BATOD | **British Association of Teachers of the Deaf**

Summary of BATOD members' views on the implications of COVID 19 and the lockdown on the education of deaf children and young people

1. Executive summary and recommended next steps

Following on from the survey BATOD carried out with members in May 2020 which was reported here: https://www.batod.org.uk/resource/batod-survey-summary-members-views-on-how-covid-19-and-the-lockdown-had-been-affecting-education-and-childrens-services/ BATOD surveyed members again in November to find out their views on the current situation by telling us about their experiences in all aspects of their work with deaf children and young people. We also undertook in January a number of short interviews with colleagues from across the UK including a range of settings and phases. This summary combines the results of both those processes

Some of the responses highlighted the differences between the current lockdown and previous ones in terms of regulations, practice and experiences.

We asked a range of questions about service delivery (including the amount of face-to-face and remote working members had been doing) working in special schools, the use of radio aids, the amount of support they had had, recommended resources and the use of PPE. We also asked ToDs in training for any specific issues which had arisen and finally asked for respondents to share any positive developments which had emerged from this challenging period.

Although this is a relatively small survey of mainly QToD members we feel that it highlights a range of useful issues which we will be following up as an Association including in our frequent and regular meetings with the unions.

As a result of this further survey and our ongoing conversations and consultations we will build on these and prioritise **the following next steps:**

Support for the profession - we will continue to address the implications of the increased workload through continued meetings with the unions, the DfE and in our response to the latest STRB report which will be submitted in February this year; furthermore we will continue to raise on-going health and safety concerns through updated advice and discussions with unions

Technology - BATOD is increasing its influence with virtual platforms maximising their effective use such as Google for Education and Microsoft and we will be developing joint training for the profession

CPD - national webinars, training events, and a regions and nations support forum are being developed ensuring that members from across the UK can access everything on offer

Support to ToDs in training through mentoring – looking at the gaps that have occurred including through the impact on reduced teaching placements

BATOD will continue to share resources – information re: accessibility, teaching ideas and resources will continue to be added to the BATOD website

Positive developments A number of developments will be retained once the pandemic is over - these include engaging families and other professionals more effectively via digital platforms, greater proficiency in the use of technology and improved support from employers

Outcomes – BATOD undertakes to work with research partners and charities to look at the impact of the pandemic on deaf children, young people and families – we need to determine how we will measure this. Impacts relate to social and emotional issues, language development and academic outcomes.

2. Results from the survey:

Comments in italics are directly taken from the survey responses and interviews.

2a. Service delivery – face to face contact and remote learning

As is the case for all the areas examined there are mixed responses and these often depend on the varied profile of the field of deaf education – different roles, areas, demographic features such as the range of linguistic and socio-economic factors, age range of the pupils and whether the professionals have been 'redeployed' to other roles during the pandemic (for example: *I have been told to work with virtual mainstream classes to cover staff absence, not working with any HI children.*)

The responses indicated that the great majority were participating in face to face contact with their pupils in schools/colleges/other educational settings; a smaller number were involved only in remote teaching in schools/colleges/educational settings.

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Around a third were participating both in face to face contact with their pupils in schools/colleges/educational settings as well as remote contact with their families at home eg by Zoom or other platforms.

A similar proportion were participating in face to face contact with their pupils in their homes; well over half were involved in remote contact with deaf children and their families in their homes.

Well above half the peripatetic teachers were liaising with mainstream colleagues including in the delivery of training and preparing for transitions for individual pupils. *This is a considerable improvement on the first lockdown because now all support staff are trained to use Teams in most schools.*

More comparisons between lockdowns are in section 2f

The overall picture was that, on the whole, school/college visits are continuing but this is often with reduced frequency for example termly visits might be suspended and replaced with remote contact and several visits a week to one pupil reduced.

Mixture of face-to-face for highest needs children and remote sessions for other children.

Some respondents said that, in their LA, remote delivery was the default even where face-to-face delivery was also happening
We are only seeing children face-to-face if it is classed as "critical" - a problem with equipment. We have been asked to deliver direct work/assessments virtually.

It was clear that risk assessments are being carried out.

A number of LAs have declared there to be no home visits which has led to some imaginative solutions such as visits to doorsteps, parks and gardens. Contact usually continues remotely.

Respondents reported a significant effect on workload as a result:
Workload has increased. Working longer days; seeing more families via Zoom than would do normally (which is a positive and a negative). Some things like checking and adjusting aids is harder working remotely. Some young children will engage via a screen, but this is definitely more limited and less

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effective; decisions about whom to visit and for how long are made on a case by case basis.

In a unit/resource base it is easier to maintain continuity of learning *"full timetable and normal class which is exponentially better for them. They've already learned more this week than they could have done with a month of online learning.*

In some mainstream settings the pupils are in class: *All EHCP children have been offered a school place for in class learning with specialist support and specialist interventions.*

There is a range of policies: *Schools (visits) allowed but only if you haven't visited any other schools that day.*

Workload has increased: *required to teach all day for 3 days like a primary mainstream; other 2 days do virtual therapy with SALT and do Annual Reviews.*

and

However, this has meant more direct work and liaison with the class teacher. This for me has been a welcome change as in the past, my contact with the CT sometimes felt fleeting and ineffectual.

Lockdown has brought forward some perhaps unexpected insights: *has shown up how much some children and young people rely on TA support as proved initially could not access tasks independently and needed to then be supported to start work.*

2b Working in and visiting special schools not specifically for deaf children

Several special schools have a 'no visitor' policy often as a result of the vulnerability of the pupils.

Special schools are not accepting visitors or parents have kept children at home and it has been more difficult to arrange visits as not allowed in the classroom.

Where visits are allowed there is limited use of rooms and exchanges with staff when in school can be quite difficult.

There is some remote contact with special schools although this is not suitable for many pupils in those schools.

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Yes; they are shielding, and the school does not want people in. I offer support virtually, including INSET.

Prior to lockdown our ToDs were also visiting CYP in special schools; some schools were very hard to arrange visits with but other schools were more relaxed.

2c Resources – materials, use of platforms

There were several examples of the resourcefulness of the profession in the use of digital platforms such as for example sending materials to a pupil's home in advance of a session so that both teacher and pupil are able to use identical resources via the digital platform.

Assistive listening devices were being used at home to support learning.

The circumstances have led to the upskilling of many in the profession and mainstream colleagues too in the field of technology.

Multi-agency working has increased and virtual meetings have allowed a wider range of professionals to attend allowing a more comprehensive consideration of pupils' needs although this has not always been smooth.

Some drawbacks of the technology were highlighted: *Meetings – are mainly done via Teams – generally accessible but hard work as I am juggling listening to the audio (which isn't always great), watching faces (which are not clear and sometimes blurred and often out of sync with the audio) and using the captions as a back up – again variable in quality. I am finding it hard to retain the information as I am working so hard to obtain all the information in the first place and sometimes having to take notes as well.*

We have had review meetings with BSL interpreters – very difficult to follow for both family and me due to poor quality visuals.

2d Issues regarding the use of radio aids

Several members pointed out that issues had indeed arisen with radio aids but they had been resolved in a range of ways - although for others there had been no issues at all.

A significant issue had been delays in responding to concerns due to limitations on visits reducing the frequency of visits to schools and colleges.

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Pick up/delivery issues due to non-contact rules. Staff are guided by ToD to handle equipment if school guidelines allow.

Several members said they had found the ALTWG/BATOD document on cleaning equipment very useful.

For any more complex issues [with radio aids], we are allowed to visit, collect kit, fix and update it and then return. So far this year it has not been necessary, but we are ready. Several pupils have said how beneficial their radio aids are for getting better sound quality in online/recorded lessons.

I have been surprised how unconcerned staff have been. I did circulate clear equipment hygiene leaflets based on the BATOD guidance. Maybe more of an issue in secondary schools.

Respondents identified very real concerns in some schools/colleges about sharing transmitters and lanyards.

A few examples of pupil rejection of the radio aid had been found:
Some pupils choosing not to use them and I haven't been able to contact pupils to discuss this, either face-to-face or via a Meet, as yet.

2e Face coverings and PPE provision

Members responded with a range of views about masks and visors:
Full masks very difficult for deaf kids, but clear visors also attenuate the sound. Difficulties with both.

Responses indicated that clear face masks are still not universally available and are not always efficient – some pupils are finding the wearers difficult to lipread due to glare and misting up.

We have found clear face coverings that promote lip-reading tend to reduce intelligibility of speech. If the student is a good listener then a cloth/paper covering may be used if the pupil relies more on lip-reading or is a signer, clear face-coverings are used. But, usually, no covering is used.

We have plenty of hand sanitiser and disinfectant which is used very regularly throughout the day. Anytime we switch task they wash or sanitise their hands. I must wash mine about 50 times a day!

Visors may not be an effective alternative, but some pupils prefer them.

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Pupils have strongly disliked wearing masks generally but have adapted quite well to support staff and teachers wearing visors. I have got used to wearing a visor but will be very glad when I can dispense with it!

Some colleagues have had to pay for their own PPE. More guidance would be appreciated on who should pay.

Some colleagues are not feeling safe which is a major concern:
I simply don't feel safe. I'm walking through several secondary schools where there's little staff supervision between lessons, no attempt at social distancing and at least 50% of students are not wearing masks.

2f Differences between the lockdowns

There was a range of responses:

better access to IT this time and good communication between schools/families and us; time to prepare.

far better in-school provision and online live lessons.

Schools and families are more organised this time. Both are welcoming support more. There has been a greater focus by schools on keeping more pupils in school or making sure that they are attending to online learning.

I am more organised in terms of what equipment I have at home. I am more prepared in terms of online training power point presentations etc.

Last lockdown there was no mask wearing in school and far fewer pupils attending; last lockdown there was no external agencies to accommodate and all meetings were postponed. All this was easier than currently.

Schools are better prepared second time around and more laptops/iPads etc but not every child has one.

Some children with additional needs have particular challenges: *Deaf plus ASD - isolating - examples of those who have isolated themselves - won't come out of house - learning timetables; rigid, fear of handwashing is anxiety inducing.*

Roma families/traveller families are reluctant to send children in but generally we feel that there are more children in this time around than last.

2g How the profession has been supported by employers

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Members reported that, on the whole, risk assessments are being carried out and PPE is being provided as appropriate.

Employers are addressing wellbeing and mental health issues including through online meetings:
My Head Teacher has been very supportive of my day to day work and cognisant of the difficulties of working from home, and very aware of checking in to see how my colleagues and I are coping.

Sometimes there is a distinction between the support of immediate and more 'distant' management:
Immediate management has been incredibly supportive. We have a staff member with extensive telepractice experience who organised lots of training. But there has been no consideration of whether or not we had appropriate equipment, wifi etc at home.

Training in the use of equipment and IT is being provided by some employers and respondents reported that Government information was being shared.
Regular contact, sharing of advice and approaches from: NDCS, NatSIP, BATOD, other LAs, as well as signposting guidance at the local level. Evolving Risk Assessments. Fully involved in contingency planning.

Members reported that using Zoom and Teams had worked well on the whole.

Only a couple of respondents said they had had little support.

Well-being sessions are being provided to some members and stress on maintaining a work life balance.

Some colleagues had been feeling guilt and exhaustion and were finding it very hard.

A good response from employers:

- *Regular updates on risks and 'the state of play' with respect to the virus locally and regulations*
- *An acknowledgement that we may need to make visits for vulnerable pupils or in certain circumstances*
- *Provision of PPE*
- *A focus on mental health and the need to talk to each other*
- *Mindfulness sessions on offer and have taken this up. Proved very helpful.*

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2h Specific issues for ToDs in training

Only five respondents answered this question from our members' survey one of whom had recently qualified - one raised the difficulty of undertaking their teaching placement in these circumstances (*Placements are extremely difficult to do as access limited!)*; one was an Educational Audiologist in training. Some useful suggestions for the courses to consider were put forward.

I have only just qualified as a ToD in September, so feel that I can still comment here! I think going forward, when discussing acoustics, teachers in training need to be encouraged to remind staff of the negative effects of noise intrusion through opening windows and reverberation by removing soft furnishings. They need to be encouraged to ask staff to observe whether deaf children are struggling to hear more, misinterpreting or tiring more than pre-pandemic and suggest that this may be because of the extra effort these pupils are having to exert in understanding. I think it would also be useful to explore more teaching around the use of voice to text apps on student ToD courses, and ways to provide discrete support for deaf pupils since communication has been made more difficult for deaf pupils in these current circumstances.

2i The future - lessons learned and positive things to emerge from the pandemic

Many respondents shared resources which they had found particularly useful during this period and they have been added to the page on our website where such resources have been collated: https://www.batod.org.uk/resource/suggested-resources-from-batod-members/

BATOD is always keen to emphasise the positive including in circumstances as challenging as these and we asked members to highlight any positive developments they would like to share. Here is an example:

On a more positive note, working from home has helped to improve the efficiency and productivity of my work. I am able to take an immediate approach in actioning any matters arising, liaise with audiology clinics and other relevant professionals with ease.

Several respondents highlighted improved contact with parents
preschool parents are better linked with one another - virtually. I have spoken to parents more than usual, as we normally see children at school and feed back to parents, so some parents are becoming more independent/empowered with equipment.

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It has meant a lot more multiagency working sessions, either joint sessions with parents and/or meetings where everyone has been able to attend eg implant centre staff and health professionals have been attending meetings whereas due to time constraints and travelling etc. this wasn't always possible.

Also EAL can be an issue - sometimes there can be misunderstanding on both sides and I would say for my caseload my EAL children and young people have been impacted the most.

There had also been increased Deaf Awareness Training and generally improved use of technology.

Responses indicated that there was a great likelihood of blended learning afterwards but for some it has drawbacks:

It is so much more difficult to read facial expressions, body language and know how well the families are engaging on a virtual platform.

I don't think we're going to move to blended learning again unless instructed. I much prefer the face to face even with the increased risk because otherwise they would just be left behind.

The advantages of virtual meetings were also mentioned by respondents - including less travel time.
Access to meetings virtually is an improvement and will probably continue. We will continue to offer some types of appointments remotely to save patients from costly travel to London. More streamlined cochlear implant assessment pathway. Change in our role to include more responsibility to the patient as Rehab Lead. This is a change from distinct ICToD and ICSLT roles.

Virtual parent groups seemed less intimidating to some parents and this meant that some participated much more than they did previously. This is something that will clearly be retained in the future after the pandemic; use of tech to support parent understanding; the use of a coaching approach has led to families being empowered.

The situation had led to more attention being paid to mental health and wellbeing issues.

Enhanced multi-agency working, sharing practice, links with hospital appointments, range of observation opportunities; Teams Around the Family and

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meetings re: social care; there has been more opportunity to raise awareness of safeguarding concerns and a more CYP-centred approach.

Some improved/strengthened liaison with other partners such as SALT and CI teams/joint virtual appointments with families/joint assessments and sharing of resources.

Finally, it was reported that some students' IT skills had improved.

3. Developments since the May 2020 survey

We have analysed the responses carefully and this will inform our continuing work centrally and with our regional and national committees to follow up some of the key issues.

Following the survey last May we highlighted what we were doing at the time to support members. We continue to pursue these priorities. Since the last survey:

BATOD, in partnership with the NDCS, has increased liaison with the trade unions to ensure the needs of deaf CYP are understood and considered when giving advice to their members and negotiating with Government and to ensure the QToD profession/specialist support services are recognised and represented in their interactions with the DfE and local authorities.

BATOD has again worked closely with the NDCS and NatSIP to develop guidelines for QToDs when returning to work in schools/colleges/homes to support safe working practices. These have recently been updated by the three organisations.

BATOD also continues to work with a range of companies in the development of bespoke training to support the profession with using online learning platforms and technology overall.

Another of BATOD's aims is to ensure and enhance the high quality of mandatory training of Teachers of the Deaf and BATOD has been fully involved with the development of both revised competencies for the MQ and the new apprenticeship route to training and funding throughout this period.

BATOD has been working with the NDCS to campaign for the provision of clear face masks which can be used in wider society but also in health settings.

4. Next steps

As a result of this most recent survey and our ongoing conversations and consultations we will build on these and prioritise the following:

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Outcomes – BATOD undertakes to work with research partners and charities to look at the impact of the pandemic on CYP and families – the Association needs to determine how will we measure this. Impacts include - social and emotional concerns, language development, academic outcomes.

We welcome comments on any of these priorities. Please contact us with any suggestions or observations on batod_neo@icloud.com and batod_aneo@icloud.com

February 2021

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