names of children, schools, local authorities and officials have also been treated in such a way as to ensure anonymity. The research adhered to British Educational Research Association ethical guidelines, and was approved by the ethics committee in the Moray House School of Education, University of Edinburgh.

CHAPTER 2: VIEWS OF PARENTS AND CARERS

This chapter of the report is presented in three parts: a report on the postal survey of parents and carers (2.1), a report on the interviews with parents and carers (2.2), and a brief discussion of cross-cutting issues (2.3).

2.1 POSTAL SURVEY OF PARENTS AND CARERS

2.1.1 Methodology

The questionnaire was developed in collaboration with NDCS and 256 questionnaires were sent out to parents or carers of children between 3 and 18 on the NDCS mailing list. A letter written jointly by the research team and the NDCS to explain the involvement of the NDCS in the project, and a short explanatory leaflet about the project, giving assurances of confidentiality, were sent out with the survey. The survey package was posted out to parents, with a reply paid envelope, in January 2009. A reminder was sent three weeks later to those who had not responded to the first request. Questionnaires were returned by 128 parents, representing a response rate of 50%; however, because some parents entered data for more than one deaf child in their family, we gathered data for 136 children. One child was excluded from the analysis as he was below the age of three. Twenty-nine local authorities (based on the parents' home addresses) were represented, but a very small number of children did not attend school in their home authority.

2.1.2 Findings

The findings from the survey are reported below. Where quotations are used, the child's gender, age and anonymised local authority are shown. If the parent identified the child or the local authority by name, this has been paraphrased or removed from the quotation.

Background information

Parents were asked to include some background information about themselves, including gender, ethnic origin and whether they were also deaf. In the majority of cases, over 80%, the questionnaire was completed by the mother or female carer of the child or young person. Five parents did not respond to the question on ethnic origin; of those that responded, 94% were white. Of these, 82% were White UK and the remainder of European origin. Five percent were from non-white ethnic minorities, mainly of Asian-Pakistani background which is slightly higher than the overall non-white ethnic minority of Scotland (4.1%). Eight percent (n=10) indicated that they were themselves deaf.

The post-codes of the participants were used to examine socio-economic status through the use of the Carstairs Index of Multiple Deprivation (McLoone, 2004) which classifies those in DEPCAT 1 as the least deprived and those in DEPCAT 7 as the most deprived. Table 2.1 shows the spread of representation across the levels of deprivation. The final two columns show the spread for the Scottish postcode sectors from the 2001 census, as reported by McLoone (2004).

Table 2.1: Location of respondents based on Carstairs Index of Multiple Deprivation

DEPCAT Category	**Frequency**	**%**	**Cumulative %**	**McLoone %**	**McLoone Cumulative %**
1	9	7	7	9	9
2	18	14.1	21.1	16.8	25.8
3	27	21.1	42.2	24.3	50.1
4	33	25.8	68.0	22.3	72.4
5	17	13.3	81.3	12.4	84.8
6	15	11.7	93.0	9.4	94.2
7	9	7.0	100.0	5.8	100.00
Total	128				

As can be seen, there were relatively few respondents from category 1 and 7 and the largest number came from those in category 4 followed by those in category 3. The survey sample broadly reflects the pattern of deprivation in the Scottish population, although in comparison with the 2001 census figures, the less deprived categories 1-3 are slightly under-represented in our survey sample, while the more deprived categories 4-7 are slightly over-represented.

In addition to this background information, parents were asked to state the age and gender of their deaf child or children (see table 2.2). The ages have been grouped to relate to the usual age groups for the different stages of education. A few parents did not state the age of their child: in those cases where the educational stage had been given this was used to estimate an age and the child was entered within that age band. A few (n=6) omitted to respond to the question on gender, and they have therefore been excluded from table 2.2. Parents were also asked to state their local authority, but this information has not been included here as it may compromise confidentiality. Twenty-nine local authorities were represented in the returned questionnaires ensuring that different types of authorities were represented in terms of geographic and urban or rural location.

Table 2.2: Age band and gender of child(ren) (based on responses about 130 children)

Age	**Gender**			**Overall total**
	Female	**Male**		
Below 5 (not at school)	6	11		17
Primary (approx 5 – 11)	27	31		58
Secondary (approx 12 – 16/18)	21	24		45
Left school – over 16	5	5		10
Total	59	71		130

The next question asked for the child's current place of education. As can be seen from table 2.3, most were either in mainstream primary or secondary or at nursery, with 15% in a school for deaf children.

Table 2.3: Place of education

Type of institution	**Numbers**	**%**
Not yet at school or nursery	1	1%
Nursery	19	14%
Mainstream Primary	53	39%
Mainstream secondary	34	25%
Deaf school	20	15%
Another type of school	4	3%
Further education college	3	2%
University	0	0%
No longer in education	1	1%
Total	135	100%

In the case of those that had indicated an alternative to those listed, one parent stated that the child was home educated, one that their 17-year old was attending a 16-18 years unit at a Special Needs School. Six of the parents said that their child was in a mainstream school with a deaf/hearing impaired unit and a further three that their child was spending some time in mainstream primary and some time in a deaf unit. One parent did not see this latter arrangement as satisfactory:

> *My son attends mainstream school with a base for deaf children 4 days a week and one day at mainstream. The difference between the two is he gets that much help and support at the school with the base for the deaf but at mainstream it's all down to funding and the teacher doesn't really understand him or the assistant is not deaf aware.* (Male, aged 6, LA 1)

Where parents had informed us that their child was in mainstream primary or secondary education, they were also asked whether the school had a special unit or resource base for deaf children. Ninety-seven parents responded to this question, 35 (36%) indicating that there was a special unit for deaf children and 62 (64%) that there was none. Note that the percentage is based on those that responded: the question was not relevant to children who were not in mainstream education.

The parents were further asked to state the level of hearing loss experienced by their child using the British Society of Audiology categories (www.batod.org.uk) Virtually all parents responded and, as shown in table 2.4, nearly two thirds of the children had profound hearing loss and only 2 (2%) had a mild hearing impairment. Thirteen parents qualified their response by explaining that the level of loss differed between the ears with for example, one ear being profoundly deaf and the other severely deaf.

Table 2.4: Level of hearing loss experienced by the child

Level of hearing loss	**Numbers**	**%**
Mild	2	2%
Moderate	23	17%
Severe	29	21%
Profound	81	60%
Total	135	100%

Table 2.4a: Level of hearing loss and place of education

Educational Institution					**Total**
	Mild	**Moderate**	**Severe**	**Profound**	
Not yet at school or nursery	0	1	0	0	**1**
Nursery	0	3	6	10	**19**
Mainstream primary	2	12	12	26	**52**
Mainstream secondary	0	7	9	18	**34**
Deaf school	0	0	1	19	**20**
Further education college	0	0	1	2	**3**
No longer in education	0	0	0	1	**1**
Another type of school	0	0	0	4	**4**
Total	**2**	**23**	**29**	**80**	**134**

An examination of those children educated in mainstream secondary or primary showed that under half of those categorised as profoundly deaf were being taught in a school with a special unit for deaf children, as were about a third of those with severe hearing loss. We cannot, of course, infer from this whether the remaining children were attending mainstream schools without a special unit because this was a positive personal choice for the child or their parent, or because there was no alternative available to them.

In addition to being asked about level of hearing loss, parents were asked about what type of hearing aid, if any, was used by their child. Table 2.5 shows that the majority of children with profound hearing impairment had a cochlear implant and around a third used behind the ear hearing aids. For those with severe and moderate hearing loss, the most common aid was behind the ear, a few had another type of hearing aid and one had none. Both children with mild hearing loss used behind the ear hearing aids.

Table 2.5: Type of hearing aid used

	Behind the ear		**Cochlear implant**		**Other**		**None**		**Total**	
	Nos	%	Nos	%	Nos	%	Nos	%	Nos	%
Mild	2	100%	0	-	0	-	0	-	2	100%
Moderate	19	83%	0	-	4	17%	0	-	23	100%
Severe	27	93%	0	-	1	3%	1	3%	29	100%
Profound	26	33%	50	63%	2	3%	2		80	100%
Total	**74**		**50**		**7**		**3**		**134**	

Note: Percentages are based on type of hearing loss

Parents were asked if their child also had other additional support for learning needs. Of the 128 responding to this question, 54 (42%) said they did, 74 (58%) that they did not. Where a child had an additional need, 47 parents explained this further. Sixteen children had autistic spectrum disorder, ADHD and dyslexic/learning difficulties and a further three were identified as having speech and language difficulties. Nine had visual difficulties, one child being registered blind in addition to having a profound hearing impairment. Three had multiple and complex needs with severe communication difficulties in addition to hearing impairment, two had cerebral palsy and the others had learning difficulties due to developmental delay, balance and/or fine motor skill problems.

Finally, in this section, questions were asked about children's preferred method of communication and the method of communication used at school. As table 2.6 shows, the majority indicated that speech and lip-reading was the preferred method of communication with a much smaller proportion (14%) preferring to use BSL. Sign Supported English was only identified as a preferred method by 7%.

Table 2.6: Preferred method of communication

	Numbers	**%**
Speech and lip-reading	101	75%
Sign Supported English	10	7%
British Sign Language (BSL)	19	14%
Makaton	0	0%
Cued Speech	1	1%
Other	4	3%
Total	135	100%

While this indicates the preferred communication method, 22 parents (16%) said that their child used more than one method, often a combination of speech and lip-reading and sign supported English and/or BSL. In terms of the 'other' responses, two stated that the child used only speech, no lip-reading, one said that the child used pictures and watching the face, and one that the child used Canaan Barrie signs, touch and music.

In addition, they were asked to state what methods were used to communicate with the child at school. Here parents were encouraged to specify all that were used rather than select just one. As Table 2.7 shows, the majority used speech and lip-reading and considerably smaller numbers used Sign Supported English or BSL; however, it is clear that a number of children were using a combination of these depending on circumstances. There was very limited use of Makaton and Cued Speech.

Table 2.7: Method(s) of communication used at school

	Numbers
Speech and lip-reading	105
Sign Supported English	29
British Sign Language (BSL)	30
Makaton	1
Cued Speech	1
Other	10

Ten parents mentioned other methods, including: speech only, PECS, Canaan Barrie signs and Total Communication.

Support plans, support and additional resources

The questionnaire asked parents to state what type of educational support plan was used. and Table 2.8 shows their responses.

Table 2.8: Type of support plan

	CSP	**%**	**IEP**	**%**	**Other plan**	**%**	**Any plan**	**%**
Yes	41	30%	65	48%	10	7%	101	74%
No/no response	95	70%	71	52%	126	93%	35	26%
Total	136	100%	136	100%	136	100%	136	100%

As can be seen, fewer than one third of the children had a Coordinated Support Plan (CSP). Of the children with CSPs, 15 also had an Individualised Educational Programme (IEP). Taking into account those 15 children who had two plans each, their parents reported that 91 children (67%) had an IEP and/or CSP, and 101 children (74%) now had some plan in place. This means, however, that a relatively large proportion of the group (26%) did not seem to have any kind of educational plan, which is surprising given that 81% of this group had severe or profound hearing loss. This may be interpreted in two ways. Perhaps these children had plans, but their parents did not know - which could be seen as an indicator of poor communication between home and school and a lack of participation by parents in the planning process. On the other hand, if these children do not have plans, it suggests that support and planning for their education is not systematic. Where parents had indicated that their child had an ‘other’ type of plan, they were asked to provide its name. Three stated that their child had an Additional/Assisted Support Plan, one that it was called an Action Plan, one referred to an Integrated Support Plan, one to a Learning Style Plan and one to a MAP. Two were unsure of the name and one simply indicated that the child had a plan without naming it.

We asked parents whether their child had previously had a Record of Needs (RoN) prior to the change in legislation: only 64 (47%) said they had had an RoN. Direct comparisons between this figure and the 67% who now had IEPs or CSPs would not be valid, given that many of the children in our survey would have been too young or too recently diagnosed to have had a previous RoN. The CSP was not meant to replace the RoN, but the far smaller number of CSPs (30%) may indicate a reluctance of local authorities and schools to open CSPs. We noted that 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%) had CSPs.

The new ASL Act was intended to increase the rights of parents and there has also been an increasing emphasis on involving both parents and children and young people in decision-making. Parents were therefore asked to indicate whether they and/or their child had been involved in the planning of the provision of support. Their responses are set out in Table 2.9.

Table 2.9: Involvement of parent and child in the planning process

	Yes	**%**	**No**	**%**	**Don't know**	**%**	**Missing numbers**	**%**
Child/young person	46	34%	66	49%	18	13%	6	4%
Parent	102	80%	20	16%	0	0%	6	5%

As can be seen from table 2.9, around one third of the children had been invited to participate in the planning process, while a far higher proportion, more than three quarters, of parents had been involved. They were also asked to describe the involvement both in terms of the child and themselves. Thirty-eight parents commented on the issue of their child's involvement. Six of these stated that it was not relevant, two because of the age of the child as explained by this comment:

> *By child I assume you mean parents - 5-year old cannot plan! All arrangements were in place before child started school, i.e. new curtains - teacher going through deaf awareness training.* (Female, 8 years, LA 3)

However, this seems to contrast with practice elsewhere, as the comment from a parent with a profoundly deaf son suggests:

> *Asked to comment on the CSP form, usually draw a picture and normally come in at the end of the CSP meeting but this can be intimidating.* (Male, 8 years, LA 22)

The remaining parents commented on different ways that their older children were involved in ways which seem to indicate different levels of engagement:

> *Asked for his opinions on his needs and what would make a difference to him in his education and social integration. Plan explained to him and asked for his approval.* (Male, 14 years, LA 25)

> *Attends review meetings.* (Female, 16-18 years, LA 3)

As shown in Table 2.9, far more parents were involved and 86 parents/carers commented on their involvement. The majority of comments were positive, indicating involvement in the planning process:

> *Pre-school assessment by educational psychologist at home, we then attended a pre-scat meeting where we agreed that she should attend a primary school with a hearing-impaired unit. We attended regular meetings at primary to review her progress, a meeting at the end of primary for the transfer to secondary and one formal meeting at high school.* (Female, 14 years, LA 25)

> *We have been invited to all of the IEP meetings in school. We feel that the comments/ suggestions we make are taken on board and feel we are working in partnership with the other professionals involved.* (Male, 12 years, LA 13)

A small number felt that their involvement was minimal and that they had had to push for appropriate support:

> *We have meetings to discuss future plans but they mostly tell us what is available and if we apply for support, it's not guaranteed. It depends on the Budget.* (Male, 4.5 years, LA 1)

> *I have constantly had to push the school to educate my child. I have 3 children with additional needs and find with all that once taken out of the 5-14 curriculum, there are no great expectations required of them. My children are being failed by this get out clause. Badly!!* (Male, 8 years, LA 11)

Two parents commented on the lack of support from their own local authority and their children were now at a special school for deaf children in England. They felt that support was excellent there, in contrast to that provided by their own local authority.

There is a clearly variation in the level of involvement by parents and children, but the data here indicate a high level of engagement with the planning process by parents and to a lesser extent by children/young people. Parents who had been involved in planning were also asked to indicate their satisfaction with their involvement in that process, and with the outcome.

Table 2.10: Satisfaction with process and outcome of planning

	Yes	**%**	**No**	**%**	**Yes & No**	**%**	**Missing Nos**	**%**
Satisfaction with involvement in the planning process	87	85%	9	9%	2	2%	4	4%
Satisfaction with outcome of the planning process	77	76%	11	11%	2	2%	12	12%

As can be seen from table 2.10, the majority of parents were satisfied with their involvement in the planning process; slightly fewer, though a sizeable proportion, were satisfied with the outcome. Only 46 parents (36%) added a written comment in relation to the process of planning. Generally positive comments came from 29 parents (23%), noting that they had good links and that their views were taken into account:

> *My recommendations were discussed fully.* (Female, 12 years, LA 1)

> *Invited to meetings with all key people. Kept up-to-date with progress. Allowed to give my input and concerns.* (Female, 6 years, LA 5)

Eight parents (6%) added comments indicating that they were dissatisfied, including a deaf parent who found it difficult to become involved:

> *As a deaf parent, I find it difficult to get involved as I feel my comments are not taken seriously.* (Male, 13 years, LA 25)

Another parent felt that the local authority was not supportive:

> *[Local authority] very negative towards our choice and we have had to put a lot of effort to get ToD to agree to visit school.* (Male, 4 years, LA 6)

Two of the parents indicated that they were both satisfied and dissatisfied, one explaining that this was because of a split placement:

> *Have to tick both [Yes and No] he gets on great at the Unit Base School but not mainstream without base.* (Male, 6 years, LA 1)

A slightly larger number of parents, 52 (41%) commented on their satisfaction with the outcome of the planning. Over half (n=30) were satisfied or reasonably satisfied with the outcome:

> *All the results are very good and brought us as parents a satisfaction because our daughter is achieving all that we have seen in her plan by the responsible staff and the head teacher at the school.* (Female, 7 years, LA 20)

The lack of experienced staff concerned one relatively satisfied parent:

> *Yes. Satisfactory support offered. However, one support worker [is] too inexperienced at signing [it is too] slow [and this is] frustrating to child.* (Female, 13 years, LA 21)

Another parent was concerned about lack of qualified staff:

> *The planning was adequate but the funding to employ sufficiently skilled staff is not available. Potential skilled staff are in the area but salary offered does not attract them away from existing employment.* (Male, 15 years, LA 21)

The main complaint of the parents who were dissatisfied was the lack of action following the planning process and this is summed up in the following two comments:

> *There was no follow up by the LA to see if we were satisfied with the boys' placement or how, when they needed ear moulds for their hearing aids, this was being done. Our sons lose a day from their education to visit Audiology Department for this and almost always the moulds do not fit when they arrive. There are no audiologists or speech therapist in the school they attend.* (Male, 12 years, LA 14)

> *Ticking boxes and saying you're going to do something doesn't always mean it happens.* (Male, 11 years, LA 16)

Parents were then offered the opportunity to add a general comment about the process of assessing their child's need and planning for support. Only 55 parents (43%) chose to add a comment, 73 (57%) did not. Of these, six were positive and indicated that the parents felt their child was well supported:

> *Have regular contact via email, text and phone with ToD so know how son is doing.* (Male, 5 years, LA 20)

The other 49 parents (38%), however, used this question to express concern about some aspect of provision. Six were of the view that the support would not have been in place had they not fought for it:

> *We had a fight to get our son into the Special School he required. And [we] were very concerned to learn of the importance of the CSP, particularly, the alternative appeals route available, and the access to legal aid if required.* (Male, 4 years, LA 3)

> *Very unclear as to what our rights are, especially with no plan. Very demoralising – [LA] negative re choice and school. We have had to fight to get support. They have alienated school through negative comments.* (Male, 4 years, LA 6)

Other parents focused on issues in relation to the school and/or staffing. Two parents noted that there was a lack of coordination between agencies:

> *Difficulties with school implementing needs - time - working with multi-disciplinary [teams] lack of coordination of plans and needs.* (Male, 14 years, LA 4)

> *I have frustrations over lack of liaison and communication between the various professionals. I don't have any sense of who is coordinating the process.* (Female, 11 years, LA 29)

Several parents commented on lack of support of trained staff or awareness amongst non-specialist staff:

> *More qualified teachers of the deaf are needed to support deaf children in mainstream school. Mainstream teachers need more and regular information days to learn about a deaf child's needs and deaf awareness information.* (Male, 15 years, LA 15)

Assessment of needs also featured as a problem for some. In some cases this was lack of understanding of a need which was not to do with the child's hearing impairment though one parent felt that the assessment for autism was inappropriate for a deaf child:

> *The ADOS assessment which found he was "Autistic" is exceptionally flawed for deaf children - no allowance has been made whatsoever. I am being patronised by the school and issues swept under the carpet.* (Male, 10 years, LA 11)

> *The assessment was very sketchy, and the assessors did not have insight into the needs of profoundly deaf BSL students.* (Male, 12 years, LA 14)

A small number of comments indicated that parents had found differences between school sectors, for example, moving from primary to secondary led to an improvement:

> *Feeling that support in secondary school was much better than the primary school. A lot of the time at primary school we had to request the meetings and push to get classroom acoustically treated.* (Female, 15 years, LA 11)

Another parent felt that secondary schools did not provide a good environment

> *High school mainstream unable to help with small group classes, and unable to support at best level for her.* (Female, 16-18 years, LA 3)

This indicates that there are different levels of satisfaction amongst parents in terms of the provision made for their child. It suggests that good communication between home and school is of vital importance, as is parental (and where appropriate) child involvement in the planning process. It also indicates that there are differences between schools in terms of how they handle the needs of these children, irrespective of resources available.

Parents were also asked to state which professionals provided extra help for their child and whether they were satisfied with this. As can be seen from table 2.11, more than half of the children/young people received help from a class teacher, a visiting teacher of the deaf, and audiologist and/or a speech and language therapist. Generally the levels of satisfaction were high. The main problem suggested by some of the additional comments was lack of availability or frequency of visits from these professionals rather than the quality of the service they provided when available. Only around a third of the children were supported by a teacher of the deaf, either in classroom or support base. When this support was available it was appreciated. Fewer than half had support from a classroom assistant and even fewer were supported by the school nurse/doctor, a social worker, a voluntary organisation or another type of therapist. This may, of course, be because there was no perceived need for this support.

Table 2.11: Person(s) providing additional support

Provider	**Numbers (%)**		**Very satisfied[1]**	**Satisfied[1]**	**Not satisfied[1]**		**No response**
Class teacher[2]	83 (62%)		49 (60%)	27 (33%)	6 (7%)		52 (39%)
Teacher of Deaf in class	51 (38%)		33 (65%)	12 (24%)	6 (12%)		85 (63%)
Classroom assistant in class[2]	65 (48%)		38 (59%)	21 (33%)	5 (8%)		71 (52%)
Teacher of Deaf in support base	40 (30%)		27 (68%)	11 (28%)	2 (5%)		95 (70%)
Classroom assistant in support base	26 (19%)		16 (62%)	10 (39%)	0 (0%)		109 (81%)
Visiting Teacher of Deaf	69 (51%)		47 (67%)	15 (21%)	8 (11%)		66 (49%)
Audiologist (Educational or NHS)[2]	77 (57%)		44 (58%)	26 (34%)	6 (8%)		59 (43%)
Speech and language therapist[2]	83 (62%)		43 (52%)	31 (38%)	8 (10%)		52 (39%)
Other therapist, e.g. physiotherapist	18 (13%)		10 (57%)	5 (28%)	3 (17%)		117 (87%)
School nurse or doctor[2]	20 (15%)		14 (78%)	3 (17%)	1 (6%)		115 (85)
Social worker	17 (13%)		4 (25%)	10 (63%)	2 (13%)		118 (87%)
Voluntary organisation	26 (19%)		19 (76%)	4 (16%)	2 (8%)		109 (81%)
No additional support	7 (5%)		-	-	-		128 (95%)
Other support[2]	17 (13%)		12 (75%)	3 (19%)	1 (6%)		118 (87%)

1. Please note that percentages reported in relation to level of satisfaction are based on those responding yes to this question.
2. One/two parents failed to comment on level of satisfaction.

Seventeen parents stated that their child had some form of 'other' support. The most common was a non-school organisation such as the NDCS, West of Scotland Deaf Children's Society or another local group. Learning support staff, auxiliary or care staff were cited by five and one stated the child had a private tutor. Family was also noted as offering support as were an interpreter or sign tutor. In general, parents were satisfied with the support provided by 'others'. Overall, most parents are satisfied and the problems often occur due to lack of staff, or in some cases lack of staff training, or insufficient contact time with the child, rather than their ability to support when they are there:

> *For all ticked we feel that more support is needed. Our child is supported by a classroom assistant who we feel should be given ongoing training and deaf awareness. A visiting teacher of the deaf is in for 14 periods a week but for 2 whole days no teacher of the deaf is available.* (Male, 15 years, LA 15)

Parents were again invited to add a comment on their satisfaction with support. This opportunity was used by only 69 parents (54%). The level of satisfaction shown in table 2.11 does not seem to be matched by the open ended comments that parents provided and it may be that the key concern is about lack of support and that the negative comments are in the main from those who fall into the 'No/No response' column. In general it would seem that when support is available, parents are satisfied with it. This is reflected in the comments added by 22 parents (17%):

> *I feel the level of support provided is at an appropriate level and has been flexible*

> *over the years to meet my son's changing needs. All of the professionals involved have consulted us and my son about the amount and nature of support provided.* (Male, 12 years, LA 13)
>
> *[The] Council have been very helpful. Their system works very smoothly and the provision of hearing-impaired units in mainstream schools has been very beneficial. The Deaf Children's Society has been enormously helpful with things like getting disability living allowance and providing confidence-building activities, etc.* (Female, 14 years, LA 25)

A few parents were positive and attributed that to the particular nature of the school:

> *Being in a very tiny (less than 30 pupils) rural primary has helped hugely. Not sure if he would have fared as well in a more normal sized primary.* (Male, 9 years, LA28)
>
> *My son's school has all the specialists under the one roof, which gives him a lot of support.* (Male, 8 years, LA 25)

In contrast to this, 47 parents (37%) used the opportunity to highlight their worries about transitions or aspects of support, resourcing or teacher awareness of deaf issues. The majority of comments focused on support, such as the length and frequency of visits from Teachers of the Deaf:

> *There is only one classroom assistant for 2 classes so there is no constant support there. There was no training for the class teacher until we asked for it to be initiated. The Teacher of the Deaf visits once a week for one hour. We have asked twice for communication to be passed more (via diary/email) but been told that this is not common practice. We would find it useful so we can keep up to date with our son's learning.* (Male, 5 years, LA 20)
>
> *My experience has been very mixed, health professionals have been great, but my child's school and additional support, i.e. Teacher for the Deaf (visiting), has been a total joke! The support plan that was made was completely ignored and my child has had 5 supply teachers in 1 year, due to planned maternity leave.* (Female, 9 years, LA 19)

Staff awareness of the needs of deaf children and their level of training was also a concern:

> *Most of the support staff are not adequately trained and do not really understand my son's deafness - most people assume because he has an implant he can hear and understand everything - they do not realize how much he still misses - I've been trying to get this message through for years!* (Male, 11 years, LA 16)
>
> *The level of BSL understanding/ competence is (sadly) very poor with some readers more fluent than others. He is effectively getting taught by teachers who do not always have the vocabularies to get their points across [at a] complexity that is essential for him. Having said that, a couple are excellent despite BSL being their second language.* (Male, 16 years, LA 11)

A very few parents commented on poor communication or disruption to the level of support caused by changes in staffing:

> *SLT - not provided often enough and therapist has no previous experience working with deaf children (although she does seek advice from specialist SLT). Class teacher - very much dependent on the individual. My daughter's current class teacher is*

> *excellent - works closely with ToD and takes on board all advice/ suggestions. Previous year teacher was much less willing/able to adapt teaching methods.* (Female, 8 years, LA 12)

These comments suggest that, whilst parents appreciate the support that is provided for their child and the work of individual professionals, there are considerable concerns in relation to the amount and quality of support, such as staffing, level of awareness of the needs of the deaf child and the level of training of staff who are involved with the child.

In addition to commenting on the people who supported their children, parents were also asked about the resources available to them.

Table 2.12: Resources available to support your child

Resource	**Numbers /%**		**Very satisfied**[1]	**Satisfied**[1]	**Not satisfied**[1]		**No response**
Adaptations, e.g. to improve acoustics, soundfield system[3]	48 (35%)		27 (53%)	18 (35%)	6 (12%)		88 (65%)
Radio hearing aid[2]	67 (49%)		40 (62%)	19 (29%)	6 (9%)		69 (51%)
Additional access to computers or special software, video, DVDs with subtitles[3]	59 (44%)		25 (40%)	24 (38%)	14 (22%)		76 (56%)

1. Percentages in relation to level of satisfaction are based on those responding yes to this question.
2. A small number of parents failed to comment on level of satisfaction
3. Three parents commented on satisfaction because there was no availability of this adaptation.

In just over a third of cases, adaptations had been made to acoustics and the majority in this category were satisfied with this type of resource when provided. A larger proportion, 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, although three quarters of the parents were satisfied.

Ten parents listed other type of resources. One stated that the child received Disabled Student Allowance and another had been provided with a laptop. The remainder referred to aids for hearing such as group hearing aid, vibrating alert system and microlink (a radio aid system).

Only 48 parents (37%) added extra comments in relation to resources. Twelve (9%) reported on satisfactory experiences in relation to provision of resources and a couple mentioned issues in relation to extra-curricular activity, one that the child was able to go swimming and another that there was a lack of support when the child was not at school. The remaining 36 parents (28%) were critical and much of this criticism focused on problems with specific resources:

> *Our primary school is located in an old building. There has been continual problems getting radio aid systems to work and I have lost count of the number we have tried. This has resulted in my daughter being without her radio aid for long periods of time.* (Female, 11 years, LA 29)

> *My children use microlinks and have a sound field system. The systems can be in conflict and it can take time to fix which leads to frustration from me and my children.* (Male, 8 years, LA 22)

There were also comments on subtitled videos, and lack of resources for some children.

It is evident that the provision of resources is variable across authorities and there are local problems, such as equipment and old school buildings, which lead to frustration for both child and parent. Generally there is a high level of satisfaction with resources when available.

Transitions

The new legislation sets out requirements for managing transitions for children with additional support needs. Parents were asked whether their child had experienced transition and, if so, how satisfied they were with the way this was handled. Missing responses are included in the 'No' category as it can be assumed that they had not been involved with such a transition.

Table 2.13: Transitions experienced by child/young person

Transition	**YES**	**%**	**NO/ Non-response**	**%**
From nursery to primary school	104	81%	24	19%
From primary school to secondary school	52	41%	76	59%
From secondary school to further education	4	3%	124	97%
From secondary school to university	0	0%	128	100%
From secondary school to the workplace	1	1%	127	99%
From another school in your local authority area	5	4%	123	96%
From school in another Scottish local authority	6	5%	122	95%
From another school outside Scotland	4	3%	124	97%
Other	3	2%	125	98%

As the questionnaire included children from three to eighteen, not all will have experienced transitions further up the educational system and some will have been in situations where there were no such transfers, e.g. a school with provision from nursery to secondary. Over three quarters of parents indicated that their child had moved from nursery to primary and 52 (41%) that their child had transferred from primary to secondary. A small number of parents did not comment on transition from primary to secondary, perhaps because their children were at a school which included both primary and secondary.

Seventy-eight parents (61%) commented on transition arrangements from nursery to primary and the majority (60% of this group) reported satisfactory transitions:

> *Planning meetings were held and additional visits to the school. There was continuity from nursery to primary in the peripatetic TOD. The primary staff received in-service on Deaf Awareness prior to [my son] starting school. We are currently in the process of transition planning from primary to secondary. Planning started in Dec 08. Arrangements have been made for [my son] to have additional visits to the secondary and to meet a deaf pupil already at the secondary school.* (Male, 12 years, LA 13)

Parents who reported on negative experiences focused mainly on issues around support. Twelve parents commented on problems experienced:

> *There was no support/ arrangements for transition. I had requested on 2 occasions to have a meeting with Deaf Education - somewhere along the line wrong information was given. Deaf Education was told that their input was not required. When I asked for meeting they were quick to arrange one.* (Female, 5 years, LA 21)

Four parents noted that their child's hearing loss was not diagnosed until they started primary and no support was available until then.

Far fewer parents commented on transitions from primary to secondary school. As for primary, the majority were satisfied with the arrangements:

> *Transition from primary to secondary school was tremendous. We visited the school on two occasions and still hesitated about the move but listened to what the school had to say. This has been the best choice ever, my child loves the school, work, teachers - it has definitely been the correct choice.* (Female, 13 years, LA 25)

Only two parents commented negatively, one of these was in the process of making arrangements and the second stated that no support had been in place.

Unsurprisingly, given their age range, few young people had made the transition from school to further education or university. Two parents reported on transition from school to college, one positively and one negatively, but did not offer explanations. One parent reported positively on a transition to university that was currently happening and noted that the Teacher of the Deaf was accompanying the young person on university visits.

Three parents commented on transitions within and between Scottish local authorities or a move from another part of the UK to/from Scotland. The level of support varied with one reporting better support in school after the move and one stating that support was now lacking. Three parents stated that their child had experienced other types of transitions, one from day nursery to nursery school, one from a hearing unit in pre-five setting to mainstream nursery and one from a mainstream to specialist school for the deaf. The parent whose child had moved into the mainstream nursery setting from the hearing unit was concerned about the support provided. The parent whose daughter had gone to the school for the deaf commented on her having to leave behind friends in the mainstream setting.

Parents were generally satisfied with transition arrangements. When there were problems, these related to level of support provided in the new setting and the lack of communication between school and home.

Disagreements in relation to support and provision

In this section the parents were asked whether they had had any disagreement with local authority and/or school about their child's additional support needs. Of the 128 parents, 42 (33%) stated that they had had some disagreement. Parents whose child had additional difficulties, as well as hearing impairment, were no more likely to have had a disagreement than other parents. Parents were asked to comment and identify all areas of disagreement. The following analysis is based only on those who responded yes to this question.

Table 2.14: Nature of disagreement with school/local authority

About:	**Yes**	**%**	**No/non-response**	**%**
School placement	16	33%	32	67%
Additional education support	23	48%	25	52%
Additional support from health	6	13%	42	88%
Additional support from social work	4	8%	44	92%
Teaching methods	18	38%	30	63%
Assessment of difficulties by education staff	14	29%	34	71%
Assessment of difficulties by health staff	4	8%	44	92%
Assessment of difficulties by social work staff	3	6%	45	94%
Relationship with staff member	8	17%	40	83%
Other	15	31%	33	69%

The greatest level of dispute was around additional educational support. Comments in the previous section have already highlighted this as a contentious issue for some parents. Teaching methods used, school placement and assessment of difficulties by education staff were clearly also of concern to a number of parents.

Ten parents highlighted additional issues which had caused disagreement. Three of these were about nursery provision or acoustics in the nursery, two about transport and two about lack of awareness and understanding of deaf children. One parent noted that differing geographical boundaries of the health and education authority led to a lack of specialist support and one that a CSP had not been provided until it was appealed.

Parents were further requested to explain how the disagreement was dealt with and their level of satisfaction with that. Table 2.15 shows that the majority of cases were dealt with informally, either at school or local authority level. In those dealt with at school level, just over half of the parents were satisfied with the manner in which it was handled; whilst those that were dealt with at local authority led to lower levels of satisfaction. It may be that those at local authority had escalated from not being dealt with at school level and that they therefore were more problematic cases. A small number of parents had contacted Enquire and they were generally very satisfied with the support provided. Comments from parents above also show a high level of satisfaction with other agencies such as the NDCS and/or local organisations supporting deaf children.

Table 2.15: The mechanism for dealing with the disagreement.

Mechanism	**Numbers /%**		**Very satisfied**[1]	**Satisfied**[1]	**Not satisfied**[1]		**No**
Informally at school level	24 (50%)		1 (4%)	11 (48%)	11 (48%)		24 (50%)
Informally at local authority level	22 (46%)		2 (9%)	7 (30%)	14 (61%)		26 (54%)
Information and advice provided by Enquire[2]	5 (10%)		4 (80%)	1 (20%)	0 (0%)		43 (90%)
Formal mediation provided by local authority	3 (6%)		1 (33%)	1 (33%)	1 (33%)		45 (94%)
Independent adjudicator appointed by the Scottish Government	1 (2%)		1 (100%)	0 (0%)	0 (0%)		47 (98%)
Additional Support Needs Tribunal	2 (4%)		1 (50%)	0 (0%)	1 (50%)		46 (96%)

1. One parent failed to comment on level of satisfaction; please note that percentages should be treated with caution due to low numbers.
2. Enquire is the national advice and information service for additional support needs in Scotland

As can be seen 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 satisfied. 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 was not, the latter case relating to school placement:

> *The Local Authority initially refused to allow my child to attend* [specialist deaf school in England] *but after a 1 year long battle and almost to the court stages when they withdrew and allowed her to go, there was a lot of stress involved.* (Female, 17 years, LA 14)

It is interesting to note the suggestion of higher levels of satisfaction with adjudication than formal mediation. Clearly the numbers are very small so have to be interpreted with caution;

however, it does reflect the findings of a survey of parents with additional support needs carried out earlier (Riddell *et al*., 2010 forthcoming).

Finally parents were asked if there was anything else they would like to tell us about the provision for their deaf child's education. Only half the parents added comments, 64 in total. There were differences in level of satisfaction. Twenty-five (20%) commented positively and praised the school and the staff, although a few also expressed a concern about whether this would continue if staff retired or moved elsewhere:

> *Teachers all very approachable. Excellent Head Teacher - fair but firm - but willing to listen to child or parents. Support base very good but need more people coming into this line of work to replace those retiring. Train more teachers of deaf, they are needed! Things that child would like to see improved: i) basic training for staff - deaf awareness; ii) better control of hearing children's bad behaviour which disrupts class; iii) supervised use of software that is already purchased for school and is suitable for the children's use (in fact it was purchased for the children to use but the teachers have their own version.)* (Female, 13 years, LA 21)

The remaining 30% of parents had a range of concerns. Around one in eight commented on provision and resources:

> *It can be down right rubbish. You have to constantly ask, push, beg, moan to get anything and you are constantly brought to a standstill by being told - sorry, not enough in the budget. This is why he has had no micro links for 8 months and any suggestions given to the schools have not followed through.* (Male, 10 years, LA 6)

Linked to provision were the issues of deaf awareness and training for those supporting deaf children:

> *Staff training regarding deaf awareness. My child has good oral language but still has a severe/ profound hearing loss. I sometimes feel it is overestimated how much she hears and has understood.* (Female, 4 years, LA 26)

Several parents also felt that the level of staff training and understanding of deaf issues impacted on their child's ability to achieve:

> *My son is extremely bright - HE DOES NOT HAVE LEARNING DIFFICULTIES - HE CAN LEARN TO A HIGH STANDARD, given "good" access to the curriculum!! With regards to the educational side of an implant - it would/has been like giving someone disabled a wheelchair, but nobody to push them!* (Male, 11 years, LA 16)
>
> *Many special needs children have benefited from the inclusion policy but unfortunately many deaf children have not. This is evident by the (unpublished) results that more than two thirds of deaf children are not achieving on par with their hearing peers. Local Authorities have twisted legislation that was put in place to allow special needs children greater access to mainstream schools into a reason for denying deaf children access to specialist teaching and perfect acoustic conditions to help them learn and achieve on a par with their hearing peers.* (Male, 13 years, LA 29)

The issue of achievement becomes more urgent as the child gets older and it was clear that at least one parent was concerned about this and had not been given information to allay her fears:

> *I would like clear guidelines as to the rules around sitting exams especially oral*

> *exams, e.g. Maths, language. The deaf child is always at a disadvantage and I think they should get to see the written question. Also, should they be allowed extra time and/or any help/guidance from a teacher? Many deaf children know what to do but struggle with the language, e.g. Maths and therefore fail because they don't understand the terminology.* (Male, 13 years, LA 23)

A different worry related to the child/young person's ability to access certain aspects of the curriculum and extra-curricular or social activities:

> *I feel that it is my daughter who has to make all the adaptations and changes. There seems to be little consideration on a day to day basis about how her hearing loss impacts on her ability to cope in class, the playground and trips. E.g. sports days - the school insists on starting recess with a whistle, even though I've raised this with them. In P5 the school took the class to the local swimming pool for lessons. I asked that my child be given extra support to access this part of the curriculum, explaining that she wouldn't be able to use her hearing aids. None was provided.* (Female, 11 years, LA 29)

> *[My son] has nothing outwith school. No friends he sees on a regular basis. I have to arrange everything. Having 3 additional needs children means that for friendships - I would normally be dealing with other children with additional needs on top of everything else. On Barnardo's Playscheme he is not really paired with similar disability children - it's on a needs basis rather than ability.* (Male, 10 years, LA 11)

Finally there were concerns expressed by some parents whose children had an additional support need such as autism as well as being deaf. Whilst numbers in this category were low, it is clear that for these parents this can be a real problem:

> *The Local Authorities tried to get us to place [my son] in a local school which catered for ordinary pupils and some with moderate learning problems. I continuously told them that [his] needs were complex and that the school would not be suitable but this was an ongoing issue. The school did not even have a teacher for the Deaf. [He] lost out on many years of schooling because Local Authorities failed to agree. Endless meetings about meetings. And in all those years very few of the people that were to help [him] never ever met him, he just became a faceless name.* (Male, 17 years, LA 21)

To summarise, the findings from this survey suggest that most parents are satisfied that their children are being well supported in their education; but a considerable number of parents reported some negative experiences for their children, mainly around adequate provision and the level of training and awareness of those supporting the children and young people. A rough analysis of the positive and negative comments provided in the final section indicated no link to specific authorities or particular type of school, though parents whose children were in mainstream primary had more negative comments about provision than other groups of parents. However, the numbers who commented were low and it is not possible to carry out further statistical analysis. It would suggest that what happens at school level is possibly of greater importance than local authority level, and that individual members of staff, be they educational, classroom assistants or other professionals involved with the child, matter most in terms of their attitude. Some comments suggest that one key aspect of positive support is a 'can do' rather than 'can't do' attitude.

> *To date we have been very satisfied with the provision made by the Authority, particularly with regard to the flexible nature of the provision. Individual*

> *professionals who have been involved in supporting our son have been extremely helpful both to him and to us as a family.* (Male, 12 years, LA 13)

However, the local authority is in charge of the budget and has impact in the sense that it controls staffing levels in education. The following quotation emphasises that point, in addition to illustrating the socially isolating effect of certain policy decisions:

> *"Units" within "hearing" schools are not being adequately funded. There are not sufficient qualified teachers of the deaf or interpreters to cope with the number of profoundly deaf BSL users - e.g. we were told yesterday ... that 2 teachers of the deaf are leaving this month and the school cannot afford to replace them. Our older son (15 years) is the only deaf student within a class of hearing students - he cannot communicate with them or they with him so he spends his day on his own. Our youngest son and 3 other boys who have started secondary in the same school are being taunted and bullied by "hearing" students. ... Unless or until a school (or schools) for profoundly deaf children is re-introduced we see no future, in education within units, for our profound deaf children.* (Male, 12 years, LA 14)

This survey aimed to examine parents' views on provision for deaf children and also to consider the impact of the new legislation. Whilst the focus here has been on reporting parents' and their children's experiences, the final comment comes from a parent in relation to the act which was intended to empower parents as it reflects many of the earlier concerns in relation to budgets for adequate resources:

> *Although the ASL Act is now in operation, parents still need to be the voice for their child as budgets still constrain schools as to where support is adequately directed.*
> (Male, 15 years, LA 21)

2.2 INTERVIEWS WITH PARENTS AND CARERS

2.2.1 Methodology

As noted in the introduction to the report, we cannot claim that the sample of 19 parents or carers who were interviewed represent the views of all parents of deaf children. They were self-selecting in three stages: they had chosen to join NDCS; they had chosen to answer our postal questionnaire; and they had chosen to volunteer for interview. By the original closing date for return of questionnaires, 10 February, we had over 40 volunteers, and, although we then sent out reminders about the questionnaires and the numbers of volunteers rose eventually to 85 (66%), most of the interviews were arranged with those who had responded promptly.

To ensure that the interviews raised as wide a range of issues as possible, we tried to balance the sample, including three parents or carers of pre-school children, and eight of primary school children, and eight of children at secondary school or college. Four of the 19 families had two deaf children, enabling us to hear about the education of a total of 23 children. Of these 23, six were described as having moderate hearing loss, five as severe and 12 as profound; 12 used hearing aids, and 11 had received cochlear implants, between the ages of two and four and a half. Twelve were described by their parents as having other support needs in addition to hearing loss. Three were attending nursery, three were attending primary schools with a unit for deaf children, while the remainder of the primary children and all but two of the older children were in mainstream secondaries. Two of the families had experienced services in other countries before moving into Scotland. Two of the 19 interviewees were themselves deaf and were interviewed face-to-face, in BSL where preferred; and although the great majority of respondents were mothers describing themselves as 'White – UK', we included two fathers, two interviewees of minority ethnic origin, and two carers who were not the parent of the deaf child. To avoid any bias either towards those living in areas of deprivation, or towards privileged families, McLoone's (2004) postcode analysis was used to ensure that all the DEPCAT categories were represented, with at least two, and not more than four, from each of those seven categories amongst the 19 interviewees.

All but the two interviews with deaf parents were conducted by telephone, at a time chosen by the interviewee. All were given assurances of confidentiality, that neither their family, their school, their local authority or any professional they mentioned would be identified in the report. To ensure that confidentiality, we have used prefixed codes, rather than the ages of their children, to attribute parental comments in this report: PN1-3 are parents of nursery-age children; PP1-8, parents of primary-age children; and PS1-8, parents of children or young people at secondary school or further education college.

Each interview lasted 30-45 minutes. After an introductory discussion of the child, the circumstances of the original diagnosis, and any additional support needs, the semi-structured interview schedule covered the broad areas of concern in the ASL Act:

- assessment of educational needs;
- educational planning and review;
- co-ordination of services;
- transitions;
- parents' rights and children's rights; and
- access to information.

The interview closed with an opportunity to assess the overall impact of the ASL Act, and offer advice to the Scottish Government and / or NDCS on what might be done to improve the situation of deaf children and their families. All interviews were transcribed, those conducted in BSL being translated into English. Following a thematic analysis of the transcripts, all of which were read and discussed by at least two members of the team, we now use this broad structure to present our findings.

2.2.2 Finding from interviews with parents and carers

Diagnosis and additional support needs

Memories of their child's diagnosis were very recent for some parents, in particular those of the under fives and of one older child who had started using hearing aids only a few months before. But even those who had experienced the diagnosis years ago were still keen to recall difficulties at that time. They included an army parent who had had to return to the UK to find a doctor who accepted that there was a problem with their child's hearing, two parents complaining about 'off-hand' or uncommunicative audiologists (although both stressed that all other members of this profession they had met subsequently had been excellent), and a mother who had not felt able to tell her wider family about her child's hearing loss. One parent described the day they had been given the hearing aids and sent home with insufficient instructions:

> *We came back that day and we sat there at the table and we were shaking like a leaf, and we just kept trying to put them in and fix them on, until we built the confidence up.* (PN1)

On the other hand, others mentioned very helpful, approachable consultants, praised ‘absolutely fantastic speech therapy’ (PS5) and spoke warmly of their audiology support:

> *I have to say that in the 12 years that we have been involved with the Audiology Department, it has been absolutely brilliant.* (PS6)

Almost all the parents of those diagnosed before school age reported that they had valued the support of a visiting teacher of the deaf in the pre-school years. A minority of the parent interviewees described how their child had needed interventions for conditions in addition to hearing loss in the pre-school years, and how confusing and stressful it could be to have so many different professionals assessing and supporting their child. One drew a contrast between the support of the cochlear implant team and the visiting teacher of the deaf in the pre-school years, and a rather unreliable physiotherapy service: which her child was now receiving:

> *We thought that the hearing loss would be her biggest disability. I have to say that the support that we have has been, I can only say, tremendous on the hearing side. We see now her mobility as being her biggest disability … With the support she is getting and us as a family supporting her every day, the hearing will not be a disability, but it is her mobility that will probably be the factor.* (PN3)

Assessment of educational needs

Under the terms of the ASL Act, local authorities have a duty to assess children’s needs, but they are not told precisely how they should do this. We therefore asked parents how their children’s needs had been assessed, and whether they had been given a copy of the assessment reports.

Teachers of the deaf figured largely in parents’ accounts of the assessment of their children’s educational needs, alongside speech and language therapists, nursery staff, the cochlear implant team from Crosshouse Hospital, and educational psychologists. The accounts are diverse, in terms of the individual parent’s understanding of ‘assessment of educational needs’, as well as in the quality of the experiences they report.

While most parents could identify the professionals working with and assessing their child in the pre-school years, it rapidly became clear that few, if any, were going to be able to answer our intended question about which particular hearing tests or psychological assessments had been used. What most could talk about was the support and advice that they had received from professionals working with their child and from other sources in reaching their decision about the best place for their child to be educated. Many commented on the value of visiting teachers of the deaf, who particularly in the early years could become an important support for the family:

> *we had great continuity of care, if you like, right from nursery school into Primary 3 or 4, we had the same lady. I think he did not really want to give this teacher up as such and neither did we, because we all became quite close, but obviously he had to change it eventually, because he had to get used to different people dealing with him.* (PS2)

> *She has been ongoing from the day she was assessed. And since she got the implant, the teacher of the deaf has been in the house, in the nursery, in the school.* (PP6)

Supportive professionals could not, however, always prevent assessment and placement decisions which were unacceptable to parents. For example, one interviewee described how her son

> *has got very complex support needs and to put it in a nutshell, all his professional help, right up to the educational psychologist were quite confident that because of the complexity, although he is quite bright, mainstream was not for him just at the moment, because he can't communicate.* (PN2)

Despite this professional consensus, she had faced a battle in persuading the local authority to place him in her chosen school where he could learn to use communicative devices. That battle she eventually won, but perceived the initial reluctance of the local authority official to take the advice of the professionals and the parents to have been about costs, rather than consideration of the educational needs of her child. Another interviewee had based her choice of school on the social needs of the child, as well as the educational needs: instead of sending him to a distant primary school with a unit for deaf children, which professionals had suggested, she chose to send him to a mainstream school on her doorstep, and reported that he was making good progress:

> *Well, I thought I want to try him there. He has all his wee friends round about here … and as he gets older obviously he is not going to want to have someone take him to school. He will want to go with his friends like everybody else. And I thought, no, let's start this the way that we mean to go on.* (PP3)

Another interviewee's interpretation of her child's educational needs included not only what professionals could do for that child, but what they could do to help the family share in meeting the child's educational needs:

> *[The teacher of the deaf] was very, very interactive with the family, she came up to the house and the nursery, so I thought that was tremendous, she gave us a lot of wee hints and tips … And she has an educational psychologist who - I don't know what I would do without her. She has been a great support because of the family situation … she just recently came up with a suggestion for me with [the child] and we are working on that, so she has been invaluable actually.* (PP4)

But while this family and many others were working in harmonious partnership with the professionals, some were still struggling to establish relationships.

Even parents who were not happy with the assessment and the recommended placement decision, and subsequently challenged it, confirmed that they had been given a copy of the assessment. One exception was a mother who hoped that her daughter would be starting in the mainstream school of her choice next year, and was anxious to be included in meetings and to meet all the professionals involved in the decision. The teacher of the deaf and the speech and language therapist who worked with the family had kept her informed about meetings that *they* had been invited to, but *she* had not, and her efforts to make contact with the relevant educational psychologist had, at the time of interview, proved unsuccessful. In contrast with the other two parents of pre-school children, who were invited to meetings, this mother was feeling increasingly anxious and powerless:

> *I would really be disappointed if someone comes to me in March next year and says, 'No, we don't think she is ready for school.' If that is the case, I want to know now. I know it is hard to say, but really I want to be involved at this stage. I don't want to be involved at the last minute and told, 'No, we don't think she should go to mainstream or whatever the reasons may be.'* (PN3)

Educational planning and review

A few of the parents were not sure of the name of their child's plan, but their responses suggest that eight of the 23 children had CSPs, and CSPs were being applied for in relation to a further two; IEPs were declared for ten, including two who also had CSPs. Four had other local plans, although the mother of a young woman studying for Highers with signing support was doubtful of her need for one:

> *I mean, her targets are going to be the same as any hearing pupil. … She is not treated differently from any other pupil in the class, apart from, when she sees it is necessary she will have sign support in the class or a note-taker. She will decide herself what she wants and what is appropriate to the lesson. And she gets one-to-one tutorial back-up work. I think that is probably the most vital thing that she gets. She uses that appropriately.* (PS3)

Finally, one parent was uncertain whether her son had a plan because no review meetings appeared to be taking place since he had moved from one primary school to another within the same authority.

Only one parent, who had used the Enquire service, talked about the additional rights of appeal to a tribunal about a school placement which she might have if her request for a CSP was granted. She also reported, however, that she had in fact been successful in obtaining the desired placement, by dint of copious letter-writing, without resorting to a reference to the tribunal. The same parent was surprised at the volume and complexity of the paperwork which her nursery headteacher had had to complete because of her request for a CSP. Professionals who worked with her son had supported her as she dealt with problems with the local authority, and she stressed she was very happy both with the day-to-day professional support in place, and with the pre-school assessment and IEP review meetings which she had attended:

> *It is actually very nice: everyone gets together every six months and says what they have been doing, and puts some targets together for the next six months.* (PN2)

Those parents who were attending regular review meetings were generally happy with them, and felt that their own views were listened to and taken into account:

> *When I am not happy with something, I tell them. They then try to change the plan.* (PS8)
>
> *I think there have been occasions when we have had to ask about provision and it has always been resolved to our satisfaction, which is good.* (PP8)

Only a few, including a deaf parent and a foster-mother, were less sure that their views were always taken into account. Others took the opportunity to point out that formal reviews were supplemented by frequent communication with school staff and visiting professionals, teachers of the deaf and speech therapists, in the months between the meetings. One parent commented:

> *The lady who is in charge of the deaf children is very accessible and any time that I have needed to speak to her, I just go on the phone, and if I don't get her she will call me back. I had raised at one point the issue of support for the Maths lessons, so we can look at the situation together, so I do feel that I have had input, totally, yes.* (PS7)

Those parents who had had experience of the earlier Record of Needs system were invited to comment on whether the current plans were an improvement. A range of views emerged, mostly suggesting that the Record of Needs was not missed:

> *It is better – the Record of Needs was there just in case we needed it. If she was not getting the support, I could say I had the Record of Needs – we need this. But she gets everything, I cannot fault [the LA] at all for what she does get.* (PS5)
>
> *I never really felt that a Record of Needs was necessary for [my son], because all the supports were in place and because of my own profession I knew that the Record of Needs was on the way out, so I just felt it was a bit of unnecessary paperwork, especially when he always had an IEP, which I think is a more useful document really.* (PP8)
>
> *No, I don't think anything was lost at all. The only thing that I thought was important, that I monitored in the Record of Needs was that she got the speech therapy, and that continued. I think the speech therapists are very good.* (PS3)
>
> *I don't really see much difference, because to me our meetings to me have not changed, and the way [my child]'s targets are met has not changed. To me, all that has changed for us is the name, from Record of Needs. To me, it did not change the way we worked.* (PP6)
>
> *Maybe just there is not so much consultation with the IEP.* (PS7)

We found little evidence of nostalgia for Record of Needs: parents were less concerned about the documentation, and more concerned about whether services were working smoothly. We turn now to their views on co-ordination of services. However, it is worth bearing in mind that a commitment was made to sustaining the level of support for those with a Record of Needs following the discontinuation of these documents. In the future, there will be a need to ensure that levels of support are maintained for children and young people with a CSP or IEP. A particularly vulnerable group are those (26% of the survey sample) who, according to their parents, do not have any plan at all, since if nothing is written down, service provision cannot be adequately monitored.

Co-ordination of services

Parents and carers were asked to identify the support provided for their child, and to comment on whether they felt the child had all the support required to meet their needs, and whether there was scope to improve the co-ordination.

Parents identified a great many people whose work had required co-ordination over the years: consultants, audiologists, speech and language therapists, cochlear implant team members and local authority staff including educational psychologists, teachers of the deaf, head teachers, classroom teachers, learning support staff and educational audiologists. For those needing input from additional health professionals for other conditions, the list was even longer.

The great majority of parents interviewed – 16 out of 19 – said that, on the whole, they were happy that their child had the support required. The less happy parents described battles over the acoustics in the school buildings, dissatisfaction with the levels of deaf-awareness amongst the school staff and their poor communication with the school and / or the teacher of the deaf working with the child. Our invitation to suggest improvements, however, encouraged some of the happy parents to identify aspects of the services which they found less than ideal. One, for example was initially totally positive:

> *You can't ask for any more basically than what she does get.* (PS5)

She went on, however, to reflect on the contrast between the current service in a mainstream school and her previous experience in a school with a hearing impaired unit in England:

> *Because she was in a primary school where they had the Hearing Impaired Unit, all the teachers in the whole school, and even the caretakers and dinner-ladies, everybody signed, even although there were only ten or twelve children in the whole school who were deaf, the whole school signed. When I moved … up here, it was just a normal mainstream school and she did struggle a bit for the first year or so because of not having that input, because then she had to rely on lip-reading, that was the only thing. But we could have put her into a school for the Hearing Impaired, but it would have meant travelling and then she would not have made the friends that she did in the primary school.* (PS5)

Some parents expressed concerns about support in school for their children's other difficulties, such as dyspraxia, rather than their hearing loss; and one mother complained that her teenage son's school did not force him to wear his hearing aids all the time. Several noted the shortage of speech and language therapists. For one parent, unfilled posts in the speech and language therapy service were his only complaint they had about how his child's needs were met. He explained that it was

> *a problem of supply rather than quality. The ones that we have had have been good, it is just keeping them is the problem. … I mean, when they are here, they are good, but it is just getting them here to do the job. But I have no problem with the communication, and the way the services are run. It has worked well for us, so I really have no complaints.* (PP6)

Another parent said that the fact that speech and language therapists were 'very, very thin on the ground' (PS1) meant that she had to be proactive in ensuring her child received a service. Another mother talked about taking some responsibility for co-ordination as a parent, when she felt that there was room for improvement in communication between health, social work and education:

> *I think it would be quite good if everything could get pulled together, because sometimes I feel like I am the one who has all the information, you know, and I am maybe saying to Social Work, 'Well, this is happening and that is happening' And they say, 'But the School think this should happen'. And I say, 'No, I am going with the Hospital on this because this is a health issue, not an educational issue.'* (PP3)

Transitions

The ASL Act was intended to improve transitions, for example, between nursery and primary, between primary and secondary, and from secondary into post-16 provision. The interviews suggest that parents felt this was working well. Parents reported lots of early planning for choosing and preparing to join a new school. For some, the process had been unproblematic: one mother whose child moved from a primary school with a hearing impairment unit to its feeder secondary described how

> *they had visits to the school and the links are strong between the primary and the secondary school* (PS7)

Another described a smoothly running system:

> *The teacher from the deaf comes out to see you, the psychologist comes out to see you and the speech therapist, and you have all the input from that, and you are taken round the school as well beforehand, before she goes, and everything just - as soon as you put your name forward for that school for that child, everything just rolls on.* (PS5)

A third parent explained how their options at transition from nursery to primary had been explained and demonstrated to them to assist their choice:

> *The teachers of the deaf at the time took us round to visit different schools and even a mainstream school, they say that a child with a cochlear implant could go to their local mainstream school, although they need a lot of input in place in the classroom, they need the classroom soundproofed, they need the scientist to show the teachers how to work the equipment, and they need a ToD going into the school, which we felt was all making her different from her peers in the mainstream school, but when we visited this school which is a mainstream school with the unit we felt that was the best* (PP4)

Another parent appreciated efforts by class teachers and teacher of the deaf to support his daughter in transitions within her primary school:

> *even every year, like from Primary 1 to Primary 2, if she has a change of teacher, she has to go and see the teacher more than the average child, because … it takes her a wee while to get used to somebody new. She is getting better, but she does get extra visits to the new class, if it is a change of classroom or change of teacher, she gets extra visits to get used to the environment and used to the teacher, before the official move itself. And the teachers all get clued up on the implant as well.* (PP6)

Very few of the parents had experience of the transition out of secondary school into college or university, but one described her daughter's preparations for that impending transition, and her own awareness of the difficulty of that step:

> *The Careers Service are very good, and she has been with her Teacher of the Deaf, she has visited a number of FE establishments already … The Teacher of the Deaf went with her … and discussed with the Learning Support people there, and I think it gave [my daughter] a feel for where the support is good. … I think it is a very difficult step for a lot of young deaf youngsters… I think a lot depends on whether they are going to get the support when they are at college and whether the support is in the right form. So I am sure there is more that could be done for youngsters in their final years of school, because that is the biggest jump, when they leave school.* (PS3)

Another mother had begun investigating options in further education with her 15-year-old daughter, but visits to colleges left her worried that staff seemed unaware of the need to speak slowly and to use appropriate language. The school was now supporting her preparation for transition, and after a meeting with a careers adviser, they were planning for her daughter to spend another year at school, with a day a week at college, to bridge the gap.

Many described efforts by teachers of the deaf to prepare teaching and other staff in the school into which their child was moving, but these did not always ensure a smooth transition. One parent described how training about how to work with her daughter and her radio aids had not been passed on to all those who needed it:

> *The information had not quite filtered through to the teachers. So it was a bit of a blip, but by the second day they were all using the radio aid, and it was fine. And then they did all get the information about her.* (PS6)

Another described her son as unsettled by transition to secondary where '*there were lots of different teachers*' (PS8). Some parents complained that deaf awareness training did not always lead to appropriate teacher behaviour: for example, a parent whose child had moved to a different primary school complained that teachers did not always ensure that he was seated at the front of the class. Teachers might forget to make allowances for the needs of deaf children or to inform colleagues who replaced them about those needs.

Teachers' behaviour and levels of deaf awareness were not the only transition issue for the parents we interviewed. Social adjustment, especially on transition to secondary school, was a major concern, even for when the professional input could not be faulted:

> *So he goes to BBs and he swims and so we keep him busy, but he does not do that hanging around kind of thing. Which is maybe not a bad things in some ways ... [Laughter]. So he is quite content, I suppose, but sometimes I just wish he was a little more sociable, had a few friends at school. But hopefully it will come. That is just with him being a bit - he does not catch the conversations, like on the school bus and things, the way other kids do.* (PS2)

Parents' and children's rights

The ASL Act aimed to improve parents' rights, by involving them in educational decisions and by giving them opportunities to challenge local authority decisions; and also to improve children's rights by involving them in important decisions.

On the question of parents' rights, 17 out of 19 parents / carers said they had been involved in the important decisions about their child's education. Many had no reservations about their own involvement:

> *I have had a lot of input. We are consulted all the time, before the school or any of the professionals do anything, they always consult with us first, let us know what their plans are and what the next step would be. Oh yea, they keep well in touch with us.* (PP6)

> *Yes, all the time. If anything happens or they come up with any plan, they let us know, we will go and talk to them and if we have any questions; and then after three months, they show us all the achievements and say they will plan again. We are very happy. I think I am lucky that I happened to be in the right time at the right place.* (PP7)

Others noted that they had been more closely involved in the past. One felt less involved because of a change of primary school:

> *I did, but not now. As I say it was very good at the other school, it was fine, we had the support there but not now, its kinda like 'you're not listening to me.'* (PP1)

Another noted the logistical difficulties in maintaining close relationships with her child's teachers in secondary school:

> *The previous headteacher of the primary school was great, and if there were any issues, I would go in, have a chat and they would do their best to try and sort out things. They were very good. … but it is more difficult with high school, and because they just don't tell you as much nowadays, you are sometimes just not as aware of exactly what is going on, you know. So you are more reliant on the teachers really telling you if there is a problem.* (PS6)

A parent of a pre-school child stressed that full involvement required not only discussing issues with the professionals, but also finding out more for herself:

> *I would say I have made myself involved, as opposed to being given the choice. I am the kind of person who will put myself forward and say, "This is what I think". I would say I don't think they give you a broad spectrum of, "These are the choices you have got." They say this is what we think, which is very good and well, but if you are not aware of anything else, you are going to accept that.* (PN1)

Amongst those who said they felt fully involved were some who said they had prevailed in decisions about their child's education which went against the professional advice at the time. Four has succeeded in changing decisions about the school suggested for their child. Two of these had simply put their views to the professionals involved, and had prevailed; one had used formal mediation procedures to send her children to a school for the deaf; and one had applied for a CSP because she anticipated it might be necessary to appeal against an unsuitable placement decision. She explained that, because the placement decision had subsequently been changed:

> *we won't be in a Tribunal situation, not for this decision. But it may come - because it may happen yet again, because obviously each year they review the school placement, they may yet make a recommendation that we disagree with, so having a CSP in place gives me a bit of an insurance policy against future disagreements. That is the thing, I have been ringing up all my friends and saying, 'If you have not got one, make sure that you get one.' Because you don't know what will happen in ten years' time ...* (PN2)

The two who said they did not feel involved in important decisions about their children's education included one mother who said she found it difficult to communicate with the school in general, and another who was still trying to establish contact with the educational psychologist about the primary school her child would attend.

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Although only one of the parents interviewed had been involved in formal dispute resolution procedures, this did not mean that the others had not had complaints over the years. One parent had invested a lot of time and energy in making suggestions for acoustic improvements in her child's school, not all of which had been acted upon; another was unhappy with the availability of speech and language therapy because of recruitment difficulties, and had complained, but had decided not to pursue this through formal channels:

> *I did not see the point, because even if we did, it still would not have got anyone there any faster. Because they can't pick someone off the street and say, you will be a speech and language therapist and you will work here. They can't do that. So to me that would have been a waste of my time and a waste of their time, because you can't put someone in place who is not there.* (PP6)

Parents differed in their views about the appropriate age for their child to become involved in decisions and review meetings about their own education. While some felt that primary children were too young to be involved, one mother mentioned spontaneously her son's involvement in meetings from Primary 5 onwards:

> *I think we have been very involved in what has been going on and as I say I don't think any decision would be made without us being fully consulted and now that [my son] is getting older, he is involved in any decisions that are being made too.* (PP8)

The mother of a 12 year old described the gradual process of increasing her daughter's involvement, in collaboration with the school:

> *... although she has just been involved in her first meeting now, up until that point she did go and do school visits with the school and a school visit with me, and obviously we did have a lot of discussion with her and the school had a lot of discussion with her, and then the school would tell me what they had said and what she had said, and I would tell them what she had said, and so I think up until now, absolutely fine. Even this week she did tell me that French was getting a little bit difficult, and 'I said to her you need to go and talk to [your teacher]', and she did, and [the teacher] phoned me and said, 'She needs some extra support, I am going to put it in', and the teacher said that if she does not feel ready for her speaking test, that is fine. We'll do it at lunchtime, and is that OK with me? And it is fine.* (PS4)

Other parents of older secondary pupils described how their children were in control of the subjects they took and the support they received in the classroom:

> *She will complain if she is not happy. And I think they have built up her confidence, I think, over the years. In the early years of secondary, she was very quiet and very shy and would never have complained about anything, and never would have said that the signer was standing in the wrong place, or whatever, but now she has been given the confidence that it is OK to say, so that she is at the best advantage that she can get.* (PS3)

> *She only has to ask and she gets the support ... there is always someone in the classroom.* (PS5)

Access to information

To assess whether the ASL Act was achieving its aim of improving access to information about policy and practice on additional support needs, we asked parents to comment on the availability, usefulness and sources of the information they had found.

The most frequently mentioned sources of information were the professionals working with their children, both in health and education, and NDCS itself. Parents who were happy with their services sometimes said they looked no further than the advice of known professionals:

> *I did not need to go down that line, because the Teacher of the Deaf who went through the whole of primary school in Scotland with [my child], she was the one who advised me which one to go to.* (PS5)

> *I have to say that I have not gone into it in that detail, but that has been because in my mind things have gone right, or how I have wanted them to go. I have not - I mean, I have been happy with the provision ... and therefore I have agreed - at each stage of her education, my thought has been that that has been the correct route for her, so I have never really needed to delve that deeply into it.* (PS7)

> *I have never really asked much, because everything school-wise seemed to just fall into place because they knew that [my son] was coming, and this was put in place and that was put in place, so I have never really had to query anything so I don't really - the only thing is that I don't feel that the mainstream has enough support. I have never had to say, 'I don't like that, I don't like that, I am not happy with that.'* (PP2)

One father had taken a more proactive approach:

> *I have been lucky, I have had a really good team, a good relationship with the doctors and everybody involved with [my daughter]. And I ask for a lot of information, and they*

> *also give me a lot of information without asking for it. But I used to ask for additional information, anything I could do to help.* (PP6)

He had attended lots of courses and talked at length about the techniques he had learned to use to help his daughter develop her understanding and use of language before she started at school, noting that he enjoyed passing this information on to other parents.

Others mentioned professionals who had directed them towards NDCS, encouraging them to use its resources, both printed and on the internet:

> *Most of the information that we have got has come through the NDCS. It was the Teacher of the Deaf that put us on to that first of all and I think the quality of the publications is fantastic and it has just been really helpful. I think if there has ever been a question about radio aids or whatever, I know they are going to have a leaflet about it. So that has been our greatest resource, I think.* (PP8)

Conversely, NDCS had provided access to valuable professional advice when an audiologist spoke to parents at a weekend event for families:

> *He made so much sense, the way he spoke to you - I mean some people you go to don't even look at your face when they are speaking to you, they look at their notebook. And this man made so much sense and my husband actually said to him, "Can you not make a CD or a CD-Rom or a DVD or something, to hand out to parents of newly diagnosed deaf children?" He made so much sense the way he spoke, it was not patronising, it was not "I know better than you." And he just made so much sense and we learned far more in that weekend than we have ever known in the two years since [my daughter] has been deaf.* (PN1)

Weekend and family meetings arranged by NDCS and related organisations, such as West of Scotland Deaf Children's Society, were also valued as an opportunity to share information with, and glean more from, other parents. One mother of a child with mild to moderate hearing loss, however, said she felt diffident about attending and thought such gatherings were intended for families with more severe hearing loss. The NDCS magazine and their website were also mentioned by more than half the respondents. The mother of a teenager commented on the changes since her daughter was first diagnosed and the improved availability of

> *nice glossy publications that summarise everything, you know. I think it must be a lot easier - although I am sure that the breadth of information is baffling for parents, new parents, at least it is all much more accessible now.* (PS3)

This parent noted several useful websites including NDCS, the Ear Foundation, the Cochlear Implanted Children's Support Group and the National Cochlear Implant Users' Association, and another had learned about Enquire from the Cerebral Palsy helpline. Very few had used local authority websites, although several mentioned local authority employees who had helped them with information, either in person or on the telephone, or had directed them to NDCS. A few mentioned friends and family: family members who worked in schools or health services sometimes had useful knowledge about services, rights and benefits, or could help in finding out information from websites or Enquire. One local authority was praised for its policy of pairing up parents of deaf children, to enable those with longer experience to befriend and support those who were still learning to cope, for example, with issues like transport to school:

> *I have a friend who has a hearing impaired child who lives elsewhere in [this local authority], and she tended to phone me when her daughter was going to school and ask,*

> *'What did you do?' So I think there is a lot of internal – [this local authority] are good at pairing people up, I think.* (PS4)

But another parent in this same local authority was unhappy with the school her son had recently moved to, and saw the provision of information as less important than the provision of a service in line with the parent's expectations:

> *It's alright finding out about your rights and you can find it on the website, you've got to kinda go through quite a lot of bits to get to it, but it is there. It's just trying to get it implemented in the school, it's an absolute nightmare.* (PP1)

Overall impact of the ASL Act

Parents were asked whether they saw the overall impact of the ASL Act as positive, negative or neutral. Five of the 19 said they could not judge, because their child had been diagnosed too recently, or because they had arrived in Scotland after the ASL Act came into force. Of the other 14, seven said it had had a 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:

> *In my experience, I would say that it's negative, well maybe neutral. I think it's just the way, because if he'd been in the same school, I think everything would have been in place for him. It's just the fact that we've moved, so I'm not really sure on that one.* (PP1)

Advice to Scottish Government or NDCS

Our final open questions allowed interviewees to make recommendations, in the form of advice to the Scottish Government or to NDCS, or to raise any matter which had not been covered in the previous questions. Most of the responses fall into three broad categories, improvements to services, improvements and adaptations to buildings, and improvements to information.

Some of the advice offered to the Scottish Government about **improvements to services** for deaf children came from parents who were pleased with their child's education and wanted to see more like it. One interviewee, delighted with the provision for her child in a school with a Hearing Impaired unit, suggested there should be more schools like it, while still accepting the need for a range of options for all deaf children and their families:

> *Some parents don't want their children to have a cochlear implant because it is major surgery and if they come from a deaf family they feel they don't need to go through that, they have got a good enough life. And that is their choice, that is fine, but it is not right for us. It was not right for us. But we still got the choice, which I thought was great. We were involved in it and we had that choice.* (PP4)

A parent of a secondary child also argued for flexibility and choice:

> *I think it is important that it is flexible, that it is not blanket provision, that it is tailored to suit the needs of each child. And I think from the point of view of the child, it is best to be delivered in the local school, but it is swings and roundabouts. It is good to be in your local school, but it is good to be with other children who are also deaf.* (PS3)

A third mother, whose child attended a deaf school, argued for increased levels of support, especially in mainstream:

> *Please give more support to schools with deaf pupils – mainstream and deaf schools. Deaf pupils in mainstream schools need more help. Those with cochlear implants still need the support but they cope better than those who are native sign language users. They don't mix very well with hearing children.* (PS8)

Others urged the training of more teachers of the deaf, better provision of speech and language therapy, opportunities for a child to keep practising signing, more social events where deaf children in mainstream schools can meet other deaf children, and making staff and pupils in mainstream schools more deaf aware.

Finally, one parent called for more research to identify the achievements of deaf pupils:

> *because I think once we know how deaf children are performing in their schools, then there can be proper interventions to support them.* (PP8)

Two parents had particular advice about **improvements and adaptations to buildings**. One was now happy with the services for his daughter, but felt there should not have needed to be a battle:

> *There was a long rigmarole to get the sound system in the school and it was more to do with the money rather than the child, and I did not like that. Because at the start they thought that they were not going to be able to get it because of the money, the expense it would cause, and I said, 'No, no, no: if my child needs it, she will get it.' It should not be down to money and how much things cost, it should be how much it would help the child. The Government should think long and hard about that.* (PP6)

A second had also had to battle for acoustic improvements in a newly built school, and, despite some success, had not yet achieved all the changes she wanted:

> *I think that architects for the Council should be much, much more aware of who they are building for. I think they should have rules about it, and regulations. So I think the Scottish Government should be made much more aware of just how important the physical environment is for people with all kinds of disabilities.* (PS6)

Although most parents made very positive comments about the **provision of information** and networking opportunities offered by NDCS, and one simply wanted to send NDCS the message to *'Keep up the good work'* (PS1), there were still some suggestions for improvements. Some were concerned about information about medical jargon, and about parents' rights and choices, such as the possibility of arranging additional speech therapy for their child over the summer holidays, or their entitlement to benefits. One parent suggested a booklet for parents with questions they should ask about the support offered at a school, e.g. the arrangements for playground supervision or the cover that will be provided if their child's support assistant is ill. Another mother, who declared herself delighted with her daughter's progress and the support she had received, nevertheless called for more publicity for the legislation and any changes to it:

> *On the legislation side I have to say that no-one has ever sat down and said to me 'Are you aware there is this legislation? And here is what it can do for you and [your daughter].' That has never, ever happened.* (PN3)

2.3 CROSS-CUTTING THEMES FROM PARENTS' VIEWS

The overall picture, from survey and interviews, is of a majority 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 expressed concerns, at various points in the survey or interview, about some aspects of their children's support, including staffing levels, levels of awareness of the needs of deaf children and the need for more training for staff. A few are concerned that they are not being listened to by professionals, or unhappy with professional jargon, or unconvinced that their child is receiving enough support in school. From these accounts alone - as indeed from the accounts in the following chapter from some of these professionals - we cannot, and would not seek to judge either whether the satisfied are right to be satisfied with services or the others justified in their grievances. What we can discern, however, are differences in the levels of trust and in the quality of communication between parent and school.

The accounts of what has been good and what has been difficult about being a parent of a deaf child often centre on individuals who have either delighted, or disappointed. At one extreme, there is, for example, the supportive teacher of the deaf who worked with the pre-school child and the family, not only helping them prepare for transition to nursery, but also preparing the nursery staff to receive the child through deaf awareness training. Another positive example in our data is a deaf parent's account of a much appreciated educational psychologist who was not only helpful and supportive, but could also communicate in BSL. At the other extreme, one parent could recall vividly, years later, the distress of dealing with a surly and insensitive consultant who had diagnosed her son's hearing loss, and another recalled an audiologist who seemed ill-at-ease with children and upset both mother and daughter, at a time when they were still coming to terms with the idea of the child wearing hearing aids. Individuals and their communication skills clearly do make a difference in this area, in ways which go beyond what could be achieved by any amendment to the ASL Act.

Parents too differ in their ability and willingness to communicate with their schools: while many assured us that they would always let the headteacher know if they were not happy about something, others admitted to feeling diffident about contacting the school, one mother saying that she did not like contacting the school and preferred to wait until parents' night to talk to the teachers. The ASL Act has given parents rights: but they also have to know what their rights are, and be encouraged and empowered to use them. Some may need more encouragement than others.

Although 33% of survey respondents said they had had a disagreement at some stage with their child's school, it was clear from the interviews that this did not necessarily lead to a souring of the relationship between parent and school. In some cases, parents seem to derive satisfaction from having been, and continuing to be, assertive, and saw it as evidence that they were a full partner in their child's education. Disagreement, challenge and negotiation could sometimes be part of a healthy relationship between parent and school. In some other cases, however, where the matter had not been resolved fully, parents might find it harder to maintain communication with the school, although review meetings appeared, from the parents' accounts, to be an effective way of keeping the channels of communication open.

What is also clear from the survey and interviews is the sheer diversity of need and expectations that the school must strive to satisfy. The diversity of the needs of deaf children with different degrees of hearing loss and different chosen communication methods is mirrored by the different 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 regular input from speech and language therapists. The diversity of the expectations of their parents is also striking, with some who are wanting a fully supported BSL environment for their child's education; others who are putting their energy into ensuring that the acoustic environment and classroom support enable their children to take full advantage of their hearing aids or cochlear implant; and others again who may be relatively happy with the arrangements for support for deaf children, but are worrying about whether the school is paying enough attention to their child's other ASL needs. Although we did not ask them directly about their priorities for their children, we noted that some parents appeared predominantly concerned with their child's social adjustment, others with their academic achievement. We turn now to consider the views of those managing and working in the system that is attempting to cope with this diversity, and to respond to the needs of each child.

CHAPTER 3: VIEWS FROM LOCAL AUTHORITIES, PROFESSIONALS AND OTHER KEY INFORMANTS

This section of the report is presented in three parts: a report on the survey of local authorities (3.1), a report on the interviews with key informants, including professionals working with deaf children, and officials of the Scottish Government and voluntary organisations (3.2), and a brief discussion of cross-cutting issues (3.3).

3.1 SURVEY OF LOCAL AUTHORITIES

3.1.1 Methodology

The questionnaire was developed in collaboration with the NDCS and piloted in one local authority. A list of local authority staff responsible for provision of support to deaf children was prepared in consultation with an expert in the field. The survey was administered in February 2009 in two formats: as an attachment to an email explaining the purpose of the research and as a hard copy posted to all 32 authorities. A stamped addressed envelope was provided for the return of the survey. A reminder was sent to all those who had not responded three weeks after the first email request for participation. Unfortunately the questionnaire coincided with two other requests for statistical information about sensory support under the Freedom of Information Act which had to be dealt with by the same personnel as we were approaching. These are likely to have impacted on the response rate. In total, 14 questionnaires were returned, representing 16 local authorities making the response rate 50%. A further three authorities responded without completing the questionnaire: one saying that an inspection had prevented the return of the questionnaire; another that pressure of work and high number of requests for information meant there was not time to complete the questionnaire; and a third reporting a change of job role.

3.1.2 Findings

Background information

Staff were asked to tell us their current post and local authority. For reasons of confidentiality we cannot reveal the local authorities; however, the sample included both urban, rural and island authorities. One questionnaire was returned covering three local authorities operating joint services for the hearing impaired; eight were returned by Managers or Coordinators of Sensory or Hearing Impaired services; four by teachers with responsibility for support for deaf children; one by a Quality Improvement Officer and one by a person who did not state their post.

Statistics on deaf children and staff supporting them

This section provides information on the number of deaf children in each authority, their level of hearing loss and educational setting; and about staffing levels and qualifications.

Table 3.1: Number of deaf children aged 3-18 requiring support for learning in each authority[1] and level of hearing loss

Local authority	Total number	Mild	Moderate	Severe	Profound	Unilateral
1	205[1]	59	55	18	25	50
2	77[1]	29	18	8	16	-
3	142[2]	22	39	41	40	-
4	46[1]	11	23	4	7	-
5	40	4	19	7	10	-
6	106[1]	19	46	26	26	-
7	3	0	1	2	0	-
8	20	6	7	6	1	-
9	9	0	5	4	0	-
10	40	20	5	7	8	-
11	40	6	19	7	8	-
12	89[1]	26	35	8	8	-
13	45[1]	12	20	6	3	-
14	61	30	13	9	9	-

1.Please note this table is based on the numbers as provided and in a number of cases there is a discrepancy between the total reported by the authority and the breakdown into level of hearing loss.

2.This number reflects the total number in three joint authorities.

As can be seen from table 3.1, pupils with mild or moderate hearing loss predominate in all the local authorities apart from LA3 and LA7. One authority had added a fifth category of hearing impaired – 'unilateral' – but this term was not used by any other authority. It is interesting to note that the total number of deaf children in these 14 responses covering 16 local authorities – exactly half of the total number in Scotland – report a total of 923 deaf children, just 21 fewer than the total of 954 for the whole of Scotland in the official Scottish Government statistics as shown above in Chapter 1, Table 1.1. These figures in our survey of deaf children aged 3-18 cover a slightly wider constituency than *Pupils in Scotland 2008* (Scottish Government, 2009), but nevertheless they lend some credence to the NDCS estimate of around 1800 deaf pupils in Scottish schools.

Table 3.2: Educational setting of deaf pupils by local authority

Local authority	No of deaf pupils[1]	Mainstream	Special school for the deaf	Special school/ unit	Approx no of pupils in LA[2]	Deaf pupils as % of total LA pupil population
1	205	193	2	12	48,000	0.4
2	77	66	0	9	18,000	0.4
3	142	127	0	15	50,000	0.3
4	46	45	0	1	13,000	0.3
5	40	36	0	4	20,000	0.2
6	106	103	7	7	45,000	0.2
7	3	3	0	0	3,000	0.1
8	20	20	0	0	15,000	0.1
9	9	9	0	0	18,000	0.1
10	40	39	2	0	13,000	0.3
11	40	40	0	0	26,000	0.2
12	89	9	1	6	34,000	0.3
13	45	41	0	0	16,000	0.3
14	61	55	3	3	16,000	0.4

1. Please note that numbers will not match exactly as some of the children are below school age.

2. This figure includes the total number of pupil in publicly funded mainstream and special schools but has been rounded to ensure that no local authority can be identified (Scottish Government, 2009)

Table 3.2 shows that the percentage of deaf pupils reported by authorities in our survey ranges from 0.4 of the total school population to 0.1, with a tendency that smaller authorities have a lower proportion of children with hearing impairment. There is a marked discrepancy with the official Scottish Government statistics reported in Table 1.1, where authorities appear to have a lower proportion of deaf children. The overwhelming majority of children/young people are in mainstream education with very small numbers in special schools for the deaf and slightly larger numbers in a special school or unit. It would suggest that the level of training and deaf awareness of the ordinary classroom teacher is crucial in terms of the support provided to these pupils. Two authorities mentioned other settings; one the Royal Blind School, and the other that there was provision for home visits for 0-3 year olds. The total figures for deaf children in the authority do not always match the breakdown by level of hearing impairment and/or school setting. This may be because some of them are not yet at school.

Tables 3.3 and 3.4 show the number of staff and the qualifications of teachers and other staff who support deaf pupils. These numbers have to be treated with caution as some authorities provided full-time equivalent (FTE) data and others reported numbers without showing if they were full- or part-time. Generally the teaching staffing levels were higher the greater the number of deaf pupils; however, it was not always the case. For example, in authority 10 there were three members of staff and 40 deaf pupils; in authority 14 there were 3 for 61 pupils. All authorities had staff with teacher of the deaf qualifications. None reported any staff with CACDP/SQA Note-taking; 11 out of the 14 authorities had staff trained to SQA/CACDP BSL level 1; nine out of 14 had staff trained to level 2; only four authorities had staff trained to level 3-4. One issue for some parents surveyed in this project was lack of staff skills in BSL. The level of training may therefore be an area of concern.

Table 3.4 shows that levels of qualification, as might be anticipated, are considerably lower among support staff. One member of staff had the teacher of the deaf qualification, none had Note-taking, other staff in five authorities had SQA /CACDP BSL level 1 training, staff in five authorities had SQA /CACDP BSL level 2 training and staff in two authorities had SQA /CACDP BSL level 3-4 training.

Table 3.3: Numbers and qualifications of teachers

Local authority	**No of staff**	**No of deaf pupils**		**Qualifications**				
				Teacher of Deaf Qualification	***CACDP/ SQA*** **Note-taking**	***SQA /CACDP*** **BSL *level 1***	***CACDP/ SQA*** **BSL *level 2***	***CACDP*** **BSL *level 3-4***
1	21	205		12	0	21	10	1
2	12	77		12	0	3	7	2
3	16	142		16	0	7	5	2
4	4	46		3	0	0	3	0
5	4.2	40		6	0	0	6	0
6	7	106		6	0	7	3	0
7	1	3		1	0	1	0	0
8	2	20		2	0	2	0	0
9	2	9		2	0	1	1	0
10	3	40		3	0	0	0	3
11	6.8	40		5.8	0	3.8	2	0
12	8	89		5	0	7	2	0
13	2	45		1	0	2	0	0
14	3	61		3	0	3	0	0

Table 3.4: Numbers and qualifications of other classroom staff

Local authority	No of staff	No of deaf pupils		Qualifications				
				Teacher of Deaf Qualification	CACDP / SQA Note-taking	SQA/ CACDP BSL level 1	CACDP/ SQA BSL level 2	CACDP BSL level 3-4
1	6	205		0	0	4	2	0
2	4	77		0	0	0	0	0
3	3	142		0	0	0	1	2
4	1	46		1	0	1	0	0
5	5.6	40		0	0	0	0	0
6	2	106		0	0	2	1	1
7	1	3		0	0	0	0	0
8	3	20		0	0	0	0	0
9	9	9		0	0	0	0	0
10	2	40		0	0	0	1	0
11	3	40		0	0	3	0	0
12	12	89		0	0	5	1	0
13	0	45		0	0	0	0	0
14	0	61		0	0	0	0	0

To summarise, the percentage of deaf pupils to total school population in our sample ranges from 0.1 to 0.4, this latter figure being considerably more than shown for any of the Scottish authorities listed in Table 2.1. This suggests that the official Scottish Government statistic of 954 deaf pupils is a serious underestimate. The differences between the percentages of deaf pupils in the total pupil population as reported by the authorities in our survey may reflect differences in the geographical location of deaf children, or may indicate that some authorities are better than others in identifying and supporting deaf pupils amongst the school population. The majority of pupils reported have a mild or moderate level of hearing loss and most are in mainstream education. The level of staff training varies across authorities, with all having teaching staff with teacher of deaf qualification, none having note-taking qualifications. A smaller number have either SQA or CACDP qualifications in BSL. The level of qualifications amongst support staff is considerably lower than those of the teaching staff.

Assessment of needs

This section examines the assessments used by local authorities when identifying the needs of deaf children. Table 3.5 shows that the most commonly used assessments are audiograms, speech tests and audiological tests. These are used by nearly three-quarters of the LAs responding to this survey. Far fewer stated that they used diagnostic literacy, vocabulary, or writing tests. Only two authorities indicated that they used BSL receptive skills tests.

Table 3.5: Assessments methods used

Assessment	LAs using this method
Audiogram	10
Speech test	11
Audiological assessment	10
Diagnostic literacy, numeracy test	6
Vocabulary test	5
Writing development	5
BSL Receptive skills test	2

Respondents were also asked to identify specific tests used; fewer than five authorities specified tests for four of the seven assessments methods. Table 3.6 shows the tests used for those four methods. In addition to these tests, two authorities stated that they used other tests; one authority that they used Bracken, TROG and STASS and the other authority simply stated that the speech and language therapist used *'various assessments for all aspects of language development'*.

Table 3.6: Tests used

Assessment	LAs specifying test	Tests used
Speech test	4	Age appropriate test, Manchester Picture/Word test, McCormack, Manchester, STASS
Diagnostic literacy, numeracy test	2	5-14 National tests, Dolch 220 words
Vocabulary test	5	BPVS, Derbyshire, STASS, Renfrew Action Test
Writing development	1	5-14 Assessment in class

Respondents were also asked to state which professionals were involved in carrying out the assessments. As can be seen from table 3.7 below, the teacher of the deaf and the classroom teacher were almost always involved. Educational psychologists, speech and language therapists and the learning support teacher were also highly likely to take part in the assessment process. Audiologists, either educational or NHS were involved some of the time as were Head of Service, school medical officers and social workers. Other professionals included: BSL tutor (2 LAs), Cochlear Implant Team (1 LA), Occupational Therapist (2 LAs), Physiotherapist (1 LA). One respondent was unclear about the involvement of the Speech and Language Therapist and classroom teacher.

Table 3.7: Professionals involved in carrying out assessment of educational needs

Person involved	**Number of LAs**			
	Never	**Sometimes**	**Always**	**N/A or missing**
Educational psychologist	1	12	1	-
Educational audiologist	3	3	6	2
School medical officer	4	7	1	2
Audiologist	6	2	5	1
Community paediatrician	2	7	3	2
Teacher of the deaf	1	1	12	-
Speech & language therapist	-	10	3	1
Social worker	3	9	-	2
Classroom teacher	-	3	10	1
Learning support teacher	-	10	3	1
Head of Service	3	4	4	3
Other	-	3	-	11

When asked about the extent to which the new legislation had impacted on assessment procedures, twelve out of the 14 respondents reported no change and two felt it had improved (see table 3.8).

Table 3.8: Impact of new legislation on assessment procedures

	No of LAs
The new legislation has **improved** assessment procedures	2
The new legislation has made assessment procedures **worse**	-
There has been **no change**	12

Five added comments explaining their position. Generally, the message was that there were already effective procedures in place when the legislation came into operation:

> *Robust procedures were already in place for assessment and reviews* (LA 3)
>
> *In [LA] we have always had good partnership working between Education, Parents, Health and other statutory and voluntary agencies. We work together with parents and partners in identifying pupil need and thereafter provide appropriate support according to identified need* (LA 1)

To summarise, the most commonly used assessments were audiograms, speech tests and audiological tests with other methods such as vocabulary and literacy tests used by fewer authorities. The teacher of the deaf and the classroom teacher were almost always involved in assessment with educational psychologists, speech and language therapists and the learning support teacher also highly likely to take part in the assessment process. Most of the respondents felt that the new legislation had had little impact on assessment procedures.

Educational planning for deaf children

This section considers the type of plans that are in use by authorities when planning support for deaf pupils, who contributes to the development of these plans and what, if any, input parents and pupils have into the development of the plans.

Table 3.9: Educational plans in use with deaf pupils

Local authority	**No of deaf pupils**	**CSPs**	**IEP and CSP**	**IEP**	**Approx no of pupils in LA[1]**	**deaf pupils as % of total LA pupil population**
1	205	5	0	1	48,000	0.4
2	77	0	0	77	18,000	0.4
3	142	0	5	74	50,000	0.3
4	46	2	2	4	13,000	0.3
5	40	0	10	0	20,000	0.2
6	106	1	0	25	45,000	0.2
7	3	0	0	1	3,000	0.1
8	20	1	0	1	15,000	0.1
9	9	8	8	15	18,000	0.1
10	40	1	16	15	13,000	0.3
11	40	2	0	3	26,000	0.2
12	89	0	4	12	34,000	0.3
13	45	0	0	7	16,000	0.3
14	61	1	0	2	16,000	0.4

1. Based on the pupil census 2008 (Scottish Government, 2009)

There is considerable variation between the authorities in the use of CSPs, for example, authority 9 states it has 9 children who are deaf and 8 have CSPs; authority 1 has 205 pupils but only 5 CSPs. This variation is also in evidence in relation to IEPs and, as can be seen from table 3.10, there are a number of alternative plans in use in some of the authorities. Whilst it may be desirable in some respect for local authorities to have freedom to develop provision to suit their particular circumstances, the variability could well be confusing for parents as there seems to be no standard format which would inform them about what could reasonably be expected for their child. This concern was noted in the HMIE report on the implementation of the new legislation (HMIE, 2007).

Table 3.10: Additional plans used in five authorities

Name of Plan	No of LAs
ASP, Care Co-ordination, Personal Learning Plans, Supporting learning profile	1
Classroom Support Plan	1
IAP and ISP (included in numbers for IEP), Forward plans established for all regular pupils who receive regular support	1
Integrated Support Plan (ISP) and Personal Learning Plan (PLP)	1
Multi-disciplinary management plan - (NHS led) - 5 children	1
Some children have a Stage 2 plan or a Stage 3 plan but this would not involve the specialist service on any more than a consultancy basis.	1

The parent, classroom teacher, educational psychologist and teacher of the deaf were almost always present in the development of the CSP (table 3.11), apart from the educational psychologist they were also most likely to be involved when developing the IEP (table 3.12). The audiologist was least likely to be involved in both types of plans.

Table 3.11: Persons involved in the development of the CSP

Person involved	Never	Sometimes	Always	N/A, Missing
Audiologist	6	3	2	3
Classroom teacher	-	-	10	4
Child	1	3	6	4
Educational audiologist	1	4	4	5
Educational psychologist	-	3	8	3
Head of Service	3	4	3	4
Learning support teacher	-	7	3	4
Parent	-	-	11	3
School medical officer	1	8	2	3
Social worker	3	7	-	4
Speech & language therapist	-	8	3	3
Teacher of the deaf		2	9	3

Five authorities stated that other professionals were also involved in the development of the CSP and these included: the cochlear implant team; the development officer (support for learning); guidance, subject and headteachers; occupational and physiotherapists. In relation to IEPs, four authorities indicated that other people were also involved; these included those listed for the CSP but in one authority careers guidance staff and social workers were involved in S3/4 and S3/4/5 transitions. However, earlier research by Kane *et al*. (2003) suggested that IEPs are largely school owned documents which tend not to involve a multi-professional team, as is the case with CSPs.

Table 3.12: Persons involved in the development of the IEP (or other plan)

Person involved	Never	Sometimes	Always	N/A, Missing
Audiologist	8	3	-	3
Classroom teacher	-	-	13	1
Child	1	6	7	1
Educational audiologist	3	5	1	5
Educational psychologist	3	6	3	2
Head of Service	3	5	1	5
Learning support teacher	-	8	6	-
Parent	-	4	10	-
School medical officer	4	7	1	2
Social worker	2	8	-	4
Speech & language therapist	-	11	2	1
Teacher of the deaf	-	1	12	1

The new legislation is intended to increase parents' and children's rights in relation to additional support for learning. Authorities were therefore asked to explain further how parents were involved in the development of appropriate plans for their child's education. All of the authorities had indicated that parents were sometimes or always involved in the IEP and eleven that they were in the CSP. Twelve out of the fourteen authorities added further comments to explain the nature of that involvement. It was clear that from the perspective of the authority, that parents' and children's views were important in the development of relevant plans:

> *After initial discussion at review, parents are sent a draft of CSP and invited to add any final comments before the final document is drawn up. If parents prefer to go in to school to discuss, this can be arranged. Children & young people are asked for appropriate input ranging from responding to pictures (What do you like doing …) to being fully involved in review process. Really depends on what is appropriate for child.* (LA 12)
>
> *Children are involved with their teacher/ teacher of the deaf in the process of setting and reviewing personal targets, gaining an understanding of broader learning targets and learning outcomes within their plans, reviewing and commenting on their own progress and setting goals for themselves. Each child is involved in this process in a way which is most suited to their own circumstances, incorporating the strategies of Person Centred Planning and Assessment is for Learning. Plans are shared and discussed with parents. Parents are integral in the process of discussing, recording and evaluating the pupil's assessment profile and action plans.* (LA 1)

This section has shown that there is considerable variation between authorities in the use of CSPs and IEPs and also that some authorities use alternative plans. The parent, classroom teacher, educational psychologist and teacher of the deaf were almost always involved with the development of a CSP and the same, apart from the educational psychologist, in the planning of the IEP. Children and other professionals were involved less frequently.

Support for deaf children

This section looks at the type of adjustments and learning support provided, which individuals are involved in supporting the child and seeks the views of the respondents on the extent to which the new legislation has had an impact on provision of additional support for learning.

Table 3.13: Adjustments provided to support deaf pupils

Adjustment	**Never**	**Sometimes**	**Always**	**Missing nos**
Radio aid	-	6	8	-
Soundfield system	2	7	5	-
Teaching in small groups	1	6	7	-
Interpreting	3	8	2	1
Pre-tutoring	1	10	3	-
Note-taking	-	11	2	1
Subtitled videos/DVDs	-	14	-	-
Post-tutoring	1	9	4	-
Language modification	-	11	3	-

Table 3.13 shows that a range of resources are available to deaf children and young people, radio aids were most commonly available and interpreting was the resource least likely to be available. Respondents were also asked to add if there were any other resources provided.

Seven commented, four of these adding the following: deaf awareness training, individual teaching, scribing, reading and use of acoustic screens. Others simply noted that adjustments were available depending on the needs of individual children:

> *There is a whole raft of ways that children are supported with the most appropriate being sought for each individual.* (LA6)

Following on the question about provision of learning support, respondents were asked to comment on whether the new legislation had led to any changes in this area.

Table 3.14: The impact of the ASL Act on provision of adjustments/ learning support

	Number of LAs
It is **better** under the new legislation	4
It is **worse** under the new legislation	-
About the **same** as before	10
I have only been involved with the new legislation so cannot say	-

Most felt that there had been no change (see table 3.14). Seven respondents commented on the reason for their response. Three explained why it was now better: one felt that accessing funding for specialist equipment was now easier, another that class teachers were more aware of their responsibilities and a third that the legislation can provide effective leverage if there was a reluctance to make reasonable adjustments. The four comments relating to no change focused on the fact that the authority had a history of responding to need as appropriate:

> *Historically we have worked flexibly to address needs and this has continued irrespective of the legislation* (LA 7)

The survey also explored who was involved in providing additional support for deaf pupils. Table 3.15 shows that the teacher of deaf (either school based but more often peripatetic) and the classroom teacher were the key people in providing support. Classroom assistants and speech and language therapists also performed important roles, and audiologists also had input. Three respondents qualified this by explaining that they had an input into hearing aid reviews and provision of audiograms used to identify relevant support. Five also mentioned support from physio and occupational therapists. Six added further people who sometimes supported deaf children, including: the cochlear implant team, communication support worker, deaf support worker in a nursery setting, educational psychologist, BSL tutor, HI special support assistant and registered interpreter. According to one respondent, a registered interpreter would always be used if needed by the child.

Table 3.15: Persons involved in providing additional support for deaf children

Provider of additional support	**Never**	**Sometimes**	**Always**	**Missing / N/A**
Teacher of the deaf (school based)	3	2	2	7
Teacher of the deaf (peripatetic)	-	2	12	-
Classroom/subject teacher	-	3	10	1
Support/Classroom assistant	-	11	3	-
Registered interpreter	8	3	1	2
Educational audiologist	2	3	6	3
NHS audiologist	4	4	4	2
Speech and language therapist (school based)	4	4	-	6
Speech and language therapist (visiting)	-	10	4	-
Other therapist (e.g. physio- please specify):	-	8	1	5
School nurse or doctor	1	7	1	5
Other	-	3	1	10

The respondents were asked to comment on whether the new legislation had impacted on the level of support now available to deaf children.

Table 3.16: The impact of the ASL Act on the level of support for learning

	No of LAs
It is **better** under the new legislation	-
It is **worse** under the new legislation	-
About the **same** as before	14
I have only been involved with the new legislation so cannot say	-

Four respondents added further comments; three simply to state there had been no change and one to say the greatest effect on level of support had been the changes in teaching contracts as an outcome of the McCrone settlement.

Two further questions were asked in relation to the impact of the new legislation. The first one of these focused on the coordination between different agencies in relation to providing effective support and the second on the effect it had had on transition arrangements.

Table 3.17: The impact of the ASL Act on the coordination between agencies

	No of LAs
It is **better** under the new legislation	4
It is **worse** under the new legislation	-
About the **same** as before	10
I have only been involved with the new legislation so cannot say	-

As table 3.17 shows, most respondents felt that the Act had not led to any change in terms of coordination between agencies and almost the same number felt that there had been no change in relation to transition arrangements (table 3.18). Additional comments in relation to coordination from those who felt there had been no change emphasised that effective practices were already in place. Two respondents who felt it was now better had some reservations:

> *Difficult to answer this one: because there is a greater expectation now, particularly with the Integrated Assessment Framework, I sometimes feel it is worse, but I am sure that is just because the coordination is not moving forward as quickly as I would like.* (LA 12)
>
> *There's more coordination but this means that direct pupil support time has been cut as professionals' time is then taken up with more form filling and meetings.* (LA 3)

Table 3.18: The impact of the ASL Act on transition arrangements

	No of LAs
It is **better** under the new legislation	5
It is **worse** under the new legislation	-
About the **same** as before	9
I have only been involved with the new legislation so cannot say	-

There were only three additional comments in relation to transitions arrangements; two of these came from those who felt the arrangements were better. One respondent added just that it was '*slightly better*' and the second that legislation provided leverage. The person who felt it was the same indicated that changes in social work provision which meant there no longer was a social worker for the deaf had had a detrimental impact on transition support.

Overall, the new legislation is not considered by the majority to have impacted on support, coordination between agencies or transition arrangements. The teacher of deaf (either school based but more likely peripatetic) and the classroom teacher were the 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. Respondents also noted that a range of resources was available for deaf children, according to individual need.

Disagreements between parents and local authority/schools in relation to additional support for deaf children

This section of the survey focuses on the extent to which there have been disagreements between parents and schools and/or local authorities in relation to any aspect of support for deaf children. It also examines whether any of mechanisms that were put in place by the legislation for resolving disputes have been used by parents.

Respondents were asked how many recorded disagreements there had been between parents and schools/local authorities. Eight respondents said there had been none or that they were not aware of any, five that there had been one disagreement and one authority that there had been five (LA3). Five respondents added a comment to their answer, three of these were simply to emphasise that they were not aware of any cases, one that the issue raised had been about after school provision. One added a lengthy comment explaining why it was difficult to quantify disagreements and why conflicting advice to parents could cause problems around transitions:

> *Occasionally parents can raise concerns about aspects of their child's schooling. It is not possible to estimate the numbers because concerns have never reached a formal level although it is relatively few. Concerns can be raised through the review process, directly with the school, with the psychologist if they are involved or directly with the teacher of the deaf/NST. Where they are formal they are raised directly with the Education Department offices. Where concerns are most likely to be raised is at transition points - where placement and/or support is being discussed/decided. This is a really difficult time for parents and they are often on the receiving end of conflicting advice due to the very disparate and entrenched views that professionals working in the field can hold. This is amplified by the range of agencies and representatives who can be involved.* (LA 10)

The respondents were also asked to comment on how these disagreements had been resolved. All apart from one had been resolved informally at school or local authority level as emphasised this respondent:

> *All so far. We do a lot of work with parents through the review process and by trying to iron out problems at a very early stage. This is often very informal through phone calls and face to face meetings.* (LA 10)

The one that had not been resolved informally had been referred to the ASN tribunal but there was no further comment from the respondent to explain the nature of this referral.

To explore further the possible nature of disagreements between parents and schools/local authorities, the respondents were asked to indicate areas where there may be disagreements and whether these were likely to be frequent, intermittent or rarely occurring. Table 3.19 shows their responses.

Table 3.19: Reason for disagreements between parents and schools/local authorities

Reason for disagreement	**Frequently**	**Sometimes**	**Rarely**		**Missing Nos/N/A**
LA decision to place child in mainstream school	-	-	9		5
LA decision to place child in special school or a resource base or unit	-	-	8		6
Parents requesting particular school	-	2	7		5
Decision of LA not to open CSP	-	2	6		6
Resources specified in CSP	-	-	8		6
Failure to deliver resources specified in CSP or IEP	-	-	8		6
Decision of LA not to open IEP	-	-	7		7
Content of IEP	-	1	8		5
Most appropriate teaching methods	-	1	9		4
Access to classroom assistant or other personnel	-	4	6		4

As can be seen from table 3.19, the respondents indicated that there had rarely been disagreements but if there were any these were most likely to be in relation to access to classroom assistants or other personnel, placing requests and decisions not to open a CSP.

Three respondents commented further, two to say that there had been no disagreements; the third to state that the other areas where there had been disagreements were around a lack of people available to offer sign support and the shortage of teachers of the deaf and supply cover for illness.

To summarise, local authorities reported relatively few disagreements between parents and schools and/or local authorities in relation to support for deaf children and young people. However, one third of parents in our survey reported that disagreements had occurred, although these had generally been dealt with through informal negotiation. All but one had been resolved informally, with one referred to the ASN tribunal. Whilst local authorities were aware of few disagreements, the most likely areas of disagreement were around access to classroom assistants or other personnel, school placements and decisions not to open CSPs.

Strengths and weakness of the ASL Act

This final section reports on what the respondents saw as the main strengths and weaknesses of the new legislation and they were also offered an opportunity to suggest future improvements to the Act.

Table 3.20: Main strengths of the ASL Act

	Number of LAs		
Statement	**Yes**	**No**	**Missing**
Wider definition of additional support needs	11	1	2
Focus on co-ordination of services	12	-	2
Additional routes of redress (mediation, adjudication and Tribunals)	8	3	3
Strict qualification criteria for CSP	10	-	4

Most respondents felt that the focus on coordination of services, a wider definition of additional support needs, strict criteria for a CSP and additional routes of redress were beneficial. The fact that they welcomed the focus on co-ordination of services is perhaps surprising, since, as noted above, most believed that no improvement in this area had actually occurred. There were six additional comments. Two stressed that there had been limited change since the implementation of the ASL Act, one due to low numbers of deaf pupils, and the other that the process was not different from the RoN process. Another simply stated that local authorities differed in their implementation. Two felt it was more inclusive:

> *The wider definition is the key thing I think. However, this is not without its difficulties. As an authority we are trying to deal with the full range of additional needs yet there is a great deal of pressure from groups who represent very small numbers and very specific labels that 'their cause' is more important than others. Getting the balance is tricky.* (LA 10)

Another respondent felt that the key strength of the Act was that it emphasised a needs led approach:

> *A needs led approach to the provision of support, as is implemented in [LA], the process of engagement in identifying a child's needs, supporting appropriately and reviewing regularly is of paramount importance. The Act highlights this aiming to ensure equity of provision for children and young people across the country, regardless of postcode. I see this as a main strength of the Act for deaf/hearing impaired children.* (LA 1)

Table 3.21: Main weaknesses of the ASL Act

	No of LAs		
Statement	**Yes**	**No**	**Missing**
Lack of clarity about what counts as ‘significant coordination needs’	8	3	3
Considerable variation in local authority use of CSPs	7	4	3
Limited access to the Tribunal	1	8	5
Lack of clarity about assessment	3	7	4
Lack of specificity in relation to content of IEPs	2	9	3

Just over half of the respondents felt that lack of clarity about what counts as ‘significant coordination needs’ was problematic and about the same number felt that the variation between local authorities in the use of CSP was a 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. The additional comments from three of the respondents focused on issues or practices within their authority. One stated that because of low numbers of deaf pupils, the Act had not impacted on provision for them, another that for many deaf children there were no outside agencies involved and therefore there was a limited need of CSPs for these children. The final comment focused on the fact the local authority had clear guidelines in relation to implementation of CSPs and that this ensured a uniform approach.

Only two respondents offered a further comment on the Act, one saying that the Act *‘was about right’*. The second commented on the lack of awareness of deaf issues amongst staff coordinating the CSPs:

> *People co-ordinating the CSP have limited awareness and experiences of deaf issues and specific support needs. The Act needs to acknowledge the importance of pupil access to trained staff.* (LA 3)

3.2 INTERVIEWS WITH PROFESSIONALS AND OTHER KEY INFORMANTS

3.2.1 Methodology

For the interviews, the twelve key informants fell into three broad groupings:

- five senior staff with responsibility for school-based and/or peripatetic services for deaf children,
- four other professionals with experience of working with deaf children, including two further teachers of the deaf, a specialist speech and language therapist and a communication support assistant; and
- three officials, one from the Scottish Government and two from voluntary organisations.

The decision to include so many senior teachers of the deaf was based on the desire to shed more light on the responses from the questionnaire survey sent to heads of services, and to understand more clearly the issues behind some of the quantitative data which that survey provided. It was, however, equally important to include a wider range of perspectives on the education of deaf children and the impact of the ASL Act, by including officials and staff in roles other than managerial.

Three of the interviews were conducted face-to-face, in BSL or in English as requested, and the remainder by telephone at a time pre-arranged with the respondent. A semi-structured schedule was adapted as necessary to fit the roles and circumstances of interviewees, and sent out before the interview, to allow them to think about the questions in advance. The broad areas of questioning, which will also be used to structure this section of the report, were:

- Approaches to meeting deaf children's needs
- Identifying and assessing deaf children's needs
- Recording deaf children's needs
- Decision making, including involvement of other professionals, parents and children
- Adjustments and learning support
- Strengths & weaknesses of the ASL Act

All interviewees were given assurances of confidentiality for themselves and their organisations. All interviews were transcribed, those conducted in BSL being translated into English, and were discussed by at least two members of the team.

3.2.2 Findings

Approaches to meeting deaf children's needs

Our question to professionals working in different roles in nine different local authority areas about the approach to meeting deaf children's needs in their local service revealed considerable diversity. Some were working predominantly in schools with units attached, while others were in peripatetic roles visiting children at home, in nursery and in schools. Some were committed to signing approaches, others to oral / aural approaches, and others again stressed their flexibility and capacity to work with each child in the most appropriate way for that individual. An official made the Scottish Government's position clear:

> *In terms of the teaching approach, that is very much up to the Education Authority or the school to make the adequate provision from the broad range of support materials*

> *that are available. We don't ever endorse one approach over another. It is up to the school to make adequate provision, and if of course a parent is not happy and feels there is a failure of the Education Authority to make adequate provision, then they have the right under the ASL Act to go to mediation or dispute resolution.* (KS12)

A Head of Service explained that this diversity of possible interpretations of 'adequate provision' for deaf children could be challenging, both for professionals and for the parents of deaf children:

> *… there are very strong views held in the hearing impairment world and some people have very strong views about the oral/aural approach, some people have very strong views about total communication, some people have very strong views about BSL, so there are positions that people take. We tend not to take any: we try to be quite flexible and we think that is a strength but some people say, 'No, you need to take a position.'* (K7)

Several respondents stressed the diversity within their service. For example, a service in a high achieving high school offered a predominantly oral / aural approach and aimed for full integration with the hearing pupils, giving those deaf pupils the same subject options and extra-curricular activities as all other pupils, but the Head explained:

> *Not all of them are fully integrated. Some - it is parental / pupil choice - are withdrawn from Modern Languages, those who may have more of a difficulty with English language. They have made the choice to withdraw from Modern Languages, so that they can have additional support across the curriculum.* (K4)

And despite the oral approach, that school service was also offering optional classes in BSL, and encouraging individual pupils who might benefit from the additional skills:

> *We have one pupil whom we have been trying to encourage to use both* [oral and signing approaches]. *That has actually taken us now until S4, and he has now formed links in the deaf community, and is using it a bit. He is still fairly reluctant to use it in school, and to be fair, he communicates very well, but we just feel that it would give him another option.* (K4)

Other services described their approaches in ways which stressed the need to be flexible:

> *we do have children who don't sign, whose first language is not sign language. But often, when they come here, they learn to sign because of the other deaf children and often you will notice that this is not their first language, but if they have a signing child within the class, they are watching the signer also, so they are getting it when they are not picking up the English of the teacher. So they benefit from that. So we have very much not an either / or attitude at all: it is whatever works for whatever child, you know.* (K8)

> *we will use BSL, we will use SSE, we will use gesture - we will use a whole range of things, and that is only part of the rest of the total communication approach in terms of pictures, so what they get here is augmented by some sign.* (K7)

> *We use total communication. I think communication is at the heart of everything and it does not matter - I think BSL and English should have equal status in a school. We teach the curriculum through Sign Supported English, but for our story-telling we have our sign language tutor based here two days a week and he does stories with the children in BSL; he teaches BSL to the staff and to other people.* (K5)

> *we use BSL, we also use voice: we would use any method to aid youngsters' communication. So there is pure bi-lingualism, but we also use Sign Supported English if required for some teaching approaches. So, I think the old-fashioned term was Total Communication, but we like to call it Inclusive Communication.* (K9)

> *We are a bilingual service so the children do have signing if it benefits them, but it is very much meeting the needs of the pupils.* (K10)

Most of the teams operated peripatetic services, visiting pupils in mainstream schools, in some cases several days a week, in others perhaps once or twice a year, according to the needs of the pupil. For example, a Teacher of the Deaf clarified her approach on occasional visits to mainstream schools, where she saw her role as being

> *to support the teachers in the education of their children, not just directly educating the children, but supporting the teachers to find the best way to do it, so part of my role is deaf awareness, for instance, particularly on the occasional visit when we are not actually working with the child directly in the school, we are just supporting the teachers so that they can work.* (K6)

Identifying and assessing deaf children's needs

Most of the services described at length multi-professional assessment methods using a broad range of tests:

> *They would be assessed by audiological tests, by speech and language tests, by listening, audiograms, we use the Manchester wordlists and Manchester sentence tests. We may or may not involve Speech and Language Therapy, who would do things like the TROG test or BPVS. Any of the general language tests - it would depend on the individual pupils and their need. … It is usually jointly with the audiologist, and the speech and language therapist, because we do have a dedicated speech and language therapist in school one day a week.* (K4)

When asked whether the assessment of children's needs was better or worse under the ASL Act; seven out of the nine who felt able to comment said that it was exactly the same as before.

> *I would say that we had good practice, so it has not changed significantly*. (K4)

Two felt that it was better, one qualifying her view by adding,

> *But assessment has always been good.* (K9)

Another felt that the ASL Act had motivated health and social work professionals in their role in assessment:

> *I would say that it is about the same within the school, but the children that are in mainstream primary, secondary, nursery, I think the external agencies are more aware of their responsibilities, so possibly it is better.* (K5)

Several teachers noted that formal assessment procedures as defined by the ASL Act were only part of the picture of assessing and supporting deaf pupils:

> *new pupils coming in have to go through an assessment to come in here, so there would be an assessment by the staff team, psychologist, audiologist, speech and language*

> *therapist, generally, and if required, the OT or physio, depending on whether there were any physical difficulties. Then it is continuous assessment, and that is embedded if you like, in the learning and teaching process, and obviously curriculum-wise we have national benchmarks, 5-14, SQA, etc., for the curricular needs. But we also have liaison times, the annual review process, and obviously within our forward planning and lesson planning and the IEPs, then there is continuous assessment.* (K9)
>
> *I feel I am using continuous assessment every single day, and you plan and change your course with the children as you discover things, so I am a wee bit sceptical of this whole notion of 'we formally assess this', because we are working so closely with them. We are working one-to-one ... we don't wait for the formal review meeting to review teaching, we just do it, we just get on with it and do it and adapt and react, as their needs change we react quite quickly, I would say.* (K8)

Recording deaf children's needs

Only six of the key informants were, because of their role, in a position to give statistics of CSPs, IEPs and other plans for the children they worked with. Out of a total of 334 children aged 0-18 covered by the services they worked with, they reported that only nine had CSPs and 90 had IEPs, the remainder having either a local support plan or no plan in place.

Views on the desirability of maximising the number of children with CSPs varied widely amongst our key informants. One official argued that all parents of deaf children should be worried if they did not have CSPs or IEPs, citing the example of a satisfied parent whom this official felt should be less trusting and should be demanding an additional plan:

> *She was delighted with the support that [her son] receives, but he does not have a CSP or an IEP. And she has been told that she does not need to worry about that because he would actually need an additional need on top of his deafness to qualify for a CSP or an IEP, and because she is happy with the support that he is receiving she is not bothered. But she is not covered: the support that her child is receiving has no legal standing, and if that was to be removed as a result of budget cuts or whatever, she would not really have a leg to stand on to argue it, because it has not been prescribed in a plan.* (K3)

A government official, however, clarified that seeking a CSP because it was deemed to confer rights to services might not be appropriate:

> *I must stress that a CSP is not a passport to services… the level of provision for the child has to be effective and adequate to meet the child's needs, and whether there is a CSP or not, the needs of the child ought to be being met. There are certain conditions that need to be met for the child qualify for a CSP - there need to be complex factors, multiple factors, it needs to be in place for 12 months, it requires significant support from the education authority or another part of the authority as well as an appropriate agency, but that is about the co-ordination of the plan, it is not about a passport to services. It's where those professionals and the parent are talking about the needs of the child and saying, 'We think we are getting to the stage now of needing a more formal structure to support this weight of significant input for the child.'* (K12)

With amendments still under consideration in the Scottish Parliament to ensure that a placement request, even for a child who does not have a CSP, but who wants to go to a special school or a special unit, would, if refused, go to a tribunal, the perceived importance to parents of possession of a CSP or IEP may change in future. However, placing requests represent only one of the several grounds for reference to the tribunal, and parents whose child does not have a CSP therefore have access to less robust routes to justice. In addition, as noted earlier, it is extremely problematic for a deaf child to have no educational plan in place, underpinned by systematic assessment. Certainly for many of the professionals interviewed, possession of a CSP was not seen as improving levels of service, but simply as ensuring communication between all the agencies involved:

> *I don't actually think the piece of paper would make any difference. It is very much based on need. And I mean the CSP I don't think would make a significant difference in terms of provision, because it is there purely to co-ordinate the support that is required.* (K4)

The same interviewee noted the increased responsibility placed on the other agencies when children had a statutory CSP or IEP:

> *… other agencies legally must provide information now, whereas the Record of Needs did not.* (K4)

However, other recent research indicates that, in large measure, professionals object to the new rights bestowed on parents by the Act on the grounds that these tilt the balance of power too far in the direction of parents and encourage professional decisions to be challenged. This is not a view shared by parents or their representative organisations, who tend to believe that professionals should be held to account (Riddell *et al*., 2009). It should also be noted that some professionals were much more positive about the CSP:

> *the RoN was quite a cumbersome document and the Record, I think, was the be-all and end-all of everything, but in practice it did not really mean very much; whereas the move to CSPs – you know, a CSP is more of a living document.* (K9)

IEPs were valued for their clarity and focus on targets, although the child's needs were not described in full detail as they had been in the Record of Needs:

> *There is a very clear cut process and at the end of it there are always clearly defined action points and as I said parents are involved, pupils are involved, there is a feeling that we are all partners in the planning process, so that it is not something that is imposed, so, yes, it seems to be fine.* (K6)

Several noted that policies for giving children CSPs and IEPs varied across local authorities, and tried to explain the policy which their service was applying:

> *Most of our pupils, although Speech and Language Therapy would be another agency, we feel that an Additional Support Plan is OK there, because we are not having to co-ordinate it, because it is within the school. I would say that the CSP is really much more vital at a very early stage, where health is much more involved at stages of diagnosis, etcetera, but for those children who have been deaf since birth and are not reaching us until they are twelve, really they are only having annual visits and it does not actually impact on what we are doing day to day.* (K4)

> *if it does not require the support or involvement of other agencies, then it is just an IEP. … We have an educational audiologist and the speech and language therapists as well, but they don't consider that, as far as I know, to be sufficient for a CSP.* (K6)

> *What we have to do is identify what targets are educational targets that require co-ordination from other agencies in order that they can be achieved. So for example, you sometimes have a child where Social Work are heavily involved in the home, but in actual fact they are not doing anything to achieve their educational target. Therefore*

> *that child may well have an IEP for their learning, but they would not have a CSP … it is not needing co-ordination.* (K7)

Others, particularly those offering peripatetic services to children in mainstream schools, had local support plans for the children they visited, which would slot into the IEP maintained by the school:

> *[With] the Support Plan, if you are only seeing a child once a week, all you are doing is feeding into an IEP. We don't have ownership of these children. These children are at a local school so they would have an IEP, and our ISP would just slot into their IEP. And because we are not working with them for every single part of their education, for every single part of the curriculum, we are focussing on communication and language only, so it can't be an IEP – it is just one little part of it.* (K10)

For others, the planning documentation was far less important than the processes surrounding it – the inter-agency collaboration and discussions with parents at review meetings, which will be discussed more fully in the next section of this report. One Head of Service explained how the IEP was only part of the agenda for the review meetings:

> *Generally, the plans are discussed, and from that then the minutes of the meeting follow, but you do have to take into account any annual reports from the school, or it might be a speech and language therapy report, because the child might be receiving speech and language therapy after school or during the holidays or whatever. Or it could be a report from Social Work which you did not know about.* (K5)

The same interviewee noted how the ASL Act had had impact, in that further education colleges were now more interested in the recorded needs of pupils in transition:

> *there are more specific criteria requested for the transition from school to college. Colleges are now asking, 'What are this child's needs?' which they did not ask before. It was maybe verbal, but now they have forms that you are saying, they might need a lip-speaker, they might need an interpreter, a communications support worker, they might need learning support, or whatever. So it is more specific*. (K5)

Nevertheless, one teacher echoed the sentiments of several of her colleagues in stating that

> *what is most important is not the recording of needs, but the meeting of them.* (K8)

Interviewees were asked whether they saw the recording of the needs of deaf children as better, worse, or the same as before the introduction of the ASL Act. Of the nine who were in a position to comment, four felt it was just the same as before, no better, no worse; and three that it was better, largely because of the heightened awareness of the responsibilities of those involved in recording needs and planning to meet them:

> *we have definitely tidied things up and been more precise about what we are actually doing. I do think that for those with multiple needs, our input is a higher issue now, whereas before we would just have gone in to see them once a week. Because of the CSPs, our input is being monitored, which is quite good. It is more paperwork of course, but …* (K10)

> *maybe it just encourages deeper thoughts about the child's immediate needs for the next year, because if the circumstances have changed at all, if there has been a bereavement or there has been something else that has affected them, you are maybe looking again at*

> *the criteria for the CSP and thinking, 'Do we need to put in any other agency, or request any other input, offer any other support?' So maybe the immediate needs are looked at a bit more.* (K5)

Two respondents felt the new system was not working well. One non-teaching professional saw additional paperwork as a reason why the new system was worse than its predecessor, and an official complained that *'the majority of deaf children just don't seem to be having appropriate records of their needs completed.'* (K3)

Decision making, including involvement of other professionals, parents and children

A major aim of the ASL Act was to improve the way in which education works with health and social work in meeting children's educational needs. It also aimed to improve parents' rights, by involving them in educational decisions and by giving them opportunities to challenge local authority decisions; and to improve children's rights by involving them in important decisions.

Three key features of decision-making were clear from the accounts of professionals: that decision-making should be collaborative, involving parents, child and any health or other professionals working with the child as well as those within the school; that it is likely to involve negotiation when all parties do not immediately agree; and that it should be needs-led. One Head of Service highlighted how parents and their children are not always in agreement about the level of support desired:

> *The parents are invited to the assessment of the child and then they can air any views that they have. Again it would be in consultation with the mainstream staff as well. Again, it is all dependent on the age and stage of the child. If you are talking about maybe a secondary child who is saying, 'I don't want any more support than that', you have to take their views into account. You may have a case where a child is doing very well, and the parents want more support than the child wants, so it is a case of negotiating that with the parents, and saying, 'Can we try this?' - being very flexible, really.* (K5)

An official recalled a conflict of interests between parents and child at a review meeting for a deaf school leaver:

> *I asked him what he wanted to do and he said he wanted to work. The parents immediately said that he wanted to go to college. I said 'Hang on, let him talk.' The boy confirmed he wanted to start work.* (K2)

With the help of the careers advisor and RNID, a placement was then found for him at a local supermarket, putting the child's interests above those of his parents:

> *The parents were not too happy about it – I think because they would lose the benefit. But I reminded them that when the boy was over 16 he should get the Disabled Living Allowance anyway, not the parents. A lot of young deaf young people still don't know that. That's what the law says, but many parents just don't tell their children this information. I've met people of 18 who still don't get their DLA, their parents keep it and their mum gives them some money every week.* (K2)

Another example involved informal mediation by a Head of Service between a speech and language therapist, and a parent who was concerned because the therapist was suggesting that time spent in school on therapy could be reduced:

> *on one occasion we had a parent who was concerned, she felt that the level of speech and language therapy was being reduced. Because the child had reached a certain level, the speech and language therapist had said she did not think they needed as much support as they had. So they came and we spoke with the parents and said 'If you want more time, what would you like us to extract her from?' Because there is that. And it was all "Oh, I had not really thought about that. You know, I am quite happy with what she is doing."* (K5)

Staff were aware that the sheer number of potential participants in a review meeting could be overpowering for parents and child:

> *Well, we have obviously the parents and the child; school staff, generally a guidance or senior management person; there would be myself as Teacher of the Deaf, Speech and Language Therapist; Educational Psychologist; the Educational Audiologist; the Head of Service – it sounds like an awful lot of people, but we do try – it is usually quite a nice little meeting. But any of those people could be there, it depends what is happening.* (K6)

Several stressed that the current decision-making structures were more child-centred than before the Act, when parents had their child's Record of Needs:

> *I think it was quite nice for parents, having something on paper to hold on to, like a wee crutch, but often the Record of Needs meetings were just - what can I say? - they just happened because they happened and for no other reason. Whereas now we have regular review meetings which are not to go through a piece of paper, but to actually focus on the child very much.* (K10)

Sometimes professional input might need to be reduced, rather than increased, in negotiation with the child and parent, to help a child achieve a target, in terms of developing the skills of independent learning:

> *The assumption is that if you are a BSL user then you will need access to the full curriculum in BSL, and the implications for that are that you will have full-time support. However, the effect of full-time support obviously can stunt independent skills, etcetera, so you have to have that balance and think, 'When can we withdraw this? When should we try and allow independence skills to be developed here?' And so they are reviewed regularly, and adjusted regularly, on a weekly basis, I would say.* (K8)

The perspective of a Head of Service working with lots of mainstream schools enabled her to highlight differences in the degree of involvement of children in target-setting:

> *I would want children to be much more involved in the setting of their IEP targets, for all they are involved and it is talked to them about it, and I want them to be setting their own targets. It sometimes depends what school you are in. For some schools, it is not a problem, the children are totally and utterly involved in their own target setting and parents are hugely involved, but is it consistent across the authority? No.* (K7)

While there was agreement that decisions about support for deaf children should always be needs-led and in the best interests of the child, a few interviewees acknowledged that intervening factors of finance and availability of personnel might affect the decision. For example, one Head of Service highlighted cross-border tensions between local authorities on the question of school placements, querying whether the best interests of the child were always considered when an authority's specialist schools had low pupil numbers and noting the impact of placement decisions on both the home local authority and the local authority providing the school:

> *if you are in an authority and you have a low roll in your specialist school and you are thinking you might have to shut it and you suddenly get three parents putting in parents' requests, would you refuse it? You know what I mean, because it keeps your school going. Now maybe that is being a wee bit cynical, but it is a possibility, and therefore they accept the placing requests, and the local authority whose home the child is in stumps up, and you have blown your budget.* (K7)

Others noted difficulties in finding support staff with BSL skills, and shortages of speech and language therapists in some areas:

> *if there is no staff there, the speech and language therapist might agree with you that they need some input, but if there is not a body there, their hands are tied too.* (K5)
>
> *One of the children that I am working with is profoundly deaf. She needs signed support and I wanted an auxiliary who could sign. But I don't have an auxiliary who can sign … it is all down to resources: the people are just not there.* (K6)

To sum up, in this part of the interview, we asked our key informants to consider three issues: decision-making processes, co-ordination of professional input, and the involvement of parents - and, where they were of an appropriate age, children - in planning support for deaf children, and to assess whether these were better, worse or the same, since the introduction of the ASL Act. Table 3.22 shows the spread of responses.

Table 3.22: Impact of ASL Act on decision-making, co-ordination and parental involvement

	better	***worse***	***the same***	***can't say***
Decision-making	2	0	6	4
Co-ordination	5	0	3	4
Parental involvement	5	0	4	3

Several said that co-ordination of professional input had been good before, but had been further improved by the introduction of the Act:

> *there was a lot of reflection went on as a result of the Act, and in fairness there was a lot of tweaking and there was a lot of training to do with the ASL Act which I think raised the awareness of ASN all across the board. Multi-agency training allowed a lot of teachers to talk to social workers and all the rest of them. While I said we work very well together: well, we do, but we don't always get that opportunity, so the ASL Act did provide all of that and I think as a result of the Act … we actually do things much better.* (K7)

Others made reference to the synergy between the provisions of the ASL Act and the *Getting it Right for Every Child* (GIRFEC) initiative, in terms of co-ordination of multi-agency work:

> *I mean, we have always worked well, but with the new GIRFEC coming up, I think that is going to make a difference to us. That is our big buzz at the moment because I do think that will make a huge difference in how we work together. … I think maybe it will be more tightened up, more written down about what we do, rather than - I mean, we are all very good at discussing things, but, you know, having the processes to go through.* (K10)

> *I think the focus of the Act is on multi-agency working, as is GIRFEC, and therefore I certainly think that the decision-planning process should be stronger because of the multi-agency focus of the Act. ...The principles of GIRFEC and the ASL are mutually supportive: they all focus on and wrap around the needs of the child.* (K12)

Again, most professionals said they had long-established good practice in involving parents in decision-making, but the Act had focused their attention on building on strength:

> *Well, we always involved parents, but I suppose now that there is a requirement that they are all involved and everything is more person-centred, so it would have to be 'Better', I would say. It is the way the questions are posed and asked. The parents are definitely not talked over: they are very much asked for their opinions and involved in what is going on* (K6)

A teacher supporting signing pupils in a secondary school reported that parents were not all equally eager to be involved:

> *that is something that we are talking about: trying to have parents' meetings, parents' social events; how to encourage them to come to review meetings, how to encourage them to strike up a dialogue and be involved in homework and things like that. I think there are plenty of opportunities for them to be involved, but we can't obviously force parents. But they are involved in decision-making through the review meetings.* (K8)

Adjustments and learning support

Our interview schedule included a checklist of types of adjustments and learning support, including physical adjustments to the environment, pre-tutoring, post-tutoring, teaching in small groups, interpreting and language modification, and we invited interviewees to add to the list if necessary. All those involved in teaching recognised the above as part of their established practice: for example, one senior teacher said:

> *I have ticked everything. I have ticked the lot except for note-taking, but we do actually do that for some of the secondary kids, but we don't have any note-takers specifically.* (K10)

Several teachers of the deaf stressed that an important part of their learning support role was working not only with pupils, but with mainstream teachers, to enable them to make appropriate adjustments to help those deaf pupils. One explained:

> *we do a lot of co-operative teaching with the subject specialists ... So we may work with small groups within a classroom, and that group could be a group of deaf and hearing pupils, or it could be just deaf pupils, or it could be individual deaf pupils. We do pre-tutoring and post-tutoring and that obviously involves a lot of co-operation with the subject teachers.* (K4)

Physical equipment, such as soundfield systems, radio aids and carpeting were also seen to be more easily available than in the past, although this improvement was not always attributed to the ASL Act:

> *we are negotiating with architects and planners, that soundfield systems are at least taken into account for what one would need in a school for all the different disabilities ... but actually that is more the DDA than the ASL Act.* (K7)

An official commented that a number of drivers contributed to physical adaptations to schools:

> *Government guidelines that have been produced on building schools better reflects than they did previously the needs of disabled children and how they should be taken in to account at the design stage of any new build. In the meantime you have got the introduction of a number of developments within existing schools which support a broad range of children, including those with hearing difficulties. So there are a numbers of drivers, the moves that society has made and as the bottom line, there is the safety net of the legislation.* (K12)

A peripatetic teacher who appreciated that some of the schools she worked in had made good efforts to make equipment and facilities available, nevertheless saw room for improvement, and believed they could do more for deaf children with even better technology and support:

> *I know for a fact that there are things that I would like, like more computer software, for instance, and I would like to be able to make DVDs, but I know that there is just not the money there to give me the technical equipment that I need. So we are working with that at the back of our minds. ... there is a lot of good work being done using technology, especially for profoundly deaf children so that we can help them access the curriculum, and if you have got lots of auxiliary support then you can do interesting things, if you have got somebody to pound away at the computer. But if you are doing it on your own, and you don't have that support, and you don't have the equipment and you don't have the money to buy that equipment or the software, then that kind of limits you in what you can do.* (K6)

One respondent was more concerned with the skill levels, particularly in BSL, of some of those working in schools with deaf children:

> *For example, there are auxiliaries working with deaf children with level 1 or level 2 BSL. Their language limits the child's progress. The deaf child does not have enough sign language to progress. The auxiliaries never learn any more sign. They don't get involved in the life of the deaf community. That means their level is fixed and very low. It holds the deaf child back.* (K1)

Overall, despite the difficulties of attributing change to the ASL Act alone, three interviewees said that adjustments and learning support were better since the introduction of the ASL Act; five said that they were the same as before; and the remaining four were unsure or unable to comment.

Strengths and weaknesses of the ASL Act, and other concerns

When asked to identify strengths of the ASL Act, several interviewees highlighted the wider definitions of additional support in this legislation, and the recognition that many factors outside school may help or hinder a child's access to education:

> *I think the wider definition of additional support. Obviously we are working on behalf of deaf children, disabled children, but an additional support need does not necessarily have to be a disability. There is a wider range of issues going on there that can potentially have an impact on a child's ability to access their education. And quite often that would be the case for a deaf child. You know, Social Care have to have an input too, to see if the family are coping well with that child's deafness, to ensure that that child can progress as a confident individual through the school system. (K3)*

> *… the Act was an overarching guidance for no matter what your difficulty was, and I think that is a real strength, because it allows you to put things in place and then tailor it, rather than having distinct and different things in place for different groups and individuals. … I think the Staged Intervention was a huge strength, the advocation of the staged intervention approach. We had already put it in place but I think it helped us to develop it further.* (K7)

> *it establishes a broader framework in Scotland that recognises that there is broad range of factors that can add to challenges to a child's education and they are not limited to education alone, they can have social, emotional, family communication issues.* (K12)

Further strong themes in the responses were the opportunities the ASL Act had given for training and working more closely with other agencies, and the clarification of the responsibilities of all parties:

> *I think the main thing is that the mainstream schools and the other agencies are aware of their responsibilities in meeting the needs of children with ASN, and that is the biggest thing, the biggest change, the biggest strength that it has had. And there has been a lot of time and effort put into informing these people about what their responsibilities are and informing the parents about what their rights are.* (K5)

> *[The ASL Act is] more practical and addresses the issues better than the RoN system did before. There is more flexibility and there has to be more joint ownership whereas before it was always Education: 'That is an Education document'.* (K9)

> *it gave the opportunity to revisit all of the issues about additional support needs with schools, so it gave a training opportunity - not that you could not have had it before, but it gave impetus and it gave weight to it, and so it kind of re-launched the area. So I think that was a real help: you could go out and re-do a lot of things in the context of the new Act.* (K7)

> *sensory impairment is mentioned, that is a strength, I suppose, rather than assuming - it is written down in black and white so that people know that that is one of the things to be included. Then the fact that there is a duty on other professions, other professionals to work with Education. And of course the family-centred and person-centred planning that has to be used.* (K6)

> *It makes sense to work together as a multidisciplinary team and I do think it is good to raise awareness of people who have no knowledge of special needs pupils. (*K10)

> *It places authorities under a duty to ensure that there is provision in place for all children who have additional support needs.* (K12)

Some saw the emphasis on parents' rights as a major strength:

> *Increased rights for parents, I see that as a major strength, and also the dispute procedures that are in place.* (K8)

> *... it gives parents rights. Hitherto parents had duties, duties to ensure that children go to school and so on ... previously that is all they had, though, the duties, they had very few rights.* (K12)

When asked about weaknesses of the ASL Act, interviewees had a broader range of concerns. One highlighted the terminology of the Act:

> *I am always worried by anything that says 'adequate and efficient provision'. You always wonder what exactly that means. … When do we say, 'No, we have done enough'? That would be my big worry about it in my experience.* [Have there been situations when the decision has had to be: 'We have done enough'?] *Yes, the decision has been 'We have done enough' or 'We don't have enough money to actually provide that for you', or 'It is physically impossible for us to provide that for you.'* (K6)

Another interviewee regretted that the Act did not tackle cross-border issues between local authorities, where authorities may be swayed by considerations of costs rather than the needs of the child; and two aired concerns about CSPs:

> *CSPs in particular don't add anything to the procedures if things are already in place. It is just a paper exercise. … A child who has a CSP won't let you jump a list, for example, so if the Health Board say, 'Sorry you are half way down the list, so we can't get to you yet', then that is it: you are stymied, whether you have got a CSP or not. And it is still the same even although the world and his brother thinks that a child would benefit from speech and language therapy, if the speech and language therapist says, 'Sorry there is not an outcome for me to be had here', then you are not going to get it, whether you have a CSP or not.* (K7)

> *the CSP is definitely more time-consuming, absolutely definitely and possibly the CSP very much limits the amount of children having their needs written down.* (K10)

Others were also concerned with problems of ensuring that planning was implemented fully:

> *I think there is still a perception – and whether in time this will sort itself out, but it maybe has no teeth, if that makes sense? At the end of the day, the RoN was a legislative – it was recognised under legislation, it was a stronger document, it was specific, but then in latter years when they started to dilute it, it was not used in practice as much as a CSP is.* (K9)

> *unless, you know, they are going to ensure that everything is going to be put in place, I think sometimes people pay lip-service to it and things don't really change, because they know that nobody is going to be checking that things do change.* (K8)

There were also comments on the need for parents to know their rights, tempered by the realisation that the process of empowering them, encouraging them to use those rights, might be quite difficult:

> *I think parents are the one element that have the ability to make change. They really have the ability to make change, but they have to be empowered and they have to feel able to get involved.* (K8)

> *we have to make sure that parents know what their rights are, not just that we give them rights, but we make sure that they know what their rights are. ... It is not a weakness of the Act, it is more of a challenge in implementation.* (K12)

Our final open question allowed interviewees to raise any issue not covered by our previous questions. Several talked about problems of staffing, both the supply of teachers of the deaf and speech and language therapists, and the skills of those who were in post:

> *I think the big thing is we have a tremendous stability here in my teachers of the deaf. I think the big problem will come in about three years' time, the same problem as everywhere else* [as teachers reach retirement age]. (K4)

> *It's difficult to get more deaf people to work in the education system. There are very few involved at present. We need Deaf people who have a knowledge of BSL linguistics and who also have good English skills to help them with their work. We need more deaf teachers as role models so deaf children can see that deaf people can succeed.* (K1)
>
> *Lack of money and lack of staff. … I would like really to heighten awareness of Speech and Language Therapy, and not just awareness, but the need for funding.* (K11)
>
> *the national shortage of teachers of the deaf, and there not being funding available now, as it is a mandatory qualification, and the level of service really depends on the number of qualified staff that you have.* (K5)

The importance of BSL skills amongst teachers and support workers was stressed by two interviewees:

> *It's very important that deaf children can progress with their signing, learn subject content and keep progressing, and not be held back by the limited signing skills of their teachers.* (K1)
>
> *School support does not continue in college. Some young deaf people don't realise this until after they have actually left school. They don't know the role of an interpreter, if they meet one in college. They expect a teacher of the deaf to come along. They don't know how to use an interpreter or a lipspeaker. Or a Communication Support Worker. A lot of deaf young people are still not clear about the difference between an interpreter and a CSW. Interpreters just interpret. But CSWs can do translation or explain meanings of words and do other things to support the student. When they find out, a lot of young people want a CSW.* (K2)

3.3 CROSSCUTTING THEMES FROM PROFESSIONALS AND OTHER KEY INFORMANTS

A strong message from both the local authority survey and most of the interviews is that little has changed as a result of the ASL Act, but where it has changed, this has been for the better. Statistical comparisons of the data from the two interventions would be meaningless, given the small numbers in the sample, but the majority saw little change, or only slight improvements, in the way needs were assessed, recorded and reviewed and in the provision of adjustments and learning support for deaf children.

There are two areas in which the ASL Act may be having more impact: parental involvement and co-ordination of multi-agency working with deaf children. Although the survey respondents were not asked specifically whether parental involvement had improved, their replies suggest that parents generally have a role in the development of CSPs and IEPs, and a majority of the local authority staff identified additional routes of redress for parents (mediation, adjudication and tribunals) as a main strength of the Act (Table 3.20). The interviews give a richer picture of how parents are involved, both formally in review meetings, and informally in discussions about their children's needs. Although several described the increased involvement of parents as building on a previous strength of their service, five out of the nine perceived that the ASL Act had improved the ways they worked with parents, ensuring that parents were not 'talked over' in meetings, and that they were able to collaborate fully in decision about their child's education.

The second area in which impact was noted was the co-ordination of the work of education, health and social work professionals in supporting deaf pupils. Several saw the introduction of the ASL Act as having provided impetus for more training, better understanding of one another's roles and responsibilities, and a raising of the profile of the education of deaf pupils amongst mainstream education staff too. Collaborating with mainstream teachers and raising their awareness of the needs of deaf pupils and ways of supporting them in class remains an important part of the role of the teacher of the deaf. The survey respondents were equivocal on this issue, since when asked directly whether co-ordination had improved, only four out of fourteen said they perceived any improvement in this regard, while the rest saw no change (Table 3.17); but when asked about the strengths of the Act (Table 3.20), twelve of them agreed that focus on co-ordination of services was one of the main strengths. In the interviews, five out of the eight who were in a position to assess whether collaboration had improved, described ways in which it had been enhanced by the new legislation.

Another recurring theme concerns staffing levels: the low numbers of teachers of the deaf and the need to prepare for the time when many of the current staff will be retiring; shortages of posts for communication support workers and speech and language therapists; and the need to involved more deaf people in the education of deaf children. Concerns about funding also recur, and awareness that schools and local authorities are coping with a far wider school population of pupils requiring additional support for their learning, as this comment from a survey respondent indicates:

> *As an authority we are trying to deal with the full range of additional needs yet there is a great deal of pressure from groups who represent very small numbers and very specific labels that 'their cause' is more important than others. Getting the balance is tricky.* (LA10)

Since Table 1 shows that only 0.1 – 0.4% of the pupils in the local authorities are deaf, it is worrying to think of them competing for resources with other groups.

While the survey data confirms the 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. The interviews contain many examples of professionals discussing with parents changes to the support for their child, regardless of whether they have CSPs. Nevertheless, we note that, although a CSP may not be a ‘passport to services’, it does, at present, confer on the parent greater rights of appeal against decisions. The key informant survey, however, revealed only one instance of a disagreement between parent and service which had not been resolved informally at school or local authority level. This may be compared to the small numbers of parents who, in their survey responses, reported involvement in formal mediation, adjudication and appeal to the tribunal (see above, Section 2.1.2, p. 23). Clearly formal routes to dispute resolution are rarely used, although we cannot be sure whether this is attributable to parents’ satisfaction with informal communication with their schools and local authorities, or to their lack of awareness of their own rights.

CHAPTER 4: CONCLUSIONS

Returning to our research questions, we undertook to assess the impact that the ASL Act has had on provision for the education of deaf children, and whether the planning mechanisms are sufficiently robust to ensure that they can access high quality provision, regardless of geographical location. We approach this by first considering the other sub-questions listed in the Introduction (Section 1.3, p. 6).

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

There are many positive messages in the parents' views. In particular, we note the high numbers of parents, both in the survey and in the interviews, who said they were satisfied, or very satisfied, with their involvement in the planning of their children's education, with the support they were receiving from professionals, both in school and especially in the pre-school years, and with the arrangements made for their children's transitions, often with additional input from teachers of the deaf. In the interviews with professionals and other key informants too, strong positive messages emerge about inter-agency working and professionals' efforts to work more closely with parents. On the evidence of both parents and professionals, the current system is supporting both formal communication, through written reports and review meetings for parents and the whole team, and informal, day-to-day consultation between teachers and parents, to ensure that their children's needs are being met.

The concerns of the minority of parents who are not satisfied are, however, important. As Table 2.11 shows, up to 12% of respondents declared themselves unsatisfied with teacher of the deaf support, and 37% used the subsequent open question to highlight various worries about transitions and aspects of support, resources and staffing. Some parents report instances of insufficient funding for equipment, concerns about staffing levels, unsatisfactory acoustic environments, and of insufficient support from appropriately qualified staff, in particular staff with high level BSL skills capable of supporting the cognitive development of signing pupils in secondary schools. These examples provide worrying confirmation that there is still some way to go if the goal is to offer a high quality service regardless of geographical location. Yet, as noted in Section 2.1.2, analysis of complaints found no links to specific authorities or types of school, and the causes of these problems are likely to be complex, arising from a combination of financial constraints, staff shortages or breakdown of communication at local level.

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

Given that we achieved only a 50% response rate to our questionnaire for local authorities, we do not have a precise answer to this question for the whole of Scotland, but the numbers we have from those who did reply (923 from 16 authorities, see Table 3.1) confirm that the official Scottish Government figures (954 from 32 authorities, see Table 1.1), based solely on the numbers of deaf children with IEPs and CSPs, appear to be much lower than the numbers who require, and are receiving, support in Scottish schools. This is partly because some children with mild or moderate hearing loss will often be receiving only occasional visits: as Table 2.4 showed, these groups represented only 19% of our survey sample, possibly because parents of those with severe or profound hearing loss are more likely to seek the support of NDCS, and to be on their mailing list which we used to find our survey participants. Our interviews with parents and professionals, however, have also shown that many deaf children who are receiving a regular service, with support from teachers of the deaf and speech and language therapy, do not have these specific plans, but local, non-statutory variants of them, or none at all – and they may therefore not be counted in the Government statistics. The most worrying aspect of this undercounting, arising as a result of the low numbers of IEPs and CSPs, is the danger that staffing numbers, both for teachers of the deaf and for related professions such as speech and language therapy and educational audiology, might in future, if funding is tight, be based upon the official numbers, rather than reflecting the actual numbers. If this happens, services for deaf children will suffer. This would also impede data gathering on the achievements of deaf children. It seems important that the method of counting deaf children in Scottish schools should be changed to reflect the reality of children's needs. Finally, a major argument for changing the previous system of assessment and recording hinged on the degree of local variation in practice with regard to the use of Records of Needs. It appears that there is even greater local variation in the use of IEPs and CSPs, thus suggesting that this particular objective of the legislation has not been achieved.

What types of educational planning mechanisms are used for deaf and hearing impaired 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?

These three questions are treated together, since our evidence suggests that planning, including multi-agency working in assessment and decision-making, and parental involvement in planning and decision-making are all well-established features of local authority systems. While assessment is reported to have changed little since the introduction of the ASL Act, our data from local authorities, professionals and other key informants suggest that planning, multi-agency working and decision-making, with the involvement of parents, appear to have been strengthened by the Act, although many asserted that practice was already good. The focus of the Act on improving multi-agency co-ordination and on clarifying the responsibilities of all parties was valued by teachers of the deaf, as was the impetus it had provided for multi-agency training and for raising the profile of pupils with additional support needs, and of deaf pupils in particular, amongst mainstream education staff. Most parents were also happy with these aspects, although a few did not feel their views were heeded. We note here too that parents' ability to make informed choices about what is best for their child depends on accessible information about their options: they reported relying on a wide range of sources, including NDCS publications, as well as the professionals working with their children, Enquire, family members and friends.

While the numbers of children with a CSP and/or IEP were low, professionals representing services where other plans were used appeared to attach at least as much importance to parental involvement and multi-agency working as did those working in authorities where CSPs and IEPs were more commonly used. As noted in Chapter 2, we found little nostalgia amongst parents for the Record of Needs, and professionals too welcomed the more flexible system which clarified the responsibilities of all parties and encouraged *'more joint ownership, whereas before it was always Education: 'That is an Education document'.'* (K9).

We note, however, that parents whose children receive significant input over an extended period from other agencies are by law entitled to a CSP, and in failing to open a CSP for such children, local authorities are reneging on their legal responsibilities and depriving parents of routes to justice if dissatisfied with local authority services. It is likely that many more deaf children fit the criteria for a CSP than currently have such a document in place. Many parents may be unaware of this, since only parents whose children have CSPs are routinely informed of the full range of appeal options. Furthermore, 26% of the parents surveyed reported that their children did not appear to have any plan at all, so that there is no record of assessments which may or may not have been conducted and services to be provided. This makes deaf children vulnerable to the arbitrary withdrawal of services and poses significant problems for children who move within or outwith Scotland. Even although parents and their children are happy with the planning process and the outcomes of an alternative local plan, such as an Integrated Support Plan or Action Plan, it could indeed 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.*

Another of our interviewees commented that '*what is most important is not the recording of needs, but the meeting of them*' (K8). While there was consensus that services should be needs-led, 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. A recurring theme in the interviews was the impossibility of offering a service if there was no-one to provide it, either because of staff shortages, in education or in speech and language therapy, or because the available staff did not have the skills at the required standard to support the child, for example, in fluent BSL. Placement decisions, particularly placements outwith the local authority, were also seen as likely to be influenced by budgetary considerations. Again, it should be noted that parents were promised when the new legislation was introduced that provision would be driven by children's needs, not by financial considerations. Adam Ingram, the Scottish Government Minister with responsibility for additional support needs, has recently reiterated the importance of this principle. However, it is clear from both parents' and professionals' accounts, that resource issues continue to play a major part in determining which children receive which services.

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 or local authority level. The numbers of those who had used formal routes of redress were very small indeed. A few had contacted Enquire, and were generally very satisfied with the support provided. Only three out of 128 parents had been involved in formal mediation and of these two 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. Amongst the 19 parents interviewed, four said they had succeeded in changing decisions about the school placement initially suggested for their child. Two of these had simply put their views to the professionals involved, and had prevailed; one had used formal mediation procedures to send her children to a school for the deaf; and one had applied for a CSP because she had anticipated it might be necessary to appeal to the Tribunal against an unsuitable placement decision.

This evidence, albeit based on very small numbers, suggests that demand for the routes of redress is low, but the system is working. It demonstrates that parents are using their rights, to be involved, to disagree and to challenge, but also that schools and local authorities are able to deal with most of these issues without resort to formal, external procedures.

Serious questions, however, remain about the extent to which parents are actually aware of the routes of redress which might be open to them. Only 30% of parents surveyed said that their children had CSPs, and 67% that they had CSPs and/or IEPs. Since numbers of children with CSPs are low, and only parents of such children are informed routinely by local authorities of appeal routes, it is likely that most parents do not have access to the information they require to challenge local authority decisions. Recent research indicates that the majority of Scottish local authorities do not have information on additional support needs policies available on their web-sites (Riddell *et al*., 2009).

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

From the perspective of the professionals surveyed and interviewed, the Act is seen as having strengths, particularly in clarifying the responsibilities of education, health and other professionals and the rights of parents to involvement, but has not led to huge changes in practice in the education of deaf children. This is disappointing, since the key aim of the Act was to improve services for children. Many found difficulty in disentangling the impacts of the ASL Act from those of the Disability Discrimination Act or of *Getting It Right for Every Child* – but were positive about the move towards more child-centred practice and greater awareness of the needs of deaf children. The views of parents are less clear on this question, which is understandable since many of them had known no other system. Most parents in our survey appeared to be reasonably satisfied with provision made for their children, but there is a significant minority who are extremely dissatisfied and feel let down by the system, or by parts of it.

As noted above, there are major problems with local authority compliance with the legislation with regard to using the statutory plans, thus enabling parents to access the new routes of appeal. Local authority and school staff tended to believe that parents disagreed only rarely with educational decisions and provisions. By way of contrast, a third of parents in the survey said that there had been some disagreement, although, as discussed in Section 2.3, the interviews revealed that disagreement and negotiation could sometimes be part of a healthy relationship between parent and school, and the numbers of parents who had sought dispute resolution beyond the school were very small indeed. On balance, the Act seems to have resulted in ‘more of the same’, and there is little evidence of the marked improvement in service provision which was its prime purpose.

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 that more children are given IEPs and CSPs. As explained above, this practice has contributed to unacceptably wide local variation in the identification, in official statistics, of deaf children in school.

This issue is linked to parents’ and professionals’ concerns about staffing levels, which are the responsibility of local authorities and their partners in health services, rather than the Scottish Government. Many professionals are worried about the numbers of Teachers of the Deaf and the impending crisis as so many are approaching retirement, others about unfilled posts in speech and language therapy and educational audiology. Cross-border collaboration between authorities, sharing of posts and services, and complications caused by the fact that the boundaries of education authorities do not coincide with those of health authorities, all contribute to the difficulty of assessing whether staffing levels are adequate to maintain services to those deaf children who need them. Perhaps the most important further change required in this area is a thorough head-count - not only of all deaf children who need support in their education, but also of those who teach them, support them in the classroom and in their speech and language development.

REFERENCES

British Sign Language and Linguistic Access Working Group (2008) *Scoping study: linguistic access to education for deaf pupils and students in Scotland.* Edinburgh: Scottish Government.

Department of Education and Science (1978) *Special Educational Needs.* (The Warnock Report) London: HMSO.

Grimes, M., Thoutenhoofd, E.D., Byrne, D. (2007) Language approaches used with deaf pupils in Scottish schools: 2001-2004. *Journal of Deaf Studies and Deaf Education*, 12:4, p.530-551. Oxford: Oxford University Press,

HMIE (2007) *Report on the Implementation of the Education (Additional Support for Learning) (Scotland) Act 2004.* Livingston: HMIE.

Kane, J., Banks, P., Riddell, S., Wilson, A., Baynes, A., Dyson, A. and Millward, A. (2003) 'Individualised educational programmes and raising attainment in Scottish schools' *Scottish Educational Review,* 35, 1, 38-48.

McCluskey, G. (2008) Education (Additional Support for Learning)(Scotland) Act (2004): What does it mean for the way teachers work together? *Scottish Educational Review*, Nov 2008, p.53-63.

McLoone, P. (2004) Carstairs scores for Scottish postcode sectors from the 2001 Census. Glasgow: MRC Social and Public Health Sciences Unit.

National Deaf Children's Society (2008a) *Submission from the National Deaf Children's Society (NDCS) Scotland. Education (Additional Support for Learning) (Scotland) Amendment Bill 2008.* Glasgow: NDCS.

National Deaf Children's Society (2008b) *How many deaf children are there in Scotland? No one knows.* Glasgow: NDCS.

Riddell, S., Edward S. and Bee, W. (2008) *Reporting on Progress towards Equality of Opportunity between Disabled Persons and Other Persons made by Public Authorities in Scotland: the Scottish Ministers' Duties: Education and Lifelong Learning.* Edinburgh: Scottish Government.

Riddell, S., Stafford, A., Maguire, R., Ahlgren, L. and Burns, C. (2006) *The future delivery of advice and information services for additional support needs in Scotland.* Edinburgh: Scottish Executive Social Research.

Riddell, S. and Weedon, E. (2009 forthcoming) Approaches to dispute resolution in additional and special educational needs: local authority perspectives. *European Journal of Special Needs Education.* [in press].

Riddell, S., Weedon, E., Kakos, M. and Stead, J. (2009) *Scotland: key informant interviews.* (Dispute Resolution and Avoidance in Education, working paper 3). Edinburgh: CREID, University of Edinburgh.

Riddell, S., Harris, N., Smith, E. and Weedon, E. (2010 forthcoming) Dispute resolution in additional and special educational needs: local authority perspectives, *Journal of Education Policy.*

Scottish Government (2005) *Supporting children's learning: code of practice.* Edinburgh: Scottish Government.

Scottish Government (2008*) Analysis report: consultation on the Additional Support for Learning Amendment Bill.* Edinburgh: Scottish Government.

Scottish Government (2009) *Pupils in Scotland, 2008.* Edinburgh: Scottish Government.

Watson, L.M., Hardie, T., Archbold, S.M., Wheeler, A. (2008) Parents' views on changing communication after cochlear implantation. *Journal of Deaf Studies and Deaf Education*, 13:1, p. 104-116. Oxford: Oxford University Press.