

Right from the Start

A campaign to improve early years support for deaf children



Our vision is a world
without barriers for
every deaf child.

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Introduction

**Deaf children need to
get the right support,
right from the start.**

The newborn hearing screening programme, fully rolled out 10 years ago across England, removed a major barrier to deaf children’s development by ensuring deafness was diagnosed as early as possible for children born deaf. This has transformed the lives of many deaf children.

However, early diagnosis is only the first step. 10 years on, there is still much to do to ensure that high quality early years support is in place following diagnosis.

We want to work with the Government, local authorities and health bodies to ensure that deaf children get the early years support they need to achieve the best possible outcomes. We want to eradicate the attainment gap that exists between deaf and other children.

Failing to invest in early years support for deaf children risks failing to capitalise on the millions of pounds the Government has invested in newborn hearing screening.¹ It will also risk condemning deaf children to failure in the future.

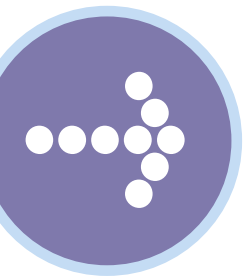
83% of parents said their child’s development would have suffered had they not been identified as deaf through newborn hearing screening.

“It makes a huge difference. The earlier you find out, the quicker you can access help.”

“It’s emotional to hear your child is profoundly deaf but with the support, life is made easier.”

“I have two sons: one diagnosed late and one diagnosed through newborn hearing screening – it has made such a difference and is a fantastic programme.”

“The newborn hearing screening has been vitally important for my child. Diagnosing my child as profoundly deaf at birth meant my child and our family immediately got the support that we needed. Any delay would have greatly affected my child’s development and confidence and therefore mental health.”



Action needed

The National Deaf Children's Society is calling on the Government, local authorities and health bodies to work together and make a commitment to ensure high quality support is in place as soon as a child is diagnosed as deaf.

We recommend:

- 1 The Government protect and invest in paediatric audiology services and support them to become accredited so that parents can be sure their child is getting the best possible audiology support.**
- 2 The Government and local authorities continue to protect funding for specialist education services for deaf children, in recognition of the vital role that specialist Teachers of the Deaf play in ensuring deaf children achieve the best possible outcomes in the early years.**
- 3 Local authorities review the provision of communication support available to families in their area to ensure that the varying needs of families can be met at any one time.**
- 4 Local authorities ensure that radio aids are more readily available to parents of deaf children so that they can support their child's spoken language and communication development.**
- 5 The Government should take action to ensure there is sufficient provision across all local authorities for specialist childcare for deaf children, and that mainstream staff receive the training and advice they need to effectively include deaf children. This should include action to support parents with transport costs and to improve the listening environments of childcare settings.**

“Please don't take services like this away, they are so important.”

In this report, we provide more detail on why action is needed under each of these areas. We also include the stories and views of parents of deaf children.

We use the term 'deaf' to refer to **all types of hearing loss** from mild to profound. This includes deafness in one ear or temporary deafness such as glue ear.

We use the term 'parent' to refer to all parents and carers of children.

All unattributed quotes and statistics on the views of parents come from a National Deaf Children's Society survey from 2016. More information can be found in Appendix A on page 30.

Celebrating 10 years of newborn hearing screening



In 2006, the newborn hearing screening programme was fully rolled out across England.

Now all babies are offered a routine screen in hospital or within the community for indicators of hearing loss shortly after birth. The test is quick, non-invasive, painless and carries no risk. Where babies do not respond as expected, they are referred for assessment and normally receive a diagnosis within four weeks.

Nearly 6.7 million babies have been screened since the newborn hearing screening programme was introduced, leading to the early identification of nearly 13,000 deaf babies. Every week, an average of 12,645 babies are screened, of which 34 will be identified as deaf.²

Research has found that there is a significant relationship between age of identification and the child's development, including in language development and socio-emotional development.

“In the absence of early identification and intervention, countries pay a much higher monetary price for rehabilitation and support services than they would pay for universal neonatal hearing screening and early intervention. The price levied against children's futures cannot be estimated.”

— Marc Marschark³

Early diagnosis means that effective support can be put in place right from the start where it will have the most impact on their development.

Prior to the newborn hearing screening programme, more than half of children born deaf had not been identified by the age of 18 months and a quarter had not been identified by the age of three-and-a-half,⁴ well past the critical ages for language and communication development. Research has shown that an undiagnosed deaf child at age three will not know more than 25 words, compared to 700 in a hearing child of the same age⁵.

“With my hearing daughter, I could pop to the kitchen or to answer the door and I could talk to her or sing to her and she knew I was there. I had done the same with my deaf daughter not knowing she was deaf. I now feel guilty that there were times as a baby that not only could she not see me but she couldn’t hear me.”

The introduction of the newborn hearing screening programme removed one of the major barriers holding deaf children back and the 10 year anniversary is a cause for celebration. The National Deaf Children’s Society is proud of our role in campaigning for the screening programme to be introduced.

Research has found that the screening programme in England performed well in the first seven years. A report found that: “these achievements have been produced by a nationally organised programme with clear protocols, procedures and standards.”⁶ It will be important to retain and strengthen those standards, and to invest in screening, so that the programme continues to perform well.

However, screening and early diagnosis is only the start. The availability of high quality early years support remains a major barrier to deaf children’s progress. Failure to provide this high quality support means that the potential benefits of newborn hearing screening are not being realised consistently across England.

31% of families did not feel they got the support they needed to make sure their child made good progress and developed well after diagnosis through newborn hearing screening.

“The screening programme is excellent and although we were not prepared properly, it is a vital service. The gap comes in local services once the diagnosis has been made. If they are not ready then there’s little point in early diagnosis.”

Government attainment figures suggest that too many deaf children are not getting the support that they need.

- 72% of pre-school deaf children are failing to achieve a good level of development.⁷
- 60% of pre-school deaf children aren’t reaching the expected standards in reading.⁸
- 53% of pre-school deaf children aren’t reaching the expected standards in numbers.⁹

This report goes on to identify what we see as the key barriers holding deaf children back, and outlines how these barriers can be broken down.

1. Better audiology support

Deaf children need to receive high quality audiology support right from the start to ensure they can make the most of the hearing they have.

“He first smiled the day that he had his hearing aids fitted, aged three months. We knew they were making a difference, right from that early age.”

Barriers

“The ability to hear is critical, not just for communication and social interaction, but to enable an individual to fulfil their learning and development potential. The early detection, assessment and management of hearing problems in children and young people is therefore key to their personal, educational and social achievement.”¹⁰

— Professor Sue Hill OBE, NHS Chief Scientific Officer for England

Too many audiology services are still, in many areas, failing to diagnose deafness in a timely way following referral from the newborn hearing screening programme. The Action Plan on Hearing Loss¹¹ by NHS England and the Department of Health has identified large geographical variations in the time taken from referral to assessment of newborn deaf children.

As hearing is critical to a child’s development of language and learning, early diagnosis and support is vital as it will reduce the risk of delays in language, educational and social and emotional development. These delays mean that too many deaf children are not getting the best possible start in life.

In addition, there is feedback from parents that a number of audiology services are cutting back the support they provide including:

- restrictions in the provision of batteries for hearing aids
- moving away from child-friendly practice by, for example, not allowing children a choice of different colour earmoulds, which might have encouraged them to wear their hearing aids more consistently.
- a greater tendency by services to charge for lost equipment and copies of reports, for example
- cut backs to grommet surgery for children with chronic glue ear.

18% of parents say they didn’t get the support they need from audiologists following diagnosis.

“It [early diagnosis] made no difference for us as it wasn’t followed up properly.”



Case study

Improving Quality in diagnostic Physiological Services (IQIPS) is a programme under which audiology services can be accredited to show that they are fit for purpose and meet standards set by the Royal College of Physicians. A report in 2015 concluded that accreditation was a driver for positive change, leading to improvements in service delivery and enabling the service to prove their worth.

“Sometimes you can plod, you can think you’re doing one thing but actually when you start to look into it in detail you realise that things weren’t as tight as you thought they were or processes weren’t as smooth as they could be... it’s been a lot of hard work... but I do feel it’s very worthwhile doing.”

– Audiology Department, Torbay Hospital,
South Devon Healthcare NHS Foundation Trust

Audiology services interviewed for a National Deaf Children’s Society report identified the following benefits of accreditation for the hospital and patients:

- 1 Proving quality – most services were incredibly proud of the work they were doing and wanted to be able to evidence what they achieve.**
- 2 Service improvements – almost every service said that there were areas that they found to improve as a result of accreditation.**
- 3 Staff morale – half of the services we spoke to found that morale improved due to accreditation.**

More information can be found in the National Deaf Children’s Society resource *Lessons from Accredited Paediatric Audiology Services*.



Getting it right

The National Deaf Children’s Society welcomes the recent move to require all paediatric audiology services to be accredited under the IQIPs programme.¹² Given that, at the time of writing, only 19 services (out of 134) have successfully demonstrated that they are delivering a good service, audiology services are likely to need support to meet the requirement to be accredited by 2017.

The National Deaf Children’s Society recommends that the Government protect and invest in paediatric audiology services and support them to become accredited so that parents can be sure their child is getting the best possible audiology support.

2. Education support

Deaf children and their families need access to specialist Teachers of the Deaf with expertise in early years development, right from the start, so that they make age appropriate progress.

Barriers

Teachers of the Deaf are teachers who have gained an additional mandatory qualification that enables them to teach deaf children. Unlike other teachers, Teachers of the Deaf work directly with deaf children and their families from a very early age, throughout their education.

They provide advice and support to families, particularly on communication and language development. As the majority of parents of deaf children – 90%¹³ – have no prior experience of deafness, Teachers of the Deaf can play an important role in providing emotional support, helping parents come to terms with their child's diagnosis and referring them to other sources of help and information, such as the National Deaf Children's Society and local groups, where peer support can be provided.

They also advise education staff in nurseries and other early years settings on the adjustments they need to make to ensure effective inclusion.

Teachers of the Deaf have an important role to play in these very early years, but their effectiveness is increased if they have completed an additional certificate or diploma in working with deaf children in the early years. There is a lack of data on the number of Teachers of the Deaf who have gained any such additional specialist qualifications in early years support.

There are also major concerns over whether there are sufficient numbers of Teachers of the Deaf. Over the past five years, there has been a 4% decline in the number of qualified Teachers of the Deaf in England, despite there being a reported 18% increase in the number of deaf children over the same period. 34% of services have reported that the number of Teachers of the Deaf in their area has gone down in the past year.¹⁴

Making matters worse, the profession is likely to be hit by a retirement time bomb. One report suggests that over half of all Teachers of the Deaf are due to retire in the next 10 to 15 years.¹⁵ This raises serious questions over whether there will be sufficient availability of specialist expertise to be able to support deaf children and their families in the crucial early years. Recruiting new Teachers of the Deaf has been cited as one of the biggest concerns facing heads of education services for deaf children.¹⁶

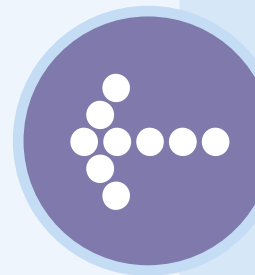
“Having excellent, specialist Teacher of the Deaf support is vital.”

“As a family who had no previous experience of deafness it was a big shock and the person who helped us and our child was his Teacher of the Deaf. It was so hard to understand and cope, without her I don’t know if we would be where we are today, confident and hopeful to deal with his deafness and plan for his future.”

22% of parents say they didn’t get the support they needed from Teachers of the Deaf following diagnosis.

“Did not know that you could have help or support from Teachers of the Deaf.”





Case study

Ben [not real name] was born with a severe to profound hearing loss which was diagnosed at birth. He was issued with two hearing aids when he was a few weeks old. The family knew nothing about hearing loss or hearing aids and were devastated at the news of their baby's deafness.

Support provided by the Hounslow Hearing Impairment Team included:

- making regular home visits
- supporting the family with the management of the hearing aids: showing them how to check aids, moulds etc. regularly, how to fit new earmoulds and how to troubleshoot
- putting the family in touch with another family on the day of hearing aid fitting who had gone through the process five months earlier
- advising the family on ways to develop their baby's listening, language and communication skills. The team made regular videos to help monitor the development of the baby's communication skills
- stressing the importance of Ben wearing his aids all his waking hours
- discussing the importance of good listening environments and helping to make adjustments to the home
- providing advice on pre-schools with good acoustic conditions and supporting the family in making a choice
- visiting his pre-school regularly and advising on useful strategies to help Ben.

As a result, Ben now attends his local school and has full access to the mainstream curriculum. He has age-appropriate language skills. His mother has developed skills to become the expert in managing his audiological equipment, his hearing loss and the needs arising from his hearing loss.

— Hounslow Hearing Impairment Team



Getting it right

The National Deaf Children's Society recommends that the Government and local authorities continue to protect funding for specialist education services for deaf children, in recognition of the vital role that specialist Teachers of the Deaf play in ensuring deaf children achieve the best possible outcomes in the early years.

The Government should make clear to local authorities its expectation that they protect these budgets and ensure they are held to account if they fail to do so. The recent White Paper *Educational Excellence Everywhere* makes it clear that local authorities will continue to have statutory responsibility towards deaf children and other children with special educational needs and disabilities. Local authorities will also continue to be funded to do so through the High Needs Block.

Earlier this year, the National Sensory Impairment Partnership (NatSIP) issued its findings from a report on the factors promoting and inhibiting the successful supply of specialist teachers of children with sensory impairment.¹⁷ The Government should implement its recommendations, including ensuring there is funding available from a central source to allow mainstream teachers to train. This should involve the establishment of a bursary scheme, similar to that in place for educational psychologists.



3. Support with communication

Deaf children and their families need access to additional support from communication specialists, right from the start, to meet their individual needs and to overcome any barriers in language or communication development.

Barriers

In the early years, a child's brain is still developing. If the child's brain is not exposed to lots of communication and language, this can have a knock-on effect on other areas of development later in life.

90% of deaf children are born to hearing parents who have little or no background in deafness.¹⁸ This is why it's essential that families receive targeted information and support on communication as soon as possible following diagnosis.

Most deaf children use spoken language and may need support with their speech, either from a Teacher of the Deaf or from a speech and language therapist. As no hearing aids or implants have the potential to restore full hearing, many of these deaf children will require some form of 'visual' support in order to access spoken language. This visual communication support can be provided in a range of ways including using sign language¹⁹ to support spoken English, Cued Speech²⁰ or lip-reading.

Many families use British Sign Language (BSL), which is a separate language in its own right, either as their first language or as part of a bilingual approach within the family.

“From five months old we have been signing to her, understanding what she needs from us (e.g. facing her when we talk, no background noise). Without this early diagnosis my daughter would have missed out on so much.”

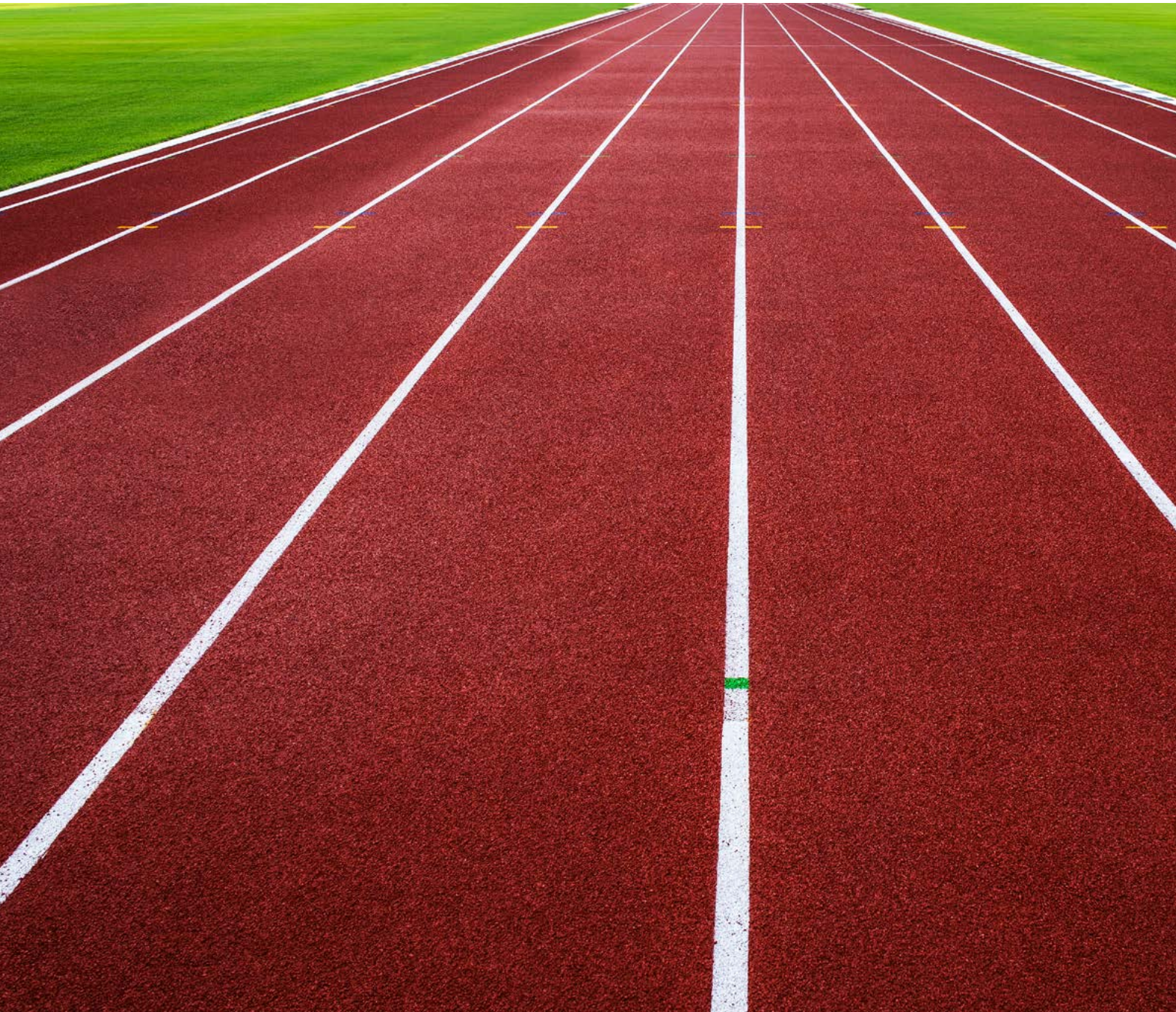
We believe that there will rarely be one single approach that deaf children and young people will use all the time and preferences may change as children get older or depending on the situation. This is why it's important that there is a wide range of communication support, so that the varying needs of families can be met at any one time.

However, parents tell us that it can be difficult to access impartial information on different communication options. It can then also often be difficult to access support on their chosen communication approach, whether that support is provided through specialist speech and language therapy, Cued Speech, sign language or Auditory Verbal Therapy. In some cases, parents have told us that they have had to pay thousands of pounds to learn, for example, sign language, to be able to communicate with their child.

25% of parents say they didn't get any general advice on language and communication development, following diagnosis.

“Families of deaf children need to have BSL classes available to them locally and they need to be fully funded so that cost is not a barrier to them. I cannot emphasise enough the fact that our son has only made the progress he has because of signed communication from an early age.”

“My daughter has been without a speech therapist for just over six months. This fell at a time when she started school! Feel let down as the aim was always to have her listening and speaking at the same level as her hearing peers by the age of five.”



Case study

Speech and language therapy services for deaf children in Cheshire and Merseyside have been provided on a sub-regional basis for 13 years. The specialist network is a consultant-led service provided as part of the service models in each NHS Trust in Cheshire and Merseyside, supported by local health, education and social care provision.

Each network specialist speech and language therapist is based in and employed by their local NHS Trust and has a flexible job description allowing them to work across the NHS Trust boundaries in Cheshire and Merseyside to meet changing needs. The flexibility across trust boundaries results in a service valued by families. Family members of the youngest deaf children are enabled to develop their own knowledge, skills and interactions to best support their individual deaf child's speech and language development.

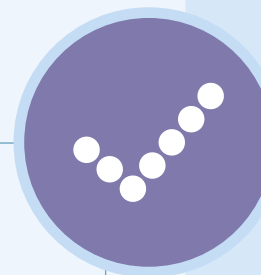
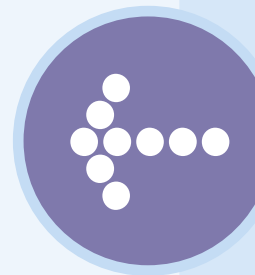
Additionally, the network is introducing 'tele-health' approaches, using technologies such as Skype to increase choice and reach to all families. All network specialist speech and language therapists are required to have achieved or are supported in working towards BSL Level 2 or above and use interpreters for BSL and other languages where needed.

Getting it right

The National Deaf Children's Society recommends that local authorities review the provision of communication support available to families in their area to ensure that the varying needs of families can be met at any one time.

Local authorities should ensure that families have access to balanced and impartial information about communication so that they can make an informed choice about how best to support their child.

Local authorities should ensure that no family has to pay for the cost of learning to communicate with their child or for support with communication, whether that support is provided through speech and language therapy, sign language, Cued Speech or Auditory Verbal Therapy.



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4. Technology

Deaf children need access to additional equipment, right from the start, so that they can better communicate with their parents and early years professionals.

Barriers

The early years is a critical phase for the development of language and communication and parents and early years settings play a vital role in ensuring this happens. However, one of the barriers is limited access to equipment. Hearing aids and cochlear implants provided by the NHS do not restore normal hearing and for many hours of the day deaf children are in places where the level of background noise is such that the benefits of these listening devices are very limited. Analysis of children's hearing aids has found that children under the age of four spent almost a quarter of their day in noisy environments.²¹

Communication can also be challenging in situations that other parents may take for granted, such as in the car or when children are in buggies where face to face communication is difficult.

This means there are times when additional amplification, such as that provided through radio aids, is needed to enable children to hear their parents more clearly and with greater ease. Parents use a microphone to ensure their speech can be heard directly by the child through their hearing aid or implant.

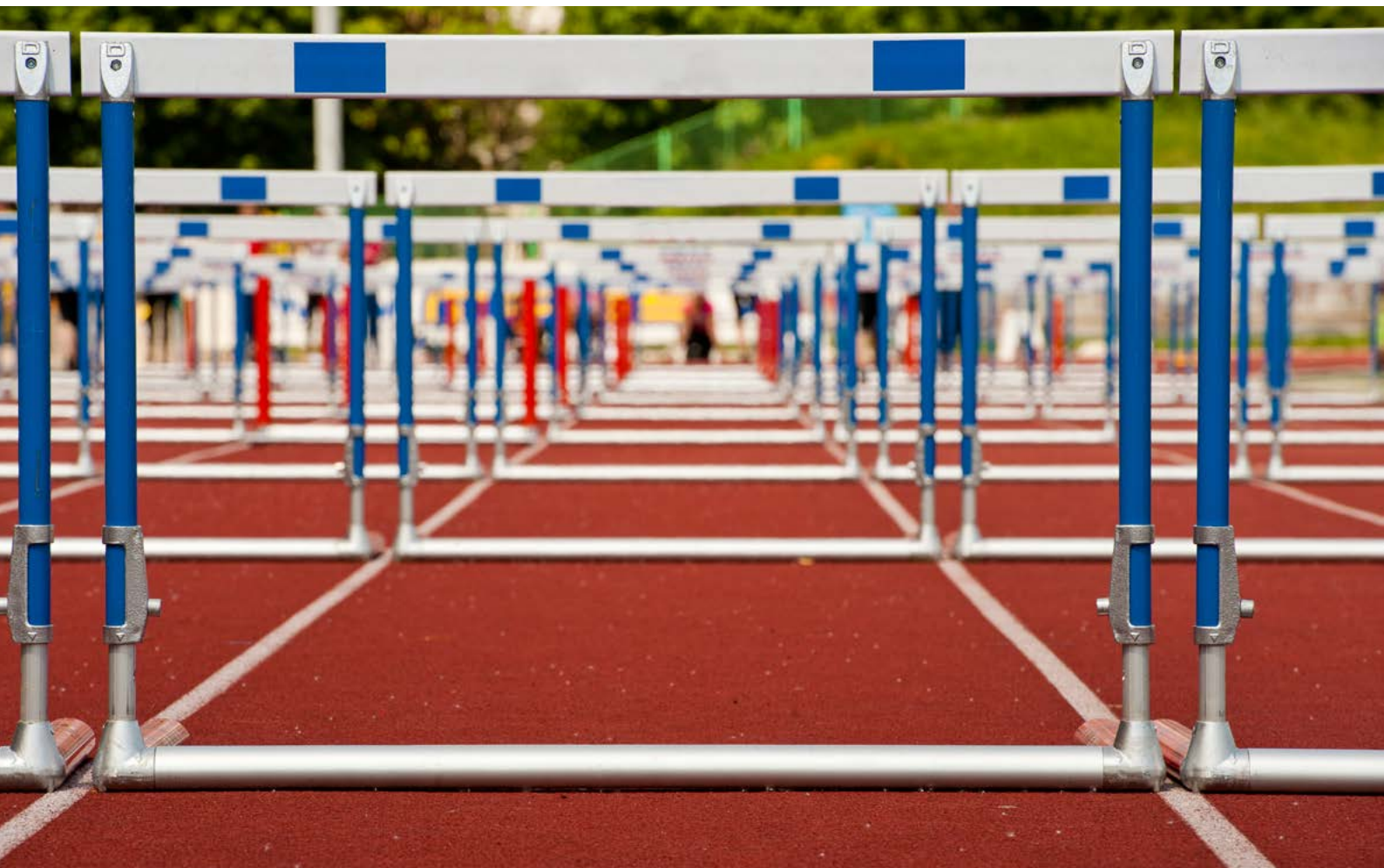


Local authorities and education settings are required, under the Equality Act 2010, to provide auxiliary aids (such as radio aids) as a reasonable adjustment. Guidance by the Department for Education states that: “where there is a centrally organised visual or hearing impairment service it may be reasonable for the local authority to provide more expensive aids or support through that service but not reasonable for an individual school to have to provide them”.²² We agree with the Government that it is more cost-effective if local authorities retain funding for radio aids, rather than funding being delegated to schools and early years settings.

However, many local authorities appear reluctant to provide radio aids to pre-school deaf children, for use within the home or an early years setting, for a range of reasons including costs, insurance arrangements and concerns over appropriateness of use with very young children. The National Deaf Children’s Society will commission further research to show the real-life benefits of radio aids, the impact they have and effective practice. We will also look at how some of the concerns over appropriate use can be addressed.

“When we asked for a radio aid as he was struggling at nursery we were told he would be put on a waiting list.”

49% of parents say they didn’t get access to equipment such as radio aids, following diagnosis.



Case study

“Those with moderate or greater hearing loss are considered for a radio aid. There is careful monitoring and discussion between the pre-school Teacher of the Deaf and educational audiologist to check the child is ready. We also ensure that family members and key staff in pre-school settings understand the positive impact of using a radio aid and are willing to support its implementation.

“Once a radio aid is activated in the personal aids, the educational audiologist meets the family to fit the radio aid, provide training on how it works and to advise on how best to use it in a variety of settings. After fitting, further observations and assessments follow which invariably demonstrate that using a radio aid considerably improves access to sounds and speech for the young child.

“A mum of an under-two fitted with a radio aid explained that she had lots of driving to do which was a bit of an issue, and her son didn't like being in the buggy either. The radio aid was great because they could have a 'sing song' in the car or listen to CDs. He could also walk beside her and she could talk to him directly which was a bonus at a personal safety level too. Going on trips or shopping was much more enjoyable.”

– Team leader for hearing impaired children and young people,
Durham County Council

Getting it right

The National Deaf Children's Society recommends that local authorities ensure that radio aids are more readily available to parents of deaf children where parents would like one to support their child's spoken language and communication development.

Local authorities should ensure that parents have the information they need to make an informed choice to use a radio aid with their child, and training and support to know how to use it effectively.

Teachers of the Deaf and other education professionals should also receive any necessary training to deliver this service.

As recommended by the Department for Education, local authorities should retain funding for radio aids as delegating this to schools and early years settings is unlikely to be an effective use of limited funding.



5. Childcare

Deaf children and their families need access to high-quality childcare support, right from the start, so that families are confident their child is getting deaf-friendly support to achieve expected early learning goals.

Barriers

Parents of deaf children repeatedly tell us of the barriers they face in accessing childcare for their deaf child. In a previous survey by the National Deaf Children's Society, one in five parents have told us that the available day care arrangements for their child did not support their child's language development. One in four say they have experienced issues in accessing day care.

Key barriers include:

- lack of awareness of needs of deaf children in mainstream early years settings. As deafness is a low incidence disability, most early years settings will not be familiar with the specialist needs of deaf children, will not know how to communicate effectively with them or understand what needs to be done to develop their language.
- lack of availability of specialist provision. Many deaf children need an early years setting in which staff have a good understanding of the needs of deaf children and can provide specialist support to develop their language and communication skills. However, these are relatively few in number. British Sign Language-friendly childcare providers are even rarer.
- transport costs. Many local authorities do not fund transport costs for deaf children to attend specialist early years settings, and there is no statutory requirement for them to do so. Families may face higher transport costs if any necessary specialist provision is further away.
- poor listening environments. Most early years settings are not subject to any requirements on their acoustics. Poor listening environments are particularly detrimental to very young deaf children because they are less able to 'fill in' any gaps in what they've not heard using their previous experience.

Deaf children have a right to enjoy the same early learning opportunities as other children, to help them fulfil their potential. But, as a result of these barriers, many parents of deaf children use childcare that isn't accessible to their child, rely on family members to provide childcare or are unable to enter the workforce or take advantage of the Government's free childcare offer.



“The staff had no knowledge or awareness of how to deal with a deaf child or their equipment and it was a worry leaving your child. The acoustic surroundings are not designed for deaf children so she was definitely not getting the best out of pre-school.”

“Nursery was awful. Once he had language, they could not accommodate his needs. He was using BSL fluently and was excluded. He exhibited frustration and we had to pull him out of nursery because it was affecting his mental health. Once at school he had full time support and was fine.”

“It was very hard to find nursery childcare that was knowledgeable about deafness. We opted for a local ‘Ofsted Outstanding’ nursery setting but found that they were not at all ‘outstanding’ when it came to supporting any SEN [special educational needs].”

Case study

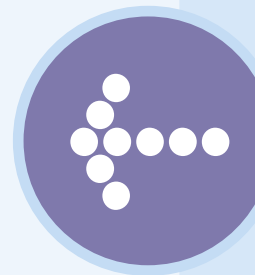
With support from Bolton local authority, Thomasson Memorial School has recently extended its provision to include early education and childcare for deaf children aged two to three. Steps have been taken to ensure there are good acoustics for the deaf children who attend and specialist staff are present to support deaf children and their families. The nursery is located in the heart of the community, and is available for both deaf and hearing children, meaning that hearing siblings and friends are also able to attend.

Getting it right

The National Deaf Children's Society recommends that the Government take action to ensure there is sufficient provision across all local authorities for specialist childcare provision for deaf children, and that mainstream staff receive the training and advice they need to effectively include deaf children. This should include action to support parents with transport costs and to improve the listening environments of childcare settings.

The Government should ensure that local authorities are held to account where they fail to ensure sufficient specialist provision for deaf children.

The National Deaf Children's Society is supporting the Every Disabled Child Matters, Contact a Family and Family and Childcare Trust's Levelling the Playing Field campaign²³ to call for equal access to childcare for disabled children. In particular, we agree that the Government should develop a cross-departmental action plan and funded programme to ensure that all disabled children and young people can access affordable, accessible and appropriate childcare.



How the National Deaf Children's Society supports families and professionals in the early years

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people.

We want to work with Government, local authorities and health bodies to ensure they can effectively support deaf children and their families. We offer a range of services to ensure that deaf children get the right support, right from the start.

We provide free targeted, timely information to support families at every stage of their deaf child's life. This includes resources on childhood deafness, communication, technology and developing language and communication.

We also:

- provide a Freephone Helpline for any questions that parents may have and local support – available at **0808 800 8880**, by email at **helpline@ndcs.org.uk** or through live chat at **www.ndcs.org.uk/livechat**
- run a range of events for parents, including those who have recently found out their child is deaf
- provide access to a technology loan service
- provide support to local groups. Local groups are independent from the National Deaf Children's Society and are run by local volunteers. They run a number of social events and activities, provide peer support to parents and give deaf children the chance to meet outside of school.

The National Deaf Children's Society also works to raise awareness among professionals about the needs of deaf children. We produce a range of free information resources for early years professionals including *Supporting the Achievement of Deaf Children and Young People* and the *Early Years Matters* DVD.

A team of regional directors also works to influence and challenge local decision-makers across England to improve education, health and social care provision for deaf children.

Conclusion

This report has set out the impact that newborn hearing screening has had over the past 10 years. It has also set out our concerns that the benefits of this programme are not being realised because of a failure to provide high quality early years support for deaf children and their families in too many areas across England.

We have made a number of recommendations for how this can be addressed so that all deaf children start school with age appropriate language.

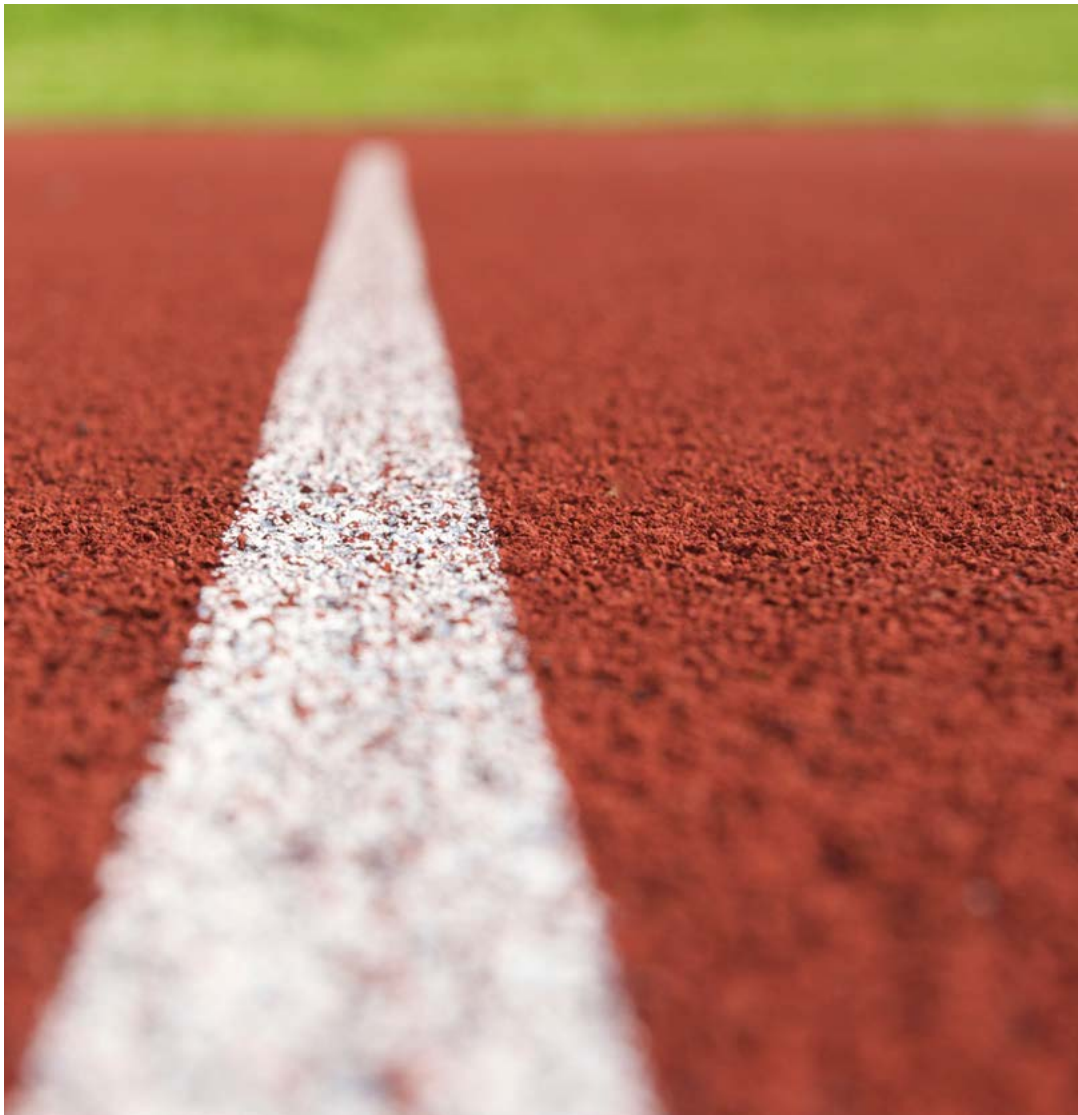
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We hope that the Government, local authorities and health bodies will work together to implement these recommendations so that deaf children make the best possible start in life and receive the right support, right from the start.

“Without the support my daughter and my family have received life would be so different. I don’t think she would be attending a mainstream pre-school and she would not be able to communicate her needs. We are very lucky to have an amazing group of professionals working with us; I know so many people are not so lucky.”

“Without newborn hearing screening, we would probably not have found out there was a problem for a long time. Finding out straight away has enabled support to be put in place from day one and so my daughter has progressed really well.”

“The more support children receive earlier, the less support they will need later.”





Appendix A: Data used in this report

National Deaf Children's Society survey of parents

The National Deaf Children's Society surveyed parents of deaf children in early 2016. We received a total of 509 responses. Parents were asked if their child had been born deaf and if so, if they had been diagnosed through newborn hearing screening.

Data on the educational attainments of deaf children in the early years foundation stage

The early years foundation stage is made up of 17 early learning goals (ELGs). By the end of the early years foundation stage, practitioners summarise a child's progress as being 'emerging', 'expected' and 'exceeding'.

Children who achieve the expected level in the ELGs within the three prime areas of learning (personal, social and emotional development; physical development; and communication and language) and within literacy and numeracy are regarded as having a "good level of development".

The average point score is a measure that takes into account performance across all of the ELGs. 1 point is given for 'emerging', 2 for 'expected' and 3 for 'exceeding'.

Data on deaf children in 2015 can be found on the following pages.

Table 1: Attainment figures for England

	Deaf children	Children with no identified SEN	All children
Percentage achieving at least the expected standard in all ELGs	26	69	64
Percentage achieving a good level of development	28	71	66
Average point score	27.5	35.3	34.3

Table 2: Attainment figures, broken down by English region

Region	Number of eligible pupils	Percentage achieving at least the expected standard in all ELGs	Percentage achieving a good level of development	Average point score
North East	43	23	28	26.9
North West	114	23	24	26.2
Yorkshire and the Humber	96	22	26	26.4
East Midlands	88	28	28	28.4
West Midlands	115	24	27	27.0
East	112	21	23	27.5
London	204	29	30	27.7
South East	129	34	35	28.8
South West	75	25	25	28.2

Table 3: Attainment figures for deaf children, broken down by early learning goal

Area of learning	Early learning goal	Percentage reaching at least the expected standard in the specific ELG		
		Deaf children	Children with no identified SEN	All children
Communication and language	Listening and attention	53	90	86
	Understanding	50	90	85
	Speaking	44	89	84
Physical development	Moving and handling	71	93	90
	Health and self-care	66	95	91
Personal, social and emotional development	Self-confidence and self-awareness	65	93	89
	Managing feelings and behaviour	61	92	87
	Making relationships	64	93	89
Literacy	Reading	40	81	76
	Writing	35	76	71
Mathematics	Numbers	47	82	77
	Shape, space and measures	49	85	81
Understanding the world	People and communities	55	89	85
	The world	55	89	85
	Technology	74	95	92
Expressive arts, designing and making	Exploring and using media and materials	62	92	88
	Being imaginative	61	91	87

The attainment data shown on the previous pages was either published at www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015 or made available to the National Deaf Children's Society following a Freedom of Information request.

Endnotes

1. Costs of the newborn hearing screening programme in 2013/14 were £4.2m.
Source: Public Health England. 2015. NHS screening programmes in England: 2013/14.
2. Source: <http://webarchive.nationalarchives.gov.uk/20150408175905/http://hearing-screening.nhs.uk/statistics>. Figures include children with mild or unilateral hearing loss.
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5. Yoshinaga-Itano Cited in Radcliffe, D.1998. The High Cost of Hearing Loss; What our publics need to know. *The Hearing Journal*. 1998. 51:5.
6. Wood et al. *Performance and Characteristics of the Newborn Hearing Screening Programme in England: The first seven years*. 2014.
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8. Source: Department for Education. Data made available to the National Deaf Children's Society following a Freedom of Information request.
9. Source: Department for Education. Data made available to the National Deaf Children's Society following a Freedom of Information request.
10. National Deaf Children's Society. *Lessons from Accredited Paediatric Audiology Services: Why commission and provide an IQIPS accredited service?* 2015.
11. NHS England and Department of Health. *Action Plan on Hearing Loss*. 2015.
12. Audiology departments undertaking audiological assessments on babies referred from screening should participate in a scheme for external peer-review process of ABR (as described at www.thebsa.org.uk/bsa-groups/electrophysiology-group/ep-additional-resources/). Commissioners should ensure that audiology services participate in, and maintain accreditation to defined quality standards operating under the umbrella of the United Kingdom Accreditation Schemes (UKAS)/Improving Quality in Physiological Services (IQIPS). Source: NHS England (2016) *Public Health Functions to be Exercised by NHS England: Service specification No. 20: NHS: Newborn Hearing Screening Programme, 2016–17*. www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/serv-spec-20.pdf
13. Rawlings B.W. and Jensema C. *Two Studies of the Families of Hearing Impaired Children*. Office of Demographics, Washington DC Gallaudet University. 1977.
14. Consortium for Research into Deaf Education (CRIDE) UK-wide summary report on 2015 survey on educational provision for deaf children. 2015.
15. Consortium for Research into Deaf Education (CRIDE) Report on 2014 survey on educational provision for deaf children in England. 2014.
16. Consortium for Research into Deaf Education (CRIDE) UK-wide summary report on 2015 survey on educational provision for deaf children. 2015.
17. National Sensory Impairment Partnership. *A Report on the Factors Promoting and Inhibiting the Successful Supply of Specialist Teachers of Children with Sensory Impairment*. www.natsip.org.uk/index.php/supporting-si-workforce/rce-course-2/805-new-report-factors-affecting-the-supply-of-specialist-teachers. 2016.

18. Rawlings B.W. and Jensema C. *Two Studies of the Families of Hearing Impaired Children*. 1977. Office of Demographics, Washington DC Gallaudet University.
19. A common concern about sign language is that it delays or prevents speech development. There is no evidence that shows this is the case provided a rich spoken language environment is available for the child. Using sign language early may in fact help language and speech development. Hand-eye coordination develops earlier than speech and babies are able to use simple signs such as milk, eat, sleep, nappy and teddy, before they are able to say these words.
20. Cued Speech provides visual representation of the sounds in each word, using handshapes near the mouth.
21. Jones, C., and Launer, S. *Pediatric Fittings in 2010: The Sound Foundations Cuper Project*.
22. Department for Education. *The Equality Act 2010 and Schools*. 2014.
23. For more information see www.cafamily.org.uk/get-involved/campaigning/childcare/.

The National Deaf Children's Society is the leading charity dedicated to creating a world without barriers for deaf children and young people.

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