

## **Executive summary: BATOD 2025 Membership Survey**

The British Association of Teachers of Deaf Children and Young People (BATOD) is the UK's only professional association dedicated to Qualified Teachers of Deaf Children and Young People (QToDs).

The Association advocates for the interests of QToDs and the babies, and children and young people (CYP) they support, engaging with governments and key agencies at national and regional levels. BATOD provides ongoing professional support through continuing professional development (CPD) opportunities, as well as national and regional meetings. These initiatives ensure members have access to current information, resources, and best practice guidance.

This BATOD membership survey report provides a comprehensive snapshot of the current state of the deaf education profession across the UK. The survey reveals a sector deeply committed to supporting CYP, but facing significant pressures related to workforce sustainability, increasing complexity of needs, and resource constraints. The report also indicates how BATOD has adapted to changing needs within the profession since the BATOD and National Deaf Children's Society (NDCS) Joint Survey 2021 on how coronavirus has impacted on deaf CYP, their families, educational staff, and wider society.

BATOD urges caution in the interpretation and weight given to individual responses within the survey, which may not be representative of the wider BATOD membership.

### **Key findings**

- **Workforce pressures:** QToDs are highly valued by line managers, but respondents reported feeling misunderstood and under-supported by non-specialist colleagues and other professionals, with concerns about leadership gaps and loss of experienced staff.
- **Changing practice:** The changes within other professions also contributes to increasing pressures on QToDs.

- **Retention and well-being:** Some QToDs report a positive work–life balance; most cite workload, administrative burden, and financial constraints as major stressors. Redundancies and reduced access to specialist resources are impacting service delivery.
- **Complexity of needs:** The profile of deaf CYP is becoming more complex with additional needs.
- **Training:** There is a strong call for more accessible, affordable, and relevant CPD, especially in British Sign Language (BSL), audiology, special/additional needs, and curriculum adaptation.
- **Impact of QToD shortages:** Shortages are leading to increased caseloads for individuals, reduced specialist support, and negative impacts on educational and social outcomes for deaf CYP, including social isolation and lower attainment.
- **Collaboration:** Multi-agency collaboration is essential but hampered by inconsistent provision and unclear responsibilities, leading to some questioning the effectiveness of collaboration. Collaboration is limited by time, resources, and communication challenges. There is a strong desire for joint training, regular meetings, and clearer communication channels.

As an association, BATOD:

1. Supports an understanding of the specialist workforce in stakeholder meetings:

- advocating for the recognition and protection of the QToD role at all levels and engaging in strategic planning and policy development
- addressing the implications of the increased workload and reduced budgets with the UK education departments and unions
- working with partners through the Scottish Cross Party Group (Deafness) on reversing the decline in QToD numbers in Scotland
- supporting NDCS-led stakeholder activity including the Welsh trailblazer working group

- reiterating the importance of grant options for aspiring QToDs and the funding support for employers for specialist CPD associated with deaf education
- administering the Con Powell Scholarship that is funded by Ovingdean Hall Foundation (charity-commissioned England and Wales)
- engaging with government departments and other stakeholder bodies regarding national strategy, funding, and professional development.

## 2. Targets equity and access, and fosters role diversification:

- advocating for clear, consistent criteria for support, participating in policy consultations, and exploring joint specialist training for complex needs
- enhancing signposting, summaries, and formats of BATOD resources, and addressing gaps in provision for secondary-aged learners and deaf CYP with co-occurring needs
- raising awareness of the challenges deaf individuals may experience whilst gaining Qualified Teacher Status (QTS) or Qualified Teacher Learning and Skills (QTLS) and postgraduate qualifications
- increasing the intersectionality of the workforce
- promoting specialist QToD roles, Educational Audiologists, communication support workers (CSWs)/deaf specialist support staff and deaf mentors/instructors
- maintaining active representation with the European Federation of Associations of Teachers of the Deaf (FEAPDA)
- working with the NDCS on new initiatives such as community connectors and early intervention officers.

## 3. Strengthens workforce support:

- providing a specialist mentoring scheme (Paul Simpson Mentoring Scheme) to enable members to develop best practice in relation to the education of deaf CYP. The main objectives of the scheme are to:

- support learning from experience and share best practice
- support the professional development of practitioners
- allow experienced QToDs to share their knowledge and skills with others
- provide guidance for those wishing to become a mentor or mentee.

## Survey report format

The first part of the survey collected information about geographical location, role type, and format of engagement.

The second part of the survey invited free-text responses from members on the following headings:

- How well do the following partners understand your role as a QToD?
- Have you ever considered leaving your role as a QToD?
- Have you recently changed the type of QToD role?
- Do you hold qualifications in addition to the MQ [mandatory qualification] (QToD)?
- How do the increasing complexities in the profiles of deaf children and young people, including additional needs such as auditory processing disorders, impact your work?
- What support or resources do you and/or your service/setting need to address these complexities?
- How does the declining number of QToDs impact the structure and delivery of services for deaf children in your area?
- Can you provide examples of how a shortage of QToDs has affected social and educational outcomes for deaf CYP?
- What specific skills and knowledge are essential for QToDs in addition to the mandatory qualification?



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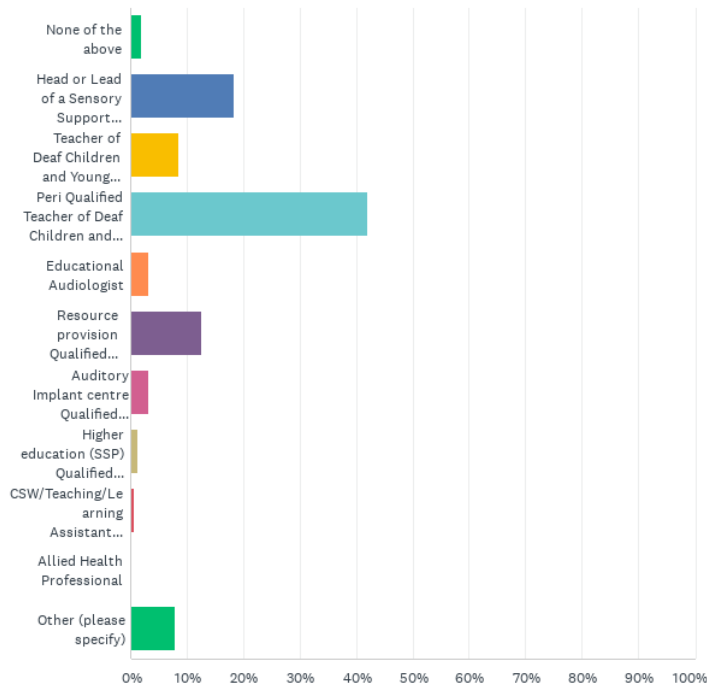
- What additional training or professional development opportunities are necessary for QToDs?
- Do you have access to specialist training and continuing professional development (CPD) to be effective in your role. If not, what are the barriers?
- Can you provide examples of effective collaborative working in your area?
- What improvements would you suggest to enhance collaboration among different professionals, parents, and CYP?
- How does the role of QToD contribute to the social participation of young deaf people?
- What strategies or plans do you think are necessary to achieve these goals?
- What is the role of the QToD in the development of services/schools for deaf children and their families?
- Early Career Teacher (ECT) Status (England): How has the introduction of ECT status affected your ability to recruit and retain newly qualified ToDs? What support or changes do you think are necessary to address these complications?

The third part of the survey asked about the frequency of use of BATOD resources.

The final section of this document outlines some of the key actions BATOD is taking as a result of this survey. BATOD would like to thank everyone for responding and sharing their experiences.

## Part 1

Q4 Please indicate your main role:

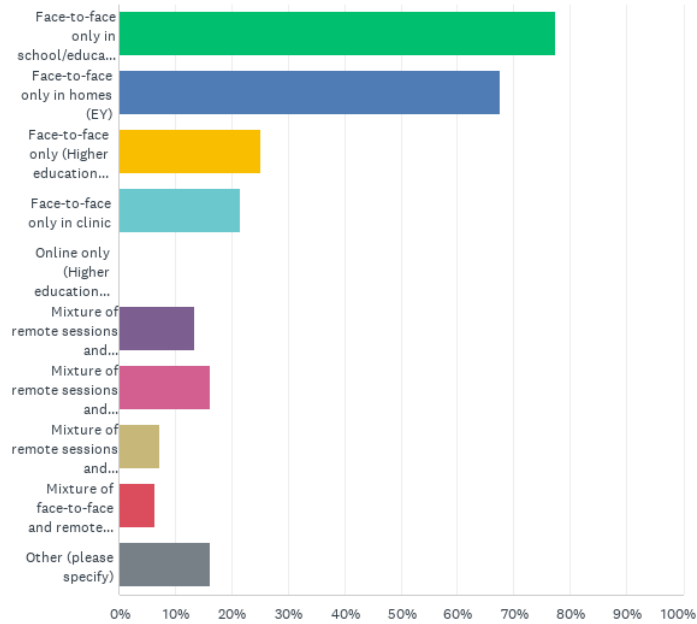


## Ways of working

Online is less frequently offered compared with face-to-face working in their education, health, or specialist support professional (SSP) roles. Remote mainly for liaison training and meetings/teaching visits in person; the occasional online session and meetings are often online.

BATOD will continue to be engaged in discussions with a wide range of partners regarding access to online teaching and learning platforms.

Q7 If you are a peripatetic QToD how do you provide support in educational settings/homes?  
Please tick all that apply.

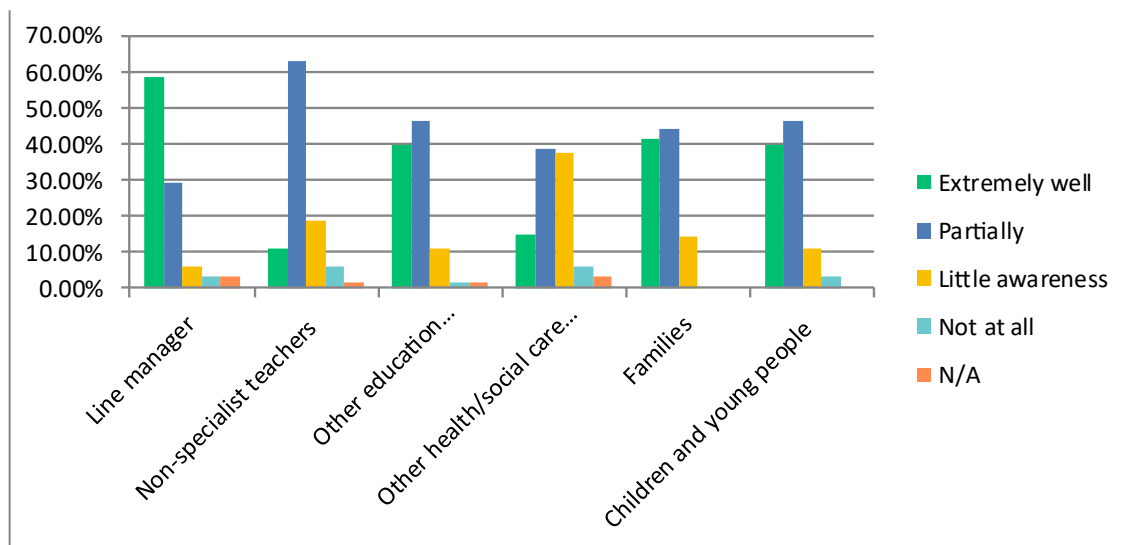


## Part 2

This section elicited responses from members on a range of topic areas.

Italics indicates direct quotes from members.

### 8. How well do the following partners understand your role as a QToD?



BATOD recognises that there are many examples of good deaf awareness practice across partnership working. The following are reflections of individuals.

### Managers

A majority of respondents indicated that the role of the QToD was 'extremely well' understood by line managers, and more so by line managers who were QToDs themselves.

### Non-specialist teachers

In relation to non-specialist teachers the views were mixed.

*“Generally speaking, it’s my job to help everyone understand my role well and that usually works fine; it just takes more time to get up and running with non-specialist teachers and other professionals as they are so busy. Social workers are a lost cause though; they change so very often.”*

## Auditory

With regards to health services, there was an equal split between 'little awareness' and 'partial awareness'.

## Auditory implant teams

*The “[r]est of Auditory implant team professionals such as surgeons, have partial understanding of the role.”*

## Wider stakeholders

The multi-agency Children’s Hearing Service Working Group (CHSWG), where active, supported awareness of the role.

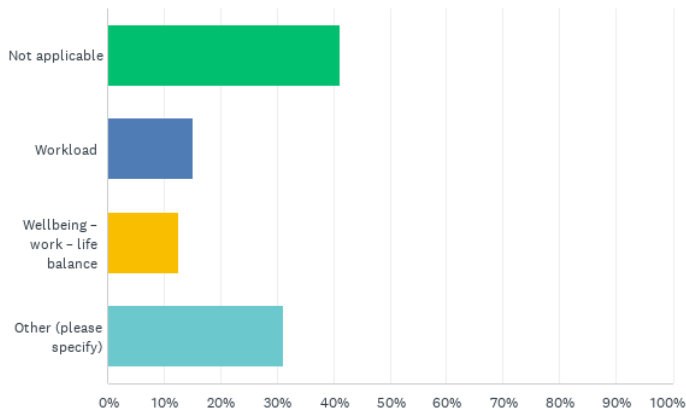
However, regarding the reach to the wider school population and wider local authority services:

*“There is information online; schools are getting a better understanding through our yearly meetings with SENDCos [special educational needs and disabilities co-ordinators], but I’m not sure how far that is cascaded”.*

## Families/CYP

*“One of my first jobs is to explain my role and make sure they understand.”*

### 9. Have you recently changed the type of QToD role?



Main drivers influencing change included:

#### **Work–life balance**

*“The job is great. It offers a better work–life balance than being a mainstream class teacher and is much more satisfying.”*

*“There is a lot of duplication of admin and planning unnecessarily and little-to-no thought given to our personal lives.”*

*“Workload and well-being being the main drivers.”*

*“We are always asked to do more for less.”*

#### **Moving within and across sectors**

Whilst a few respondents reported “a positive work–life balance” and/or satisfaction with the pay level, this was more in relation to moving to National Health Service (NHS) employment, transition from resource provision to peripatetic (peri), agency, and freelance work.

*“Both workload and well-being. But pay is too good.”*

## **Expectations: Resourced provisions**

The increased workload and unrealistic expectations were cited most among the responses, with particular reference to challenges in resource provision and related mainstream integration often linked to academies:

*“School has transferred to an academy that doesn’t understand SEND including deafness and is increasingly not meeting the needs of Deaf children or children with SEND.”*

*“Previously, when working in a resource provision, I felt that mainstream staff didn't treat me as a professional in my field and there was consistent blocking of support.”*

*“Went from peri to deaf resource base, but to stay needed to apply for SENCo role.”*

## **Expectations: Other provision models**

*“The increase in workload, ever increasing percentage in contact time and not protected PPA [planning, preparation, and assessment] time alongside the increased needs of the children we are now supporting has led to a picture of over-stressed team members who simply don't have enough time in the week to meet the needs of the pupils fully.”*

Some respondents mention being asked to “do more for less” and facing “unrealistic expectations” from parents, schools, and management.

## **Financial implications**

A mixed picture was presented in relation to financial implications. Some QToDs shared opportunities that enabled promotion into lead QToD/service manager roles and roles specific to the early years.

However, many respondents indicated that the financial constraints and budget cuts led to redundancy, and service delivery change to a peri-only provision.

## **Sense of value**

Responses suggested some members feel undervalued, misunderstood, or unsupported by management, local authorities, and colleagues.

*“Poor management.”*

*“Lack of leadership.”*

*“Loss of experienced staff [QToDs] from management roles”*

*“Concern about change of structure and therefore loss of expertise from manager.”*

*“Don’t feel valued, understood, or respected by team members, nor am I represented higher up within the management.”*

*“Feeling that my contribution isn’t valued by my employer or the schools and settings I visit.”*

BATOD is committed to supporting QToD members through the BATOD Paul Simpson Mentoring Scheme but recognises there is a gap in leadership-specific support to aid the population of senior roles for qualified and experienced deaf education professionals.

#### **4. Do you hold qualifications in addition to the MQ (QToD)?**

It is clear there is diverse expertise within the BATOD membership.

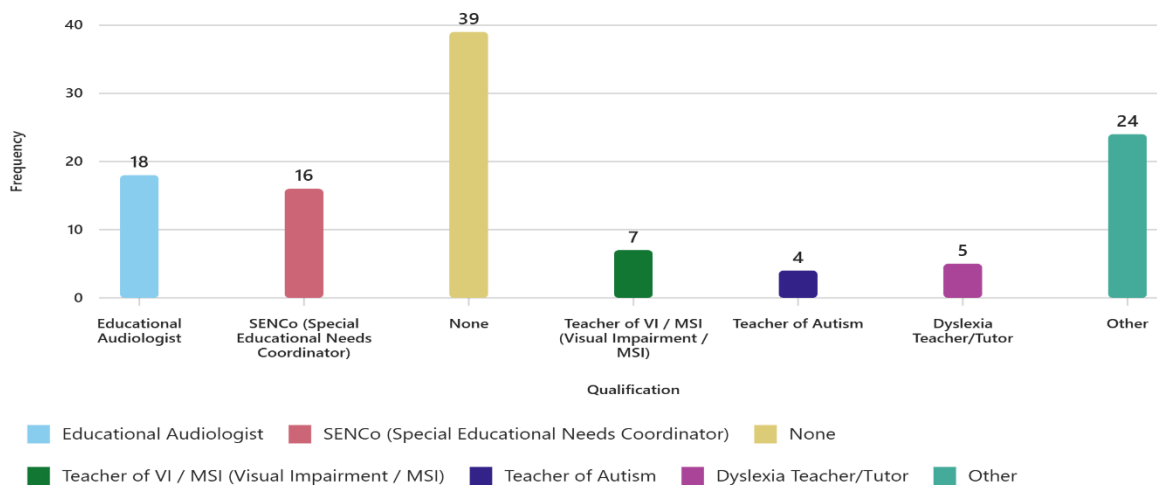
Most frequently held qualifications:

- "Educational Audiologist"
- "SENCo"

Other qualifications held:

- Level 3 Certificate for Deafblind people
- Leadership and management (into Headship): National Professional Qualification for Headship (NPQH)/National Professional Qualification for Leading Behaviour and Culture (NPQLBC)
- Senior Leaders postgraduate level 7
- Early years

- Certificate in Teaching English to Speakers of Other Languages (CELTA)
- BSL qualifications/interpreting/translation degree
- Qualified Auditory Verbal Therapy (AVT) therapist
- Master's (MA) degree in special and additional educational needs
- Postgraduate Diploma in Audiological Science
- Early intervention Listening and Spoken Language (LSL), (MAEd), Doctor of Philosophy (PhD), MA(Ed) in Applied Linguistics
- Notetaker
- Children's yoga and mindfulness teacher



## **5. How do the increasing complexities in the profiles of deaf children and young people, including additional needs such as auditory processing disorders, impact your work?**

Challenges identified:

- the need for multi-agency collaboration

- difficulty accessing a range of services

- lack of joined-up working
- unclear boundaries of responsibility leading to delays
- duplication or gaps in support.
- a postcode lottery for deaf CYP and families regarding consistent, early multi-agency assessment
- inconsistent provision leading to inappropriate placements and delayed support
- deaf CYP needing to fail in the system before action is taken.

Consequently, for some, there are indications of strain and risk of burnout due to large and complex caseloads, potentially leading to reduced quality of support and missed opportunities for early intervention.

*“Children may be placed in settings that don’t meet their needs, or their additional needs may go unrecognised for too long.”*

*“A key contributing factor is the lack of rigorous and consistent assessment at an early stage.”*

*“Without robust assessment there is a risk of inappropriate placement, where the child’s needs are not best met and where specialist provision is being used in a way that does not reflect its intended purpose.”*

Some responses reflected the rewarding nature of the role:

- the challenge is “exciting” or “manageable”, perhaps due to their current setting and/or prior experience
- the benefits of adaptability, proactiveness in seeking training, and collaborating creatively.

Some members' concerns include:

- inadequate assessment with long-term negative consequences for educational and social outcomes and for the efficient use of specialist resources
- inconsistency between policy and practice, compounded by a mainstreaming agenda within governments
- misconceptions of inclusive practice
- lack of access to highly specialised support
- shifting professional boundaries across education, health, and social care sectors
- the need for revised national frameworks or guidance, eg National Sensory Impairment Partnership (NatSIP), Scottish Sensory Centre (SSC) to standardise provision and manage expectations
- policy-level solutions are needed to ensure equity and clarity across regions and services.

These concerns mirror broader trends in special needs education regarding rising complexity, resource constraints, and the need for holistic, joined-up approaches.

*“Most of the children who now attend the base in which I work have additional needs.”*

*“Many pupils present with additional challenges such as auditory processing difficulties, language deprivation, social communication needs, or wider learning differences.”*

*“Greater collaboration with other professionals is needed – such as speech and language therapists, educational psychologists, and SEND colleagues – to ensure that provision is joined up and that children’s multiple needs are addressed.”*

*“They require a lot of joined-up working with other professionals and agencies, many of whom are often difficult to access due to difficulties getting referrals or agreeing funding.”*

The varied picture for auditory processing disorder (APD) prompted additional concerns about service capacity to meet those needs.

*“clarification as to whether ToDs should be supporting CYP with APD is needed.”*

### **6. What support or resources do you and/or your service/setting need to address these complexities?**

A diverse and well-trained specialist workforce

*“I feel we have the experience and expertise somewhere within our team to meet the needs of all deaf children. We are very collegiate and support one another.”*

*“We have good in-house support but really appreciate work and advice of BATOD...and of local paediatric clinics.”*

*“Investment in family support and guidance at the earliest stages improves consistency in hearing aid use and helps families navigate multiple agencies more effectively. Children and families must also be involved in decision-making.”*

*“A stronger framework of early identification and rigorous assessment is essential, led by health visitors in their role as the named person, to ensure that children’s wider needs are recognised and addressed through coordinated planning.”*

*“More CSWs, LSAs [learning support assistants], SENCOs, specialist support staff/teachers in those areas, access to deaf CAMHS [Child and Mental Health Services], educational physiologists, mental health counsellors.”*

*“More access to speech and language therapy and greater availability of sign language support.”*

*“Access to Deaf role models is also essential for children’s identity and confidence.”*

*“Regular, targeted professional development to address the intersection of deafness with other needs.”*

*“I feel like I need more specific training on these more complex profiles.”*

*“Do not have enough human resources in this specialist field – cutbacks and lack of training.”*

*“Adds to workload and makes me sometimes feel out of my depth – don't have the specialist knowledge to deal with some of the additional needs, particularly when they are very complex.”*

*“AET training [autism education trust], Physical Disability team training, and training by others.”*

*“Individualised programmes take into account the needs of each child.”*

*“Most of the resources that I use have been gathered from my previous experiences in SEND. However, as with most children with SEND, resources often have to be modified or bespoke.”*

*“We are trying to develop resources with sign photo and the word for children new to the country and assessment tools for this situation.”*

A growing concern is funding within their service/setting and the impact of financial cutbacks on the availability of specialist equipment and resources needed for the quality interventions that QToDs deliver.

### **BATOD continues to:**

- participate in local and national consultations to ensure the needs of deaf children with complex presenting profiles are represented in policy and funding decisions
- advocate for clear, consistent criteria and pathways for support, including for children with APD and other co-occurring diagnoses
- signpost training, evidence-based research, and practitioner-led practice examples
- be an active stakeholder in the Consortium for Research in Deaf Education (CRIDE) meeting, suggesting data collection opportunities through this unique working group
- explore further the expertise that exists within the membership and wider profession to identify potential models for best practice, particularly from settings with long-term established experience of working with diverse need profiles



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- engage in the NDCS/Royal College of Speech & Language Therapists (RCSLT) UK working group to identify targeted training and professional development within the speech and language therapy workforce.
- explore joint specialist training on complex needs for QToDs and other professionals in deaf education.
- welcome resources for the Special Deaf Curriculum Framework (SDCF) that support the promotion of self-advocacy and independence. The community of practice mini meets identify local resources that can often be shared and modified, eg social, and well-being outcomes for deaf children to inform practice and demonstrate impact
- contribute to the British Society of Audiology (BSA) APD guidance publication
- work with the BSA and the British Association of Educational Audiologists (BAEA) to revise the 2020 BATOD 'Audiological consideration of children with special needs'. In March 2026 two surveys, one for education professionals and one for health professionals, were published to gather feedback and ensure the revised document is clear, practical, and genuinely supports those who will access and use it in practice
- support the Assistive Listening Technology Working Group (ALTWG) in the multi-sector partnership to lobby for joint funding between education and health services and ensure deaf children receive the equipment and support they need at the earliest stages
- raise awareness in stakeholder meetings that there is a limitation to identifying direct evidence on child and family outcomes as systems within the governments, education, and health services are not designed for profiles that have more than the traditional 'primary need' identifier
- raise discussions with partners regarding professional learning communities, especially for those handling complex cases to share expertise and evidence-based practice, and reduce professional isolation
- contribute to national guidance and agreement around provision nationally "so managers can make a business case if capacity is required to meet need and can challenge unrealistic expectations of services."

### 7. How does the declining number of QToDs impact the structure and delivery of services for deaf children in your area?

The responses indicate a mixed picture suggesting that local policies, funding, or leadership play a critical role.

No impact or positive staffing situations:

*“We haven’t had a decline in [LA] We employ 17 QToDs (some are part time). All are qualified. I know this is unusual. We are in a fortunate position at the moment.”*

*“It doesn’t, we are very lucky to have a full complement of ToDs. SEND in our county really value our role.”*

*“Not at all – we always have a large number of applicants for posts.”*

Difficulty in recruiting and retaining QToDs and a sustainable workforce:

*“Recruitment can be challenging – capacity of existing staff to coach and mentor newly qualified ToDs is an issue when in challenging circumstances.”*

*“We will find it difficult to replace our QToD when she retires next year.”*

*“There are further implications for succession planning and workforce development. With fewer QToDs in post, there are limited opportunities to mentor and support new entrants to the profession.”*

*“Gaining funding for additional staff once ToDs retire can be challenging.”*

Some services are adapting by training mainstream staff and transferring QToDs to advisory roles. This is both a necessity and a risk, diluting specialist expertise and reducing the depth of support:

*“We have had to look at ways of training our own mainstream staff to provide support for deaf pupils.”*

*“Services are increasingly structured around consultation and advisory models rather than intensive one-to-one teaching.”*

Where teams can recruit to roles, some indicate that successful candidates are unqualified QToDs, which has a hidden impact:

*“Each time we recruit, it will usually be unqualified, which is both a cost burden, but also means children aren’t getting the levels of support they need whilst people are being trained.”*

An alternative reflection aligns with the impact of a mainstreaming government agenda:

*“It doesn’t seem to be the decreasing number of QToDs but rather the decrease in provisions for deaf children.”*

A small number of respondents reference exploring digital/remote support models, if the local authority and school infrastructure can support effective delivery:

*“Some services are adopting digital tools, remote support, and blended learning models to reach more children efficiently, but this requires careful planning to maintain quality.”*

For many, the declining number of QToDs has a significant impact on both the structure and delivery of services for deaf CYP and subsequently staff morale and well-being. This pressure is not just on QToDs, but also on mainstream staff, families, and the broader support network:

*“With fewer specialists available, caseloads/the number of children in provisions are increasing, which reduces the amount of time and individualised support each child can receive.”*

*“Increased caseloads, looking at criteria to make changes that don’t impact too much on support offered to CYP.”*

*“Morale is negatively impacted as the value and investment is lacking by decisions made at a senior management level.”*

*“More stretched staff with greater feeling of responsibility.”*

*“Health inequalities are becoming increasingly apparent as service offers to children with milder hearing loss or less visible needs are often deprioritised, while those with complex needs get more direct input.”*

*“Children with the most complex or profound needs may receive direct input, while those with milder or stable hearing losses are supported indirectly. This can sometimes result in less equitable access to specialist teaching.”*

*“Declining numbers make interdisciplinary teamwork essential. QToDs need to coordinate closely with audiologists, speech and language therapists, educational psychologists, and teaching assistants to ensure children’s needs are met.”*

Some services are stretched to breaking point, while a few remain well resourced. The recurring themes of overload, adaptation, and concern for equity and sustainability paint a vivid picture of a sector in transition, with real consequences for children, families, and professionals.

### **8. Can you provide examples of how a shortage of QToDs has affected social and educational outcomes for deaf CYP?**

Respondents highlight significant challenges suggesting a clear pattern: shortages of QToDs lead to reduced specialist support, which in turn negatively affects both educational and social outcomes for deaf CYP:

*“Social outcomes are also affected. In mainstream settings, a QToD plays a vital role in raising staff awareness of deaf learners’ communication needs and supporting inclusive classroom practice.”*

*“Some children do not get full required time stated in their EHCP [Education, Health and Care Plan].”*

*“Staff are cut to the bone so the specialist additional curriculum work is squashed in where it can be.”*

## Social isolation and emotional well-being

Social isolation, lack of deaf identity interventions and reduced opportunities for peer interaction are recurring concerns:

*“Some children feel isolated from peers, with fewer opportunities to connect with Deaf role models or to access sign language in a meaningful way.”*

*“Deaf CYP [are] more isolated and less understood.”*

*“Unable to carry out positive deaf identity work, toddler groups, create opportunities for local deaf children to meet each other.”*

*“Social outcomes are also affected ... deaf learners are more likely to experience isolation from their peers, [and] reduced participation in group work.”*

*“Lack of confidence, meeting deaf people is reduced especially when [they’re] the only deaf child in the school.”*

*“Our team used to offer social events for deaf children. These have stopped completely.”*

The opportunities to engage with peers to ‘see me, be me’ has been impacted in areas.

## Impact on educational outcomes

Lower attainment, gaps in language development, and missed learning opportunities are reported:

*“Without regular specialist input, some pupils are not receiving the tailored strategies and interventions they need. This has led to gaps in language development, difficulties accessing the curriculum, and lower attainment compared to their hearing peers.”*

*“Reduced language and literacy development ... slows progress in spoken language, vocabulary, and reading skills.”*

*“Children not being assessed as a Deaf learner. Acoustics not right; children being passive and switching off to learning.”*

*“No improvement in educational attainment.”*

Some children may have a double disadvantage with the absence of specialist QToD input compounded by mainstream staff making inconsistent or insufficient adaptations in the absence of QToD guidance:

*“Mainstream staff do their best, but without specialist guidance, adaptations are often inconsistent or insufficient.”*

*“In mainstream settings, teachers often lack the deaf-specific strategies QToDs provide. Without this support, deaf students may fall behind academically.”*

*“Equipment checks aren’t carried out as regularly as they should be as we have to prioritise curriculum access.”*

*“Pupils’ equipment not working correctly. Mainstream teachers unable to support correctly.”*

For some deaf CYP, the impact is unknown as the shortage of QToDs has forced us to prioritise high-need cases, leaving others with minimal or no support.

*“Aim to cover needs of CYP but to ensure high needs met, we don’t offer routine support for low level losses [like] unilaterals.”*

*“We have had to look very carefully at our criteria for involvement ... pupils we would have supported 5 years ago now sit on by request-only caseloads.”*

*“We are reaching the point where we are struggling to maintain very best practice.”*

BATOD strongly supports the MQ which has led to quality early intervention from the point of identification, from birth for those children identified through the newborn hearing screening. The birth-adulthood age range reflected in the MQ has framed the high standards that have enhanced the quality of the education of deaf CYP over many years and continues to:

- inform practice at all stages



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- ensure the flexibility of the workforce
- ensure an understanding of a deaf CYP's journey to adulthood
- embed a holistic understanding of the development of deaf CYP.

BATOD is not a campaigning organisation but does support NDCS in their efforts to lobby governments regarding the number of QToDs and effective service delivery.

BATOD is not a union but does offer its membership the support of the BATOD Consultant team with queries about job roles, pay allowances, and other related matters.

BATOD has revised and created a series of statements, policies, and papers to assist members with employer understanding of the profession. Documents are available on the [BATOD website - Deaf Education, BATOD Policies/Statements:](#)

- BATOD [Articulating the specialism 'The role of the QToD'](#) series
- BATOD 2025 Membership survey report
- BATOD 52-week cover guidance for QToDs
- BATOD 'Features of Effective Services' – for Heads of Sensory Support Services
- BATOD Guidance for employers/employees understanding the deaf education MQ
- BATOD Guidance on paid allowances for QToDs
- BATOD Paper If not statutory – then essential; maintaining services in challenging times (revision pending)
- BATOD Policy note – QToD staffing ratio in deaf resource provisions
- BATOD Position paper - The retention and recruitment of QToDs
- BATOD Position statement on QToDs and levels of British Sign Language
- BATOD Position statement on study leave for employees completing the mandatory qualification to become a Qualified Teacher of Deaf Children and Young People

- BATOD Statement - Communication approaches, modes and methods currently in use in the education of deaf CYP in the UK
- BATOD [Statement on Inclusion](#)
- BATOD and British Association of Educational Audiologists [Joint policy statement on taking earmould impressions](#)
- BATOD and Royal College of Speech and Language Therapists (RCSLT) – Best practice guidance ‘Collaborative Working between Qualified Teachers of the Deaf and Speech and Language Therapists’
- National Deaf Children’s Society (NDCS), BATOD and NatSIP [Briefing on the specialist needs of deaf children and the role of Teachers of the Deaf](#)
- BATOD and British Association of Educational Audiologists [Joint policy statement on taking earmould impressions](#)

### **9. What specific skills and knowledge are essential for QToDs in addition to the mandatory qualification?**

*“QToDs are required to be not only teachers but also advocates, specialists, and leaders.”*

The respondents state a diverse and evolving skill set beyond the MQ is essential. The most prominent skills required include advanced BSL proficiency, deaf studies, bilingual literacy pedagogy, audiology and technology expertise, a deep understanding of child development, extensive knowledge of additional needs/SEND, the ability to work effectively with children who have additional and complex needs, counselling and family support skills, collaboration across agencies, and curriculum adaptation.

*“Dual sensory needs and additional needs”*

*“Training in SEND. Higher BSL qualifications, training and understanding of deaf culture and deaf identity.”*

*“Knowledge of SEND/ALN [additional learning needs] policies & procedures.”*

*“ASC [autistic spectrum condition], ADHD [attention deficit*

*hyperactive disorder], SPLD [specific learning difficulties], SEMH [social, emotional, and mental health] are more frequently appearing on EHCPs – training in these areas would be beneficial.”*

*“Counselling skills to support deaf children and young people who experience trauma”*

*“Modification of text for exams”*

*“Curriculum access and adaptation – skills to adapt teaching and resources so deaf pupils can fully participate”*

*“Skills to modify mainstream curriculum content to meet the needs of deaf learners.”*

*“Knowledge of the curriculum at each key stage if working as a peri.”*

*“Diplomacy skills; ability to effectively manage and deploy LSAs”*

The QToD role is broad, requiring teaching, advocacy, leadership, and specialist knowledge:

*“To sustain and develop these skills, practitioner enquiry and engagement in a robust performance review and developmental cycle are essential.”*

The QToD profession is both highly specialised and deeply holistic, with a strong need for ongoing learning, collaboration, and adaptability. The emphasis on CPD and practitioner enquiry suggests non-specialist managers need support to recognise ongoing learning is essential.

### **10. What additional training or professional development opportunities are necessary for QToDs?**

Respondents consistently identified four key areas for training and development:

- **BSL:** access to affordable/fully funded training from the most basic to advanced levels, with acknowledgement of the ability to adjust the signing register for BSL users with other needs
- **Audiology:** understanding developing technology and current research

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- **Complex and additional needs:** including training on SEND policy, practice and legislation
- **Networking, collaboration and mentoring:** the following suggestions were given:
  - “Networking with peers in similar roles.”*
  - “Opportunities to work with other per teachers in different areas.”*
  - “Much more opportunity to shadow a QToD or observe practice.”*
  - “More time joint working together and shadowing.”*
  - “Continued practical hands-on experience. Mentoring with exp ToD and training re audiology.”*
  - “Multi-agency collaboration and leadership.”*
- **Curriculum adaptation, literacy, and language development:** especially for profoundly deaf learners and those with additional needs, and working with Deaf professionals to gain insights into appropriate support strategies:
  - “Advanced speech and language development – training on supporting complex language needs and co-occurring speech disorders.”*
  - “Literacy and language pedagogy for deaf learners.”*
  - “Extra specific training on learning to read and write.”*
  - “Greater detail – writing skills Greater detail – reading for meaning”*
  - “Modification of text for exams.”*
  - “Curriculum adaptation and accessibility”*
- **Lone working and well-being:** the majority of QToDs are employed in peripatetic roles within a local authority support service. Responses indicated a feeling of isolation with frequent requests for *“networking with peers”*, *“shadowing a QToD”*, and *“opportunities to work with other per teachers”*.

### **11. Do you have access to specialist training and continuing professional development (CPD) to be effective in your role. If not, what are the barriers?**

The responses present a mixed picture in relation to what can be accessed. Whilst many respondents answered 'Yes' to having access to CPD, most qualified this with significant barriers including:

- lack of funding or budget

*"Yes, we actively seek out CPD and always aim to be forward-thinking in our practice. However, access is often limited by barriers such as funding constraints and the difficulty of releasing staff for training due to cover implications."*

*"Funding and time due to caseload"*

*"Cost of training – no budget/minimal"*

*"Funding. Approval from senior leaders. Time out of class."*

*"Our local authority has a £0 CPD budget this year."*

- time constraints, workload and the difficulty of attending in-person training

*"Yes, but time is a barrier"*

*"Time is also a barrier – visits still need to happen"*

*"Free time is at a premium and meeting time is often reserved for other discussions."*

Many respondents mentioned seeking out their own training, relying on professional bodies (BATOD, NDCS), or only attending free events:

*"Only what I arrange and pay for myself,"*

*"I purchase my CPD from various sources,"*

*"Paid for my own dyslexia qualification."*

*“I’d love to train as an Ed Aud [Educational Audiologist], but there is no budget for training, I would need to self-fund.”*

*“Nothing apart from those offered by BATOD/NDCS”*

For several responses, the available CPD is not always relevant or sufficiently specialist:

*“Access to specialist training and continuous professional development (CPD) is limited and often insufficient to meet the complex needs of deaf children and young people ... There is a significant gap in provision relating to the pedagogy of teaching literacy to learners whose first language is BSL.”*

*“Barriers – training on offer often lacks breadth and depth. The ‘teacher’ element of QToD role, I feel, is being lost.”*

BATOD continues to offer affordable and accessible CPD including annual national conferences, study days across the UK, webinars, and open-access resources published on the website. Initiatives since the 2020/2021 BATOD membership survey report include:

- BATOD Deaf studies pilot programme (launched March 2026)
- Paul Simpson Mentoring Scheme and training for the scheme’s mentors (launched 2023)
- BATOD working group on statutory assessment and examination access arrangements
- tiers 1 and 2 language modification training and a progress route to train as a BATOD Accredited Language Modifier (BALM)
- biannual exam access arrangement webinar in partnership with the SSC (2001 and 2024)
- online events and webinars with a range of partners which include NDCS, NatSIP, SSC, and the National Association of Australian Teachers of the Deaf (NAATD)
- ‘Humanistic counselling skills for professionals who support families impacted by hearing loss’, designed by an accredited therapist
- a joint national conference with the FEAPDA and the National Council for Special Education (NCSE) in 2024, and BAEA in 2025

- online open-access resources – BATOD/NDCS SDCF, BATOD Audiology Refreshers and Deaf education MESHGuides (managed by BATOD)
- SDCF Community of practice mini meets
- hosting webinars to enable dissemination of research project findings
- local-level activity delivered by BATOD region/nation committees, eg ToD talks and post-16 group.

BATOD also shares information with members and the wider deaf education community by listing events and activities on the Events page on the BATOD website and in the BATOD Newsletter.

### **12. Can you provide examples of effective collaborative working in your area?**

Increasing workload within social care, NHS sectors and education has made collaboration more challenging, and many examples of effective collaboration were reported. Limitations associated with specific roles such as the SSPs (QToDs in higher education), were also identified.

#### Health and education

*“Good communication between fellow ToDs, audiology, and SaLT” (mentioned over ten times).*

*“Multi-agency working alongside Portage, SaLT, audiology and EPs [educational psychologists].”*

*“Joint clinics with audiology; joint visits with SaLT [and] CHSWG.”*

*“Regular liaison with: paediatric audiology, highly specialist SaLT for DCYP, social care, deaf charities, library service for Bookstart, [and] neighbouring LA sensory teams.”*

Multi-disciplinary meetings and joint clinics were frequently cited as effective practices.:

*“Half-termly cross-phase meetings that bring together all deaf education provisions and the sensory support service.”*

*“We have regular meetings with specialist SaLT, audiology, [and] VI [vision impairment services].”*

*“Yes, regular half-termly MDT [multi-disciplinary team] meetings with audiology, SaLT, and social care.”*

## Families, community organisations, and charities

*“Community engagement is another area where collaborative working has been highly effective.”*

*“We have established a monthly community café ... The café allows pupils to serve beverages, socialise, and build confidence, while parents and families of deaf babies and toddlers can network, share experiences, and gain reassurance about their child’s future.”*

*“Audiology clinics held at [a] resource base.”*

*“Local support group for parents with deaf children run activities outside school and share them through school.”*

## Networking

A small number of respondents shared examples of collaboration that extends beyond local teams to neighbouring authorities:

*“Once a year, we use an in-service day to meet up with QToDs in other neighbouring local authorities”*

*“We actively seek healthy collaboration with others locally and nationally.”*

*“We work very closely with speech and language therapists.”*

Examples relating to educational settings were shared:

*“Working with hospitals, schools, and colleges to assess each student’s work and their hearing levels.”*

*“Speech, local sensory service, and resource provision work very closely to ensure children and families are fully supported from professionals.”*

## National and strategic partnerships

*“We host the national network for MSI [multi-sensory impairment].”*

*“Membership of See Hear group, the Accessibility Strategy Group, and the BSL Local Plan.”*

BATOD represents all members nationally as a stakeholder in a range of multi-agency meetings, examples include:

- BSL advisory board to the Department for Education (DfE) BSL Alliance
- Cross Party Group (Deafness) (Scotland) and Cross Party Group (Deafness) (Wales)
- The Hearing Impairment Network for Children & Young People (HINCYP) (Scotland)
- Hearing Loss and Deafness Alliance
- NDCS/RCSLT/BATOD
- National SEND (NSEND) forum
- Speech, Language and Communication Alliance

BATOD is working closely with the NDCS as they embed the new Community Connector roles across the UK, and the NHS England Early Intervention Advice and Guidance Officer (EIAGO)

By 2027 BATOD plans to update the BATOD/RCSLT Best practice guidance ‘Collaborative Working between Qualified Teachers of Deaf Children and Young People and Speech and Language Therapists’.

### **13. What improvements would you suggest to enhance collaboration among different professionals, parents, and CYP?**

The responses reveal a strong consensus around the need for joint training, regular meetings, clear communication, and active involvement of CYP and parents. Some key themes in the responses include:

*“More joint training, eg Portage, ed Psy [EPs], CAHMS [Child and Adolescent Mental Health Services], child development centre [CDC], and hearing impairment.”*

*“Joint CPD so parties have a clear understanding of each services role in both national and local contexts.”*

*“Joint training events, [and] joint reports/intervention plans”*

*“Other allied professionals should include ToD knowledge as part of initial training. Sharing CPD between prof [professionals].”*

### **Regular, structured CYP/parent stakeholder meetings**

*“More regular and structured joint meetings between schools, sensory support, health professionals, and families to ensure consistency of provision.”*

*“Regular multi-agency meetings: schedule routine meetings where professionals, parents, and CYP can discuss progress, voice concerns, and align on goals.”*

*“Meetings with professionals and parents – joint target setting.”*

*“Increased involvement of CYP voice in planning and reviewing support, ensuring they are active participants in shaping their education.”*

*“Involvement of CYP and parents: actively involve CYP and their parents in decision-making processes to ensure their perspectives are valued and integrated.”*

*“We are working on student voice ... this needs to increase.”*

### **Clear communication channels**

*“Clear communication channels: establish structured and consistent communication pathways, ensuring that all parties are kept informed and have opportunities to share their views.”*

*“Improved comms – including social media. Potentially after-hours get together for parents. We cover a vast area so were thinking of a Teams coffee meeting.”*

*“Communication is generally good, if everyone keeps talking to each other. This can be impacted by time available to some professionals or other pressures on some professionals.”*

*“Shared digital platforms: utilise secure, shared digital tools to facilitate real-time information sharing, reducing delays in communication.”*

*“Joined-up systems (data systems so we can see who's involved – in most areas, only partly joined up, ie LA but no NHS).”*

Whilst the responses reflect a sector-wide recognition of the importance of collaboration, a number of persistent barriers – especially around time, resources, and communication, were highlighted:

## **Communication to improve understanding and awareness of roles**

*“Better understanding and awareness of what a QToD can provide”*

*“More awareness of each other's roles.”*

*“More awareness from SENCos of our role and how it works alongside others.”*

## **Inclusive and child-centred practice**

*“Time within the school day to do it but that would require more staff which we and other places do not have.”*

*“Protected time – less commitment with mainstream. Visit each other's establishments. More time with parents.”*

*“Ring-fencing time for collaboration”*

*“Time is perhaps an issue although MS Teams has made this easier.”*

## **Feedback and reflective practice**

*“Getting better feedback that explore what didn't work in a specific scenario or what could have been done differently.”*

*“Feedback mechanisms: implement regular feedback loops to assess the effectiveness of collaboration strategies and make necessary adjustments.”*

*“Collaboration can be enhanced through structured communication, joint training, early parent involvement, student-centred planning, clear roles, and reflective feedback processes.”*

## **Leadership and management**

*“A manager dedicated to deaf education without pressures and responsibilities of other unrelated sectors of education.”*

*“Service managers are too stretched to facilitate successful collaboration across service partnerships.”*

*“A manager who will advocate for what our children need to those above.”*

*“More effective leadership.”*

## **Broader systemic issues**

*“A change in the thresholds for involvement for Children's Social Care (CSC). All too often, deaf CYP do not meet the threshold for input from CSC Children with*

*Disabilities Teams, but the universal services offer is not sufficiently accessible. Deaf CYP fall down the gap.”*

*“Access to suitable venues. Our venues are starting to charge which is directly threatening the continuation of our pre-school groups.”*

BATOD represents members views in consultation responses and calls for evidence in:

- solving the SEND crisis
- curriculum and assessment reviews
- Disabled Students' Allowance (DSA) Non-Medical Help (NMH) call for evidence
- EHCP consultation

- reviews of EHCPs: proposed timescales
- National Audit office 'Views on the Department for Education's support for children and young people with special educational needs and disabilities (SEND) in England'
- National Institute for Health and Care Excellence (NICE)'s decision for glue ear
- the first 1,000 days – a renewed focus
- a new approach to area SEND inspections
- BSA Guiding principles of deaf awareness in healthcare settings
- transition from children's to adults' services – quality standards
- SEND review: right support, right place, right time
- BSL GCSE consultation
- Cross Party Group Deafness (Scotland) – Reversing the QToD numbers
- Scottish qualifications for teachers of CYP who are blind, partially sighted, deaf, or deafblind

BATOD, as a member, also contributes to the collective responses submitted by consortiums. Recent examples include:

- BSL Alliance submission to the Milburn Review
- National SEND Forum – Federation of Leaders in Special Education (FLSE) feedback on the DfE Conversation on SEND Reforms.

### **14. How does the role of QToD contribute to the social participation of young deaf people?**

There is a clear consensus among the respondents that QToDs are pivotal in enabling young deaf people to thrive socially, emotionally, and academically, but there is also recognition of variability in practice and the need for more consistent, holistic support:

#### **Building confidence, self-advocacy, and deaf identity**

*“Building self confidence in deaf identity. Encouraging self-advocacy so Deaf people can socialise easily.”*

*“Aids confidence, independence, and understanding of the world”*

*“Should build confidence, Deaf identity, skills in advocating for own needs and reasonable adjustments.”*

#### **Provision of social and peer networking events**

*“Organisation of events out with school such as bowling, football, etc Recognising achievements.”*

*“We organise social gatherings with our young people.”*

*“We run youth groups regularly which allows deaf children to meet others in their local community.”*

*“We arrange regular get togethers for children across city schools.”*

#### **Signposting to services and support networks**

*“Links with local charities and signposting to other services and entitlements.”*

*“Signpost to national local support on offer. Provide group for family to enhance family network support.”*

*“We highlight local groups and signpost CYP and parent/carers to activities with NDCS, etc.”*

## **Direct teaching of social, emotional, and communication skills for supporting integration and participation**

- “Direct teaching of social and emotional skills and deaf studies.”
- “We should be helping them to socialise, improve/understand the pragmatics. etc of language.”
- “Development of pragmatic language; opportunities to develop theory of mind skills.”

## **Raising awareness among peers, staff, and the wider community, fostering inclusive environments**

*“We support pupils by offering deaf awareness training to after-school clubs [and] social clubs.”*

*“Promoting good deaf awareness for other children/adults working with the young deaf person.”*

*“Deaf Awareness training is offered to all schools and parents.”*

## **Collaboration with families and multi-agency teams**

*“We work to bring families together and help them to network through pre-school group.”*

*“Linking families with similar experiences so parents have a support network.”*

## **Challenges to promoting social participation**

- Type of setting
- Rural or urban environment
- Resourcing within school or service.

**15. What strategies or plans do you think are necessary to achieve these goals?**

The responses reflected a strong consensus on core strategies, the persistent challenge of resources, and the presence of both practical and innovative ideas:

*“Embedding social opportunities within and beyond the classroom, such as peer mentoring, clubs, and access to Deaf role models.”*

*“Investing in QToD capacity so specialists can dedicate time not just to academic progress but also to social participation and well-being.”*

*“Family Engagement: Actively involve parents and caregivers through regular updates, workshops, and resources.”*

Also:

- reviewing the whole child and not just academic outcomes
- using Patient Reported Outcome Measures (PROMs)/questionnaires to help review progress
- having a self-advocacy curriculum and a deaf curriculum.

## Challenges

Resource constraints including funding, staffing, and access to resources (including BSL materials and assistive technology).

**16. What is the role of the QToD in the development of services/schools for deaf children and their families?**

The QToD has a critical, multi-layered role:

*“QToDs are fundamental in developing school understanding of deafness. My experience is that schools often either over- or under-estimate children. They need support to understand that deaf children can achieve as much as hearing children, but that they do need some adaptations and understanding.”*

*“The QToD is not just a teacher but a specialist practitioner, family supporter, strategic planner, and system-level contributor.”*

*“Essential! A qualified and experienced QToD has so much to offer in terms of offering expertise and best practice and should be an agent of change who positively galvanises the support from others.”*

## **Advocacy**

*“Advocate and promote needs.”*

*“Advocate for resources, policy improvements, and inclusive practice within schools and local authorities.”*

## **Family support and empowerment**

*“Empowering families to support their own child's development.”*

*“Family support and guidance: QToDs engage with families to offer advice and support on communication strategies, educational options, and developmental milestones.”*

## **Training and capacity building**

*“Deliver training, challenge settings if reasonable adjustments not in place.”*

*“Training schools, staff, and other professionals through virtual and face-to-face training.”*

*“QToDs train and support mainstream staff, teaching assistants, and other professionals to implement effective strategies for deaf learners.”*

## **Curriculum adaptation and inclusive practice**

*“Curriculum adaptation and teaching: QToDs adapt the curriculum to meet the specific needs of deaf children.”*

*“Ensuring this makes a positive impact on the CYP and families.”*

## Multi-agency collaboration

*“Multi-agency collaboration: QToDs coordinate with audiologists, speech and language therapists, educational psychologists, occupational therapists, and social services.”*

## Strategic development and policy influence

*“Leadership and strategic development: QToDs contribute to the planning and evaluation of specialist services.”*

*“Service development and policy input: Strategic role: QToDs contribute to the development of local authority policies and practices related to deaf education.”*

*“QToDs must advocate for the recognition of this specialist role at both local and national levels to prevent our professional remit from being diluted or subsumed into broader ASN [additional support needs] frameworks.”*

## Challenges

*“Services stretched. Predicting need is difficult as whilst low incidence, (but) just one new high-need severe–profoundly deaf baby suddenly requires high level of QToD time and resources.”*

*“They are given too many cases to think creatively. They can barely visit their children and carry out assessment and equipment checks.”*

*“Management do not consult with specialist teachers.”*

*“Depends on the authority management. My authority shows little interest. We are not a priority.”*

*“Not much at the lower levels; tends to be higher up in local authorities and ToDs not always consulted.”*

Also:

- the understanding, protection, and recognition of the specialist role of the QToD in all sectors.



## British Association of Teachers of Deaf Children and Young People

### **BATOD**

A constitutional aim of BATOD is to safeguard the profession. BATOD continues to respond to consultation responses and highlight the QToD role within the multi-agency deaf education space.

BATOD has developed the 'Articulating the specialism' series to explain the role of the QToD in early years, mainstream settings, further education, higher education, and auditory implant centres, and as an educational audiologist. BATOD with the NDCS and NatSIP created a briefing on [the specialist needs of deaf children and the role of the QToD](#).

BATOD's commitment to advocacy and the strategic involvement of QToDs remains a key aspect of the work of the Association. The current activities involve strategic planning and policy development at both local and national levels across England, Northern Ireland, Scotland, and Wales. As all members are part of BATOD and can contribute in different ways, we could reflect the different ways BATOD members can influence strategic plans, eg joining National Executive Council (NEC), working groups, Regions/Nations committees, contributions to consultations and surveys, and direct feedback to BATOD. Also:

- Working groups – Statutory Assessment and Examination Access Arrangement Working Group (SA&EAWG), Quality Standards for Resourced Provisions (QS-RPs), captioning reference group
- Special interest group – resource provision QToDs
- Representation – BSL advisory board, CRIDE, Ofqual, Deafness Cognition and Language Research Centre (DCAL), NSEND, research reference groups, the Welsh BSL Bill
- Partnership working – ALTWG, BAEA, British Cochlear Implant Group (BCIG), BDA, BSA, deaf teachers, DCAL, Ewing Foundation, Jisc, HINCYP, Joint Council for Qualifications (JCQ), NAATD, FEADPA, NatSIP, NDCS, Ofqual, Ovingdean Hall Foundation, RCSLT, Specialist Deaf School Headteachers forum, paediatric hearing services improvement programme (PHSI - England), Sign Bilingual Consortium (SBC), Scottish Qualifications Authority (SQA), SSC, STA, Signature, School Teachers' Review Body (STRB), Cross Party Group (Deafness) (Wales and Scotland), Hearing Loss and Deafness Alliance, hearing aid and cochlear implant



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manufacturers, companies and charities, UK-wide examination awarding bodies, union groups, MQ (deaf education) course providers, and the UK Deaf Student Union (UKDSU).

BATOD, a non-profit volunteer organisation, is proactive in engaging in partnership CPD opportunities.

BATOD has invested in short-term roles to achieve:

- An up-to-date understanding of the needs and profiles of the specialist deaf school
- Revision of the NDCS RP survey created by RP QToDs for RP QToDs
- Deaf community liaison officer to support the current demand linked to the governments' focus on BSL/Irish Sign Language (ISL) Bill, BSL GCSE, and deaf representation.

BATOD is actively supporting members with an understanding of the NDCS Community Connector role as it is rolled out across the four UK nations.

**17. Early Career Teacher (ECT) Status (England): How has the introduction of ECT status affected your ability to recruit and retain newly qualified ToDs? What support or changes do you think are necessary to address these complications?**

### Positive impacts:

*“ECT status has positively influenced recruitment and early retention of newly qualified ToDs by providing structured induction, mentoring, and professional development.”*

*“ECT status has positively influenced recruitment and early retention... However, challenges such as high caseloads, specialist workload, and limited training capacity mean that additional strategies are needed to sustain recruitment and long-term retention.”*

*“Addressing recruitment and retention challenges requires structured mentoring, manageable caseloads, targeted CPD, incentives, service planning, and well-being support. These changes would allow newly qualified ToDs to develop confidence, thrive professionally, and remain in post long-term, ultimately improving outcomes for deaf children and young people.”*

*“The extended two-year induction period under ECT status provides more time for support, mentoring, and professional development – which can be attractive to those entering a specialist teaching role like ToD.”*

*“Schools receive funding for reduced timetables and mentoring, which may help resource the additional support needed for a new ToD to succeed in a complex role.”*

*“The ECT framework helps integrate ToDs into wider educational communities, promoting cross-disciplinary collaboration and professional learning.”*

### Potential barriers

*“The insistence on 2 years in a classroom and not in a base (or peri service) has meant we’ve lost 2 great teachers who wanted to join us as ToDs and do their ECT with us and then their ToD training.”*

*“Yes. 2 years is too long and can put off career change teachers from spending over 5 years retraining. Doing both simultaneously is even harder and may break new teachers.”*

*“There is far more on schools now, process takes much longer and requires more staff time. The amount of non-contact time means the ECT struggles when they get to the usual 10% PPA.”*

*“The ECT framework is designed for mainstream classroom teachers and does not fully account for the highly specialised nature of the ToD role.”*

*“Because of the need to complete QTS first, and then the MQ for ToDs, there is a delay in getting fully qualified ToDs into the workforce.”*

Also:

- Retention in specialist settings of staff who have been funded for ECT and the MQ
- Continuing mixed views on prior teaching experience requirements:

*“I think all ToDs should have a minimum of 2 years in mainstream education anyway; it’s good to know the NC [national curriculum] and to know how schools work. I did 5 years and I’m glad I did as 2 wasn’t broad enough.”*

*“I think you should have at least 3 years teaching experience before doing the ToD course.”*

### BATOD position on prior teaching experience

BATOD’s position is that at least two years teaching experience is essential for teachers entering the QToD profession.

BATOD has produced, with the five MQ course providers, a statement for employers on study leave for students undertaking the deaf education MQ.

## Part 3 – Existing BATOD resources – Usefulness of resources: Key findings

### 1. Generally positive feedback

*“What I use has been really helpful. I love reading the magazine over a month or so and often use recommendations. I should explore the website more. I think I like having paper in my hand.”*

*“The ones I have accessed have been good. It would be helpful for the curriculum and PUD [Personal Understanding of Deafness] to be available in a PowerPoint or similar to aid delivery to children and making them more visual.”*

*“I love the audiology curriculum resource and will continue to use it.”*

*“Love the new deaf curriculum stuff and the MESHGuides.”*

*“BATOD is a great source of resources.”*

### 2. Constructive criticism

*“Anything that requires payment is not accessible as too expensive – school cannot pay for all the staff to do it or go.”*

*“Resources online did not know exist or the ones I have looked at (a while back) did not support my role or delivery of the national curriculum.”*

*“Getting logged into the website members area can sometimes be a challenge. Also, finding time to do so is extremely challenging, so need to get on quickly and find what I'm looking for fast.”*

### 3. Suggestions for improvement

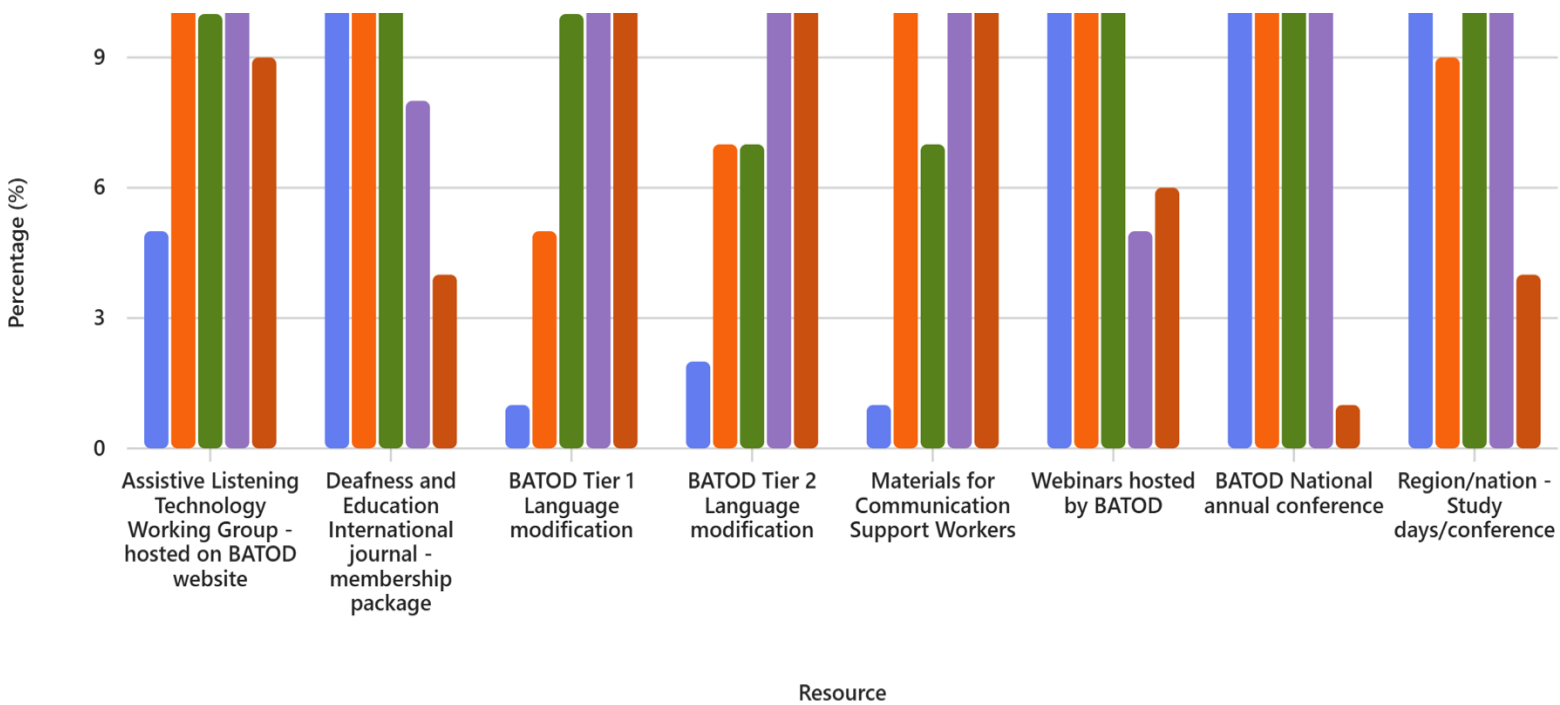
*“A list of all the above with links and a brief summary of what they are would be very helpful. We don't know what to search for on the BATOD website.”*

*“It would be good to highlight these on rotation in the newsletter.”*

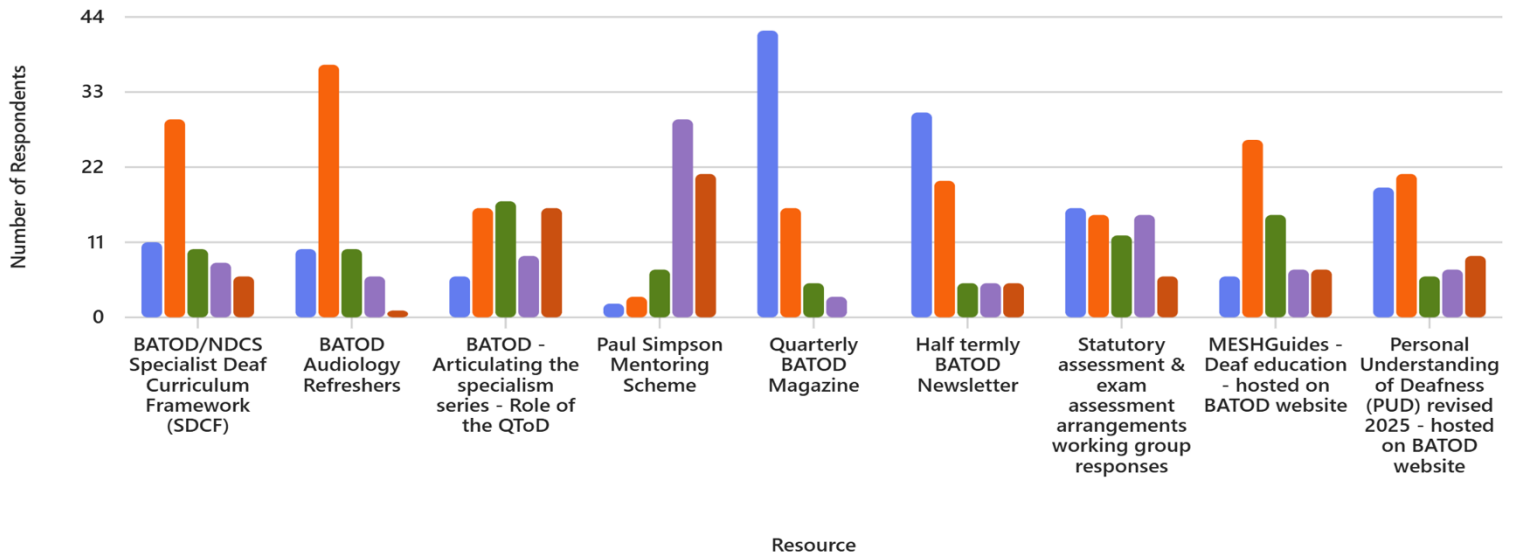
### 4. Gap in provision

*“Materials are rarely secondary school age related.”*

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■ Frequently 
 ■ Sometimes 
 ■ Rarely 
 ■ Not at all 
 ■ Did not know it existed



■ Frequently 
 ■ Sometimes 
 ■ Rarely 
 ■ Not at all 
 ■ Did not know it existed



## British Association of Teachers of Deaf Children and Young People

### Summary

BATOD is responding to member feedback by focusing on workforce support, targeted training, increased collaboration, resource accessibility, and ongoing advocacy. In line with BATOD's constitutional aims, these steps aim to address the challenges identified in the survey and enhance the quality and sustainability of services for deaf CYP and their families.

The membership survey is usually conducted every five years. BATOD welcomes feedback on the BATOD membership survey report. Contact lead author National Executive Officer, Teresa Quail, via [exec@batod.org.uk](mailto:exec@batod.org.uk)

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