

## Written evidence

Members of the Oracy APPG will consider written, verbal and audio-visual evidence and oversee oral evidence sessions. All evidence will inform the final report.

The extended deadline for submitting written evidence is 20th September 2019. We would appreciate if the submissions would follow the following guidelines:

- Be in a Word format
- No longer than 3000 words
- State clearly who the submission is from, and whether it is sent in a personal capacity or on behalf of an organisation
- Begin with a short summary in bullet point form
- Have numbered paragraphs
- Where appropriate, provide references

Please write your evidence below and email the completed form via email to [inquiry@oracyappg.org.uk](mailto:inquiry@oracyappg.org.uk) with the subject line of 'Oracy APPG inquiry'

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School or Organisation:

PR Manager

Role:

Written evidence:

## Written evidence from Auditory Verbal UK

### Executive Summary

1. This submission is sent on behalf of Auditory Verbal UK (AVUK) (Charity No. 1095133) to support the Oracy All Party Parliamentary Group's 'Speaking for Change' inquiry into the value and impact of oracy education in supporting learning and providing young people with crucial skills for succeeding in life beyond school, identify the barriers to children accessing and receiving quality oracy education and put forward concrete recommendations to change this.

2. AVUK submits evidence to show:

- a) The critical role of intervention in the early years of a child's life to ensure that work to address communication difficulties begins before a child starts school in order to give them an equal start throughout their educational journey.
- b) Investing in the early year's workforce is critical, both in training new professionals and upskilling the current workforce, to deliver excellent outcomes. The impact of early intervention can be seen in the short, medium and longer term, across departmental boundaries.

3. AVUK is an award-winning charity that has been transforming outcomes for deaf children in the UK since 2003. Approximately 80% of deaf children who spend 2 or more years on our Auditory Verbal parent-coaching programme have achieved spoken language equivalent to their hearing peers. Most achieve this by the time they start school. Their opportunities are transformed.

4. Children need high quality evidence-based approaches. We must look at the overwhelming need to support parents, teachers and health professionals to improve listening and speaking in the early years to build a solid foundation for success in school, university and beyond.

*"When our son started at AVUK he had over a two year speech delay, was struggling to make friends and was a very frustrated child. AVUK transformed his life and he is now flying at school, has age-appropriate speech, and lots of friends. We will be forever grateful."*

**Parent of a deaf child who attended our Auditory Verbal programme in pre-school years.**

### **The vital importance of investing in support for deaf children before they start school**

5. The UK has one of the world's best Newborn Hearing Screening Programmes and advances continue to be made in hearing technology. The Newborn Hearing Screening Programme in the UK was introduced on the premise that outcomes for deaf children could be improved by early identification of hearing loss and effective, family-centred, early intervention (Yoshinaga-Itano, Sedley, Coulter & Mehl, 1998).

6. Technological advances are greatly beneficial but do not solve all problems in learning to listen, to read and write. Amplification, through modern hearing technology alone, does not allow for optimal spoken language development (Wilkins and Ertmer, 2002). Effective family-centred support therapy is crucial if we are to benefit from this investment in technology. For deaf children to best develop their listening capabilities, a combination of optimally fitted hearing technology (i.e. hearing aids or implantable hearing technology) and an early intervention programme is needed (Yoshinaga-Itano, 2003).

7. Deafness is not a learning disability. However, if a deaf child has not had access to sound in the first three years of life and understood that sound has meaning, reading can be an extraordinary challenge. Deaf children are asked to recognise letters on a page, combine them to form words and understand the meaning of those words without ever having heard them. Helping a child learn to listen provides the best possibility that he or she will learn to read and write (Robertson, 2013).

8. Without effective early intervention, deaf children can typically acquire language at half the rate of their hearing peers (Svirsky, 2000). This can have a damaging effect on a child's literacy and numeracy skills and their educational attainment.

9. Auditory Verbal practice is a parent-coaching, early intervention programme that supports the stimulation of auditory brain development and enables deaf children with hearing aids and auditory implants to make sense of the sound relayed by their devices. Its success as an intervention is highly dependent on the engagement of caregivers adopting the strategies to promote listening, thinking and spoken communication (Bernstein, 2017).

10. Auditory Verbal practice is government funded in parts of Australasia and a mainstream approach in North America for teaching deaf children to listen, speak, and to achieve long term social and educational outcomes (Estabrooks, MacIver-Lux & Rhoades, 2016). In 2015, the National Board of Social Affairs in Denmark published recommendations advocating for the use of AV practice in the (re)habilitation of children with hearing impairment, using all kinds of hearing technology (Socialstyrelsen, 2015). Research from Australia and New Zealand shows that on average 80% of 696 children with permanent hearing loss in Australia and New Zealand graduate from an Auditory Verbal programme with the same spoken language skills as their hearing peers, when starting the programme before the age of three and a half (First Voice, 2015). Research from Denmark shows that children on an Auditory Verbal programme demonstrate advanced spoken language skills relative to other children who had received standard early intervention. (Percy-Smith et al, 2017).

11. In 2008, AVUK published detailed analysis of the outcomes of children attending its Auditory Verbal therapy programme. It found that for children spending 2+ years on the programme, 97% of deaf children without additional needs achieved age appropriate spoken language and one in two of deaf children who had additional and often complex needs, also achieved age- appropriate spoken language. (Hitchins ARC & Hogan SC, 2018)

12. Research shows that deaf children of hearing parents can experience significant delay in developing theory of mind (Schick et al, 2007; Hutchins et al, 2017). Auditory Verbal practice, as a parent coaching programme, recognises this crucial role that parents play in developing their children's spoken language skills and their theory of mind. Auditory Verbal practitioners coach the parents or carers to use Auditory Verbal strategies in their everyday activities. This means that parents are equipped to use every opportunity within a child's day, from having breakfast to having a bath, to develop their child's listening brain and their spoken language and socio-emotional skills giving them the opportunity to thrive among hearing peers at school.

13. A deaf child who begins an effective early intervention programme before the age of three and a half is likely to be more successful in listening and spoken language outcomes. Spoken language development, reading and writing are all auditory processes. Brain imaging of typically hearing children shows that when a child is reading, writing or

being spoken to, the auditory brain centre is activated. By developing that auditory brain, Auditory Verbal therapy lays the foundations for language development, developing strong literacy and numerical skills and giving deaf children an equal opportunity in the hearing world:

- a) Children who were enrolled prior to the age of six months were more likely to have age-appropriate language skills than children who were enrolled at or after six months. These age-appropriate language skills were maintained over time (Meinzen Derr et al, 2011).
- b) Children who were early-identified and had early initiation of intervention services within the first year of life had significantly better vocabulary, general language abilities, speech intelligibility and phoneme repertoires, and syntax as measured by mean length of utterance, social-emotional development, parental bonding and parental grief resolution (Yoshinaga-Itano, 2003).
- c) Children who were enrolled earliest demonstrated significantly better vocabulary and verbal reasoning skills at 5 years of age than later-enrolled children. Regardless of hearing loss, early-enrolled children achieved scores on these measures that approximated those of their hearing peers. Only two factors explained a significant amount of variance in language scores obtained at 5 years of age: family involvement and age of enrolment (Moeller, 2000).

*“We feel so optimistic about our little boy’s bright future. We know his deafness will not hold him back from achieving anything he wants to do.”*

**Father of a child who is profoundly deaf who has attended AVUK**

**Early intervention as a foundation for starting school**

14. Effective early intervention enables children to access a mainstream school curriculum, fulfil their educational potential and make and keep friends at school. According to latest figures released by the Department for Education and NDCS, 38% of deaf children were recorded as having achieved a “good level of development” in the early years, compared to 77% of children with no identified Special Educational Need (SEN) (NDCS 2019); 57% of deaf children in the UK leave primary school having failed to achieve the expected standard at reading, writing and mathematics; and on average deaf children across England underachieve by a whole grade per subject at GCSE compared to children with no SEN (NDCS 2019). The language delay can also jeopardize social and emotional development, increasing the risk of bullying and poor mental health. The impact can be lifelong.

15. According to the latest statistics from the Department for Education, 34% of deaf children were recorded as having achieved a “good level of development” in the early years, compared to 76% of children with no identified Special Educational Needs (SEN). It remains of concern that around two thirds of deaf children arrive at primary school having not achieved a good level of development in the early years (NDCS, 2018). In 2017, 61% of deaf children left primary school having failed to achieve the expected standard in reading, writing and mathematics, compared to 30% of children with no identified SEN (NDCS, 2018). On average, deaf children underachieve by over a whole grade per subject compared to children with no identified SEN at GCSE (NDCS, 2018). This gap has widened since 2016. A new Progress 8 measure was introduced in the UK to

compare what progress children have made between the end of primary and secondary school compared to other children of the same prior ability. Figures show that deaf children are not 'catching up' from their lower starting points as they move through secondary school (NDCS, 2018). Furthermore, an early language delay can continue to jeopardise future educational outcomes for deaf children and later employability.

16. In 2017, research from AVUK found that children who had been enrolled in an Auditory Verbal programme at less than five years of age had gone on to buck the trend of underachievement at school. Families responded to a survey and provided information about their child's recent Key Stage 1 results. Of the respondents who provided Key Stage 1 results, the majority achieved or exceeded the expected national standard for Key Stage 1 reading (85%), speaking and listening (84%), gGrammar, pronunciation and spelling (77%) and mathematics (87%) (Hogan & Hitchins, 2017). Research from Israel has also shown positive correlations between receiving Auditory Verbal intervention and academic variables (Goldblat and Pinto, 2017).: Significant differences were found between the study groups (AV graduates) and the control groups (deaf students without AV intervention) in all grades. Auditory Verbal intervention had a positive contribution to Hebrew and literature grades. These results suggest that graduates from Auditory Verbal programmes outperform adolescents and young people with hearing loss who were not rehabilitated via this Auditory Verbal intervention (Goldblat and Pinto, 2017). A common result of educational success was also found in three studies by Goldberg & Flexer (1993; 2001) and Lim, Goldberg & Flexer (2017). Across these studies an exceptionally high degree of full mainstreaming with "typical" high school graduation milestones, and post-secondary education almost exclusively at "mainstream" colleges and universities.

#### **Investing in a sound future for children with communication difficulties**

17. The Bercow: Ten Years On (Gross, 2017) report shows poor understanding of and insufficient resourcing for speech, language and communication needs. This means too many children and young people receive inadequate, ineffective and inequitable support, impacting on their educational outcomes, their employability and their mental health. Services are inaccessible and inequitable. Too often support for children's Speech, Language and Communication Needs is planned and funded based on the available resources, rather than what is needed, leading to an unacceptable level of variation across the country.

18. In 2016, Auditory Verbal UKAVUK published a cost-benefit analysis (CBA), which uses the HM Treasury model and robust evidence to quantify the cost and benefits of the Auditory Verbal programme at Auditory Verbal UKAVUK. It shows the benefits of early intervention include gains in areas such as quality of life, employment and productivity which are expected to be life-long. The CBA uses a 50 year project horizon to reflect that the majority of the benefits flow later in life (using a discount rate of 3.5%). Despite being highly conservative, the CBA shows that for every £1 invested, there is at least a £4 return (Auditory Verbal UK, 2016).

*"AVUK has helped us get the best for our son and for us as a family. It's meant him having the opportunity to learn as any other child. Listening to our son and his little sister in the back of the car having a full-on conversation is just amazing."*

**Mother of a child born with hearing loss who lost her hearing as a toddler and attended AVUK.**

#### **Recommendations**

1. Recommendation: Review the current provision for 0-2 year old deaf children to enable them to have an equal start at school, aged 5.
2. Recommendation: Ensure equal access to family centred early intervention services across the UK for deaf children.
3. Recommendation: Government investment is required in evidence based family-centred holistic early intervention programmes that deliver proven outcomes in the short, medium and long term.
4. Recommendation: Recognise the cost-benefit of supporting an early intervention programme for deaf children in the UK, by investing in training of speech and language therapists, teachers of the deaf and audiologists in the Auditory Verbal approach. This would replicate the successful approaches taken in Australia and New Zealand, North America and recently by the Danish Government to invest in an Auditory Verbal programme for deaf children aged 0-6.

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Additional guidance:

## Value and impact

1. Given many teachers recognise the importance of oracy, why does spoken language not have the same status as reading and writing in our education system? Should it have the same status, and if so why?
2. What are the consequences if children and young people do not receive oracy education?
3. What is the value and impact of quality oracy education at i) different life stages, ii) in different settings, and iii) on different types of pupils (for instance pupils from varied socioeconomic backgrounds or with special educational needs)?
4. How can it help deliver the wider curriculum at school?
5. What is the impact of quality oracy education on future life chances? Specifically, how does it affect employment and what value do businesses give oracy?
6. What do children and young people at school and entering employment want to be able to access, what skills to they want to leave school with?
7. What is the value and impact of oracy education in relation to other key agendas such as social mobility and wellbeing/ mental health?

8. How can the ability to communicate effectively contribute to engaging more young people from all backgrounds to become active citizens, participating fully in social action and public life as adults

## Provision and access

1. What should high quality oracy education look like?
2. Can you provide evidence of how oracy education is being provided in different areas/education settings/extra-curricular provision, by teachers but also other practitioners that work with children?
3. What are the views of teachers, school leaders and educational bodies regarding the current provision of oracy education?
4. Where can we identify good practice and can you give examples?
5. What factors create unequal access to oracy education (i.e. socio-economic, region, type of school, special needs)? How can these factors be overcome?
6. Relating to region more specifically, how should an oracy-focused approach be altered depending on the context?

## Barriers

1. What are the barriers that teachers face in providing quality oracy education, within the education system and beyond?
2. What support do teachers need to improve the delivery of oracy education?
3. What accountability is currently present in the system? How can we further incentivise teachers to deliver more oracy education to children and young people?
4. What is the role of government and other bodies in creating greater incentives and how can this be realised?
5. What is the role of assessment in increasing provision of oracy education? What is the most appropriate form of assessment of oracy skills?
6. Are the speaking and listening elements of the current curriculum sufficient in order to deliver high quality oracy education?
7. What is the best approach – more accountability within the system or a less prescriptive approach?
8. Are there examples of other educational pedagogies where provision has improved and we can draw parallels and learn lessons?