

BSL/Sign Systems Audit Report

**A snapshot of current practice that supports children and young people (0-25)
with sensory impairment in their development and use of BSL and/or sign systems**

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Preface

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1. Executive Summary

1.1 The survey

The aim of this report is to understand the potential for improving outcomes for children and young people with sensory impairment who use BSL and/or sign systems in the course of their journey to adulthood. The report is based on a brief audit of current practice and case studies collected as part of the information gathering. The audit of practice survey was conducted in November and December 2013 (pre SEND reforms). The case studies were collected between November 2013 and October 2014. The survey was designed to gain a 'snapshot' of practice on which to build an evidence base to support improvements and contribute to policy development.

1.2 The context for deaf children in England

While the number of adults using BSL is contested, there is likely to be an increase in the range of sign systems and sign languages used in the future, reflecting the general change in technology available to support deaf and sensory impaired children and young people as they access and acquire languages. (Knors *et al* 2012).

The national survey conducted by the Consortium for Research into Deaf Education (CRIDE) provides the best available information about deaf children in England. According to the CRIDE 2013 survey:

The total number of deaf children in England is around 38,000; of this number around 8% have at least one cochlear implant, 2.7% of school-aged deaf children are educated in special schools for deaf children, 12% are in other special schools not for deaf children, whilst 76% attend mainstream schools without resource provision and 8% are in resource provision.

- Of these children 79% use only spoken English, 12% speak another spoken language either on its own or in combination with another language and 8.3% use sign language in some form either on its own or alongside spoken English, while 2.0% use British Sign Language as their main form of communication.
- 21% have additional special educational need including Vision Impairment, Multi-Sensory Impairment, Speech, Language and Communication Needs and Learning Difficulties.
- 17% of deaf children of school age as identified by CRIDE, have an SEN statement.¹

Data from the CRIDE survey helps to identify the range of levels of deafness, range of settings and diversity of need for specialist approaches, understanding of education, learning, and language opportunities that will ensure that these children reach their potential academically, socially and emotionally and that will protect their fundamental rights to education, language, family life and equality of opportunity.

¹ The overall response rate in 2013 was 132 services covering 150 Local Authority areas, a response rate of 99%. There remain a number of deaf children (2,731) who are unaccounted for within the CRIDE figures; for example some services did not always provide data consistently with their broken down figures generating a different total from that given elsewhere in the survey. However they give a good benchmark for our understanding of the numbers of deaf children who may require support that ranges from minor interventions to specialist longer term interventions and for whom this report is particularly important.

The table below (CRIDE 2013) represents the number of deaf children in the UK, by main language.

Language	Total	Percentage of responses (where known)
Spoken English	25,705	79.3%
Spoken English and other spoken language	2,657	8.2%
Other spoken language	1,106	3.4%
Other Spoken language together with sign language	261	0.8%
Spoken English together with sign language	1,641	5.1%
British Sign Language	643	2%
Other sign language	394	1.2%
Total known	32,407	100%
Reported unknown	1,303	

CRIDE also notes that 12.4% use a spoken language other than English, again as their main language or in some combination with another language within the home.²

Ensuring that more information (and the development of assessments to provide information) specifically about those children using BSL and/or sign systems is collected, particularly around their progress in all areas and working with specialist providers to determine how best to benchmark both language development and communication skills for children using BSL and/or sign systems, will further support improvements in services for these children.

British Sign Language was recognised as an official British language by the UK government in 2003. In addition, there are various signed systems that are used by individuals, these include Signed English, Sign Supported English (SSE), Paget Gorman and Makaton.³

More than 80% of deaf children in the UK are now educated in mainstream schools with a small proportion in resourced centres or units within these (Archbold, *et al* 1998, 2002; Consortium for Research into Deaf Education (CRIDE), 2012). The special schools that do exist offer varied language provision. Some describe themselves as 'using an auditory/oral approach' (without the use of sign language) whereas others describe themselves as having a 'bilingual philosophy' or offer a broad-based approach (English and BSL) under the umbrella term of 'Total Communication'.

² CRIDE 2013 England. Page 8.

³ Hollis Sonia, *Different Sign Language Systems Used in Schools*, (2011)

Teachers of the deaf account for approximately 47% of the workforce supporting deaf children within education. A further 48% of the workforce are a variously skilled body of deaf and hearing professionals who teach and support deaf children in Early Years provision, schools and colleges. There is a clear lack of recognised professional training, status and associated qualifications for this group. This includes Teaching Assistants (TAs), Communication Support Workers (CSWs) and professionals working in this field who are deaf (CRIDE, 2012).

1.3 Key Themes

1.3.1 Language acquisition with a focus on early years (0-2)

More than 90% of deaf children are born to hearing parents. This means that there is a responsibility for professionals who work with children and families in these early years, to enable and support them to develop their knowledge and understanding about the implications and options for support that are available to the child and themselves. Of importance is the signposting for deaf parents to resources available to them to enable their children to develop their proficiency in English.

It is during this period of the early years (preschool as babies and infants) that the seamless integration of services of health, social care and education can positively impact on the outcomes for any particular child and their families. There are several case studies, from families choosing sign language as part of the communication approach, included in this report that illustrate this point, offering insights into the learning for practitioners on how this was achieved. These examples also illustrated that those parents who are already equipped or who chose to equip themselves, with knowledge about all the possible ways to support their child, were often in a strong place to be able to be critical friends within the discussions with professionals and sometimes challenge the professionals' recommendations. The examples strongly suggest that such knowledge supports improved outcomes for the child and supports the aspirations of the SEND reforms for greater involvement of parents in decision-making.

With the majority of deaf children now being educated in mainstream settings it is important that the breadth of language support available in school settings is evaluated. While technologies enable more deaf children to access the mainstream curriculum they may still need sign, or dual sign and spoken language, or visual support for learning. Engaging with the mainstream curriculum language demands, interacting with a number of different teachers every day (in generally poor acoustic conditions), and the increased use of group work represent major learning challenges for these pupils (Archbold and Mayer 2012, Kristoffersen and Simonsen 2012).

1.3.2 Collaborative and Empowering Approach

The views and knowledge of parents, young people and professionals collectively identify and support what works. This is clearly evidenced in the case studies. The role of professionals to ensure that parents are empowered to make appropriate choices and work with professionals to collaboratively support the child to achieve their outcomes is a central point. How this is best done and the creation of an environment that enables effective sharing is an area where there are opportunities for development. The approach that supports this type of sharing can be called a Community of Interest, where there is a space for people to be able to openly relate and explore others have tackled similar problems and situations.

1.3.3 Workforce Development, Mandatory Qualifications, Training, Quality and Standards

The analysis of the survey and the case studies highlight the positive impact that appropriately qualified professionals have when working with deaf children and their families. However, as the case studies illustrate, the level of competency is more likely to be recognised if the parents are actively engaged and are advocating for the most effective solution for their child. This further highlights the possible gap in support for parents and carers in ensuring they have not only the knowledge, but also the capacity to be able to participate in development of the solutions for their child. For example, knowledge about the qualification

levels required of the range of professionals supporting their child, why specific competence is necessary and when the level of competency required may change according to the child's progression and development.

The snapshot offered by the survey highlights the lack of awareness of the recommended minimum standard of qualification for Communication Support Workers employed to work with deaf children, using BSL.⁴ The Code of Practice for Communication Support Workers has a specific section aimed at employers which sets standards for the level of competence needed.

A number of the case studies emphasise the importance that Communication Support Workers play both to support language development and provide access to the curriculum throughout a child's education journey and wider school-based learning and social opportunities. In addition they are often the sole provider (where interpreters are not provided) of access to learning within FE and HE education providers as other earlier support tails off e.g. Teacher of the Deaf support. The role and skills of both CSWs and Teaching Assistants for children using BSL and sign systems are many and echo the importance of viewing a child as part of an ecological model, responsive both to changing needs over time and working with other aspects of and influences on a child's individual context.

From the case studies offered, the benefits are also clear when there is a regular assessment and adjustment made to the provision in relation to the changing needs of the child. There is a changing technological environment, for example, with the increased number of children receiving cochlear implants. This means that the professionals supporting these children and families need to continually update their own knowledge and skills in relation to the continuous technological advancements and the implications they have for improved communication. In doing so they ensure that the children and families are maximising their opportunities to realise their potential. There are areas of challenge within this context, for example, where parents experience a struggle to ensure their views are included. The case studies offer opportunities for learning.

1.3.4 Leadership and Management

When those leading and commissioning the professional services are effective, they enable an open and developmental culture, facilitating flexible and adaptive support which is capable of being responsive to the changing needs of the child.

1.3.5 Child Centred Approach

A child centred approach recognises that every child is different and is impacted by their particular social, economic and emotional circumstances, as reflected in an ecological model (see glossary) and in alignment with the new SEND Code of Practice of The Children and Families Act 2014. The expectation of using the ecological model is that over time there will be a narrowing of the gap between the outcomes achieved for deaf children and their hearing peers, across all aspects of their lives. The key area where there is an apparent need for more information, research and support for children using BSL and sign systems, is in the early years (0-4 years) and particularly the new born to nursery phase (0-2 years).

⁴ Association of Deaf Education Professionals & trainees (ADEPT) (2014.) Code of Practice for Communication Support Workers. (page 6)

1.4 Data collection, analysis and application

In order to gauge achievement gaps and take action to narrow them, it is important to collect, collate, analyse and apply data relevant to deaf children, differentiating the different groups within this. The evidence presented by the survey and the case studies help to highlight what the level of necessary detail is with reference to data, for example:

- which are the factors to be taken into account?
- how to measure these factors
- the identification of what is, in fact, effective support for this particular child
- tracking progress; how is this being measured and recorded?
- measuring quality of input (professional and family) alongside attainment of the child viewed holistically.

In considering the above, it is important to be focused on creating and recognising the positive outcomes and how and when these are achieved and understanding when they are not, for example: if deaf children using BSL are not achieving in English and Maths, what are the reasons for this, what is missing and how can this be resolved?

This report explores the key themes in more detail through analysis and review of the case studies and responses to the initial audit survey.

1.5 Wider Context

The evidence gathered during the compilation of this report provides a useful reference point for informing our understanding of how appropriate language support is necessary to ensure that services are meeting their obligations under the Equality Act 2010, the Children and Families Act 2014 and the related SEND Code of Practice (2014).

2. Legal Framework and SEND Reforms Context

2.1 The legal framework that supports all sensory impaired children

The Human Rights Act 1998, (implementing the European Convention on Human Rights), the Equality Act 2010 and the Children and Families Act 2014 form the basis of the national legal framework for all children with disability. There is a very important relationship between the different strands of legislation outlined in the Code of Practice for the Children and Families Act. The Code of Practice makes clear that children with sensory impairments do have a disability and therefore providers need to ensure that “they must make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers.” These services would also include the provision of appropriate language support where necessary.

The guidance further states that “there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.” This ensures that the needs of a deaf child have to be considered in relation to the wider SEN needs within the school context, not simply in relation to overcoming the barriers relating to the disability. The Code of Practice also makes clear that ‘the need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood’ (Par 1.1), This requirement goes alongside the requirement of schools to use their best endeavours to meet the needs of children with SEN and Disability.

The UK legal framework includes the UN Convention on the Rights of the Child, the International Convention on the Rights of Persons with Disabilities and the UN Declaration of the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities.

2.2 SEND Reforms

The Code of Practice is clear that the child or young person will be placed at the centre of the processes involved in assessing, designing and delivering appropriate services and this guidance is consistent in this and this person centred approach is similar to the ecological model also used in the Language Planning Guidance.⁵

This offers a challenge to the Local Authorities and service providers as deafness in children is low incidence and those who use British Sign Language and/or sign systems to communicate are low in number. In addition there is increasing diversity in the needs of deaf and deafblind children in relation to their language acquisition and development as they journey from identification within the universal hearing screening programme or later, through education and into potential employment.

Improving and developing technology that enables the acquisition of a spoken language for a greater number of deaf children is also bringing more complexity in ensuring the right professional support. It is therefore important that practitioners follow the more personalised principles of assessment and support outlined in the Code of Practice. If the language and communications outcomes, for example, that are within the Early Education and Childcare Statutory Guidance for Local Authorities, September 2014⁶ are to be achieved for deaf children using BSL and sign systems as the guidance expects for all children with SEND, improved and timely specialist support is imperative. ‘Section 5 Early years providers’ in the SEND Code of Practice is helpful here. It states:

From birth to two – early identification 5.14

Parents’ early observations of their child are crucial. Children with more complex developmental and sensory needs may be identified at birth. Whilst some deaf children are not identified until school age, health assessments, such as the hearing screening test, which is used to check the hearing of all

⁵ NatSIP: Language Planning in Deaf Education: Guidance for Practitioners by Practitioners, downloaded from https://www.natsip.org.uk/index.php/doc-library-login/cat_view/54/202/203

⁶ <https://www.gov.uk/government/publications/early-education-and-childcare--2>

new born babies, can enable very early identification of a range of medical and physical difficulties. Health and education services, including teachers of the deaf, paediatricians, the family's general practitioner, and health visitors, should work with the family, support them to understand their child's needs and help them to access early support.

5.16 This support can take a number of forms, including:

- Specialist support from qualified teachers of the deaf or vision impaired, health visitors, educational psychologists or speech and language therapists. These specialists may visit families at home to provide practical support, answering questions and clarifying needs
- Training for parents in using early learning programmes to promote play, communication and language development
- Introduction to the Early Support materials and in particular the Monitoring Protocol for Deaf Babies and Children so parents can assess and monitor the progress of their child.
- Professionals working to a Family Plan, family held and family centred.
- Home-based programmes, such as Portage, which offer a carefully structured system to help parents support their child's early learning and development.

3. Case Study Review

11 Case studies were collected during the audit.

A case study template was issued along with guidance. In the guidance a request was made for examples that articulated how BSL and/or sign systems have been used and supported a child to realise positive outcomes in any area of achievement. In addition to educational attainment outcomes, examples of positive wellbeing outcomes such as feeling safe, resilience, self-esteem, emotional wellbeing and satisfaction at school, with family and with community, were being sought. We were seeking examples describing how BSL and sign systems have helped a child to progress and make a difference to what they have achieved. We were also interested in knowing what has worked and is working about how they have been supported in their use and development of BSL.

10 Case studies (3 x parents, 1 x young person's perspective and 6 x professionals from the following educational settings) gave English examples across a good range of perspectives:

- 2 x Primary Special Schools for deaf children
- 1 x Hearing Resource Base (mainstream primary)
- 1 x Hearing Resource Base (integrated physical & sensory support service)
- 1 x Sensory Resource Base - primary
- 1 x mainstream primary

We also received 1 case study from Dingwall Academy, a Scottish Secondary School. This has been included as it offers relevant examples of practice that is working to secure positive outcomes for deaf children using BSL and sign systems. This example is clearly referenced in the case study table (Figure 2 pages 22-29) as a Scottish example.

The full case studies are not included in this report given the range and levels of permissions we received to protect the anonymity of the children and young people referred to within them.

Each Case Study was reviewed against 7 elements within the SEND Code of Practice (Section 19)⁷ (see Figure 1 page 20). The case studies have been reviewed and extracted in the table shown in Figure 2.

3.1 Key Messages from the Case Study learning

The following points summarise the principal practice examples highlighted across the 11 case studies received.

1. Participation of children, their parents and young people in decision-making

- Proactive action to promote whole school inclusion
- Parental and Informed Choice to maximise effective home and school support.
- Effective leadership and management.

2. The early identification of children and young people's needs and early intervention to support them

Language acquisition from 0-2 years in readiness for the Early Years Foundation Stage.

Highly skilled language and communication support from professionals to match and facilitate child's development.

Acquisition of language as a facilitator of education and an important social and family tool.

⁷ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

3. Greater choice and control for young people and parents over support

Listening and involving parents ('collaborative' not 'expert' model) as integral to child's learning and development as a 'whole' child.

Consistency of specialist skills and approach to ensure progress to positive outcomes.

Proactive account of the views of young people to determine what works for them.

4. Collaboration between education, health and social care services to provide support

Working together with shared priorities provides a joined up approach able to adapt to child's needs.

Effective additional support for children whose home language is not English.

Importance of holistic approach to a child's needs.

5. High quality provision to meet the needs of children and young people with SEND

Need for training and skills in mixed approaches.

Individualised targeted programmes support narrowing attainment gaps.

Recognition of the challenges of those with late diagnosis and language delays.

6. A focus on inclusive practice and removing barriers to learning

Creating an inclusive environment.

Using all available options.

Facilitation of peer group interaction supports wellbeing outcomes.

Creative whole school approaches needed to support inclusion.

7. Successful preparation for adulthood, including independent living and employment

Support and encouragement to aim high is a vital component.

Active inclusion in decision-making is empowering and builds skills for life.

Innovation and creativity to support equality and positive employment outcomes.

Figure 1: Supporting positive outcomes for children and young people using BSL and sign systems
Children and families Act 2014 and SEND Code of Practice priorities:

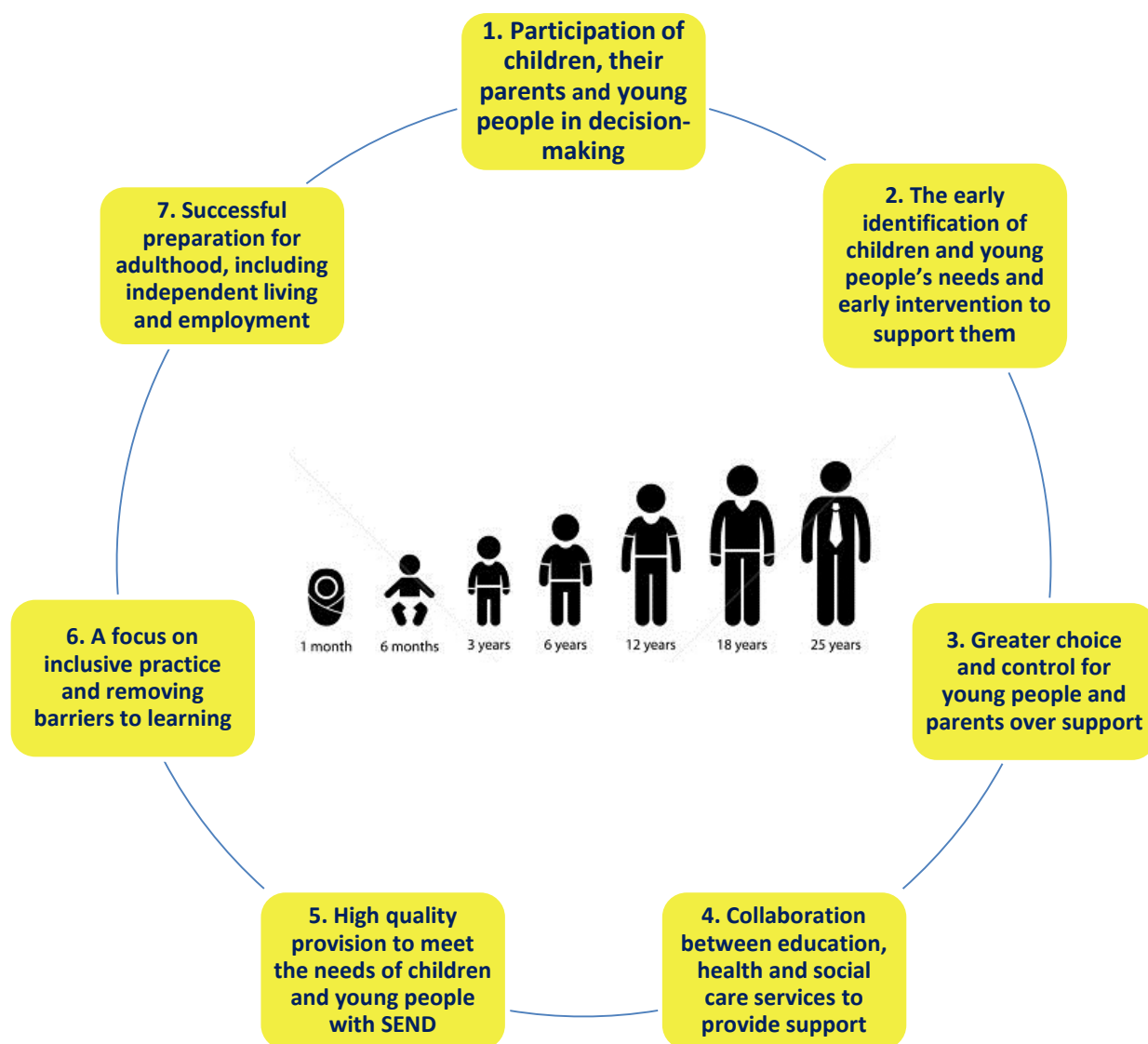


Table 1: Case Study Table

1. Participation of children, their parents and young people in decision-making

What worked (Case Study Extract Number)	Outcomes for child	Learning
<p>1) Mother ran BSL club for other parents when child began mainstream school.</p>	<p>Child socially included – barriers removed with other families, child invited to play. Child is sociable and gets on well with peers.</p>	<p>Proactive action to promote whole school inclusion. Supporting others to include provides holistic opportunities for social inclusion and therefore child’s well-being through social and emotional development.</p>
<p>2) Hearing parents of child with little or no hearing knew value of language rich environment from early age. Chose not to accept professional advice. Researched and used Cued Speech combined with BSL to give access to English visually.</p>	<p>At age 14 child has exceeded all professional expectations and is making above average academic progress compared with hearing peers. Child is bilingual – English and BSL, communicates using spoken English.</p>	<p>Parental and Informed Choice to maximise effective home and school support. Parents understood own limitations with pace of their learning in BSL and child’s need for early language rich environment. Accessed learning and training to enable them to provide language at home as professional had no knowledge of Cued Speech.</p>
<p>3) Parents equipped themselves quickly soon after birth of a child with little or no hearing, with research evidence and knowledge of range of options available to support language development. This included the use of the neural pathways relating to language development from babyhood. Overcame barriers they experienced from professionals with little or no knowledge or evidence of language acquisition.</p>	<p>By age 5 child is fluent in BSL and English via Cued Speech; English is main language. Child assessed as having age appropriate English at age 4 and a half – one year after cochlear implantation.</p>	<p>Effective leadership and management. Supporting an open mind-set within professional culture supports child centred practice. Proactive training and development of staff to accept and work with challenge. be open to change and support continuous professional development to ensure the child is at the centre rather than the service or ideological approach or fixed belief.</p>

2. The early identification of children and young people’s needs and early intervention to support them

What worked	Outcomes for child	Learning
<p>4) Hearing parents introduced sign language from early babyhood, parents wanted child to have a high level of BSL (recognised baby signing was not enough). Parents added in Cued Speech from 15 months (against professional advice) to support child to access English. Child received cochlear implant at 3 and a half when BSL already established.</p> <p>5) Child supported within bilingual provision from age 2. Child supported daily by ToD for curriculum access and SLT for voice and communication with hearing non-signers. Mother uses SSE and clear lip patterns and is engaged with school.</p> <p>6) Preschool ToD introduced BSL to child and mother; child at 3 years attended a Total Communication Unit for deaf children. Mother attended BSL classes and was supported weekly at home by a Deaf instructor. Continuing into primary school child has daily contact with deaf adults.</p>	<p>By age 5 Child is bilingual - BSL and English; main language is spoken English, having made ‘extraordinary’ progress post implantation due to pre-existing language (BSL).</p> <p>By Year 6 child able to adapt to settings and switch between BSL, SSE and English, is flexible with written and spoken English. Child is described as a ‘keen communicator’.</p> <p>BSL language development for this child has facilitated deaf identity and sense of well-being in the child. Alongside supporting the child’s hearing mother to be better able to support the child through being able to communicate with her child, understanding behaviours and gaps in learning.</p>	<p>Language acquisition from 0-2 years in readiness for the Early Years Foundation Stage.</p> <p>Regardless of the language, whether English or BSL through speech, cueing or sign, an early (0-2 years) rich language environment is a critical factor in a child’s age appropriate outcomes.</p> <p>Highly skilled language and communication support professionals to match and stretch child’s development.</p> <p>Importance of high skill level practitioner to support BSL development in early years; from this platform child supported to build knowledge of English and ability to adapt to environment and others. Matching development of child with appropriately highly skilled language and communication support professionals is key.</p> <p>Acquisition of language as a facilitator of education and important social and family tool.</p> <p>Recognition by professionals in a child’s early years of both the child’s and family’s possible needs to acquire language whether English or BSL, spoken or signed.</p>

3. Greater choice and control for young people and parents over support

What worked	Outcomes for Child	Learning
<p>7) Parents involved in recruitment of CSWs ensuring child supported by CSW with BSL level 3 and knowledge of Deaf culture at two and a half years within mainstream nursery. Parents positive understanding of how best to support to suit child's context, culture and language in order to bridge between 'hearing' and 'Deaf' cultures and language challenged 'professional' knowledge.</p>	<p>Child developed language skills and communication early. Child now thriving: achieving all academic milestones for age, top set for most subjects. Parents understood the importance of both bilingualism and biculturalism for the child to support positive outcomes well-being and attainment of outcomes.</p>	<p>Listening and involving parents ('collaborative' not 'expert' model) as integral to child's learning and development as a 'whole' child.</p> <p>High expectations by all of early language and self-identity development and understanding of potential, alongside matching high level of support provided. The parents' journey illustrated the positive outcomes possible when working with a school open to stretch and growth and flexibility to meet child's individual needs.</p>
<p>8) Parents ensured that CSW was trained in Cued Speech to support Child aged 4 in mainstream nursery, alongside BSL.</p>	<p>Able to access consistent support at home and school to provide access to language, child's expressive language at 8 was BSL, at 14 bilingual with spoken English as communication preference.</p>	<p>Consistency of specialist skills and approach to ensure progress to positive outcomes.</p> <p>Home and school approach informed by parents, which is planned, agreed, consistent and supported by highly skilled professionals; supports child's continuous development.</p>
<p>9) At mainstream college young person's views were sought and listened to, to inform best package of support to access learning. This was not attended to during secondary where the young person felt labelled as 'naughty child' due to perceived inattention, whereas young person felt this was to do with tiredness at having to rely heavily on lip-reading.</p>	<p>Young person achieved positive attainment outcomes in Further Education leading to Higher Education opportunities, where support professionals were responsive and listening to individual needs. Overcoming earlier lower attainment in specialist secondary where signing discouraged.</p>	<p>Proactive account of the views of young people to determine what works for them.</p> <p>Maximising opportunities: checking with child or young person and families to understand what is and what is not working. Ensuring access to the curriculum requires flexibility of approach and tailoring to the individual to fully support individuals.</p>

4. Collaboration between education, health and social care services to provide support

What worked	Outcomes for Child	Learning
<p>10) Collaboration between social worker, family language interpreter, Deaf instructor, CAMHS and Educational Psychologist to identify barriers to learning and develop a targeted strategy of interventions with clear priority - 90% of time on development of language and communication using BSL.</p>	<p>In two years child has progressed in all areas; behaviour has improved – no behaviour logs, education is progressing – L1 – English, L2 – maths, L3 – Science. Awards in Art and Technology.</p>	<p>Working together with shared priorities provides a joined up approach able to adapt to child’s needs. Collaborative working with family and services through explicitly shared aims and priorities focuses input where the child most needs it at any particular stage and ensures consistency.</p>
<p>11) Children with English as an additional language i.e. home or first family language is not English, supported in a hearing resource base concentrated first on expanding vocabulary through SSE.</p>	<p>Children with language delays supported to develop understanding of meaning and understanding increased through use of multi-channels i.e. vocabulary development, oral language, lip patterns and signing used as joined up approach to supporting development of English.</p>	<p>Effective additional support for children whose home language is not English. Recognising additional support needs for those children who have limited access in the home to a rich language environment in either BSL or English.</p>
<p>12) Family sought social worker within children with disabilities team with knowledge of local support services in order to ensure an holistic approach to child’s needs e.g. interpreter support at nursery during summer holidays when local area communication worker was not available.</p>	<p>Child thrived; improved emotional health and increase in fluency whilst supported with higher level of BSL language support in this environment.</p>	<p>Importance of holistic approach to a child’s needs. Positive emotional well-being outcomes linked to attainment outcomes through focus on communication and language first and supported within school, home, community and across services.</p>

5. High quality provision to meet the needs of children and young people with SEND

What worked	Outcomes for Child	Learning
<p>13) Using a blended approach of BSL and Cued Speech and Cued English in a small group setting, to deliver a THRASS (Teaching Handwriting, Reading and Spelling Skills) phonics programme, within a specialist bilingual (BSL and English) residential primary school for deaf children. Jointly delivered by a Cued English Tutor and SLT, the approach bridged access to bilingualism to support language development.</p>	<p>All four children made progress in prediction of phonemes and improved English Language levels.</p>	<p>Need for training and skills in mixed approaches. Highly trained specialist professionals with knowledge of language acquisition, mixed modalities, blended learning, English, BSL, Cued Speech, SSE and blended learning, and identity development support successful outcomes. Mandatory Qualifications and minimum language levels which fully reflect the range of knowledge needed to support children using BSL and sign systems are integral.</p>
<p>14) ToD led literacy skills programme in mainstream primary school, using Cued Speech; training provided to parent, Teaching Assistant and Class Teacher.</p>	<p>Over 12 months child’s vocabulary progressed and self-esteem improved.</p>	<p>Individualised targeted programmes support narrowing attainment gaps. Involving and training key people in the child’s life to support and reinforce approach necessary for specific developmental stage or needs. Progress in one area can have a positive domino effect e.g. well-being outcomes leading to attainment outcomes.</p>
<p>15) Targeted intervention within hearing resource base attached to a mainstream primary, for children with late-onset hearing impairment or those who struggled in a mainstream environment. SSE used in class and assemblies to aid processing/access to spoken English and to facilitate participation and inclusion.</p>	<p>Improved confidence of children through specific support to understand classroom teaching and encouragement to participate leading to improved self-esteem and emotional well-being. Supported transition from hearing base to mainstream class and enabled significant gains in language learning.</p>	<p>Recognition of the challenges of those with late diagnosis and language delays. Understanding individual child’s barriers to learning which may have led children ‘struggling’ to engage in or access teaching; supports opportunities for targeted learning to close language gaps.</p>

6. A focus on inclusive practice and removing barriers to learning

What worked	Outcomes for Child	Learning
<p>16) Mainstream primary school supported teachers, lunchtime and reception staff to learn BSL when child joined school.</p>	<p>Transition to school was positive for child now described as sociable and who gets on well with peers.</p>	<p>Creating an inclusive environment. Proactive whole school inclusion approach supports educational, emotional and social development of an individual child.</p>
<p>17) Scaffold approach within a primary sensory resource base (Total Communication Unit): colour coding, visual graphics, deaf role models aided learning in English and BSL.</p>	<p>Child's identity was strengthened resulting in raised attainment alongside BSL giving access to communication, information and self-identity.</p>	<p>Using all available options. Approaches which are multi-faceted aid engagement, learning and identity development. Combining approaches and an integrated use of a range of tools and positive influences support improved outcomes in more than one area simultaneously.</p>
<p>18) Parents worked with professionals to ensure peers and staff comfortable with child's deafness through inclusion and awareness activities in a mainstream primary school e.g. using interpersonal skills to facilitate peer interaction in class and deaf awareness training for staff team.</p>	<p>Child was not singled out as different in school and community, no experience of bullying leading to no significant emotional or social delays.</p>	<p>Facilitation of peer group interaction supports wellbeing outcomes. Professional awareness of potential emotional and social barriers to learning and effective interpersonal skills contributes to supporting the whole child.</p>
<p>19) Scottish school introduction of BSL Through Sign programme. Supporting transition of deaf students through signing buddies, fingerspelling challenges, sign boards and BSL DVDs.</p>	<p>Hearing and non-hearing peers are able to communicate with each other. Community inclusion is improved.</p>	<p>Creative whole school approaches needed to support inclusion. Educating and involving all children to respect and value diversity supports attainment of positive outcomes.</p>

7. Successful preparation for adulthood, including independent living and employment

What worked	Outcomes for Child	Learning
<p>20) Young person supported at mainstream college by consistent interpreters. Positive reinforcement of aspirations by college staff and interpreters enabled young person to exceed previous low expectations of self and from others.</p>	<p>Young person took responsibility for communication needs and worked with interpreters to ensure they worked well – knowing when to sign and when to note take. Young person achieved college course leading to University place.</p>	<p>Support and encouragement to aim high is a vital component. High expectations of parents and professionals are motivational, encouraging determination to overcome challenges, develop self-belief, resilience and articulate own support needs. Young people are supported by high expectations to become responsible and self- determining.</p>
<p>21) At age 9 within a mainstream primary school the child (who is fully bilingual and able to move between speech, speech reading and radio aid/hearing aid amplification and BSL), supported in school by qualified BSL interpreters. This followed analysis of timetable to understand where this was necessary e.g. new information, to mediate cultural information and to understand complex constructions. Some subjects were deemed accessible without interpreter support e.g. maths and sport i.e. visual and where child's strengths lay.</p>	<p>Child is able to articulate and differentiate own support needs and is actively involved in the way the curriculum is accessed, enabling child to be an independent learner. Child loves to read for pleasure, child is happy, confident and achieving all the expectations of age group and learning stage.</p>	<p>Active inclusion in decision-making is empowering and builds skills for life. Communication and language are gateways to active participation and self-actualisation. Opportunity to be self-determining to the greatest possible degree are synergetic with positive well-being and attainment outcomes and supports the pathways to future positive outcomes in education, training and employment.</p>
<p>22) Scottish secondary school offers BSL courses as an alternative to traditional language options. From age 15 Deaf Studies is also part of the curriculum offer.</p>	<p>Recognising BSL as a Modern Foreign Language is embedded and inclusive for all. Employment opportunities are widened for Deaf and hearing peers.</p>	<p>Innovation and Creativity to support equality and positive employment outcomes. A joined up approach across learning, inclusion and employment can create new opportunities and break down barriers simultaneously.</p>

4. Audit Survey

The audit was designed and completed within the context of an ecological model. This places the child or young person at the centre of considerations and thinking about all aspects of their life and how they can be enabled to access their health, well-being, social and educational experience, when their linguistic access or language is different from that of their peers and/or their family. This is consistent with the principles set out in the relevant Human Rights Conventions as ratified by the UK Government,⁸ and is reflected in the SEND Code of Practice 2014.

When considering the need to support the child to achieve the best possible educational and other outcomes, the ecological model and its application may be significant, as it is the health and wellbeing outcomes that will support the foundations of resilience that enable educational attainment. “Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school.”⁹

Children and young people with sensory impairment (CYPSI) who use British Sign Language and/or alternative sign systems are disabled by the lack of linguistic access to the hearing world. In order to maximise the quality of service that the Local Authority (LA) offers a child or young person, the LA is encouraged to think within the ecological model and ask the question: what is required to ensure the long term health, wellbeing and resilience of this child or young person with sensory impairment and their family, so that they are able to maximise their educational potential and wellbeing?

4.1 Audit Objectives:

1. To design and deliver an overview audit of the existing information and practice that supports children and young people with sensory impairment (0-25 years) in their development and use of BSL/Sign Systems.
2. To use the information gathered to provide a snapshot of the existing range of provision of BSL/Sign System practice.
3. To collect examples of how BSL/Sign Systems are used within a range of education settings to support language and communication for children and young people with sensory impairment.
4. To inform the future development of guidance and benchmarks to develop, monitor and evidence the effectiveness of BSL/Sign systems approaches within different settings to support the improvement of outcomes for children and young people with sensory impairment.
5. To inform requirements for future data collection on children and young people using BSL and/or sign systems.

⁸ UN Convention on the Rights of the Child; UN Convention on the Rights of Persons with Disabilities.

⁹ Social and emotional wellbeing in primary education, Issued: March 2008

4.2 Audit Survey and Case Study Analysis

The full audit survey questions and collated responses; (Annex 1) can be found in the Appendices at the end of this report. This section provides analysis where there are links between the survey and the case studies.

i. Who participated in the survey and where are they from?

The survey was sent out to a large number of organisations. It was designed to take a snap shot of the provision for BSL and other sign systems across the country, and to understand what strategically informed it, the design and delivery. 18 responses were received. Over 55% of these were from Local Authority support services, and 22% from Resources Provision in Mainstream schools.

There was a spread geographically from across England, however, with London and the South East being the most represented, in total over 32%.

ii. Focusing on the needs and not the numbers of children and young people.

The survey asked how many children each responder was supporting across the whole age range of 0-25 and from this snapshot the numbers that are being provided for are low. However this is to be read within the context of the most recent CRIDE report that illustrates that the number of deaf children is increasing.

Accurate data identification, collection, collation and analysis on children and young people who are deaf and who use BSL and other sign systems, are essential in order to plan effectively long term. This is particularly true when the services are being developed and delivered to a small number, as any change in this can have a disproportionate impact on service users and the professionals involved in the delivery.

The language and sign systems, to which enquiry the majority of the providers responded, and were offering were: British Sign Language and Signed Supported English (88%, 77% respectively). There were very few providers offering Cued Speech (5.5%).

Why providers offer what they do may be as a result of being led by demand, rather than forward planning and workforce development. However, where there is forward planning in workforce development the provider may find that there is no or very little demand for a particular provision. It is highlighted later in the audit that if parents do not receive effective information or support in the early years, this will impact on demand. Innovative solutions to developing provision and creating a flexible and multi-qualified workforce will be important in strategic planning so that the SEND Code of Practice can be implemented effectively.

This means that those strategically planning workforce development need to have, or have access to, the knowledge of the full range of linguistic access options that may enable a deaf child to develop full potential and achieve their desired outcomes. In addition the needs of individual children and young people will change as they grow and develop and therefore the provision that supports them needs to be able to offer the capacity to be flexible and adapt to meet this changing need. Although not suggested in a possible list to select from, Education Psychologists were not mentioned in answer to a question about who supports deaf children. This is of note given the suggestion that over 40% of deaf children have additional needs, including experience of mental health problems, compared with over 25% of hearing children.¹⁰

There was evidence of some frustration from parents and professionals who experience a deficit model in operation. The impact and outcomes of this approach could mean that children develop behavioural problems due to falling behind in school when their access to language and communication is compromised. The solution would be a flexible approach which could adapt to the child's development as their language needs are responded to.

As referenced in the Language Planning Guidance for Practitioners by Practitioners (University of Leeds, Sign Bilingual Consortium) there is likely to be an increase in the range of signed systems and the way that British Sign Language is used in the future, reflecting the general change in technology available to support deaf and other sensory impaired children and young people as they access and acquire language. (Knoors *et al* 2012).

¹⁰ NHS. (2005) Mental health and deafness: Towards Equity and Deafness. Department of Health.

Two case study extracts illustrate this point:

1. The case study extract **(8)** that highlights the CSW being trained in Cued Speech, in order to support a particular child of 4 years old, who used BSL, illustrated that the commitment from all stakeholders – the school, the parents and the child, resulted in this young person accessing both BSL and English as their expressive language.
2. The case study extract **(13)**, where a team of specialist professionals, with knowledge in language acquisition, developed a blended learning approach using BSL, SSE and Cued Speech to deliver Teaching Handwriting, Reading and Spelling Skills (THRASS). This required the provider to recognise the level of knowledge and skills necessary for the professionals to have in order for this to be successful.

iii. The legal framework and underpinning policies

The survey explored the underpinning legal infrastructure that services understand as being relevant to their design and delivery. This survey was completed prior to the introduction of the Children and Families Act 2014.

Over 83% of the Local Authorities who responded stated that they used the previous SEND Code of Practice and 61% used the Equality Act 2010 to inform their approach. 17% of the respondents indicated they also considered the international conventions that offer a rights based approach. In relation to local authorities having a communication policy, the majority (92%) of respondents used these to inform their approach to supporting children and young people using BSL or other signed systems.

Under the revised legislative framework there is an expectation that parents, carers and the children and young people will take a more active part in the decision-making process around assessments and agreeing appropriate outcomes. In this context this will also mean looking at effective communication policies to meet children's communication or language needs.

On reviewing the case study extracts, the strong influence of informed parents or a specific professional appears to have a positive impact on the design and delivery of provision offered to the child or young person and the consequential outcomes. So, for example, in two extracts from different case studies:

- 1) In the case study where parents are aware of the need for the CSW to have a high level of BSL, they became actively involved in the skill assessment process for the CSW. **(7)**
- 2) The young person actively engaged with their communication support to ensure they had all their needs met, with all the professionals supporting this young person, reinforced their aspiration by enabling this to happen. **(20)**

iv. Assessment Tools and Professional Standards.

From the respondents in this survey there appeared to be limited consensus on the tools or processes used to assess the language and communication needs of children and young people with sensory impairment.

This is potentially significant as it makes the data available more difficult to compare and the subsequent outcomes achieved with different interventions more challenging to consider as a reflection of good practice.

This is relevant to the SEND Code of Practice which supports an outcomes focus when measuring success for any child or young person but which expects there to be an integrated approach from health, social care and education. All of the professionals from the different disciplines may use different assessment tools with different outcomes that they are seeking to achieve. So the development of assessment tools and professional standards that are consistently recognised and used across the different disciplines will be essential for effective working.

This highlights a potential opportunity to develop a new common assessment tool across health, social care and education. A tool that reflects a more holistic approach, reflecting the ecological model and collecting evidence of the positive impact this has on the outcomes for the child or young person. (Marschark, M. et al. 2003)

This is an approach that at least one of the SEND Pathfinder pilot projects has used – the Devon Assessment Framework (DAF) has indeed developed a common assessment framework.¹¹ It will be important to audit this and consider the impact of using this tool on the outcomes of the children and young people.

In the case studies that were collected there are examples of the importance of this integrated model, illustrating the positive outcomes that can be achieved when it is done in a co-ordinated way. The case study that illustrates this is one where a young mother has a child who is deaf. The child's behaviour was seen as challenging by the mother, undermining her confidence in her capability to parent effectively. Appropriate integrated support resulted in help from social services and education, where both the child and the mother received language support, the child in BSL and the mother in SSE. The child's behaviour improved and the mother's confidence in her capability to communicate and parent her child improved.

It is also important to consider the assessment tools that are used within the education system for children and young people with a sensory impairment. It would be advantageous to all stakeholders within the context of the new Code if there were consistency and agreement in what these tools would be.

The development of assessment tests for deaf children who use BSL is a crucial area of work to ensure that parents and teachers are able to measure the development of this group of children. It enables the progress of individual children to be accurately measured and acted upon as well as ensuring that education outcomes are improved for deaf children who are in specialist and mainstream settings. (DCAL Website)

Ensuring the right professional standards are in place is relevant to the SEND Code of Practice as it relates to a child or young person having access to the most appropriate level of language support in order to maximise the opportunities for them to acquire language. The knowledge base of professionals including leaders, managers and commissioners on language acquisition for deaf children, requires greater exploration. This survey highlighted that there was no consistency in the expected minimum qualification of BSL for a Teacher of the Deaf with 66% of Local Authority respondents stating a minimum of level 2.

For CSWs level of competency is currently expected to be at least BSL level 2 plus, (CSW Code of Practice for Communication Support Workers for Deaf Learners and Employers Guide)¹² and this is reflected in the expectations of 80% of the respondents using CSWs. However, effective practice indicates that deaf children and young people need highly skilled language and communication support professionals to match and stretch their development.

This information, in combination with that collected through the case studies, points to dissatisfaction at the level of competency in BSL that deaf children are exposed to. For hearing children and for many deaf children, the acquisition of language is about immersion in the hearing world. However, for deaf children who are seeking to develop their BSL language skills, this is generally offered as if BSL was a second language and possibly taught by those with a low level of BSL language literacy, as can be seen from the level that CSWs are expected to have.

One case study (12) highlights the positive impact there was for a deaf child when an interpreter was appointed to work with them in nursery. A qualified interpreter has great knowledge and depth of BSL, and there was a measurable positive impact on the health, wellbeing and educational development of the child through being supported by someone with this level of skill and understanding.

Given the high level of use of SSE, there was an expectation that the professionals we spoke to would be able to name training providers of SSE. However, there appeared to be no standards in the use and application of SSE as a tool to support language and literacy development in English for BSL users.

This raises additional questions about why and to what extent SSE is used and whether the differences between language acquisition (English and BSL) and the tools that can be used to support children's access

¹¹ <http://www.devon Pathfinder.info/devonassessmentframework/>

¹² http://adeptuk.co.uk/DDT_ShowEntry_documents.asp?GalleryName=Adept_Documents&EntryID=983&ImageSeqNo=1

to language are understood. In addition, understanding to what extent SSE maybe being used inappropriately to compensate for a lack of competency in BSL, is required.

There is a need for those making decisions on workforce capability to understand the high level of competency required in those early years and throughout education specifically for deaf children to facilitate their acquisition of language. Acquisition of language is a facilitator of education and an important social and family tool. The Language Planning Guidance¹³ will offer some additional information and support on language planning in schools but it is important to recognise it is not aimed at early years' providers and that it is not a resource on language acquisition.¹⁴

v. Measuring the impact and progress

A broad spectrum of approaches was seen, with assessments, tracking of progress and keeping of records highlighted by the majority of respondents in the survey. Ofsted inspections look for progression for all pupils from a starting point and how pupils are supported to access the curriculum. It is therefore important to ensure that the SEN Policy and the Schools Information Report make clear the expertise that is available and at what level in order to support pupil progress and access.

¹³ NatSIP: Language Planning in Deaf Education: Guidance for Practitioners by Practitioners, downloaded from: https://www.natsip.org.uk/index.php/doc-library-login/cat_view/54/202/203

¹⁴ Kaplan B., Robert, and Richard B. Baldauf Jr. *Language Planning from Practice to Theory*. Clevedon: Multilingual Matters Ltd., 1997

5. Conclusions

5.1 Possible next steps

The following next steps seek to build on the knowledge from the conclusions and evidence collected from the survey, the case studies and focus groups.

A. Technical knowledge of linguistic access and literacy development options

The BSL Coalition needs to create opportunities to enable all stakeholders to gain an awareness of all the various and different options that develop deaf children's linguistic access to education including BSL and other sign systems.

Ongoing knowledge development is important within the context of empowerment and ensuring equality of opportunity irrespective of where any child or young person and their family lives.

Workforce development

For strategic decision makers:

In order to support the strategic planning of early intervention, it may be useful to develop a short briefing on deaf and deafblind children's needs and the range and variety of options necessary to support them developing their linguistic access and personal potential.

Those making decisions in relation to strategic workforce development need to fully understand the range and variety of knowledge and skills that any professional working with deaf and deafblind children may need to have in order to offer the best possible language support.

For teachers:

During initial teachers' training there is a need to develop awareness and understanding about the acquisition of languages, signed and spoken, how it can be supported with effective teaching methodologies and approaches and how such programmes would enhance their teaching of all children and young people. Maria Mroz stated in her article in 2012 on the implementation of the recommendations from The Bercow Report that they have significant implications for the training of teachers who will be expected to be more able to meet the needs of children with speech, language and communication needs (DCSF, 2008a).

Within the context of teaching English to an increasingly diverse pupil population understanding that for some deaf children who use BSL English can also be a second language is helpful. As such the effective methodologies adopted to teach it are often similar to those used with other children where English is not their first language. This is affirmed by the Ofsted Framework highlighting the importance and focus on communication and literacy.¹⁵

For Teachers of the Deaf and Communication Support Workers:

There is a need to understand the importance of early intervention and that immersion in a language rich environment is essential for a deaf child to successfully acquire language.

There will be some deaf children who have a parent(s) who is also deaf and uses BSL and these children will acquire their first language in the same way as a hearing child, through interaction and being immersed in the language of the home. However, deaf children who have hearing parents, who do not use BSL (90% of deaf children are born into hearing families) do not have the same opportunity to acquire language either in BSL or English. These children are therefore more reliant on the Teachers of the Deaf and their Communication Support Workers to enable them to acquire BSL and/or English and develop the natural fluency of a first language. This means that these teachers and Communication Support Workers need to be competent to the very highest standards, reflected by formal qualifications.

¹⁵ <https://www.gov.uk/government/publications/the-framework-for-school-inspection>

The development of a competency framework that reflects the optimal environment for early intervention for children 0-4 years using BSL is required.

For teachers and tutors of BSL:

There needs to be the development of agreed Quality Standards and qualifications for those teaching BSL and other sign systems (recognising that some exist for those teaching BSL), along with content development and monitoring tools, would need to be in place to support practice improvement.

For parents, carers, children:

Enable the development of peer to peer support groups for all parents, carers and children, especially focusing on the need to connect with the most hard to reach. This could be through building on NDCS Local Groups.

Develop and disseminate up to date information packs and resources accessible to both hearing and deaf parents and carers, as part of the Local Offer, setting out all the options that may support a deaf child to develop linguistically. The options available from the range of tools would be local or regional and highlighted.

To work in partnership using the Early Support Monitoring Protocol for Deaf Babies, and an effective system to train parents and Early Years professionals, and ensure monitoring of its use and impact on outcomes.

The responses in the survey showed that there is no consistency of approach to the information provided to parents, with 2 responses indicating nothing is provided and leaflets stated as the most often used mechanism.

In the case studies many of the parents illustrated how they pushed and shaped the offer for their child as a result of their knowledge and understanding of the various options available. These were often unfamiliar or initially dismissed by the professionals that they were working with. There will be a limited number of parents equipped to do this. Therefore to challenge the inequality that this potentially creates there is a need for all parents to be given the opportunity and enabled to understand how their child will acquire or learn BSL and English wherever possible, through signed, cued, spoken, and written methodologies and how the family environment can support and affirm this learning.

B. Skills development for everyone that is supporting the child or young person

Develop a short guidance document for all those involved with a deaf child, which raises their deaf and hearing awareness and the different ways that they can support the child to develop their linguistic access and self-confidence.

It will be helpful to develop an accessible resource that highlights the principles with examples of what it would look like in practice as for every child it may be done differently.

The evidence from the case studies illustrates that the best outcomes for children are achieved when there is the capacity to be flexible and move between or blend different methods and approaches, with the child, depending on the context and situation.

C. Data collection and analysis

Working with the NatSIP outcomes benchmarking work stream to explore the feasibility of collection of additional specific data points so that it becomes possible to map what interventions and approaches deliver the best outcomes for deaf children who use BSL and sign systems.

This will begin to offer the data that, in conjunction with qualitative evidence and monitoring, will support and inform the improvement of services, training and support approaches for deaf children.

D. Regional Centres of Collaboration

Exploration of the concept of a Deaf Education Support Service and Regional Centres of Collaboration which could provide models of effective Deaf Education practice, Language Planning, language acquisition training, Deaf Studies, BSL, SSE and Cued Speech training for professionals from all sectors and families, children and young people as a next step would support specialist workforce development. This could build on the much earlier research undertaken by DEX (Recommendation 2 of the DEX Deaf Toolkit)¹⁶ concerning best practice within mainstream, deaf and special schools and family centres, although it would need to be updated with experience from more recent learners. This would develop appropriate learning hubs to support practical guidance for supporting children using BSL and/or sign systems.

E. Financial modelling on the impact of early intervention for deaf children

It would be helpful to see more work on developing a financial model that looks at benefits of introducing intensive early intervention with a specialist high level support in the early years. This could offer evidence as to the real social and economic benefits of effectively supporting a child who uses BSL and/or another sign system so that they too can realise their potential through better access to education and employment.

¹⁶ Deaf Ex-Mainstreamers Group (DEXperience) - *Deaf Toolkit: Best Value Review of Deaf Children in Education, from Users' Perspective* (2004)

Appendices

Appendix 1

1. Acknowledgements

The Audit Team and the BSL Coalition would like to acknowledge and thank all those who gave their time to provide information for this work. We recognise that there are many demands on people's time for data and information, particularly at a time of considerable change and reform within the Special Educational Needs and Disability sector.

We acknowledge that responses were limited and thank all those who completed the online survey, met with the audit team, and those who submitted case study information to provide qualitative information from a range of perspectives, personal and professional experience and specialisms.

2. Terms of Reference

The National Sensory Impairment Partnership (NatSIP) is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment. This report sits within the BSL Coalition workstream of the NatSIP contract for Sensory Impairment with the DfE. The focus of the workstream is on improving outcomes for learners using BSL and sign support in order to inform and plan future education improvement work reflecting changing needs and context.

The BSL Coalition is made up of representatives from the British Deaf Association, University of Brighton, Cued Speech, the Deaf Ex-Mainstreamers Group (DEX), Sense, Signature and the Sign Bilingual Consortium. Signature, the national charity which campaigns to improve the standards of communication with deaf and deafblind people in the UK, is the organisation with the lead on this work. Signature commissioned an audit team with appropriate skills and knowledge to deliver the audit.

On behalf of the BSL Coalition, the Sign Bilingual Consortium has developed a separate piece of work on Language Planning which is referred to later. Other NatSIP Workstreams which form part of the NatSIP DfE contract, are also referred to later in this report. This is to highlight the synergies between them as the work develops across each area, to ensure the specific needs of children and young people using BSL and sign systems are embedded within the ongoing improvement work for all deaf children.

The objective of this report is to report on current practice in order to understand the potential for improving outcomes for children and young people with sensory impairment who use BSL and/or sign systems in the course of their journey to adulthood. It is based on a brief audit of practice and case studies collected as part of the information gathering. The audit of practice survey was conducted in November and December 2013 (pre-SEND reforms in the Children and Families Act 2014). The case studies were collected between November 2013 and October 2014. The survey was designed to gain a 'snapshot' of practice on which to build an evidence base to support improvements and contribute to policy development.

The report authors and the BSL Coalition recognise the limitations of the survey and of the pressures and priorities of those involved in supporting deaf children to respond to growing requests for evidence and examples.

Appendix 2

Audit Survey (Methodology and Results)

Audit Methodology

The audit survey questionnaire itself was designed to be completed by providers across the 9 England Regions representing the same categories as the CRIDE survey with the addition of post-16 and apprenticeship providers.

The online survey was circulated via a number of websites including those of NatSIP, NDCS, the Sign Bilingual Consortium, Signature, Deaf Ex-Mainstreamers Group and other BSL Coalition partners. It was actively promoted through the HOSS (Heads of Sensory Services) E-Mail Forum, the I-Sign e-newsletter, the e-newsletter of NASS (National Association of Independent Schools and Non-Maintained Special Schools), through email networks of individual contacts, via South West Every Deaf Child Matters Facebook Group, through the National Academic Mailing List service JISCmail and the NADP (National Association of Disability Practitioners) in addition to Deaf community Facebook social networks.

18 responses were received via the online survey with at least one from each region. Though the responses were low in number, the spread and type of provider who responded gave a useful range. The response rate to the audit survey was low which accentuates the need to ensure careful collection and collation of a more representative sample of current practice.

Information was received by email from NatSIP workstream leads within the context of their own timescales for their workstream delivery objectives. It will be important to embed the learning here within other improvement workstreams.

Included here are all results along with an analysis of the combined responses. We have also included a set of reflective questions designed to support and guide further opportunities for learning and development in order to work collaboratively to improve outcomes. Our analysis and reflective questions are mirrored in the Executive Summary.

Requests for focus group meetings were sent out with the online audit survey. We were able to meet with Ruth Swanwick, Leeds University (Sign Bilingual Consortium), the Regional Directors' Team at NDCS, Martin Mclean of the I-Sign Project, NDCS, Jill Jones of Deaf Ex-Mainstreamers Group and Anne Worsfold of the Cued Speech Association and held a multidisciplinary focus group with parents and professionals at Exeter Royal Academy for Deaf Education to look at a number of case studies of children using a combined approach of Cued Speech, BSL and English.

Audit Results

The audit questions are listed below with collated results from the 18 respondents. The analysis of both the survey results and the case study review are found in the main body of the report. A summary of the emerging themes can be found in the Executive Summary.

It is acknowledged, given the recent SEND reforms which have taken place since the original survey and the small number of respondents, that the survey and responses to it provide a snapshot of practice at the time rather than research. The responses do, however, provide useful insights and emergent themes for consideration.

Question 1:**What type of educational provision do you represent?**

Respondents are allowed to tick more than one box so percentages are not informative here.

Answer choices	Responses
Local Authority Sensory Support Service (LASS)	10
Special school for children with sensory impairment (maintained by Local Authority) – SSCSI (LA maintained)	2
Maintained state funded including free schools and academies (MSFFSA)	1
Special School for children with sensory impairment (Non maintained) SSCSI- Non maintained	1
Resource provision in mainstream school (RPMS)	4
Other special schools (not specifically for children with sensory impairment) OSS-NOT SCWS	0
Further Education (FE)	2
Higher Education (HE)	2
Training	1
Apprenticeship	0
Others	2
Total Respondents: 25 answers (multiple categories marked) from 18 respondents	

Other (please specify)

- Adult Education
- Parent responding on behalf of small secondary independent mainstream school (LA-funded place as stated for small classes and small school not available in state sector)

Question 2:**Which region are you located in?**

Although the sample was small, the results are strengthened through having at least one response per region. London and the South East gave most responses with the least coming from East England.

Answer choices	Responses
East England	1
East Midlands	2
London	3
North East	1
North West	2
South East	3
South West	2
West Midlands	2
Yorkshire & Humber	2
Total Respondents 18	

Question 3:**How many children/young people do you support in the development and use of BSL and other sign systems?**

The small number of responses from Post-16 providers is of concern and may be due to the survey dissemination routes but indicates a need for further auditing of this area of provision to understand the opportunities for improvement.

Answers(Respondents)	Av. No.	Total No.	Responses
Preschool	6	61	11
Primary	12	147	12
Secondary	10	142	14
Post 16 (Sixth Form)	2	10	5
Post 16 (Further Education)	14	71	5
Post 16 (Apprenticeships Training/Other)	7	35	5
Total Respondents: 18	NA	466	52

Question 4:

Please indicate the sign language systems currently provided by your establishment.

The percentages here are based on individual comparison i.e., 89% of respondents provides BSL within their establishments and 78 % SSE. What is not known from the result is whether the selection of language used relates to the subjects in question. For example, the deaf students supported in BSL for a Maths course whilst the same students could be supported using SSE in English language course.

Answer choices	Respondents	%
British Sign Language	16	88.89
The Deaf-Blind Manual Alphabet	1	5.56
Cued Speech	1	5.56
Makaton	1	5.56
Sign Supported English	14	77.78
Paget Gorman Signed Speech	0	0
Block	0	0
Other	2	11.11
Total Respondents: 18		

Other (please specify)

- Visual phonics
- Home Communication Package
- Hand under hand communication for MSI pupils
- Signed English used alongside SSE

British Sign Language and Sign Supported English were reported as the main language and systems used. The small number of responses about language and systems used with deafblind children may be a reflection of the dissemination of the survey or indicate a gap. It may therefore be useful to target specialist schools for children with Visual Impairment where deafblind children will also be placed.

Question 5:

What international and/or national frameworks inform your approach to supporting children and young people using BSL and/or sign systems?

Please name them (e.g. UN Convention on Rights of Persons with Disabilities, Equality Act 2010, SEN Code of Practice 2002) (Answers here as they were submitted)

Over 83% of respondents who were local authorities stated that they used the SEN Code of Practice and 72.22% used the Equality Act 2010 to inform their approach. 16.66% of the respondents indicated they also considered the international conventions that offer a rights based framework.

There were two local authorities that did not mention the Code, and one HE, FE or Adult community education provider who did.

Under the new SEND Code of Practice that comes into effect in September 2014, *all* organisations providing services to children and young people with SEN who are 25 or under will be expected to have due regard for it.

Question 6:

What service or organisational policy informs your approach to supporting children and young people using BSL and/or sign systems? (Answers as they were submitted)

The majority (12 of 18, 66.6%) of respondents within this group, said the local authorities used their communication policy to inform their approach to supporting children and young people using BSL and/or signed systems. However, not all providers have a communication policy that includes considering the needs of those using different languages or using communication support.

There was a lack of information offered to parents particularly with regards to the rights of the child or young person. Offering information in itself is unlikely to be helpful in supporting stakeholders like parents or young people to have a voice within the context of the SEND Code of Practice. Information distribution and support to understand what this means will be essential to safeguard the interests of the child or young person. It has been shown that when children and young people and parents and carers themselves are empowered, by having all the information necessary *and the understanding* of what it all means, they will then be able to become effective advocates and enter into meaningful dialogue with the provider.¹⁷ This supports wellbeing for both the child and young person and their family.

¹⁷ Powers, S. 2006 as quoted in Family Friendly! Chapter1, NDCS.

Question 7:

What assessment tools/processes do you use to assess the language and communication needs of children and young people with sensory impairment?

1. BSL Receptive Skills and Narrative Skills Assessments Speech & Language Assessments e.g Derbyshire Language Scheme and STASS
2. BSL Receptive and Production assessment Ros Herman/Sallie Holmes
3. Parental informed choice BPVS TROG STASS ACE Speech Discrimination tests Observation in home and settings
4. Speech Testing Audiology results SALT reports BSL Tutor assessments
5. Assessments based on internal knowledge and on Functional Skills English assessments, formally the Adult Literacy curriculum. Functional Skills now allow BSL to be used for Speaking and Listening Components
6. Observation Recording Communication assessment
7. Peter Jackson Assessment of Levels Modified to BSL B Squared Signature Levels 1-3 Devised adapted assessment of linguistics
8. City University BSL assessment 'in house' BSL assessment and tracking materials Signature past exam materials 'in house' assessment package designed by our experienced Speech and Language Therapist, Educational Audiologist and English Teachers. The Speech and Language Therapist, Educational Audiologist, Deaf Studies Teachers and English Teachers work together to implement schemes of work in terms of developing and monitoring the pupils understanding of their bilingual situation and use of two languages (BSL/English).
9. relating to sign: Early Support Monitoring Protocol BSL receptive skills test relating to spoken communication: big array of assessments (can provide list if necessary)
10. BSL receptive and expressive assessment
11. Standardised and non-standardised forms City University - BSL
12. BPVS, TROG, BSL receptive, BSL level 1/2 exams, ACE, Monitoring Protocol, Reynell
13. Same assessments in separate subject areas as those used for all children in the school. ToD and SALT use more specialised assessments for vocabulary (BPVS) and other areas of language, pragmatic communication skills, etc.
14. Reynell ACE TROG TAPS CELF BSL assessment
15. ACE BPVS Range of reading tests including Edinburgh Monitoring Protocol up 5 Years
16. Disabled Students Allowance Study Needs Assessors or own professional expertise.
17. Assessing BSL Development Receptive Skills & Expressive Skills Tests Herman. R. Speech and Language therapists use additional assessments to assess functional use of language/English/listening.
18. We use a range of core and extension language assessments that cover the range of expressive, receptive and pragmatic skills. We would welcome better assessment tools for assessing sign language development. Staff have attended training in the tools currently available and use these where appropriate.

There appeared to be very limited consensus on the tools or processes used to assess the language and communication needs of children and young people with sensory impairment.

This is potentially significant as it makes the assessment of what is effective as an intervention more difficult to establish. It also may provide an opportunity to develop a shared assessment tool across health, social care and education with the new SEND Code of Practice that offers a more holistic approach, reflecting the

ecological model and the evidence of the positive impact this has on the outcomes for the child or young person. (Marschark *et al* 2003)

This is an approach that at least one of the Pathfinders pilot projects has used – the Devon Assessment Framework, has indeed developed a common assessment framework.¹⁸ It will be interesting to audit this and consider the human rights and equality impact of using this tool.

When reviewing the outcomes for children and young people who have a sensory impairment it also becomes more difficult to assess what interventions have been effective if there is a lack of consistency in the expected competency of any specialist communication support worker or Teacher of the Deaf, working with them.

This audit found that despite the revised standards set out in the Code of Practice for Communication Support Workers¹⁹ for example, this was not quoted as a resource that was referred to by providers, nor were the standards set out in their Code of Practice generally adhered to. This compounds the challenge for any sensory impaired child to gain linguistic access and makes it difficult to determine why the outcomes for the child are what they are. The situation appeared to be more challenging for Deaf-blind children and young people as only two providers referenced this group for consideration at all.

We noted some frustration in those in our survey - parents and professionals who experience a deficit model in operation where the impact and outcome may be children developing behavioural problems and falling behind when their access to language and communication is compromised through a rigid rather than flexible approach able to respond to the fluctuations of a child's development.

By deficit, we refer to an education system that is prescriptive rather than a positive model that anticipates and is responsive to need. It is clear that without the application and checking of standards, it is unlikely there will be any real significant advancement in achieving the improved outcomes that might have been expected.

The development of assessment tests for deaf children who use BSL is a crucial area of work to ensure that parents and teachers are able to measure the development of this group of children. It enables the progress of individual children to be accurately measured and acted upon as well as ensuring that education outcomes are improved for deaf children who are in specialist and mainstream settings.

(DCAL Website)

¹⁸ <http://www.devonsendpathfinder.info/devonassessmentframework/> This now links to the Devon Local offer

¹⁹ Accessed at: <http://www.nated.org/uploads/CSWCoP.pdf>

Question 8:

What quality standards do you use to inform your practice of supporting CYP in the use and development of BSL or sign systems? Please name them.

1. NDCS and RNID guidelines.
2. Quality Standards: Resource provisions for deaf children and young people in mainstream schools. Quality Standards in the NHS Newborn Hearing Screening Programme - Quality Standards Specialist teaching and support services for deaf children and young people guidelines for professionals – NDCS - Support Monitoring protocol for deaf babies and children – DfES.
3. Quality Standards Specialist teaching and support services for deaf children and young people guidelines for professionals - NDCS/BATOD/RNID, Support Monitoring protocol for deaf babies and children – DfES, Quality Standards: Resource provisions for deaf children and young people in mainstream schools – NDCS/BATOD/RNID, Quality Standards in the NHS Newborn Hearing Screening Programme.
4. Quality Standards Specialist teaching and support services for deaf children and young people guidelines for professionals - NDCS/BATOD/RNID
5. NoS for CSWs NRCPD
6. Quality Standards - NDCS, RNID, BDA, BATOD, DfES Quality Standards in the NHS NHSP Working closely with Social Services
7. DfES Quality Standards Quality Standards Specialist teaching and support services for deaf children and young people guidelines for professionals - NDCS/BATOD/RNID
8. Ofsted. Signature.
9. All of the standards listed above are used to inform our practice
10. Quality Standards specialist teaching - NDCS monitoring protocol Quality Standards: Resource provisions Quality Standards in the NHS Newborn Hearing Screening Programme
11. All of the above
12. Quality Standard NHSP, Quality Standards Support Services Monitoring Protocol, DfE's Quality Standards Resource provisions
13. Assessment of quality and level of Cued Speech transliteration by Cued Speech Association UK. External ToD support informed by NDCS/BATOD quality standards and NatSIP criteria.
14. All of above
15. Monitoring Protocol.
16. For interpreting - only recommend and provide fully qualified & registered interpreters.
17. We are not aware that there are Quality Standards for Special Schools for the Deaf specifically. We base our school ethos and practice on the bilingual models stated above and refer to the relevant NDCS/BATOD/BDA publications. We monitor our work through robust self-evaluation and school improvement planning.
18. All of above plus in-house audit.

There is a high level of adoption of a common framework for quality standards across local authorities – although it was not universal, based on this survey. 83% of local authorities use the NDCS monitoring protocol,²⁰ to inform their practice to support new born, deaf babies and children (up to age 3).

²⁰http://www.ncb.org.uk/media/528801/monitoring_protocol_for_deaf_babies_and_children_-_how_to_use_this_protocol.pdf

This was also true for the joint publication from BATOD, NDCS and RNID²¹ (now Action on Hearing Loss). This publication on standards is called 'Specialist teaching and support services for deaf children and young people: guidelines for professionals'. It sets out quality standards that can be applied across the full range of services provided for deaf children and young people in early years settings, mainstream, specialist school and other provision.

The respondents who were from FE and HE were not consistent in their responses; however, they both focused on the quality control of those who support deaf learners – the CSWs, the interpreters. This highlights a potential opportunity to understand how those in FE and HE consider quality control in provision. This is relevant as the new prospective Code of Practice for SEND is expanded to cover all those 25 years and under.

There was no mention of standards that may apply to deafblind children and young people.

²¹ <http://www.batod.org.uk/content/resources/guidelines/qs-specialist-supportservices.pdf>

Question 9:

Who is involved in your service or provision in supporting children and young people with sensory impairment to develop and use BSL or sign systems?

Answer Choices	Responses
Teacher of the deaf (Hearing Impaired) –ToD (Hearing Impaired)	16
Teacher of the Deafblind (ToDeafblind)	3
Tutor/Lecturer	3
Speech and Language Therapist	7
Communication Support Worker (CSW)	11
Interpreters	5
Teaching Assistant/Classroom Assistant	10
BSL/Sign System Tutor/Instructor/Role models	14
Educational Audiologist/Technician	9
Care staff (residential settings only)	1
Special Educational Needs Careers Advisor	2
Other	3
Total Respondents: 18	

The following list is the common core of named professionals from local authorities:

- Teacher of the Deaf
- Communication Support Worker
- Teaching Assistant/Classroom Assistant
- BSL/Sign System Tutor/Instructor/role models
- Educational Audiologist/Technician

With those from FE and HE also stating the following:

- Interpreters

Language Therapists are also highlighted by several respondents. This highlights the range of professionals that are currently considered core to the provision of linguistic access for deaf children and young people.

Question 10

What indicators do you use to inform the competency level of the language skills of staff supporting children and young people with sensory impairment?

Answer Choices	Responses
Teacher of the Deaf (Hearing impaired)	16
Teachers of the Deafblind	2
Tutor/Lecturer	2
Speech and Language Therapist	5
Communication Support Worker	10
Interpreter	7
Teaching Assistant/Classroom Assistant	11
BSL/Sign System Tutor/Instructor/Role Model	14
Educational Audiologist/Technician	8
Care staff (residential settings only)	1
Special Educational Needs Careers Advisor	1
Other	6

The indicators that are used to inform the competency level of the language skills of staff generally relate to either the Signature standards or the BSL levels.

For the different roles that were quoted by each respondent, there appeared to be limited or no consistency in the expected minimum level of competency for each. The most consistent was in relation to Teachers of the Deaf where a minimum level of BSL 2 was stated by 66% of Local Authority respondents.

For CSWs level of competency is expected to be at least level 2, (CSW Code of Practice for Communication Support Workers for Deaf Learners and Employers Guide).²²

Given the high level of use of SSE, we were surprised that a number of professionals we spoke to were unable to name training providers of SSE, and that there appeared to be no standards in the use and application of SSE as a tool to support language and literacy development for BSL users.

²² <http://www.adeptuk.co.uk>

Answer Choices	Responses
British Sign Language	16
The Deaf-Blind Manual Alphabet	2
Cued Speech	2
Makaton	2
Sign Supported English	8
Paget Gorman Signed Speech	1
Block	1
Other please state	3
Total Respondents: 17 (1 skipped)	

Question 11

Who provides the sign language system training for your staff?

For 89% of the respondents where training in BSL was being provided to staff, it was offered by BSL instructor, college or other centres registered with Signature. Signature is a registered charity and leading awarding body for qualifications in deaf and deafblind communication techniques.

According to respondents who provide training in Sign Supported English, there was no consistency in who provided this training. The most common response was a Teacher of the Deaf. For some, the training was offered via DVDs or a Family Support worker. As mentioned earlier further work is needed to assess how and why and where SSE is being used and to what effect.

Only 2 respondents offered training in deafblind communication – both offering support with the deafblind alphabet.

Question 12 & 13

What resources do you use/provide to support staff to develop BSL and sign systems competencies?

(Answers here appear as they were submitted.)

There is a very wide range of resources and activities that are used and provided to staff to support them to develop their competency in BSL and sign systems. There is very little consistency and apparently limited information on what is effective.

Examples of the *resources* and *activities* used are below:

1. Practice sessions/refresher courses - Signing class in school and after school.
2. Practice sessions supported by tutor.
3. 1:1 with BSL instructor.
4. BSL courses; funded but in staff's own time.
5. Practice sessions; staff development; observations.
6. BSL Club Practice sessions; BSL Pub (once a month) Baby Sign.
7. Signing clinic INSET.
8. Signing choir.
9. Group lessons as part of the working week up to a bridging course offered between Levels 2 and 3.
10. Needs identified as part of performance management and action plan put in place
11. Peer support.
12. Deaf role model time.
13. Signing clubs.
14. BSL club and practice sessions supposed to be provided by HI service for pupil to learn BSL as a second language (aiming for fluency by age 18), but HI service /LA hasn't succeeded in providing this input.
15. Practice sessions time with deaf tutor.
16. Own staff - support in attending staff development activities. Other people (e.g. interpreters) are free-lance.
17. Annual BSL Staff INSET (1 day) plus staff training session every 6 weeks as part of the staff meeting programme.
18. Signing clubs, involvement with deaf adults, for new staff 1:1s with highly skilled staff between attendances at sign classes.

Question 14

Who is involved in the child or young person's assessment of BSL and other language needs?

Respondents stated that various professionals are involved in the assessment of BSL and other language needs of children and young people. The following were specified:

- Deaf Instructor
- Signing SALT
- BSL Instructor
- ToD with BSL Level 3
- Tutor for the Deaf
- CSW
- Family Support Worker (Deaf)
- Deaf Instructor
- Specialist Deaf Support Worker

Teachers of the Deaf and Speech and Language Therapists are the most likely to be involved in the assessment of a child or young person's language needs.

It is recognised that there is an assessment gap in relation to the development of language of deaf children who use BSL (DCAL 2006)²³. Looking at the responses to this question where we ask who provides the assessment, it is almost always the Teachers of the Deaf and the Speech and Language Therapists (SALT).

Then following on to look at what process or tools are used to meet the child or young person's needs to develop and use BSL and/or sign systems, there is a wide range of tools being applied.

²³ <http://www.ucl.ac.uk/dcal/research/themes-06-10/languagedevelopment>

Question 15

What process or tools do you use to meet the child or young person's needs to develop and use BSL and other sign systems? (Answers here appear as they were submitted.)

1. An inclusive communication environment and individual communication targets.
2. Deaf Instructor uses a baseline assessment, I.E.P. targets.
3. Parental informed choice progress monitored by BSL Receptive Assessment and BSL Production Assessment.
4. Bilingual literacy teaching - differences between English and BSL pointed out.
5. In class with tutor for the deaf or CSW for 1:1 tutorials.
6. Recording Flashcards Toys Games Signed books DVDs.
7. Evaluation of own performance peer assessment examinations - formal B squared - modified End of term formative/summative.
8. In-house schemes of work, nationally developed Deaf Studies Curriculum (originated from Frank Barnes School), Signature curriculum.
9. Regular contact with deaf signing tutor, opportunities for families to meet with signing tutor, signing clubs or sessions with child's class, where possible, opportunities for signing children to get together or to visit events such as signing theatre performances. Joint assessment as above plus parent and CYP preferences, individual tuition in BSL.
10. Criteria based on assessment and observation with lengthy discussion with the family.
11. CSW support and access to Deaf role model. Young deaf clubs and weekends away for older children. Links with school for the deaf. Family Sign programme starting. Funding available through Social Services for BSL classes.
12. Learnt Cued Speech and used it consistently in the home from age 1 as he had no aided hearing - taught one-to-one at home over 5 days for free by Cued Speech Association, then practised for several weeks after that to get up to normal speech speed. After that could use Cued Speech to say anything in the English language and he could learn English this way. Learnt BSL in local Level 1 course (Mum only) and used this alongside English with Cued Speech for child to learn BSL for expressive language. Bilingual from age 1. Age-appropriate understanding of English by age 5, still signed for expressive language. Now advanced English language skills compared to hearing.

Question 16

How do you measure the impact of the support put in place, for the child or young person?

In reviewing the responses to question 16, there were some consistencies in approach from respondents, with 39% of respondents, stating that they use some form of school-based assessment, two providers measuring against national curriculum levels.

There was a very broad spectrum of approaches being taken in relation to assessments, tracking of progress and keeping of records, highlighted by the majority of respondents.

Only two respondents stated that they used Individualised Educational Plans (IEP) to inform their approach. These do not have any legal status, however. An IEP is a document that helps teaching staff to plan the education, teach and then review the progress of the CYP. IEPs are different for each child and set out what should be taught, how it should be taught and how often. There is no standard UK format for IEPs.

Different providers sometimes call IEPs different names so it is not possible to know definitively from the responses if this is in fact what some providers are doing but not using this language to describe it.

With the change from Statements to Education, Health and Care Plans it will be important to monitor the way Local Authorities develop their criteria for language support when conducting an EHC needs assessment.

Question 17

What do you do to ensure that the progress of the child or young person is consistently monitored and responded to?

There was little consistency in the answers offered to question 17; however, three providers again talked of IEPs, and there was the regular use of language like: assessment, regular assessment and multi-disciplinary teams, so it may be that many more are using a process or system that would equate to the elements within an IEP but they are not using this language.

The new Code of Practice expects education, health and social care providers will co-operate in jointly commissioning services outlined in an EHC Plan. This will require agreeing with the parent, child and/or young person the outcomes being aimed for and the provision to meet those.

Tracking of both progress of children and the effectiveness of the support they receive is highlighted in **Section 6 Review**, of the Guidance:

- 6.53 The effectiveness of the support and interventions and their impact on the pupil's progress should be reviewed in line with the agreed date.
- 6.54 The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil's needs. The class or subject teacher, working with the SENCO, should revise the support in light of the pupil's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil.
- 6.55 Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

Question 18

What information do you provide to parents and carers about the rights that children and young people who have sensory impairments have in relation to their language development?

There is no consistency of approach to inform the parents, carers, families or CYP on their rights to language development. Several respondents stated specifically that they do not do this.

In the new SEND Code of practice, there is an expectation that there will be information provided to parents and the range of interventions and support available and for children and young people who are deaf this should include the setting's approach to language support.

Question 19

What information do you provide to parents and carers about the service/provision you offer to children and young people using BSL and/or sign systems?

Two respondents stated that nothing was supplied or offered. There was very little consistency in this response; the most frequent way that information was provided was by leaflet. (5 respondents in total)

Both the Local Offer and the Schools SEN Information Report should make clear what the expectations and resources are to support language development. NatSIP has a suite of guidance documents available at: https://www.natsip.org.uk/index.php/doc-library-login/cat_view/54/182

Question 20

What do you think would help your service/provision to improve outcomes for children and young people with sensory impairment using BSL and/or sign systems?

There were many different ideas that were offered from the respondents, with two recurring themes – the need for greater investment in providing free access to BSL courses for both professionals and families and for families to be committed to using sign language at home.

Appendix 3

Links with other NatSIP workstreams

There are implications for other areas of work which NatSIP has commissioned.

Language Planning Toolkit

The language planning toolkit has been developed for a school setting to “support practitioners to develop planning and teaching approaches which respond to deaf children’s increasingly diverse use of sign and spoken languages.” The understanding of what ‘diverse’ use of sign and spoken languages means here is helpful to clarify as it is referring to multilingual and multimodal use of language. This reflects contemporary life for all children and young people growing up now with access to an increased range of ways that they communicate, adapting their language accordingly.

The case studies in this report highlight the need for the toolkit to be extended or a specific one to be developed, that is applicable to 0-2 years and preschool children in nursery. It is clear from the case studies involving these very young babies and children that information for parents and carers is essential in order to support and reinforce any programmes that the child is involved in.

The language toolkit supports the premise that any approach needs to reflect identification of both “individual language repertoires and learning needs in the contexts of home and school.”

The case studies of these young children highlight the positive outcomes when there is a shared knowledge base around language development and clear roles and responsibilities across the range of professionals supporting them. For example, health: audiologist and health visitors, social care: social workers and mental health professionals supporting families and education: professionals such as peripatetic Teachers of the Deaf.

The case studies illustrate that the range of influencing factors, particularly the quality of very early language acquisition support received by a child who uses BSL and sign systems, and their families, may determine success in achieving positive outcomes.

Workforce Development - Mandatory Qualifications, Training, Quality and Standards

The Workforce Development Workstream working with the NCTL and the DfE, has recently revised the specification for course providers of Mandatory Qualifications for Specialist Teachers of Children and Young People who are Deaf.

ANNEX A – MINIMUM MANDATORY QUALIFICATION OUTCOMES of the document is particularly helpful in providing a spotlight on areas that the case studies also illustrate as being relevant to the effectiveness of the provision. For example the following extracts, many of which were also in the previous specification, identify just a few of the key training outcomes for ToDs (although it must be noted that for many ToDs currently practising, their original mandatory training was many years ago and will not have reflected this specification or have been closely aligned with the SEND reforms);

- Understand how their own preconceptions and cultural understanding affect their work with deaf learners and their families.
- Research and evaluate innovative practices in relation to improving the achievement of deaf learners and draw on research outcomes and other sources of external evidence to inform their own practice and that of colleagues.
- Understand the range of educational provision for deaf learners, including home-based learning, early years settings, mainstream schools, specialised provision, special schools and further and higher education, and the role of support services.
- Understand the structure and characteristics of British Sign Language and how it is used in the education of deaf pupils.
- Understand the specific difficulties experienced by deaf learners in developing literacy and numeracy skills and be familiar with approaches to improve pupil performance in these curriculum areas.

- Differentiate and personalise communication strategies (spoken, sign, mixed) to match individual communication and learning needs.

Sharing this information itself with parents, local authorities and others could form part of a proactive approach to providing information that empowers others to support all deaf children and specifically those using BSL and sign systems.

The case studies here highlight not only the significance of the communication support a child or young person receives but of the need to ensure that CSWs are equipped with skills (whether BSL fluency or subject knowledge) to provide appropriate support at the right time to match and develop the potential of deaf children as they progress and their support needs change.

The NatSIP Teaching and Learning to support the National Curriculum Workstream ran a pilot workshop facilitated by DEX Deaf EX Mainstreamers Group, for deaf young people who use BSL and sign systems to gather their views on the National Curriculum and proposed reforms. The summary report of this workshop was published in February 2014 and is available at <https://www.natsip.org.uk/index.php/workstreams-and-groups/4/500> (login/registration required).

The report includes comments from NatSIP which highlight the potential implications of the proposed curriculum changes from the perspective of those young people who use BSL. Issues for example about methods of assessment, additional time and support from BSL interpreters during assessments, the possibility of students being able to sign responses to questions and then written in English by a CSW, the role itself of CSWs, BSL in schools as a Modern Foreign Language and the need for the involvement of deaf young people in developing Citizenship curriculum content.

The inclusion of the views of this group of young people again reflects both the case study learning here and aligns with the aims of the SEND Reforms.

The SEND Reforms including the Local Offer and Personal Budgets

From September 2014 deaf children and their families may be able to use personal budgets to buy in support they need including, for example, sign language tuition. Personal budgets from education will only be available to families where the child or young person has an Education, Health and Care (EHC) Plan.

Local Offers from September 2014 include changes in the way Local Authorities meet the needs of children with special educational needs (SEN) or disabilities. One of the changes is that they must publish 'Local Offers'.

The setting out of Local Offers is a legal obligation for Local Authorities. This information must be available online and will list the support that Local Authorities expect to be available locally for children with SEN and disabilities. This will include Health and Social Care provision in Local Areas and could include services within neighbouring areas as well as any services not directly delivered by the local authority.

A Local Authority might include information in their Local Offer about the following: Family Sign Language tuition or classes funded to support the cost of BSL course fees for providers of sign language courses group sessions for families to meet and converse in BSL, the BSL qualifications of Teachers of the Deaf and other education professionals.

NDCS guidance recently published on the Local Offer refers to part 3 of the Children and Families Act 2014, the SEND Code of Practice (chapter 4) and the Special Educational Needs and Disability Regulations 2 which came into force on 1st September 2014.

The NDCS guidance: http://www.ndcs.org.uk/professional_support/news/develop_local_offer.html includes useful checklist questions for Local Authorities to ensure they are including provision for all deaf children and their families at every stage of their journeys from 0 - 25 years including those using BSL and sign systems, alongside questions relating to the requirement to involve children and families in the development of the Local Offer. Within the NDCS Local Offer guidance there is signposting to additional resources that offer insights into how the Local Authority Local Offer may take into account the needs of these children and their families.

The Local Offer requirement, within the whole framework of SEND reforms, is in various stages of development across Local Authorities. There are therefore many opportunities for parents and organisations to work with LAs to develop their Local Offers in order that they are fully reflective of the needs of children, young people and their families to include and improve services specific to those using BSL and sign systems. The learning from the case studies could support both parents and professionals to do this effectively and inclusively.

Appendix 4

Glossary of terms/abbreviations used

This report uses the terms **Children and Young People with Sensory Impairment (CYPSI)** and deaf and Deafblind children and young people to mean all children and young people with hearing or sight loss, deaf/Deaf and deafblind. The first term does not reflect a social model of disability and risks seeing children and young people as a homogenous group, and is so broad that it does not recognise that the different groups of sensory impaired people have needs, some of which are common to the 'sensory impairment' but others are unique to different sensory impairments, nor does it adequately reflect 'Deaf' people defined by language and cultural preference. We use the second term as it is more reflective of a social rather than medical model, but use both advisedly and with caution and highlight the need to use and define terms clearly to avoid policy and practice that does not fully reflect the needs of the individual child or young person.

BATOD	British Association of Teachers of the Deaf.
BDA	British Deaf Association.
Bilingual/Bilingualism	The use of two or more languages in the individual's everyday life.
Block	This involves using the forefinger to trace out capital letters on a deafblind person's palm.
British Sign Language (BSL)	BSL is the sign language used in the United Kingdom (UK); it was recognised by the Government as a language in its own right in March 2003, and is the first or preferred language of some deaf people in the UK. The language makes use of space and involves movement of the hands, body, face and head; it has a context-based grammatical structure.
BSL and/or sign Systems	This phrase is used to refer to British Sign Language (a full language) and/or sign systems consistently across the audit survey questions and within the body of the report as it was specifically signed communication that this snapshot was expected to capture – sign and visual systems that may include for example Cued Speech, Signed English, Sign Supported English, Paget Gorman, Block and Makaton, noting that Makaton is not a full sign system.
BSL Coalition	British Sign Language Coalition - Partners brought together to look at outcomes and successful interventions for learners using BSL and sign support.
BSL Teachers	Tutors of British Sign Language.
CDC	Council for Disabled Children.
Children and Young People	Those in the age range 0-25.
CHSWGs	Children's Hearing Services Working Groups. Groups which include professionals from Health, Education and Social Care.
CRIDE	Consortium for Research in Deaf Education.

Cued speech	Cued Speech uses eight hand-shapes in four different positions near the mouth to clarify the lip patterns of normal speech. With the vocabulary and structure of spoken language made visible, deaf children can quickly acquire an understanding of spoken language. With Cued Speech, deaf babies, children and adults can see all the sound based units of speech as clearly as hearing people can hear them. Cued Speech can work alongside British Sign Language (BSL) for true bilingualism in both BSL and English.
CYP	Children and Young People.
CYPSI	Children and Young People with Sensory Impairment.
DCAL	Deafness Cognition and Language (Research Centre in University of Central London)
deaf	This term is used here to refer to all levels of hearing loss.
Deaf (with a capital D)	refers to any person or persons who identify themselves as a member of the Deaf community; many Deaf people perceive their community akin to other language minority communities.
Deafblind	refers to a person who has a combination of both sight and hearing loss. The two disabilities together increase the effects of each.
Deafblindness	The condition of little or no useful sight and little or no useful hearing. Educationally, individuals are considered to be deafblind when the combination of their hearing and sight loss causes such severe communication and other developmental and educational needs that they require significant and unique adaptations in their educational programs.
Deaf culture	Is recognised under article 30, paragraph 4 of the United Nations Convention on the Rights of Persons with Disabilities, which states that <i>Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.</i>
DEX	Deaf Ex-Mainstreamers Group.
DfE	Department for Education.
Ecological model	An essential component of Human Ecological Theory. All components of the model adapt to one another. In the context of the Code of Practice, it places the child or young person at the centre of considerations and thinks about all aspects of their life and how they can be enabled to access their health, wellbeing, social and educational experience, when their linguistic access or language are different from those of the vast majority surrounding them who are hearing.
EHC	Education, Health and Care.
FE	Further Education.
HE	Higher Education.
HOSS (or HoSS)	Head of Sensory Support Service

IEPs	Individualised Educational Plans.
I-Sign	An NDCS-managed project which is looking at BSL provision for families.
JISCmail	The National Academic Mailing List Service which is a service designed specifically for the further and higher education and research communities.
LA	Local Authority.
LCSA	Local Children’s Services Authority. The authority responsible for ensuring a local mechanism is in place to ensure that family experience of services is uniformly seamless.
Linguistic Minority	BSL is a language, with a unique grammar and syntax and Deaf people who use BSL are a linguistic minority. (According to a definition offered in 1977 by Francesco Capotorti, Special Rapporteur of the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities, a minority is: a group numerically inferior to the rest of the population of a State, in a non-dominant position, whose members - being nationals of the State - possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language.) ²⁴
Mainstream	The conventional education provision that is now designed to be inclusive as far as possible, supporting the majority of children and young people who are disabled to attend.
Makaton	This is a limited system of communication that uses a vocabulary of “key word” manual signs and gestures to support speech. Communication using Makaton involves speaking (when possible) while concurrently signing key words.
MSI	Multiple Sensory Impairment, associated with children who are born with or acquire a sight and hearing loss.
NADP	National Association of Disability Practitioners.
NASS	National Association of Independent Schools and Non-Maintained Special Schools.
NatSIP	The National Sensory Impairment Partnership is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment.
NDCS	National Deaf Children’s Society.
NHSP	Newborn/Neonatal Hearing Screening Programme.
Notetakers	Professionals whose main role is taking notes within educational environment.
Ofsted	The Office for Standards in Education, Children’s Services and Skills.

²⁴ E/CN.4/Sub.2/384/Rev.1, para. 568.

Paget Gorman Signed Speech	A sign based system used with speech to help those with language difficulties. There are 37 basic signs which, when combined, can make over 4,000 more complex ones.
Rights based approach/framework	An approach that situates human rights at the very centre of its processes and focuses attention on how the realisation of all human rights to all people all of the time is essential to combating issues of marginalisation etc.
RNIB	Royal National Institute of Blind People.
RNID	Royal National Institute for Deaf people - now known as <i>Action on Hearing Loss</i> .
SALT	Speech and Language Therapist.
Sense	National Charity for people with deafblindness.
Sensory Impairment (SI)	The term sensory impairment encompasses visual loss (including blindness and partial sight), hearing loss (including the whole range) and multisensory impairment (which means having a diagnosed visual and hearing impairment with at least a mild loss in each modality or deafblindness).
SICYP	Sensory Impaired Children and Young People.
Sign Bilingual	Refers to a person who uses two or more languages in their daily life, one of which is a signed language (Sign Bilingual education in the UK refers to the equal use of BSL and English.)
Sign Bilingual Consortium	A group of professionals working to promote and support bilingual deaf education in the UK. This approach uses British Sign Language and English equally to give the best opportunities to deaf children throughout their education and at all phases.
Signed English	Signed English is a sign communication system and not a language; it provides a sign for each English word and is used in conjunction with spoken English.
Sign Supported English (SSE)	This is a system that is often used in schools to teach deaf children the grammatical aspects of English, such as using word endings and plurals etc. SSE uses signs of important words to aid understanding and context. SSE is often used as part of a Total Communication Method because of its combination of sign, gesture, lipreading, written English and the spoken word.
Signature	A registered charity and leading awarding body for qualifications in deaf and deafblind communication techniques.
Sign Systems	Different forms of sign language and sign communication systems.
SLCN	Speech, Language and Communication Needs.
Social model of disability	A theory that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled and deaf people.

SEN	Special Educational Needs.
ToD (Teacher of the Deaf)	Specialist teacher in the field of deaf education with a mandatory post-graduate qualification.
The Deafblind Manual alphabet	This is a modified version of the British Manual Alphabet, or the hand shapes used to finger spell in British Sign Language.
Total Communication	An approach that uses a number of modes of communication methods for example signed and spoken language. The term is applied differently in different policies and settings.
UCL	University College London.
UN	United Nations.

Appendix 5

References and Links

Legislation and Codes of Practice

UN Convention on the Rights of Persons with Disabilities:

<http://www.un.org/disabilities/default.asp?navid=12&pid=150>

UN Convention on the Rights of the Child:

<http://www.unicef.org.uk/UNICEFs-Work/Our-mission/UN-Convention/>

Equality Act 2010:

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

SEN Code of Practice 2001 (effective since 2002):

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/orderingdownload/dfes%200581%20200mig2228.pdf>

SEND Code of Practice 2014:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Cued Speech:

<http://www.cuedspeech.co.uk/>

Education Act 1996:

<http://www.legislation.gov.uk/ukpga/1996/56/contents>

Special Educational Needs and Disability Act 2001:

<http://www.legislation.gov.uk/ukpga/2001/10/contents>

Code of Practice for Communication Support Workers:

http://adeptuk.co.uk/GalleryEntries/Adept_Documents/Documents/CSW_Code_of_Practice.pdf

Ofsted Framework for Schools Inspection:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391531/School_inspection_handbook.pdf

BATOD Report Specialist Teaching and Support Services for Deaf Children – Guidelines for Professionals:

<http://www.batod.org.uk/content/resources/guidelines/qs-specialist-supportservices.pdf>

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CRIDE Survey of Education Provision for Deaf Children:

http://www.ndcs.org.uk/professional_support/national_data/uk_education_.html

Articles and Resources

British Deaf Association News Story – BDA reacts to Census figures:

http://www.ndcs.org.uk/professional_support/national_data/uk_education.html

Bronfenbrenner – Ecological Model:

http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/training/documents/bronfenbrenners_ecological.pdf

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<http://www.ucl.ac.uk/dcal/research/themes-06-10/languagedevelopment>

NatSIP: (2014) *Language Planning in Deaf Education: Guidance for Practitioners by Practitioners*

https://www.natsip.org.uk/index.php/doc-library-login/cat_view/54-natsip-documents/202-bsl-coalition/203-language-planning

NDCS: Learning British Sign language:

http://www.ndcs.org.uk/family_support/communication/sign_language/index.html?gclid=CJAz5efwcQCFUSD2wodprUAUg

Websites

Deaf Ex-Mainstreamers DEXperience

<http://www.dex.org.uk/>

NatSIP – the National Sensory Impairment Partnership

www.natsip.org.uk

Devon Information Advice and Support: The Devon Assessment Framework

<http://www.devonias.org.uk/send-pathfinder/>

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