

# BATOD

British Association of  
Teachers of the Deaf

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## Inspirational role models



**The Ling-Madell-Hewitt  
(LMH) Test Battery**

**My first memories of  
being deaf**

**Working with and  
learning from families**

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### Inspirational role models

Martine Monksfield, BATOD President, highlights the importance of a role model(s) in the lives of children as they grow up. She reflects on her own experience and on how the role model profiles have evolved over the years since the spread of social media. She also picks out some deaf professionals now in leadership roles who may be an inspirational example for some deaf children and young people

I am sure nearly every BATOD member had a role model growing up, whether that be a film/TV star, sporting hero or someone they knew in real life who is a doctor, firefighter or teacher. Certainly today, inspirational role models are very different: YouTube stars, social media influencers, and lots of people with careers orientated around technology. As a deaf child growing up, I was often told an excellent deaf role model for me was Helen Keller, a very famous deafblind woman who lived in the early 19th century in America. It was very hard for me to relate to someone that long ago in a different era and who was blind as well. I did wonder if there were no other inspirational deaf people born after her! It was a real shame that I only discovered the Deaflympics and the likes, post deaf boarding school as that would have been my area to look to for inspirational deaf role models I could relate to (I am still feeling sore I didn't know about the Deaflympics while at this deaf school as I like to think I could have continued my swimming talent and swum for Ireland, but I digress!)

We do have to be careful of 'inspirational porn', where our 'difficulties' are seen as amazing. How often do we see videos on social media of people with disabilities doing 'normal things' and are heralded as absolutely astounding? I've often been told I am 'amazing' just because I am Deaf. I'd like to be 'amazing' for my job, my wonderful children, being a great wife, friend, etc, but not solely for living and breathing as a Deaf person!

Socialisation for deaf children is so crucial for the opportunities to meet other deaf role models, and also other deaf children like them. It's so important they get a good number of opportunities to meet a range of deaf people: from those who use cochlear implants, hearing aids and bone anchored hearing aids, to those who use speech, sign or both. It's crucial we ensure these opportunities are also diverse in ethnicity reflecting our deaf pupils. I can still remember the weekend I spent in Northern Ireland with other deaf children for the first time at the age of ten, some of those who I still know to this day. That was how much of an impact that weekend had on me – I only wish I had more of them. You may have recently seen a programme by See Hear where they filmed a range of deaf children spending some time together in a

mockup classroom, being taught by award-winning teacher Alysha Allen.

No doubt lots of young deaf children will be saying their inspirational role model is Rose Ayling-Ellis, after winning Strictly Come Dancing (I said she would win, didn't I!), which was absolutely amazing to watch on the evening itself. I hope some of you managed to go and see her on the Strictly tour which was accessible with a British Sign Language interpreter on screen so you could book tickets, like a 'normal' person, for once!

Other inspirational role models I must mention are Hermi and Heroda Berhane (@being\_her) who are making waves in the magazine and fashion world – I am in awe of the strides they have made and continue to make.

We are also beginning to see more deaf people in leadership roles, and also in jobs historically deaf people weren't always able to aspire to: Dani Sive and Lesley Reeves-Costi as Headteachers, Laila Doobeh and Catherine Drew as Deputy Heads, Rebecca Mansell as Chief Executive Officer of the British Deaf Association, Abigail Gorman as Policy and Public Affairs Manager at Sign Health, Meghan Durno as a vet nurse, Asha Hilton as a paediatric nurse, Mark Twine as a senior designer for Hayu, and Luke Christian as a fashion designer (he designed the sign language T-shirts for Comic Relief). The best thing is that it is easier than ever to find inspirational role models through social media and link them up with the deaf children and young people you work with. One of my absolute favourite things to do in my last teaching job was to have a day every term where I had a deaf role model come in and talk about their job and then we would do an activity around this job.

Nowadays, with the knowledge of how crucial it is for deaf children and teens to meet others, one of the first things I often do as a peripatetic Qualified Teacher of the Deaf when meeting deaf children and teenagers for the first time, is to gauge if they're into sports – usually football – and get them linked up to deaf football clubs, camps, scouting sessions, etc where possible. The social and emotional benefits of being around other deaf people are absolutely priceless and serve deaf children well in the long-run for their own self-esteem and confidence. Many other deaf teachers and I are living proof of this.

### Check out the National Deaf Children's Society's Deaf Works Everywhere campaign

that aims to get more deaf young people into work, and into jobs that inspire them. Together opportunities can be created for children and young people to engage with more inspirational role models.

[www.ndcs.org.uk/information-and-support/education-and-learning/deaf-works-everywhere](http://www.ndcs.org.uk/information-and-support/education-and-learning/deaf-works-everywhere)







### From your editor

This edition presents articles that capture 'inspirational role models' who have inspired the author(s) for a range of reasons. One example is Leanne

Herbert's reflections on the memories of her first qualified Teacher of the Deaf, Ann Chapman. BATOD has featured due to the inspirational work of the individuals behind the project eg CHIVA's article on the new youth-friendly BSL resource to educate children and young people about HIV.

The general section of this edition has interesting articles including Cecilia Johnston's account of the deaf wellbeing work within her resource provision, a reprint of AG Bell's article in the new Ling-Madell-Hewitt (LMH) test and an area caseload evaluation review of supporting language development in deaf children with cochlear implants from low-income families in Tower Hamlet's by Specialist Speech and Language Therapists for deafness, Lauren Newman and Rachel Chadwick.

Everyone; child, young person, parent, professional, has the potential to inspire someone. Perhaps these articles will inspire you to author an article for a future BATOD magazine edition. If you would like to discuss a format or content before starting to tap the keyboard letters, please do contact me via [batod\\_aneo@icloud.com](mailto:batod_aneo@icloud.com)

TQuail

### Future issues will focus on:

<b>May</b>	Mainstream support
<b>September</b>	Reflective practice in deaf education
<b>November</b>	Literacy and Numeracy

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## Need to contact BATOD about other matters?

Talk to Co-National Executive Officers **Paul Simpson** and **Teresa Quail**  
 Email Paul: [exec@batod.org.uk](mailto:exec@batod.org.uk)  
 Email Teresa: [batod\\_aneo@icloud.com](mailto:batod_aneo@icloud.com)

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# My first memories of being deaf

**Lianne Herbert** shares her recollections of a qualified Teacher of the Deaf who left lasting impressions on her

We moved from London to Banbury, Oxfordshire in 1991, which is when I was diagnosed as deaf. I had bilateral sensorineural severe to profound deafness. The advice given to my parents in London was to send me to a Deaf boarding school from a young age. My parents didn't want that for me. Fortunately, my dad's job meant we moved to Banbury, so that's what the four of us did.

Once we moved to Oxfordshire, within two weeks I was fitted with the 'best fit' earmoulds and hearing aids at John Radcliffe Hospital. I have a vague memory from the age of 3 of being on a bus and pressing the bell and hearing the 'ring!' for the first time. I kept pressing it again and again, and I looked around the bus wondering where that sound was coming from. I looked at my mum and she had tears down her face.

I had speech therapy and Teachers of the Deaf coming to help me learn how to talk and listen to the sounds that I heard. I remember my mum's voice getting me to learn different words and Ann Chapman teaching me maths amongst other things. I remember my head feeling overloaded with all the new sounds and the amount of concentration I had to do with my analogue hearing aids. I can remember Ann Chapman having cubes on a table in our dining room and she was trying to explain that  $2 \times 0 = 0$ . I thought it equalled 2. She said, 'no', and kept demonstrating it to me using the cubes. It didn't make sense at first but it slowly did.

Ann was always patient and caring towards me. She never seemed to show frustration when I got things wrong or didn't understand. I finally learnt how to speak, like a hearing person, at the age of 5, much to everyone's amazement! I was taken to talks for others to hear me and have me as an example of how well a deaf child could speak if given the same groundwork as a hearing child.

I have heard Ann Chapman has died and I wanted to reach out to her to say, 'I remember you'. I will always think of Ann as having white hair and I even remember taking the photograph with her! She helped to give me a head start in life, and for that I am eternally grateful.

Lianne's mum, Sandra, has this to say: "Ann Chapman was our second Teacher of the Deaf, and she came out of retirement to support Lianne when the first teacher left. She was a lovely white-haired Christian lady, who had worked with deaf children, and I believe she had been head of deaf

services in Oxford before retiring.

She visited Lianne once or twice a week and was committed to the 'aural approach', which was the Oxfordshire policy. The emphasis was to teach all deaf children to speak and not use sign language, including the profoundly deaf children. Ann worked closely with Lianne at home, giving her different activities including visual aids and giving her as much language as possible. We were introduced to a nursery where we met other parents with deaf children and we were able to discuss issues with them.

One of the first things Ann invited us to was a summer school at Warwick University, which had classroom activities for the deaf children and the opportunity to meet even more parents of deaf children. We stayed in the students' halls of residence. There were also stands from the National Deaf Children's Society (NDCS) showing and demonstrating the latest equipment available for deaf children to help them in different situations, such as the loop system, the radio and mic system, different items such as door bells that flashed to alert the deaf person, and alarm clocks that vibrated and flashed, etc. It was a very informative event.

Ann told us about the annual summer garden party in Oxford where we met families with deaf children. There were plenty of games, food, raffles and fund-raising for the Oxford Deaf Children's Society (ODCS).

Ann was very fit and completed a fund-raising bike ride from London to Brighton. She rode her bike with her young grandson David as a passenger, and we followed driving her car complete with a trailer so she could drive back home after the event.



*Lianne with Ann Chapman in the 1990s*

Ann welcomed visits to her house where we met her husband Guy, who was the vicar of the local church. We made several visits there over the years, even when she 'retired' again.

She kept in touch with our family with cards and updates about her family and new grandchildren, and she had a phone call every year on her birthday in January from our family.

We kept in touch with her, sending a photo of Lianne's graduation.

It was noticeable when the Christmas cards and letters stopped coming. When we phoned, Ann's husband informed us that she had become hard of hearing and was unable to talk to us. After years of working with deaf

people, she became deaf herself. He also informed us that she had dementia, and we eventually lost contact with them.

We have fond memories of her, and the support she gave Lianne is priceless." ■



*Lianne Herbert is a writer/poet/playwright and has written numerous articles for the website The Limping Chicken with one of the latest being called Psychosis and Me.*

## Tenth anniversary event for Con Powell Memorial Scholars

**This summer, a scholarship programme to support the next generation of Qualified Teachers of the Deaf (QToD) will mark its tenth anniversary with a special event for its current and former students.**

Launched in 2012 by deaf children's charity and grant maker Ovingdean Hall Foundation (OHF), the Con Powell Memorial Scholarships (CPMS) is a special programme for teachers to train to become QToDs. The scholarships are named after Con Powell, the first president of BATOD and the first Chief Executive of OHF's partner organisation the Ewing Foundation, a charity that supports the education professionals working with deaf children and young people across England and Wales.

Over the past decade, the CPMS has helped to increase the number of QToDs by funding teachers whose school or local authority is not obliged to support them financially. BATOD manages the CPMS, with students receiving support from the Ewing Foundation's team of deaf education and audiology specialists.

To mark the anniversary, OHF and the Ewing Foundation are holding a special event in York on 25th June 2022. The afternoon tea will be an opportunity for scholars to celebrate with one another and to meet with Trustees and staff.

"If you are a current or former Con Powell Memorial Scholar, we would love you to join us for this networking and opportunities event", said Helen Martin, an Education Advisor from the Ewing Foundation. "We look forward to hearing from you!"

Please contact Helen at [helenm@ewing-foundation.org.uk](mailto:helenm@ewing-foundation.org.uk)

OHF offers up to five CPMS per year for teachers to train to become QToDs. The current CPMS are open until 8th April 2022. Please visit [www.batod.org.uk/about-us/con-powell-scholarship](http://www.batod.org.uk/about-us/con-powell-scholarship) to find out more.

### About us

Ovingdean Hall Foundation (OHF) is a small, national charity and grant maker providing opportunities for deaf children and young people. It funds a range of projects including communication resources, sports, music and drama activities, psychological support, and training and research grants. OHF marks its tenth anniversary in 2022.

Ewing Foundation is a small, national charity promoting inclusion and achievement for deaf children and young people through listening and speaking. Their mission is to provide the optimum teaching and learning environment for professionals and the deaf children and young people they support. Ewing Foundation marks its seventieth anniversary in 2022.

### Contact:

Email: [info@ovingdeanhall.org.uk](mailto:info@ovingdeanhall.org.uk)  
Tel: 01273 301929  
Text: 07778 599939





# New youth-friendly BSL resource to educate about HIV

CHIVA share an overview of a new production for young people by young people

A short film written and co-directed by young people who have grown up living with HIV has been launched to raise awareness of HIV among the deaf community

The film called Paris was commissioned by the charity Children's HIV Association (CHIVA), which supports children, young people and families living with HIV. The charity works to ensure that children and young people living with HIV have the treatment and care, knowledge, understanding, skills and wider support needed to live well and achieve their greatest potential.

The idea for the film Paris came from the CHIVA Youth Committee (CYC) – a vibrant and inspirational group of young people who get involved in a wide range of projects and campaigns with the charity. Members are aged 12–18 years old and are living with HIV. The CYC reviews CHIVA's work at regular meetings and ensures that the voices of children living with HIV are heard and influence the charity's work and developments.

At a meeting in 2021, a member of the CYC who is deaf, told the group that in general, the deaf community do not have good knowledge of HIV. The interpreter who was present agreed that there is nothing youth-friendly and up-to-date about HIV for the deaf community. The group felt strongly that the deaf community should have access to information about HIV. CHIVA teamed up with another deaf charity, SighHealth to talk about what could be done to address this and came up with the idea for a short film.

The CYC then formed a small film group and brought in Kris Deedigan at MyLife productions to help write the script and produce the film. The film was produced with support from BSL interpreters and a BSL teacher.

Paris is the first youth-friendly British Sign Language (BSL) resource to educate about HIV. It follows the story of two friends growing up in a children's home. The two main characters are played by young, deaf actors, Eloise Pennycott and Jamal Ajala. Both characters are deaf and communicate in British Sign Language. One of the friends is living with HIV. When the other friend finds out, they are initially negative and express stigma, but through the course of the story they are educated about HIV and change



their view.

Paris is a useful resource for Teachers of the Deaf who may be looking for up-to-date health information that will resonate with their students.

## HIV information

HIV is a virus, but unlike flu, it is a 'blood-borne virus', which means it can only live inside fluids within the body.

Everyone's body has an immune system (this is what fights off illnesses). The HIV virus attacks the immune system cells and makes copies of itself, which kill off the helpful immune system cells and so, after a while, the immune system cannot fight off colds and other illnesses as easily anymore.

There are very good medicines that people living with HIV take, called antiretroviral therapies (ART). These stop HIV from attacking the immune system.

It is important to know that HIV is not the same thing as AIDS. AIDS means a group of illnesses you get when your immune system hasn't been working properly for a long time.

The medicines can't get rid of the HIV virus completely, but people living with HIV who are on effective HIV treatment can live a long, healthy life. They may never get what is termed an AIDS-defining illness.

You cannot get HIV from kissing, cuddling, or sharing drinks, plates or toilet seats. There are only a few ways you can pass on HIV. If a person living with HIV has sex without a condom and they do not have an 'undetectable viral load' (this means their HIV is fully suppressed or 'asleep' for more than six months), HIV can get into the other person's blood.

However, if someone living with HIV is taking ART and has an 'undetectable HIV viral load' there is no way they can transmit the virus to sexual partners. The phrase U=U (undetectable=untransmittable) is now widely used.

HIV is a medical condition that carries a lot of stigma. HIV stigma is when a person is treated badly because they are living with HIV. Stigma is often based on the wrong information and stereotypes.

Paris is a thought-provoking film that challenges the stigma that



many people living with HIV face, and it busts some of the myths around how HIV can be passed on.

Anyone wishing to follow in the footsteps of Strictly Come Dancing's Rose Ayling-Ellis will surely also be inspired by the young, deaf actors in this film.

Watch the film at: [www.chiva.org.uk](http://www.chiva.org.uk)

For more information about HIV visit: [www.chiva.org.uk/hivfacts](http://www.chiva.org.uk/hivfacts) or contact Sam Williams via [sam.williams@chiva.org.uk](mailto:sam.williams@chiva.org.uk)



Sam Williams is the Communications and Engagement Manager for CHIVA

## BATOD representation opportunity



BATOD members will be familiar with FEAPDA (Fédération Européenne des Associations de Professeurs de Déficients Auditifs; the European Federation of Associations of Teachers of the Deaf) through occasional articles in the magazine. BATOD has been a strong FEAPDA member for many years. Indeed the current President and Vice-President are Alison Weaver, BATOD Treasurer, and Paul Simpson, co National Executive Officer.

**From September 2022 BATOD will need a new representative on the FEAPDA council as Paul will be stepping down which will leave a council member vacancy in BATOD representation.**

The duties are not onerous but presuppose an interest in, and some knowledge about, deaf education in Europe. Despite Brexit the UK remains a key member as it is a Europe-wide body not specifically linked to the EU.

**There is an annual meeting (currently via Zoom but in more normal times in Luxembourg) and attendance at the congress which takes place every two or three years. The next congress is in Tallinn in Estonia in September. It is hoped it will be 'in person'. The language of FEAPDA is English, so all meetings are held in English, wherever the venue.**

The other duty is to liaise with BATOD's NEC and keep the association updated with FEAPDA's activities whilst representing BATOD's activities and policies to FEAPDA. This includes feeding back any issues/actions to NEC and writing articles for the magazine.

**BATOD is responsible for all necessary expenses.**

**More information can be found here on the FEAPDA website: [feapda.eu](http://feapda.eu)**

If you are interested in the council member opportunity and are a full member of BATOD please send a letter or email expressing your interest and reasons for your application to Alison ([treasurer@batod.org.uk](mailto:treasurer@batod.org.uk)) and Paul ([batod\\_neo@icloud.com](mailto:batod_neo@icloud.com)) by the **31 March 2022 deadline**.

If you would like more information about the role before making a commitment, please do not hesitate to contact us.



Luxembourg





# The 'Paul effect'

**Rory McDonnell** and **Tina Wakefield** describe why we professionals in deaf education often find ourselves thinking 'Better call Paul' or advising our peers to 'Just ask Paul'

We were recently chatting about who we felt were inspirational figures in the field of deaf education and, of course, the first name we came up with was Paul Simpson. He is probably more known to Qualified Teachers of the Deaf (QToDs) than any other figure and in a lighter moment has been referred to as 'the glue that holds the profession together'!

He is such an inspirational figure in our sector and has been supporting and encouraging QToDs, ToDs and linked professionals through his work with BATOD since the early 1990s. His role as National Executive Officer of BATOD (now shared with Teresa Quail) really developed into the immense job of finding out about and working on, whatever anyone asked him to do. Luckily, he just loves a challenge.

One of BATOD's greatest strengths is the community of professional support it provides for us all. Paul's tireless enthusiasm and warmth lies at the heart of this.

Have you ever needed advice, be it formal or informal? And did you call or email Paul?

"What do you think about blah blah?" and each and every time he has been there with such a good humoured, very prompt reply, and intelligent advice that just makes good sense. For many of us, Paul is seen as the fount of all knowledge of deaf education in the UK.

The 'Paul effect' is not just limited to the nations that make up BATOD but throughout Europe in his work as Vice-President of the European Federation of Associations of Teachers of the Deaf (FEAPDA). He has helped FEAPDA enable European deaf educators to learn from best practice in the UK and vice versa. We know he loves the regular visits to European cities, where he can spread the



news of good practice in the UK and soak up ideas from across the continent to feed back to us in BATOD. Only Paul can make committee meetings seem like a holiday! After hearing his feedback we always think 'mmm, a congress in Macedonia (etc), that sounds really good...'.  
'If your actions inspire others to learn more, do more and become more, you are a leader' is a quote that relates so well to how Paul inspires other QToDs, and indeed all other people who meet him.



*Paul Simpson, Alison Weaver and the President of North Macedonia in 2019*

Tina remembers when she was a new ToD and had just joined the North Region Committee. She was extremely nervous and aware that she knew nothing about deaf education, and nobody at all in BATOD. Paul went out of his way to reassure her, saying we were all there to learn, and that he knew that because he, himself, would never stop learning.

This positive view of learning is still apparent in his current membership of many national working groups such as that for the development of an Apprenticeship Training for ToDs and the Deaf Education Support Forum. He always asks for information that is then added to his already encyclopaedic knowledge of deaf education. Paul is





strongly committed to the mandatory qualification for ToDs and this helps us all, knowing that he consistently advocates for the training to be of the highest standard and that this must be reinforced by the Code of Practice and the Department for Education (DfE). By doing this, Paul is ensuring that we maintain high professional standards that have a positive and lasting impact on the children and young people we work with.

There are many nights after committee meetings (usually at a curry house) when he suddenly says something so clever, erudite and yet humorous, and causes all the committee members, old and new, to fall about laughing, but also to perhaps realign their thoughts.

He completely understands the need to communicate to BATOD members, old and new. He always encourages the use of the website and forums, and supports the talks to students, but his crowning achievement must be this magazine. For many years as editor, he has made this magazine what it is now – a reflection of his personality – knowledgeable, accessible and fun! Teresa, who has recently taken over the role, has a hard act to follow.

Some ToDs work in small teams where they might be the only one; knowing that Paul and BATOD are there is vital for those ToDs. Rory remembers on many occasions asking Paul for advice and it is always given with warmth, encouragement and good humour. It could be something simple like, 'What's the maximum ratio of deaf children to a QToD in a provision?' (Paul knows!), or something strategic

about future development of post-16 support for deaf students, and as ever he has such knowledgeable and helpful ideas.

If we were to list all of the different committees, governor and trustee roles, consultations, and conferences that Paul has been involved in to support BATOD and deaf education, we might take up the rest of this magazine and most of the next. What it shows is the zeal and energy that he gives to our sector. Paul has a passion for deaf education that is infectious and we are all better Teachers of the Deaf as a result. ■



*Tina Wakefield is a Qualified Teacher of the Deaf and Education Consultant, currently working for NDCS and NatSIP.*

*Rory McDonnell is the Team Leader with Royal Greenwich Sensory Service.*

# They say

On Friday 18th March 2022, **Martine Monksfield**, an inspirational role model for many, stood at the BSL rally and presented this poem that she created

**They say** why can't they use subtitles  
Subtitles are great for pre-recorded television  
Cinemas and theatres (once in a blue moon)  
But subtitles can't give language between a parent and  
their deaf baby,  
Subtitles can't repeat jokes,  
Subtitles can't clarify information,  
Subtitles can't keep up with live TV,  
Subtitles can't relay all the marvels of social human  
interactions  
You can't take subtitles into a doctor's appointment, a  
discussion at the bank about your mortgage or to  
parents' evenings at schools or to hospital appointments

**They say** why can't they use paper and pen  
Hands move faster than writing  
And if you've been language deprived, written English is a  
mountain to climb with no gear  
And even if your English is great, writing becomes a daily  
essay about complex issues that takes so much & is  
wearing  
Conversation by hands move faster covering all angles and  
levels

**They say**, parents, don't use BSL, it will stop them talking  
But BSL opens doors to help language flourish and with  
amplification, speech naturally follows  
Without full access to spoken language it's a book with  
words and chapters missing  
Missing words and chapters leads to language deprivation  
Give them the whole book, words, chapters, illustrations,  
through BSL and spoken language  
Watch them grow and see their understanding of the  
world become clear and their confidence soar as  
bi-modal bilinguals

**They say** why can't they learn to talk  
It's exhausting being conscious of pronouncing every single  
word correctly all the time  
Pulled up on every word you don't say properly  
Deaf voices, deaf accents, it's always highlighted  
And you're always told you speak well for a deaf person  
Success often wrongly interlinked with the clarity of  
speech  
Our intellect and contribution to society completely  
side-lined  
We may be able to talk to express  
But we can't always hear or understand information  
coming in



**They say** why can't they learn to listen  
This gorgeous wonderful world is lively and noisy  
Listening brings cognitive fatigue  
Hearing aids, cochlear implants, BAHAs, radio aids are  
a marvel of technology to assist but work best  
when its quiet  
they cannot solely give you language on its own; only  
human interaction can

**We say**  
BSL is at its heart is about language & communication  
a world so rich & colourful that transcends through words  
We have a rich language, culture, a history that can make  
you cry and be proud of at the same time  
When in full flow we flourish with positive deaf identities  
involved in this world  
It belongs to every single Deaf person  
Yes you, even if you were brought up oral and denied  
access to BSL  
We are here. We have always been here. We are not going  
anywhere.

## BSL Act NOW



*Martine Monksfield is president  
of BATOD*



# Inspirations from the past

**Ted Moore**, regular author for our articles featuring some of the historical aspects of deaf education, reflects on past figures who, for him, had an impression on deaf education

I arrived in a Primary School for the Deaf having taught for 7 years in mainstream secondary schools.

I wanted to have a change of career but I also I thought I might help make a difference to those children who had difficulty in coping with everyday life. Various channels led me to contemplate working with deaf children. A challenge was on!

I had no idea of the complexities I would encounter, eg while I wrote things on the blackboard the 'little dears' were signing behind my back "stupid old man" etc. It took some time to adapt.

After one year I was allowed to have a year off to undertake my ToD qualification (except for teaching practice(s)! It was during this year that I became aware of the multifaceted issues in this area of teaching.

I guess, at the time, I didn't have any heroes/heroines other than in the school I worked. Teachers of deaf children from the past were only referred to in the essays I had to write.

It was only after this experience that I began to appreciate those people, who in various eras, had contributed to the advances made in provision and evolved ways in which deaf children could learn, engage with and contribute to society, become skilled and have ambitions that could enhance their lives.

So, in chronological order I have listed those people whose contributions helped to inspire me in my work and life.

## **Pedro Ponce de León (1520 – 1584)**

He was a Spanish monk, a Benedictine of the monastery of St. Salvador. He educated two brothers and a sister of the Constable of Castile and a son of the Grand Justicia of Aragon all of whom were born deaf and dumb. He aimed to enable them to 'speak, read, write, reckon and pray'. (R. Lee).



*Pedro Ponce de León*

They all made rapid progress under his tuition and very rapidly they were not only able to read and write correctly but also to answer any question put to them. Another of his pupils, a Benedictine, was able to make confessions and explain the Creed by speech. Apparently

he published his methods of teaching but unfortunately the work was lost. He also invented signs to get around the vow of silence.

## **Charles-Michel de l'Épée (1712 – 1789)**

Charles-Michel de l'Épée (French) was a philanthropic educator of 18th-century France who has become known as the "Father of the Deaf" and was the founder of the first public school for the deaf in 1760.



*Charles-Michel de l'Épée*

He studied to be a Catholic priest and in due course he turned his attention toward charitable services for the poor and, on one foray into the slums of Paris, he had a chance encounter with two young deaf sisters who communicated using a 'sign language'.

He then developed a strong obsession for helping the numerous poor deaf children in Paris. He acquired royal funds from a disused convent and determined to teach these children the fundamentals of religion. He invented a system for spelling out French words with a manual alphabet, and expressing whole concepts with signs for every part of speech and created a language following its own word order and syntax. As time went on this became simplified. (M.G.McLoughlin)

It was not easy going as he was severely criticised by Samuel Heinicke (1780) who was strong believer in the German oralist approach.

L'Épée died at the beginning of the French Revolution in 1789, and his tomb is in the Church of Saint Roch in Paris. Two years after his death, the National Assembly recognised him as a "Benefactor of Humanity" and declared that deaf people had rights according to the Declaration of the Rights of Man and of the Citizen.

## **Henry Baker (1698-1774)**

Henry Baker was an English naturalist, microscopist and scientist and he did much valuable work in teaching the deaf and dumb.



*Henry Baker*

In 1720 after finishing his studies he went to stay with a relative whose daughter had been born deaf. Baker felt inspired to

teach the child to read and speak and was so successful that he became in great demand as a teacher both of the deaf and dumb and of those with speech defects.

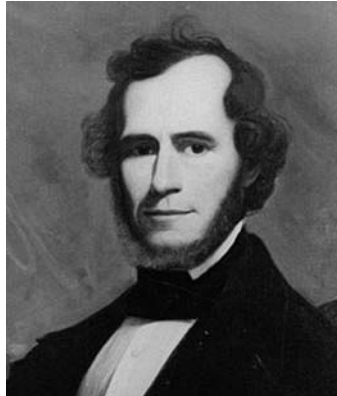
He amassed a considerable fortune and possibly it was for financial reasons that he kept his teaching methods secret. But, four manuscript volumes of exercises written by his pupils have survived and are in the library at Manchester University.

Baker's work with the deaf attracted the interest of Daniel Defoe, one of whose novels, 'The Life and Adventures of Duncan Campbell' was about a deaf conjurer.

### Thomas Braidwood & family (1715-1806)

Braidwood originally established himself as a writing teacher, instructing the children of the wealthy at his home in Edinburgh.

In 1760, he accepted his first deaf pupil, Charles Shirreff, aged ten who was the son of Alexander Shirreff, a wealthy wine merchant, who convinced Braidwood to undertake to teach the deaf-mute child to write.



Thomas Braidwood

Braidwood changed his vocation from teaching hearing pupils to teaching the deaf, and renamed his building Braidwood's Academy for the Deaf and Dumb, the first school of its kind in Britain. Braidwood developed a combined system for educating deaf students, which included a form of sign language and the study of articulation and lip reading. This early use of sign language was the forerunner of British Sign Language (BSL), recognized as a language in its own right in 2003 and will likely be given an 'official status' in March 2022.

Braidwood married on 1 October 1752 and had three daughters, all born in Edinburgh between 1755 and 1758. All three daughters followed Braidwood in becoming teachers of the deaf

In 1783 Thomas Braidwood moved with his family to Hackney on the eastern outskirts of London, and established the Braidwood Academy for the Deaf and Dumb in Grove House, off Mare Street.

Braidwood died in 1806, in the parish of Hackney and Isabella the youngest daughter, continued the running of the school after Braidwood's death. The heirs of Thomas Braidwood taught speech to paying pupils and allowed signing for the massed poor.

### Thomas Arnold (1816-1897)

Thomas Arnold was a studious boy and was taken into the class of the local rector, Rev. George Kirkpatrick, who was prepared to pay for his university education. Arnold's father wanted him to stay working with him as a carpenter and cabinet maker, which he did, until his

brother took over that role.

Thomas encountered a boy, James Beatty, who had been taught using sign language and had been taken on as an apprentice by Thomas's brother. This then became Thomas' starting point for his interest and involvement in deaf education.



Thomas Arnold

He became an assistant teacher at the Yorkshire Institute for the Deaf and Dumb in Doncaster. While there he tried teaching speech to a class but gave up as the 'combined method' was the one predominant in the School. He only stayed for 2 to 3 years, then went to Australia engaged in religious activities. He returned to England and in 1868 he began to use the 'German Method' (oral approach developed by Samuel Heinicke in Leipzig).

He had sufficient funds to open the Oral School for the Deaf in Northampton. He initially took on one pupil, Abraham Farrar, who did extremely well by going on to matriculate at London University.

Encouraged by this Thomas took on more young deaf people, never more than 8 at a time but none were able to reach the heights of Farrar. During these years he published a number of pamphlets and books containing the methods he was using. This included one major work: *A Method of Teaching the Deaf and Dumb, Speech, Lipreading and Language* (1881) – of which I am a proud owner of a copy!

Although Arnold was firmly committed to the 'oral approach' he was not narrow minded and in 1881 he wrote that the sign system was so well advanced and traditional that it was going to be difficult to change.

In his obituary, Farrar says of Arnold:

*It goes without saying that he was a strong advocate of the oral method, but he did not go so far as some, for he recognised that the natural signs used by the deaf cannot be wholly dispensed with at the initial stage. The manual method he did not condemn as such, but held it to be inferior to the oral in educational efficiency. On the other hand, the combined method had no more uncompromising opponent. That many of the views embodied in his works should not command universal assent is only to be expected, but it is unquestionable that both by his example and writings and his freedom from sordid motives, Mr. Arnold has done much to raise the standard of teaching, and in consequence to elevate the deaf as a class.* (Farrar, 1897, p.303)

Arnold died on the 21st of January, 1897.

**Addendum:** There was no mention, I could find, of the use of residual hearing or hearing aid devices, e.g. ear trumpets.



## Late 1700s – 1800s

### Dr. Richard Elliott (1836 – 1923)

Elliott became a trained teacher (very young!) and then accepted a post at the Old Kent Road Asylum for the Deaf and Dumb in 1855. He was appalled what he found there. So, by patiently widening his experience, he developed his expertise and challenged the powers that be.



*Old Kent Road Asylum for the Deaf & Dumb*

He believed that the academic potential of deaf children was not being fully realised and that it was necessary to "ensure a supply of teachers of knowledge, experience and ability "if the situation was to be vastly improved".

He became Headmaster of the Royal School for the Deaf at Margate in 1874. Then, in 1878, Elliott became principal of both The Old Kent Road and Margate institutions. Although some Teachers of the Deaf at that time held specialised qualifications, these were generally unrecognised by the government and the wider teaching community. (M. McL)



*Royal School for the Deaf, Margate*

Thus in 1885, Elliot founded the College of Teachers of the Deaf and Dumb (CTDD) in order to establish and administer an officially recognised diploma for teachers, generally based in schools, of deaf children. The CTDD was not the only institution to award this type of diploma. In 1907, therefore, following negotiations between the CTDD, the Society for Training Teachers of the Deaf and for the Diffusion of the German System, and the Association for the Oral Instruction of the Deaf and Dumb, the Joint Examination Board was formed. The three colleges remained as separate entities, but a single, unified diploma was introduced. In 1918 the CTDD merged with the National Association of Teachers of the Deaf and was

renamed the National College of Teachers of the Deaf (NCTD). After a split in 1959 when a break-away group formed the Society of Teachers of the Deaf (STD), the two bodies reunited in 1976 to become the British Association of Teachers of the Deaf (BATOD).

### Susannah Elizabeth Hull (1843 – 1922)

Susannah Elizabeth Hull was born in Camberwell. She was first attracted to work with deaf children on reading about Laura Bridgeman, an American deaf-blind lady, and was also told by her father of the case of two deaf children. In 1862-3 she became interested in a small girl who was left deaf, blind, and paralysed by scarlet fever.



*Susannah Hull*

Accordingly she opened a small home school in 1862, in her father's house in Kensington,

She began work to preserve the speech of children who had lost their hearing and kept an open mind as to what other people were doing around the world.

Six years later the family moved to Ealing to allow for an expansion of the school. Then, in 1878, the Ealing College was founded and an amalgamation took place with her own practice and that of Mr. Arthur Kinsey who was appointed Principal of the Ealing College with Miss Hull as Vice Principal. The College was funded by Mr & Mrs St. John Ackers to provide training for Teachers of the Deaf under the title of 'the Society for Training Teachers of the Deaf and the Diffusion of the German System (oral).

She continued to study the Oral system, and from that time – 1878, was a strong advocate of the Pure Oral method; not only teaching her own pupils to speak but lecturing on behalf of the children of the poor all over the country, and always pleading for 'speech for the deaf'.

In 1880, there was a large multi-country conference of deaf educators called the Second International Congress on the Education of the Deaf in Milan. Susannah was also one of the British representatives at the Conference in which, a declaration was made that oral education was better than manual education. As a result, sign language in schools for the Deaf was banned.

Susannah remained thoughtful and highly skilled. She was adamant that language must be developed through a speech environment, Consequently some of her pupils achieved high academic levels, e.g. Mr McKenzie gained a BA at Cambridge. She stated 'Give deaf children language, the language of the hearing world around them, and the door is open to every other branch of learning'

In 1899 at the second Biennial Conference of the National Association of Teachers of the Deaf she said that the chief aims were to 'give power to our pupils to attain a position in intellectual knowledge, in personal happiness and in social welfare, as near to that of hearing persons as possible'.

She passed away in 1922.

I can find no reference to the use of 'hearing aids/devices although electric hearing aids came into play at the beginning of the 20th century, with the advent of the carbon microphone.

### **Lady Irene R Ewing (nee Goldsack) (1883-1959)**

Irene Rosetta Goldsack was born in Liverpool in 1883 to Revd. Redman Goldsack and Elizabeth Rosetta Pettet.



*Lady Irene R. Ewing*

She became the first residential teacher at the Royal Schools for the Deaf, Manchester in 1912. She helped develop an intensive programme of lip-reading and speech for pupils. Goldsack paid particular care to ensure students were given a broad-based education, and it was noted that her pupils performed better than those deaf children who had received a more traditional education.

In 1919, the University of Manchester established a lectureship for training teachers of the deaf on the oral method of teaching. In effect this was the beginning of the Department of Audiology and Education in the University. The first lectureship was given to Irene Goldsack.

She developed a teaching Bachelor's degree and certificate, combining the general teachers' programme taught by the Education Department and courses that were specific to deaf education. She also offered evening classes to the public, teaching lipreading based on the techniques she herself used to communicate (she was diagnosed in 1918 with otosclerosis). She published a textbook on lipreading, and five more on deaf education and audiology.

Amongst the second intake for the certificate course was Alexander Ewing; Goldsack and Ewing married a year after Alex's graduation.

In the same year, they opened an audiology clinic. The department stayed in the hands of the Ewings for nearly half a century, until the mid-1960s, gradually becoming world renowned for its development and innovation in the field of oral education of the deaf.

The fact that training was exclusively oral severed any possibility of a link between deaf adults using sign and the education of deaf children. Throughout this period motions were unanimously passed at BDA conferences objecting to the use of pure oralism. This significantly widened the gap between teachers of the deaf and the deaf community.

Like most oralist teachers, Irene believed in the importance

of encouraging children to speak, but her child-centred and progressive approach made her a controversial choice in the eyes of the National College of Teachers of the Deaf.

In 1928, the University Council granted the department some money to buy an audiometer. It was imported from the USA and could produce pure tones across the range of speech frequencies (64-8192Hz) with adjustable settings for volume.

Alex's early investigations using this audiometer showed that most deaf children had some residual hearing; moreover, children who had residual hearing at low frequencies were still likely to struggle with developing and understanding speech because they could not hear characteristic components of speech above 256Hz.

These two findings added support to what would become one of the crucial elements of the Ewings' approach to deaf education: it was critical to exploit any residual hearing capacity, using hearing equipment. At the time, this was contrary to many deaf schools' philosophy which was that it was detrimental to use electronic or mechanical means to boost deaf children's capacity to hear. Important to me were the principles of oral methodology set out by Irene Ewing :

1. Early identification,
2. Parent training in the home,
3. Child-centred teaching of children with hearing loss with specific focus of following the child's interest)
4. Making the most of technology – audiology, hearing aids.

The story of the Ewing School began in 1913 when Irene Goldsack became the teacher-in charge of the Royal School for the Deaf: a residential infant school for the hard of hearing in Manchester.

(Today, renamed and relocated it is now part of the Seashell Trust's network of special schools).

Irene and Alex together gained the Department a worldwide reputation for development and innovation in the field of oral education of the deaf.

She was appointed OBE in 1944 and died on 16 July 1959.

### **Dr Anthony van Uden (1912-2008)**

Dr Anthony van Uden an educational psychologist worked and taught in the residential school for the deaf at St. Michielsgestel, Holland for more than 30 years.

During that time there he studied incredibly hard and produced a comprehensive view of linguistics and psycholinguistics. He related his findings to the language development of both hearing and hearing impaired children.

He pioneered 'The Maternal Reflective Method' (MRM) as a whole child approach to language teaching where social emotional, personal, intellectual and cognitive development are all important. Learning takes place by doing and discovering, encouraging shared interaction and



conversation. The term 'maternal' acknowledges the different style of talking (register) used by parents/carers with children who are at an early stage of developing language.

The key concepts include:

- Seizing the intent to communicate and giving it purpose and structure.
- Reflecting back the communication using spoken language, writing, pictures, objects, symbols or key signs.
- Creating opportunities for functional/ practical communication.
- Making full use of technology (hearing aids, computers, audiology, acoustics)

St John's Catholic School for the Deaf (Boston Spa) – now called St John's Specialist School - adopted the MRM approach during the 1980s. This involved the basic principles of:

- Seizing the intent to communicate and giving it purpose and structure
- A conversational approach - enjoyment, to foster a positive attitude towards reading;
- Discovery learning, to encourage active readers
- Reflecting back the communication using spoken language, writing, pictures, objects, symbols or key signs
- Creating opportunities for functional/practical communication.

'Close links with St. Michielsgestel, enabled us to appreciate the consistency, continuity and commitment which was needed to develop the approach at St. John's. Whilst the philosophy and principles of the method have been maintained, it has been adapted over the years to accommodate the complex needs of our population and changes in educational policy'

*From the St John's Boston Spa Web site.*

Reading was very important component of the MRM approach with the basic principles for reading being:

- A conversational approach - enjoyment, and to foster a positive attitude towards reading.
- Discovery learning, to encourage active readers
- Reflective exercises, to develop explicit knowledge about language

Van Uden was a prolific author (most notably of 'A World of Language for Deaf Children'), an influential thinker and an inspirational speaker. (I have a copy!)

The special school context in which Van Uden's 'Maternal Reflective' approach evolved looks extraordinary to modern eyes – more than 550 profoundly deaf children being educated in one place, with many young people living away from home. It reflected standard practice at the time, when the integration or inclusion of



*Dr A van Uden*

deaf children into mainstream schools was unusual, and before technology developed to deliver the quality of acoustic information that is available today.

However, this environment created conditions in which an unusual depth of understanding of deaf children's learning could develop, underpinned by a range of associated research activity. The simple numbers of children involved also allowed a flexible response to individual learning need that it is difficult to replicate in many other settings.

Visiting St Michielsgestel in the 1980s, it was apparent that high expectations for what children and young people can achieve high levels of professional expertise and highly motivated, active pupils. Many ToDs from the UK participated in these weeks and were challenged by meeting profoundly deaf young people speaking intelligibly in English, their second language, or responding with enthusiasm to the stimulus of music and movement. (Music was considered very important in the approach.)

Van Uden's contribution to basic classroom practice was on conversation, as the natural context for first language acquisition, and also to integrate visual support using written language, to enable deaf children who did not have access to acoustic information to make language for themselves, on the model of what young hearing children do.

Father van Uden was sometimes a contentious figure, because his name is so closely associated with oral practice, the development of functional literacy and intelligible speech. However, the provision that developed over the years at St. Michielsgestel was highly differentiated. An 'oral' approach was used with some children (whether or not they were academically inclined); one-handed finger spelling combined with the written word or sign language with others.

Van Uden was active for many years after he officially 'retired' and he was often seen in School.

A précis of Elizabeth Andrews' tribute to van Uden appeared in BATOD Magazine January 2009, page 39).

Dr A. van Uden passed away in 2008.

*Thank you everyone above for your efforts and innovations.*



*Ted Moore is a former president of BATOD and former Head of Oxfordshire Sensory Support Service.*

# Deaf Wellbeing

**Cecilia Johnston** describes the learning opportunity specific to deaf learners' SEMH with the Sign BiLingual Inclusion (SBI) Special Resource Provision (SRP) at Red Oaks Primary School, Swindon

Levine (2014) highlights that deaf people have a higher risk of mental health issues, and the more recent research by Dr Peter Hindley identified that 40 per cent of deaf children will have mental health issues. James Watson, the Chief Executive of SignHealth, in his BATOD article (January 2019), explained that being deaf is not a reason for having mental health issues, but it is the challenges that deaf people face, by being in the hearing world, that are the causes. Knowing this fact and coupled with the current Covid climate, the discussion around deaf children, young adults and their mental health has, quite rightly, become of paramount importance.

Previous to my current role as a Qualified Teacher of the Deaf (QToD), I completed the Emotional Learning Support Assistant (ELSA) training and was supporting a wide range of (hearing) mainstream children, who were struggling to stay in their class because of their behaviour. I devised games and activities that explored difficult emotions and tricky situations in a fun and safe context. I have utilised my ELSA training within my QToD role, and almost four years ago, I started a weekly session called 'Deaf Wellbeing' where all our Sign Bilingual Inclusion (SBI) pupils (from Reception to Year 6) come together and develop emotional literacy through games and activities.

Deaf Wellbeing provides a unique and rich learning opportunity for all our deaf children to work on their SEMH (social, emotional and mental health) objectives (as stated in their education, health and care plan (EHCP)) but the overall objectives of the group are:

- To explore more complex emotions in a fun and safe way
- To form a positive bond with their deaf peers
- To develop a deaf identity

By developing and practising skills in Deaf Wellbeing, pupils start to build confidence and knowledge of their emotions so that this becomes part of their everyday language and

they are able to express feelings appropriately.

The pupils love Deaf Wellbeing, and while it provides such a rich learning opportunity, it is important for them to be able to share their frustrations and express feelings with their peers and as a group to have a shared common experience.

Watching the deaf children participate in a shared common experience, reminds me of my early experiences as a young teenager in my local deaf club participating in whist and domino drives and exposing me to deaf culture, language and social interactions etiquette. As we know, 90 per cent of deaf children are born to hearing parents and so it is those pupils that may miss out on this shared experience and being fully participating players in shared games where everyone is signing.

The NDCS carried out an Emotional wellbeing literacy review (2020) and stated that "there were several factors that supported a positive and happy wellbeing, these were age-appropriate communication and language skills, good self-esteem, and positive self-identity, alongside the consistent use of hearing aids and cochlear implants."

Assessing these factors against our SRP provision, I identified that our pupils are well integrated into the mainstream school, happy in class, have hearing friends (some who are becoming quite competent signers for their age), take on high profile responsibility roles (ie house captain/helping hands mentor) and wear and manage their audiology equipment. However, an area that our deaf children struggle with, as many children do, is using language to express complicated and complex emotions.

To help our pupils to extend, label, identify and address their feelings, I use Widgit symbols on a display board with three categories: 'good feelings' (ie happy, proud), 'negative feelings' (ie disappointed, upset, worried) and the third is a space for those emotions that aren't happy or



Our BSL sign for Deaf Wellbeing



negative, (ie unsure). The Widge symbols can be picked off the display and shown to the pupil to reinforce the concept coupled with the British Sign Language (BSL) sign. I use various activities but when I ask the pupils what their favourite activity is, the 'Uno challenge' would be in their top three! I have included this and another activity for you to try (or adapt) for your own pupils.

Deaf Wellbeing has one activity for each half term as our sessions only last around twenty minutes and by the end of a term, pupils have all gained in confidence in the activities as well as identifying their emotions and talking about how they are feeling. It is sometimes difficult to quantify progress and the impact of such interventions, even if SMART (specific, measurable, achievable, relevant, time-bound) targets were used or other assessment tools eg SDQ (Strengths and Difficulties Questionnaire) or more complex tools such as the Boxall Profile, etc.

Assessment is instead little moments in school everyday where impact can be seen. For example, when a Key Stage 1 deaf pupil (BSL user) came up to me in the playground and expressed their feelings eloquently with the sign 'disappointed', something that they wouldn't have previously used before the Deaf Wellbeing sessions.

Another example is when the learning is tricky and they are reminded of a specific Deaf Wellbeing game; a game where it focused on taking a risk and learning that whatever the outcome, that it was ok. They recall the game and the perceived 'risk' and recall that it wasn't as bad as they thought, and their mindset shifts from a 'can't do' to a 'I'll try'. It is then that they start to realise that by having a go at their learning, they have achieved more than they give themselves credit for, and they start to see their own potential, potential which the adults can see. I always like to explain that the pupils make tiny steps of progress that are difficult to chart, but these little steps become a footprint and then the progress is obvious.

### Activity 1: The oven glove challenge

**Objective:** To build resilience during difficult challenges

- To explore the feelings of 'frustration' in a safe, friendly manner
- To use language such as 'difficult', 'hard' to express feelings
- To learn how to support others (when they are facing difficult challenges)
- To develop feelings of empathy

**Number of players:** Any

**Resources:** A plastic container (like a box or a cereal dispenser), oven gloves (or thick everyday gloves), clothes pegs (different sizes), bulldog clips (different sizes)

**Activity:** Put the clips on the side of the container whilst wearing oven gloves

Pupil to wear the oven gloves and open the container first.

Empty the contents onto the table. Put the clips onto the side of the container. Once completed, they can remove the oven gloves and put the clips back inside the container and pass the challenge on. Encourage others NOT to turn it into a competition of who is fastest but it is about recognising each other's attempt to try. Pupils practise 'well done' for effort as well as achievement.

### Extension/adjustments

They don't have to do ALL the pegs/clips. Pupils can pick only the big ones (easier) or do the small clips (harder). Younger children can use the easier clips and explain to the older ones that they are younger, we can make adjustments to be fair.

You could use a timer, but make sure they are beating their own scores and not being the fastest.

### Plenary (suggested questions posed to pupils to help reflect on session)

How did you improve from last week? (Ie did they do more clips)? How do you feel about the challenge after today? (Ie perhaps they feel happier because they had more practice or they attempted the bigger ones – even if they didn't succeed, the important thing is that they tried.)

### Links to school life

This is like learning in class and we need time to practise new skills; we also face challenges that are hard and feel impossible, but the important thing is that we try.

### Activity 2: The Uno challenge

**Main Objective:** To face a challenge and to be brave enough to have a go

- To take turns and follow the rules of the game
- To accept the challenge and have a go
- To communicate feelings

**Number of players:** Any

**Resources:** Uno cards, giant dice, 1–6 numbered challenges (see below)

### Activity

Shuffle the cards and give each player X amount of cards (give five cards to start with depending on session time). Each player turns over the top card only (this may be a tricky concept for pupils not to look at all their cards). If the Uno card is a number, then it is a 'pew' card, which means no action and the game moves on to the next player. However, if the card is an action card (not numbered) then it means the player must have a challenge and so the dice is thrown to find the challenge. Once the challenge is complete, the next player can turn over their top card. Continue until all cards have been turned over.

### Challenges suggestions

- Shake hands with everyone in the game, make eye contact and say hello
- to the office and ask for a pen/house points
- Give another player a compliment

- Ask another player to swap places with you nicely
- Juggle with three balls (or build up to this by using one ball/bean bag)
- Guess my animal (animal charade for others to guess your animal)
- Wear a very silly hat
- Look after a pet (a toy animal like a hamster or cat that the player has to hold and be gentle with)
- Guess that smell (use clean spice jars with cotton wool inside and a few drops of essential oil or even something like Olbas Oil that they would encounter at home)

**Plenary (suggested questions posed to pupils to help reflect on session)**

Were you happy or disappointed with your challenges? Which one did you want/not want? Why? How did you feel before your challenge and did this change after your challenge? Which other player impressed you and why?

**Links to school life**

This is like learning in class and we need time to practise new skills; we also face challenges that are hard and feel impossible but the important thing is that we try.

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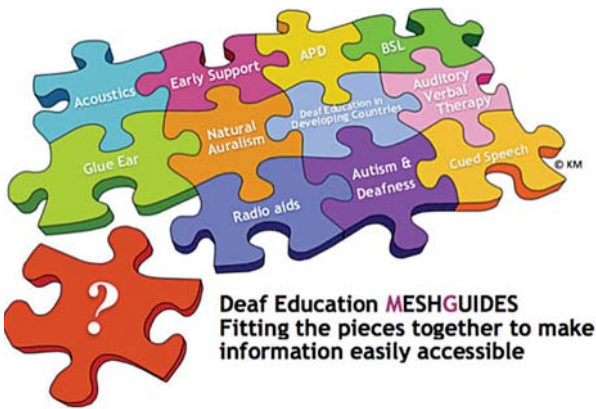
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Cecilia Johnston is a QToD at the SBI SRP in Red Oaks Primary School in Swindon. She has been teaching for over 15 years and has been a primary special educational needs (SEN) teacher in special schools, and a pastoral teacher and ELSA in mainstream primary schools.

If you'd like any more information about anything in the article, you can contact Cecilia by email [johnstonc@redoaks.org.uk](mailto:johnstonc@redoaks.org.uk)



# MESHGuides

In our information-hungry society MESHGuides (MGs) are providing Teachers of the Deaf (ToDs) with linked information, sources and resources which create a stronger picture within the field of deaf education.

- Empowerment
- Centralisation of information
- Demonstration
- Easy reference access
- Unbiased information
- A starting point for research

**How is a MESHGuide organised?**

- 01 The title of the guide and the contact information for the authors of the guide can be located here. Each guide has a number of different interactive concept cells relating to the subject area. Each guide is slightly different to reflect the area of learning. The majority of MESHGuides will have a theoretical evidence strand; how this relates to practice as well as links to further literature and case studies from practitioners/the subject field. When each concept cell is pressed, further descriptive or contextual information is then displayed expanding on the points raised. The reader can also contribute and submit further information adding to the guide's knowledge base.
- 02
- 03
- 04 The guides are able to be translated into a number of different languages to be accessed by international colleagues.





# Supporting language development in deaf children with cochlear implants from low-income families

Lauren Newman and Rachel Chadwick, Specialist Speech and Language Therapists for deafness, share an evaluation of their area's caseload

There is currently limited evidence on how best to support the speech and language development of deaf children living in areas of poverty. The National Institute for Health Research's INCLUDE initiative (2020) recommends this under-served group be more successfully included in research. This article presents a caseload evaluation of deaf children with cochlear implants in a London NHS Speech and Language Therapy (SLT) service as a first step towards better understanding their needs.

## Deaf children and young people in Tower Hamlets

The Deafness SLT team at Barts Health NHS Trust in London supports deaf children and young people (C&YP) aged 0–19 living in Tower Hamlets. The 2020/2021 report from the Consortium for Research into Deaf Education (CRIDE) states there are currently 484 deaf C&YP living in Tower Hamlets that have been identified as meeting the CRIDE criteria. This number is the highest in London and is comparable to much larger areas of the UK such as Manchester (506) and Kent (466). Currently, there are 84 deaf C&YP on the Deafness SLT caseload, with many more supported by mainstream SLTs. The majority of these children have had difficulties accessing a full language during the critical period of language acquisition, which is known to cause significant delays in language development (Hall, Levin and Anderson, 2017). Even following cochlear implantation, many continue to require specialist language support.

In addition, Tower Hamlets has the highest child poverty rate in the UK – with 55.8 per cent of children living in households receiving below 60 per cent of the median income after housing costs (Hirsch and Stone, 2021). Fernald, Marchman and Weisleder (2013) describe how lower socio-economic status adversely affects a child's language processing and vocabulary. Combining a high level of poverty with difficulties accessing language means this group is at particular risk for language difficulties.

## 'Telling it like it is'

Commissioned by the National Deaf Children's Society (NDCS), the 'Telling it like it is' report (O'Neill, et al., 2019) explored the literature relating to deaf C&YP living in low income families and the experiences of parents living on low incomes. They found that information and support was often not available, early diagnosis and engagement with services was often not working well, and many languages were being used with and by the deaf C&YP. They provided four recommendations related to better access to information and support. Despite this, there is still work to be done to improve the SLT support we offer to deaf C&YP living on low incomes.

## Caseload evaluation

In Tower Hamlets, our team wanted to investigate the specific population we work with. We completed a caseload evaluation of C&YP with cochlear implants (N=42), exploring the demographic data and comparing findings to national data. We concentrated on five main themes:

### 1. Levels of poverty

We looked solely at children of statutory school age (Reception to Year 11, N=29) and whether they received free school meals (FSMs).

Figure 1 shows a much higher percentage of C&YP (deaf and hearing) in Tower Hamlets are eligible for FSMs than in other areas of the UK. As all primary-aged C&YP in Tower Hamlets receive FSMs as standard, these numbers are

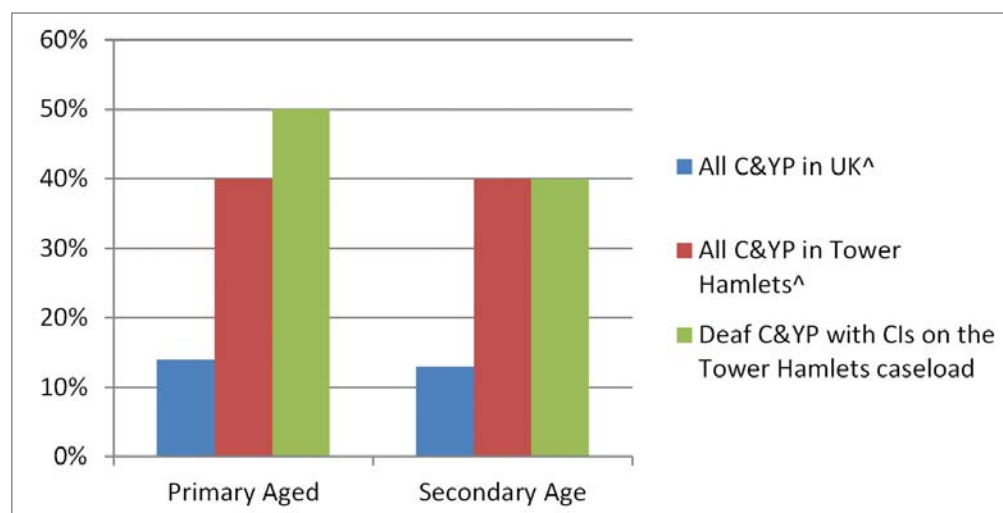


Figure 1: Percentage of deaf and hearing primary and secondary-aged pupils receiving FSMs. [<sup>^</sup>Figures from Tower Hamlets Borough Quality Assessment, 2017]

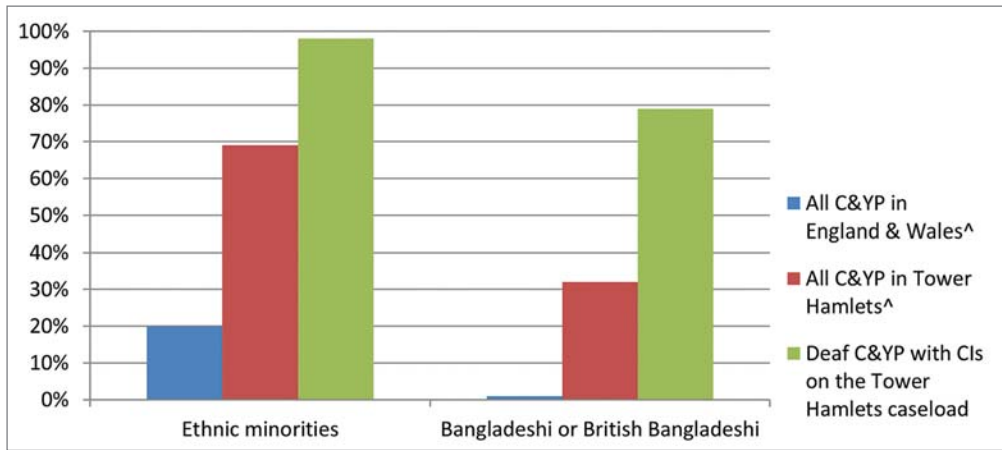


Figure 2: Percentage of deaf and hearing C&YP from ethnic minority backgrounds and/or Bangladeshi or British Bangladeshi backgrounds. [<sup>^</sup>Figures from Census 2011 data]

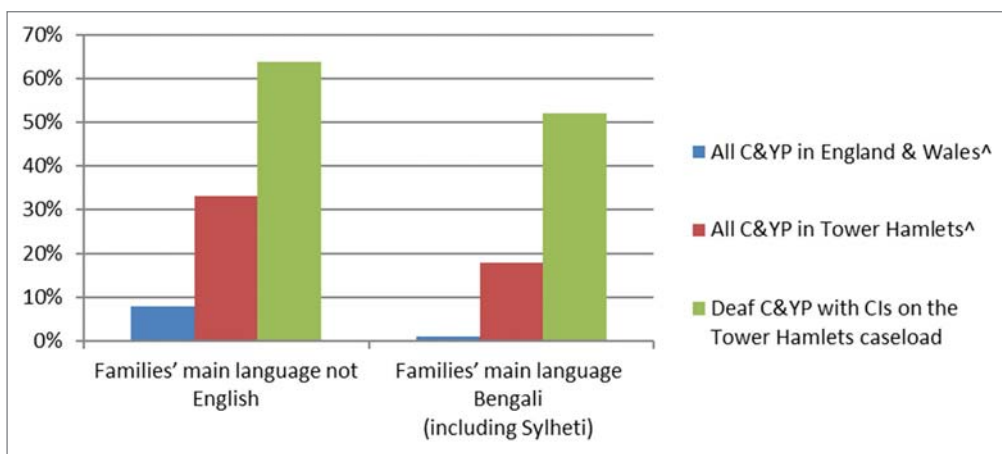


Figure 3: Percentage of deaf and hearing C&YP who speak English as an additional language. [<sup>^</sup>Figures from Census 2011 data]

based on whether the family has explicitly signed up for the FSM service. In reality, the true percentages for Tower Hamlets are likely to be much higher.

**2. Ethnicity**

Tower Hamlets has an ethnically and culturally diverse population. Figure 2 shows that children who are Bangladeshi or British Bangladeshi make up the vast majority of our caseload, as Tower Hamlets has the largest Bangladeshi population in England and Wales.

**3. Language use**

Many families of deaf C&YP on the caseload use a main spoken language other than English.

Within the population of deaf children in the UK, 13 per cent of families have a main language other than English (CRIDE, 2019). Figure 3 shows that Tower Hamlets has a much more diverse population.

**4. Additional needs**

Our caseload includes C&YP with a range of diagnoses in addition to their deafness, such as language disorder or Autism Spectrum Disorder (see Figure 4).

The UK figure from CRIDE (2019) is lower than the international figure of 40 per cent

(Mitchell, 2004). Our caseload data is around 50 per cent – which is more similar to this international figure.

**5. Age of implantation**

Sharma, Dorman and Spahr (2002) found that deaf children benefit most when cochlear implantation takes place within the first 3.5 years of life. The ‘Telling it like it is’ report found that “deaf children from families on a low income are more likely to experience delays in starting aiding and intervention” (2019, p.69). On our caseload, 33 per cent of C&YP were implanted after 3.5 years old. Figure 5 shows some of the reasons for these delays.

Greater awareness of these reasons can help professionals enable better and earlier access to specialist services for low-income families.

**Discussion**

The results from this caseload evaluation have implications for our SLT service. Multi-disciplinary team working, working closely with bilingual colleagues, and making information and resources accessible are even more important for supporting this group of C&YP. We work very closely with the Qualified Teachers of the Deaf (QToDs) and the Deaf British Sign Language (BSL) instructor working in the Tower Hamlets Sensory Support Service. Together we offer weekly stay and play sessions, joint home visits and therapy sessions, and support in four specialist deafness provisions. Our service employs an SLT bilingual co-worker, and the Sensory Support Service

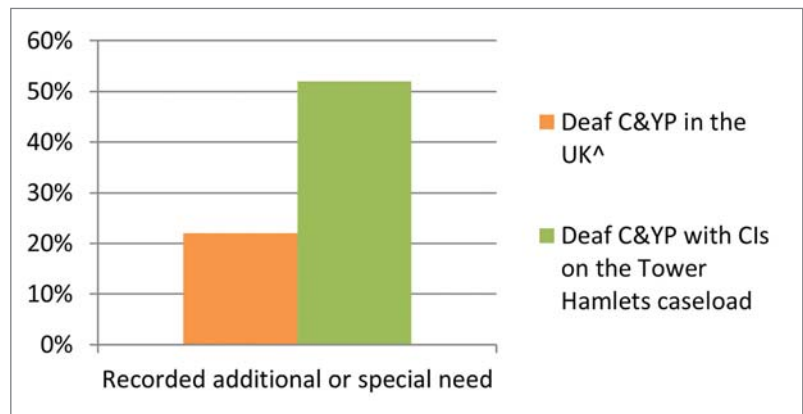


Figure 4: Percentage of deaf C&YP who have a recorded special need in addition to their deafness. [<sup>^</sup>Figures from CRIDE 2019 report]



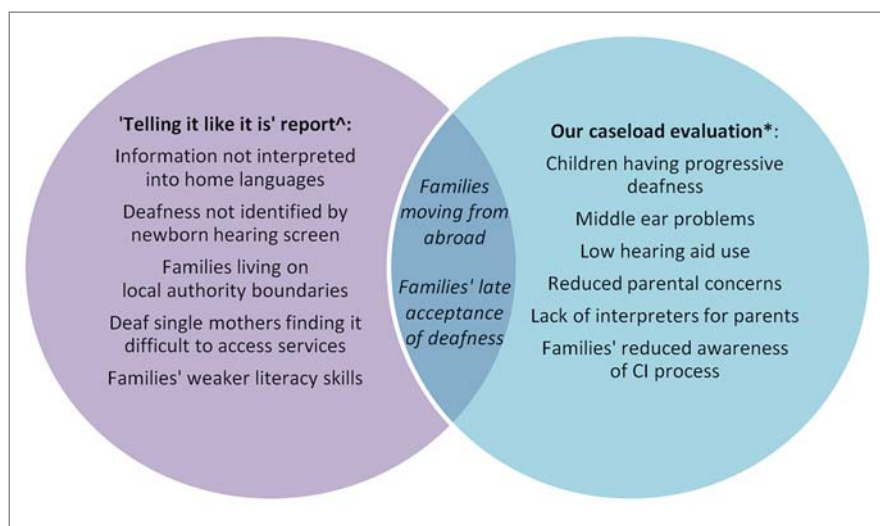


Figure 5: Reported reasons for late cochlear implantation for deaf C&YP. [<sup>^</sup>Data from O'Neill et al., 2019], [\*Data from staff working with deaf children in Tower Hamlets]

employs a specialist bilingual family development worker, both of whom help families to access additional benefits, charitable grants and support to help alleviate some of the challenges of daily living. The Early Help Scheme is also available to all families living in Tower Hamlets for support and advice. This high level of support has contributed to the success of many of the deaf C&YP we have worked with, as some are now at university or in successful careers. However, there is more work to be done to improve overall language outcomes.



Lauren Newman is a Specialist SLT for deafness with Barts Health NHS Trust  
[Lauren.newman3@nhs.net](mailto:Lauren.newman3@nhs.net)

Rachel Chadwick (Moitra) is a Lead SLT for deafness with Barts Health NHS Trust.  
[Rachel.moitra@nhs.net](mailto:Rachel.moitra@nhs.net)

We also hope to use feedback from service users to explore how to tailor services for deaf children from low-income families. If you work with this group of C&YP and are interested in hearing more about these projects, please contact us!

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# The Ling-Madell-Hewitt (LMH) Test Battery\*

Jane Madell, Ph.D. and Joan Hewitt, Au.D. discuss the new series of functional listening assessments

## Introduction

One of Daniel Ling’s many legacies is his introduction of the Ling Six Sound Test which was first published in 1976 (Ling, 1976). This test, which presents 6 phonemes ([m], [a], [oo], [ee], [sh], and [s]), was designed to present sounds which would broadly represent the speech spectrum. By asking children to initially indicate detection, then to indicate recognition, and finally to imitate the 6 sounds provided a “very low tech, very easy to learn” screening tool that “can provide quick and easy verification of auditory abilities, can establish continuity and preparedness for training and development of additional listening skills, can serve as a guide for setting auditory training goals, and can serve as a ‘red flag’ for problems related to hearing, hearing loss and hearing amplification systems” (Smiley, 2004).

## Observations and Concerns

Over the years, the authors have observed that the Ling Six Sound Test has moved from a quick, easy screening tool to an almost daily regimen or curriculum. Children are tested at home, at school, at the clinician’s office, etc. As soon as the tester’s mouth is covered, some children will begin reciting “a, oo, ee, sh, s, m” even before the tester speaks. Other children have admitted that, since the test is repeated daily, they are so bored that they pay little attention as they are responding.

More importantly, as digital hearing aid and cochlear implant technology advanced, the authors began to note that there were children who “passed” the Ling Six Sound Test but still had poor speech perception. After observing this, the authors began to wonder if testing only 6 sounds and also only these specific 6 sounds provided

Specific Perception Error	% of occurrence	% of correction
/z/ heard as /m/	69%	84%
/ch/ heard as /sh/ or /t/	67%	87%
/s/ omitted, distorted, or heard as /sh/	42%	+
/m/ /n/ confusion	41%	85%
Omission of /b/	36%	98%
/p/ heard as /h/ or omitted	29%	96%
/sh/ heard as /s/	21%	91%

**TABLE 1: Percent of occurrence and percent of correction for the most common errors noted**

sufficient information about speech perception.

## Rationale for expanded testing

For children with hearing loss to acquire good speech production and morphemic functions in spoken English, they must be able to clearly perceive all ~ 44 phonemes of the language, not just 3 vowels and 3 consonants. To investigate whether the 6 sounds used in the Ling testing provided a sufficiently comprehensive screening, Lochner, Hewitt, Owen, and Madell (2015) completed a retrospective review of more than 230 cochlear implant MAPpings. This review found that the most common speech perception errors were not identified by the 6 sounds used in Ling test and that significant errors on Ling

Consonant Energy Bands						
Bands		1	2	3	4	
Manner	Voiced	Voiceless	200-800	1000-1500	1500-3500	3500 +
Plosives	b		300-400		2000-2500	
	d		300-400		2500-3000	
	g		200-300		1500-2500	
		p			1500-2000	
		t			2500-3500	
Nasals		k			2000-2500	
	m		250-350	1000-1500	2500-3500	
	n		250-350	1000-1500	2000-3000	
Fricatives	ŋ		250-400	1000-1500	2000-3000	
	v		300-400			3500-4500
	z		200-300			4000-5000
	ʒ		200-300			4000-4500
	ð		250-350			4500-6000
		h			1500-2000	
		f				4000-5000
		s				5000-6000
		ʃ			1500-2000	4500-5500
		θ				~6000
Affricates		tʃ			1500-2000	4000-5000
Liquids	dʒ		200-300		2000-3000	
	r		600-800	1000-1500	1800-2400	
	l		250-400		2000-3000	

**TABLE 2: Consonant Energy Bands**



LMH 10 sounds	Band 1 200 – 1000Hz	Band 2 1000 – 1500Hz	Band 3 1500 – 3500Hz	Band 4 3500Hz +
/oo/	F1: 300Hz F2: 870Hz		F3: 2240Hz	
/a/	F1: 730Hz	F2: 1090Hz	F3: 2440Hz	
/ee/	F1: 270Hz		F2: 2290Hz F3: 3010Hz	
/n/	250-350Hz	1000-1500Hz	2000-3000Hz	
/m/	250-350Hz	1000-1500Hz	2500-3500Hz	
/dʒ/	200-300Hz		2000-3000Hz	
/z/	200-300Hz			4000-5000Hz
/h/			1500-2000Hz	
/sh/			1500-2000Hz	4500-5500Hz
/s/				5000-6000Hz

**TABLE 3: Vowel Formants and Consonant Energy Bands of Ling-Madell-Hewitt (LMH) 10 Sound Quick Test**

testing indicated significant global programming issues. (See Table 1) Further analysis of error patterns indicated that the 6 phonemes used in the Ling test did not sufficiently assess access to mid-frequency information which is critical for consonant identification. With digital hearing aids and cochlear implants, it is critical to ensure that children, not only have access across the speech frequencies, but also sufficient distinction of subtle differences between sounds.

In addition to common error patterns, Lockner et al (2015) found that, with programming changes, a significant number of perception errors could be corrected quickly and easily. (See Table 1) Analysis of phoneme errors and review of a frequency allocation chart for speech phonemes identified specific frequency bands to be adjusted. (See Table 2 for consonant energy bands.) By making needed changes in specific frequency bands, rather than globally increasing or decreasing all bands, speech perception was improved for those sounds that were not clear without jeopardizing information that was already clear. Moreover, the authors found that improved perception of the most common errors identified often had a positive ripple effect which improved perception of other, less common errors. Careful analysis of phoneme perception errors and specific programming changes targeted to improve perception were found to have an immediate impact on a child's speech perception and production.

The realization that certain perception errors were very common and also highly correctible led the authors to analyze the common errors and the Ling Six Sound Test. This analysis indicated that the 6 Ling phonemes did not include sufficient mid-frequency information (1500Hz to 3000Hz) to determine if the subtle differences in consonants could be perceived accurately. Data clearly showed that assessment of all phonemes provided the most complete picture of perception. However, the authors sought to identify specific phonemes which could be added to the Ling sounds to provide necessary information about the crucial mid-frequency perception if a quick screening was needed. (See Table 3.) The

confusion of /m/ and /n/, which per the data and anecdotal parent / clinician report is very common, led to the addition of /n/ which provides additional information about perception from 2000 to 2500Hz. Correction of /m/ /n/ confusion was also found to have a positive ripple effect which improved perception of other mid-frequency consonants. Patient data also indicated the need to include a mid-frequency voiceless consonant in a quick test, so /h/ was added to assess if mid-frequency (1500 to 2000Hz) – not just high frequency (/s/, /sh/) – voiceless consonants were perceived without voicing. Finally, /z/ and /dʒ/ were added. Through testing and analysis, these two consonants were found to be “heavy weight” phonemes. Essentially, /z/ and /dʒ/ contain low frequency voicing (200 to 300Hz) combined with mid and high frequency sibilance, both of which must be perceived accurately. The common error of producing only a voiced sound like /m/ or /oo/ for /z/ and /dʒ/ often indicates an overabundance of low frequency information or insufficient mid or high frequency information. Thus, if all phonemes cannot be assessed because of the child's developmental level, the inclusion of /n/, /h/, /z/ and /dʒ/ provides significant additional information.

In summary, the compelling evidence that more comprehensive testing than the Ling Six Sound Test was needed to accurately assess and improve perception led to the development of the LMH (Ling-Madell-Hewitt or Low, Mid, High Frequency) Test Battery.

### **The LMH (Ling-Madell-Hewitt or Low, Mid, High Frequency) Test Battery**

The LMH Test Battery is a series of functional listening assessments which increase in difficulty as the child's speech perception and ability to respond grow (Madell and Hewitt, 2021). As with all functional listening assessments, all tests in the battery are presented through audition only with no visual input. The goal is for consistent errors to be noted by parents and clinicians and shared with audiologists to ensure optimal programming and speech perception.

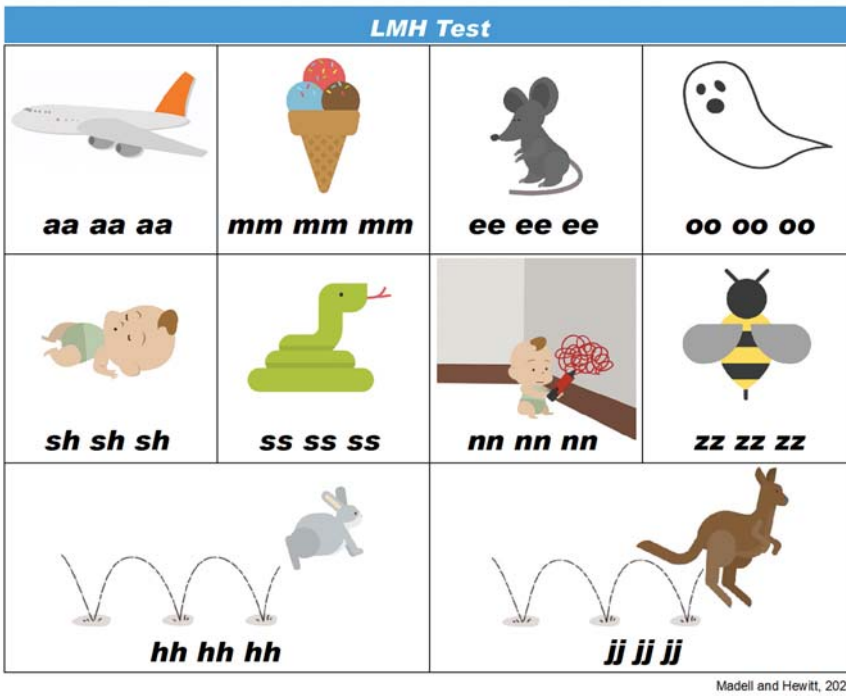


FIGURE 1: The Ling-Madell-Hewitt (LMH) 10 Sound Quick Test

**Detection, Identification, and Imitation of the LMH 10 Sound Quick Test**

The first test, the LMH 10 sound quick test, is a quick and easy way to check a child’s perception across the speech spectrum. (See Figure 1) Madell and Hewitt (2021) added four additional consonants (/z/, /h/, /n /, and / dʒ) to the 6 Ling sounds to provide additional information about mid-frequency perception. Figure 1 shows the Ling-Madell-Hewitt (LMH) 10 sound quick test.

The test is administered by the parent or professional who presents the sounds in random order and with varying intervals of silence between sounds. Each sound is presented three times in quick succession (eg [a a a] or [z z z]), and children indicate that they heard (or detected) the sound. It is important when presenting the sounds to produce each sound with the same duration so that no clues are given (eg Do not make [sh] longer than [h]). It is also important to present the sounds at the level of normal conversation and not louder. For example, in normal conversation [s] is much softer than the vowel [oo]. Care should be taken not to exaggerate the loudness of [s], but rather present each sound at the same loudness in which it would

normally be presented in general conversation.

Testing begins with detection. Babies may demonstrate detection by alerting, by starting or stopping sucking, or by localizing. Toddlers may respond by dropping a block into a bucket or building a tower. As children develop their auditory skills, they should quickly move from detection to identification of the 10 sounds by either pointing to the appropriate picture or repeating the sound.

**Imitation of All Individual Phonemes**

The LMH Test Battery does not end with the LMH 10 quick sound test. English has ~44 phonemes. To truly understand how well a child hears all the phonemes, it is essential to begin testing every phoneme, not only the LMH 10.

Evaluating perception of all consonants will enable clinicians to know what children hear and what they do not hear.

Children progressing from the LMH 10 sound quick test to all phonemes can be asked to imitate all phonemes using the same three quick presentations (eg [ba ba ba] or [t t t] or [f f f]). (Note that voiceless consonants are not presented with a vowel.) Practitioners and parents may be concerned about moving to this next step because a child cannot articulate all the phonemes yet. Articulation concerns should not deter professionals from introducing this next step. Errors that children make can provide significant information about their speech perception, even when the articulation is imprecise or inaccurate. For instance, if a child does not yet know how to articulate

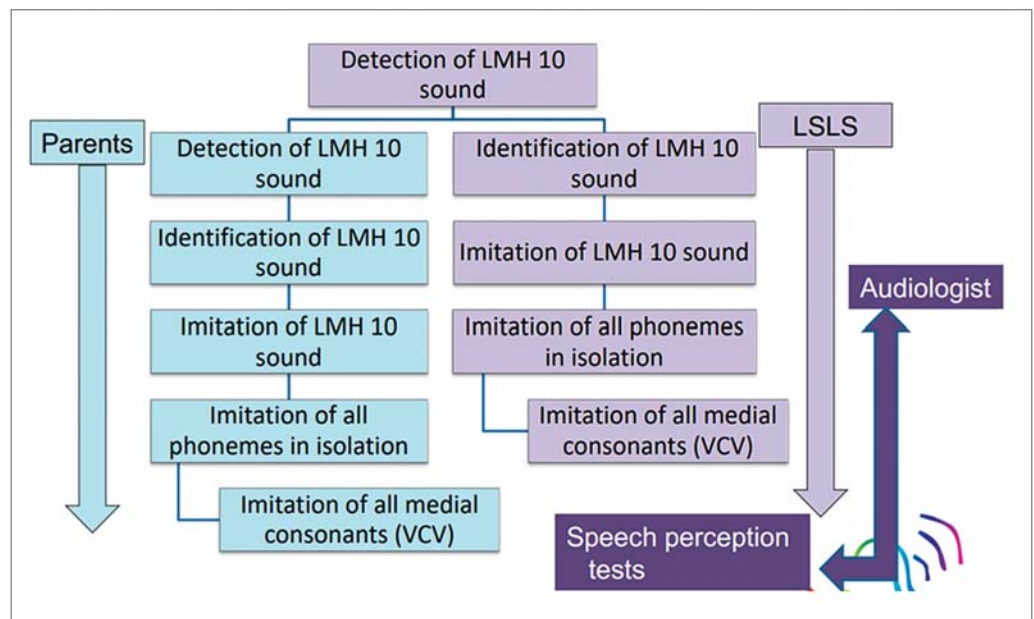


FIGURE 2: Progression of LMH Test Battery from detection of 10 sounds to imitation of all medial consonants and progression from clinician directed to parent directed

[g] or [k] but produces [b b b] for [g g g] and a glottally [uh uh uh] for [k k k], there is confidence that the child is hearing the voicing and frequency band of the [g] and the voiceless stopping of the [k]. The errors are appropriate and point to good perception even though articulation is difficult.

On the other hand, if the same child produces [m m m] for [g g g] and [hm hm hm] for [k k k], the responses suggest that the presence of too much low frequency information may be negatively impacting perception. The authors have found that toddlers and preschoolers using a conditioned play type toy to encourage engagement take approximately 1 to 2 minutes per ear to imitate all phonemes.

**Imitation of Medial Consonants**

Once children’s imitation skills have advanced to the point that they can imitate vowel-consonant-vowel (VCV) combinations, the LMH Test Battery moves to perception of all consonants in this manner (eg [aba], [ata], [afa]) In the authors’ experience, children with hearing loss as young as 2 years of age can begin to participate in this level of assessment which provides the most realistic perception information for running speech. The authors have found that, for school age children, this type of testing takes less than 30 seconds per ear.

**Progression of testing**

Finally, while a child’s perception needs to be checked every day, the LMH Test Battery advocates for moving assessment from professionals to parents as the child demonstrates the ability to complete each step. (See Figure 2.) Thus, once a child begins showing detection of the LMH 10 quick sounds, the practitioner should be encouraging the parent to take responsibility for monitoring detection at home each day. The practitioner can then gather that daily detection information from the parents and, at the same time, be working to develop identification of the sounds through the use of the pictures. As the child learns to identify the sounds, the parents should be encouraged to check identification each day while the practitioner now begins encouraging imitation of the 10 sounds and then all sounds. The goal is for all children to able to complete the medial consonant (VCV) level of imitation within their home and clinical settings. Working through the LMH Test Battery as the child’s skills grow provides valuable information for the audiologist to optimize technology settings, for the practitioner to plan intervention, and for the parents to understand what their child hears.

**Summary**

While completing the Ling Six Sound Test provides some information about hearing across the speech frequencies, it does not provide sufficient information to ensure

speech perception of all phonemes. Digital hearing aid and cochlear implant technology has progressed to the point that, if appropriately fitted, children with hearing loss should be able to make fine distinctions between phonemes. Utilizing the LMH Test Battery allows clinicians and parents to tailor testing to the child’s developmental level, to assess finer distinctions in perception, and to more realistically evaluate perception in running speech. Then by knowing which sounds are consistently inaudible or which are consistently perceived incorrectly, clinicians can work to modify technology settings to improve auditory access and to provide optimal speech perception.

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Jane Madell, Ph.D is a pediatric audiologist with expertise in managing significant hearing loss and other auditory function disorders.



Joan G. Hewitt, Au.D is a pediatric audiologist, board certified with specialty in cochlear implants.

**Apologies**

We would like to apologise to **James Fitzgerald** that in the heading of his January article, we made a mistake with his name and called him James Fitzpatrick.



James Fitzgerald is the Professional Lead of the FI/HE 16+ (Post-16) Team in Surrey County Council’s Physical and Sensory Support Service



To access the article:

<https://www.batod.org.uk/wp-content/uploads/2022/03/Access-and-support-for-deaf-students-in-Post-16-v2-2.pdf>



# Working with and learning from families

**Karen Gazeley**, an Independent Auditory Verbal Therapist and Qualified Teacher of the Deaf, reflects on some of the many lessons she's learned from working with families of children and young people for 33 years

It seems like just a few years ago that I qualified as a Teacher of the Deaf (ToD) in Manchester and then drove my old Datsun down to Brighton to start my first job at Ovingdean Hall School in Brighton. I can't believe it's been that long!

I've been fortunate to work with children and their families across the age range and in a variety of settings including a special school, a hearing support facility, sensory support services, a charity for preschool deaf children and an auditory implant team. Along the way, I have learnt a huge amount from the children and young people and their parents, friends and colleagues and other professionals in the field. Below are just a few examples, focusing on my work with pre-school children and their families.

## Supporting parents

I started working with families of newly diagnosed babies following the advent of newborn hearing screening. As a young teacher, I think I tried to give reassurance and practical advice too quickly at times. I hope I became a more effective, empathetic listener over the years as I learned the importance of validating parents' feelings and finding out what would be most helpful for them in those early visits. Using open questions, eg 'Can you tell me more about what you're thinking?', and responding to the emotions that sometimes lie behind questions from parents helps to open a dialogue and build trust. Parents need support to be in the right emotional space to enable them to access learning.

Families have helped me to understand the importance of acknowledging the benefits and also the challenges of hearing technology. It helps to know that all parents find it hard to support their child to wear their hearing aids or processors at times, and to share information about the benefits of increased wear time alongside practical strategies to help with use and retention. Parents need to know what their child can hear with their technology and how to monitor their auditory access. It's important that parents trust their judgement; I worked with a little one whose mother had noticed that she was missing /s/ in her speech and when the audiologist checked her hearing levels she found that they had dipped in the high frequencies.

I appreciate the importance of making sure parents have information on the range of communication options and access to the resources they need to facilitate their preferred approach. Every family is different; no one approach is right for all families and it can be helpful to think of a 'communication journey' which may change over time, eg following a cochlear implant. At the moment, Auditory Verbal Therapy is not widely available. Auditory Verbal UK (AVUK) is hoping to train many more therapists to enable families who wish to use an auditory

verbal approach to access it locally. I have found that auditory verbal techniques are also effective ways to support early listening and spoken language within the context of different communication approaches.

Early diagnosis and intervention and advances in hearing technology have meant that the outcomes for deaf children have greatly improved over the years since I qualified as a ToD. We share high expectations of what deaf children can achieve; it is lovely bumping into families I worked with years ago in Brighton and Hove and hearing how well the young people are doing.

I have learned that transitions, like starting nursery or school, can be an emotional trigger for some parents and that talking through their concerns and problem solving together is helpful. Early intervention is most effective when the team around the child work together towards the parents' chosen goals for their child. Working with the wider team including audiologists, speech and language therapists, occupational therapists, pre-school setting and school is crucial. Part of my role is to help parents to become advocates for their child – actively guiding them and working in partnership with professionals to set goals and put in place support to help their child achieve. I was pleased to be able to support a mother of a child who came to the UK when he was three years old to help her to achieve her goal for him to have a cochlear implant and to start at the local Hearing Support Facility (HSF) as soon as possible. One of the parents I worked with years ago wrote, 'We have to become warriors, advocates and teachers'. It is such a privilege to be part of each family's journey.

I have learned through experience that one of the best things I can do to support a family is to put them in touch with other families. In the various teams I have worked with we have offered a range of activities for children and families, eg sing and sign classes, workshops and events for families. Many of the families that attended these groups in Brighton with me years ago are still in touch with one another which is wonderful. National Deaf Children's Society (NDCS) and Cochlear Implanted Children's Support (CICS) groups provide opportunities for parents to meet, share experiences and support one another. These groups also provide opportunities for children to meet other children with hearing loss which is so valuable.

## Sharing information and advice

I have learnt that it is helpful to have a conversation early on about our respective roles so parents know what to expect. Asking questions about routines, their child's interests, parents' goals and values helps me to tailor advice and support to individual families. Whilst working

at AVUK and Royal National Ear, Nose and Throat (ENT) Hospital I worked with families from diverse cultural backgrounds and have seen a positive move to promoting a spoken bilingual approach to language for deaf children.

Parents of children recently identified with a hearing loss inevitably have lots of questions about the implications of hearing loss and need practical information about how to help their child and manage hearing technology. Checking in with families about how much information they want and when is important; I remember one mum telling me that she kept the Monitoring Protocol behind the sofa for some time before she felt ready to look at it! Sharing information in different formats and on multiple occasions is very helpful.

Over the years I have extended my knowledge of the developmental stages in listening, language, play, social and emotional skills and pragmatics and honed my diagnostic skills. Working in partnership with individual parents, we agree goals and plan activities to help them take the next steps in their development. Encouraging parents to identify key strategies they would like to use at home in everyday activities helps to consolidate learning. I have learnt to check in with the parents about their learning style and how best to share information; some parents like to write down things to try at home, others jot down one thing on their phone that they will take away..

### Coaching

Since I first trained as a ToD, I have seen an increasing emphasis on working in partnership with parents. My training with AVUK helped me to build my skills to guide and coach parents. I am grateful to the families in Brighton and Hove who learnt alongside me as I incorporated new techniques. A few families will remember speech babble practice using the infamous penguin race toy!

A priority for me when working with little ones is to highlight the natural 'serve and return' communication between parent and child. Supporting parents to recognise, interpret and respond to their baby's early communicative signals helps foster joint attention and early communication. Asking, 'What do you think he is thinking?' helps adults to make contingent responses, giving the baby the words they need, eg 'I want that!' Early indications that the baby is responding with their hearing technology are very encouraging for parents. I remember the moment a father and I both noticed his daughter copying the intonation and pattern for 'up, up, up', showing that she was accessing low frequency speech sounds with her new hearing aids. Over the last year I have been working with a little boy and his family remotely which has been great as it puts the parents in the driving seat with me supporting from the sidelines.

Coaching parents to use simple, effective strategies gives them confidence to help develop their child's early listening and language. Helping them to notice the impact of these techniques during sessions by asking open questions is very encouraging, 'Did you notice what happened when you whispered that?' 'What do you think may happen if you move closer?' I have learnt the value of

demonstrating techniques to support listening, language, thinking and social skills through play and then handing over to parents to build their confidence in the sessions. The children themselves have taught me the importance of choosing toys and activities at the appropriate play level. I once ended up under the table with a little girl who was finding the activity challenging. I enjoy using fun everyday activities eg making a sandwich and thinking together with parents about the goals we can incorporate, such as auditory memory, following instructions, and quantity. I have been inspired to try fun ideas including making dens, smoothies and planting seeds. I thank the parents I have worked with for joining in enthusiastically as we role play doctors, shops and cafes, and apologise for the splashes from bathing baby and washing cars!

Another area that I have learnt more about in recent years which has influenced my practice is supporting social and emotional learning. Encouraging parents to acknowledge how they think their child is feeling even from a young age, and making a plan to help them regulate their feelings works so well, 'I know you are cross', 'First eat your banana and then you can play'. Highlighting how characters feel in stories, and why they feel this, helps children learn words for emotions and develop empathy skills. A favourite activity is to play with playmobil people and a playground to help young children learn to negotiate and problem solve in play. As children start school, helping them to ask for clarification and to begin to be more independent with their technology helps build self-advocacy skills from an early age. Seeing the children grow and succeed is the best part of my job!

You can find ideas for activities on my website [karengazeley.co.uk](http://karengazeley.co.uk)



*Karen Gazeley is an Independent Auditory Verbal Therapist and Qualified Teacher of the Deaf based in Sussex, where she also works with the West Sussex Sensory Support Team.*

## Newsletters

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# Theory of Mind

Frances Clark, Highly Specialist Speech and Language Therapist, shares three top tips

## Theory of mind – Three top tips by Frances Clark

I recently had a therapy session with one of the families we see at Auditory Verbal UK. When I asked how things were going at home, Alison\*, mother of Matthew aged four, hung her head in her hands and said “*I don’t know what to do, he’s just started lying.*” Her face changed from one of despair to surprise to relief rather quickly when I clapped and said “*That’s wonderful; he is demonstrating his theory of mind!*”

Theory of mind was a term well known to this family as we’d been working on it since Matthew was eight months old and started therapy. Alison understood that theory of mind means the ability to understand that others have thoughts, feelings, desires and intentions that are different to one’s own.

From early on, we had discussed ‘reading Matthew’s thought bubble’ (giving him the words for what he may be thinking and feeling), which creates coordinated attention between parent and child. Alison had become an expert at this and her son was now showing her that he knew that his parents had different thoughts and beliefs to his own, meaning that they might believe him if he told them that his nine-month-old brother had eaten all the chocolate in the fridge – or some other such porky!

Theory of mind is a complex concept and there are many ideas around its development. Research indicates that theory of mind is delayed in deaf children with typically hearing parents when there is *delayed language development* and this occurs regardless of communication approach (Peterson and Siegal, 2006; Figueras-Costa and Harris, 2001; O’Reilly, Peterson and Wellman, 2014).

The key phrase to consider is *delayed language*. Studies by Moeller and Schick (2006) showed that mothers who hear, talk less about what they are thinking about with their children who are deaf than they do with their hearing children. This may be because they feel they are playing ‘catch up’, teaching their deaf children concrete vocabulary that they have not yet acquired or have missed out on because they can’t hear.

Ninety per cent of the language children learn is through overhearing (Cole and Flexer, 2011) meaning that children who are deaf are at a disadvantage for hearing about the thoughts and feelings of others when the conversation is not directed at them. Owing to the limitations of technology and background noise, they may not overhear an argument on the playground between peers, for example, preventing them from accessing two different perspectives on a topic.

The second most common thing we hear from parents such as Alison when we meet them

for the first time and ask them what they want for their child, is that they want them to have friends. The first thing is usually that they want them to learn to talk and be just like their peers. Having friends and connecting with people is what makes us human, and theory of mind can be considered the understanding of the humanness in others. It’s what allows compassion and the ability to explain things to others, keep a secret, pretend to be someone else in play, the understanding of accidental behaviours, make predictions, the understanding of inference, and all these impact on how children make and keep friends.

There are a myriad of factors that will affect theory of mind in a developing child. My colleague and mentor Elizabeth Tyskiewicz and I did a review of the literature on theory of mind development in 2016. Research continues to be published and we continue to experience examples of theory of mind and its development with families we support. Based on our experience and the literature, here are three top tips for parents and professionals in influencing theory of mind development:

- be attuned
- be ‘mind-minded’
- create opportunities for social play

### 1 Be attuned

*Attunement* means tuning into a child’s emotion and giving them the words to support what they are feeling at the appropriate time. Most parents are naturally attuned to their children, but sometimes trauma or grief can alter this. Some parents who have recently received a diagnosis of deafness may feel less attuned. As professionals we can facilitate this by commenting on and supporting parents’ natural instincts to ‘catch’ their child’s emotions, reinforcing the reasons why it is important for the child. For example, if a child accidentally hurts themselves during a therapy session the parent’s natural instinct is to acknowledge it and





comfort their child. 'Catching' their child's emotions involves labelling the emotions for the child, eg "Ow that hurts; You are really upset because it hurts". This gives the child the vocabulary for how they are feeling rather than for the event, eg "You fell down" or the concrete vocabulary, eg "you hurt your knee". The event and the concrete vocabulary are important learning for the child but the parent also needs encouragement to talk about emotion when so much other intervention focuses on key words, vocabulary, etc.

## 2 Be mind-minded

*Mind-mindedness* refers to thinking about what is happening in the mind. This can occur by making one's own thinking explicit, eg "Oh no! I forgot my keys!" or thinking about what a child might be thinking, ie reading their thought bubble and giving them words for their thoughts. For example, if a child is laughing at a jack-in-a-box jumping, you might say "That's funny!" reading what they are thinking.

*Mind-mindedness* enables exposure to mental state language, which is language that occurs in the arena of the mind and refers to thoughts (*I think, I know, I wonder, I suppose, I have an idea*) and feelings (*happy, sad, worried, surprised*). So often, children are taught emotions by looking at facial expressions but they need to understand what is happening in the mind; a smiley face doesn't always mean happiness, it could be nerves. Tears aren't always because someone is sad; how many tears are shed at the happiest of weddings?

Research by Ruffman, Slade and Crowe (2002) shows that the number of mental state terms children are exposed to is less important than the understanding of the reason behind the emotions. This is called *causal explanatory talk*. Explanations in stories, about real-life events and with a number of conversational turns, are linked to theory of mind development, but simply labelling feelings is not. Parents should be encouraged to make their thoughts explicit, eg "I am so annoyed because there are no apples left at the shop and now I can't make apple pie". Teaching assistants should be encouraged to translate arguments for children who may not overhear them to encourage perspective taking, eg "Chloe is sad because Leo doesn't want to play with her, but he is cross because she always takes his dinosaurs".

## 3 Create opportunities for social play

Social play is what enables children to make friends and is essential in theory of mind development. Social play provides children with the opportunity to learn about themselves and others. Experimenting with actions and reactions, eg learning what happens when they take another child's toy or when they share their sandwich with someone. It enables them to have empathy, eg feeling upset and wanting to help when another child scrapes their knee or is missing their Mummy.

As well as interpreting other children's

interactions, toddlers who are deaf may need adults to support their own interactions with others by scaffolding for them, eg "Ask Katie if she wants to play". As children get older, they may need some prompts to consider another's thoughts/feelings, eg "I wonder what Jackson would like to play with?" "Let's find out if Lily has any ideas", "Jasper is upset because he forgot his lunch; what do you think we could do?" These types of questions help children to consider what others might be thinking and feeling in order to engage them in play, conversation and social interaction.

As we face potential lockdowns in the coming months, it is important to reflect on parental perception of lockdowns in 2020: there was concern from parents about children's social skills and emotional control. Parental sensitivity was negatively affected by lockdown and impacted on interaction quality and children's regulation skills, closely related to theory of mind (Gonzalez-Gomez et al., 2021). With this in mind, we can coach parents on the strategies mentioned to help their children develop the skills they need to make and keep friends. ■

For more information, more tips and practical strategies on theory of mind or for bespoke training courses please visit [www.avuk.org](http://www.avuk.org)

\*names in this article have been changed to protect confidentiality.

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Frances Clark is a Highly Specialist Speech and Language Therapist, Senior Auditory Verbal Therapist and is the Clinical Lead for Auditory Verbal UK. Frances currently trains and mentors therapists working towards Auditory Verbal Therapist certification whilst working with families from across the UK and delivering training and presentations across the UK and abroad.

# Celebrating 40 years of CACDP (now Signature)

**Matthew Ford** shares a summary of Signature's achievements as an independent organisation

On 1st January 1982, the Council for the Advancement of Communication with Deaf People (CACDP) became an independent organisation. Charitable status had already been applied for and would be formally granted later that month.

CACDP was formed in November 1980 from a communication skills project financed by the Department of Health and Social Security and administered by the British Deaf Association (BDA). The project had begun three years previously and officially ended in December 1981 – after which CACDP became an independent charity.

Some of the organisations involved in the skills project were: BDA, the Royal National Institute for Deaf People (RNID), BATOD, Catholic Deaf Association, Church of England Council for the Deaf, DeafPLUS, DeafScotland, UK Deaf Sport and City Lit.

Deaf people have been instrumental in the development of CACDP, involved in all activities at every level including on their board of trustees, their tutors and consultants. They work alongside native British Sign Language (BSL) users to ensure that all of their assessments have the highest quality of language and content.

Over the last 40 years, CACDP, now Signature, has achieved an awful lot.

Since beginning their work to promote and teach BSL, they have supported more than 460,000 people to pass one of their exams.

They launched the first directory of sign language interpreters, which ultimately allowed them to create National Registers of Communication Professionals (NRCPD), another independent charity.

In 1985 they created the first curriculum and examinations for 'Lipspeakers of Known Ability' – the people who had



completed the advanced examination would go on to become founding members of the Register of Lipspeakers. In the same year, they also ran their first 'Communication with Deafblind People' course.

In 1992 CACDP developed the first 'Deaf Awareness' course, for which there was widespread interest, helping thousands of people to become Deaf aware through these courses.



Over the years they have also developed several other qualifications and assessments, including 'Speech to text Reporting' and 'Communication Support Work'.

Signature has been involved with the process of creating a GCSE in BSL for many years now. Beginning with a successful pilot qualification in 2015, they oversaw its creation and distribution throughout a range of secondary schools. They have since submitted proposals to the Department for Education (DfE) and Ofqual, and in 2019 it was confirmed that the DfE would begin the complex process





of developing subject content to see if a GCSE qualification would be possible.

Signature has also held 10 Signature Annual Awards, which recognised people who are going above and beyond to improve access for deaf people. The awards weren't just about what had been achieved so far, but how nominees were leading, educating, and inspiring to create a brighter future for others.

In 2019 Signature was named 'Awarding Organisation of the Year' at the Federation of Awarding Bodies Awards, and last year in 2021, they were nominated for Qualification of the Year at the same awards for their 'Level 6 Diploma in Sign Language Interpreting and Translation'.

Lindsay Foster, Executive Director at Signature said: "I would like to thank everyone that has contributed over the last 40 years; without you, Signature would not be the organisation it is today. You have shaped the way we do



things, what we focus on and everything we have achieved. We look forward to achieving even more with your support over the next 40 years".

Matthew Ford is the Marketing and Digital Services Manager at Signature

## BATOD Mentoring scheme

**Are you a newly qualified ToD? Have you recently taken up a new role? Are you working in isolation?**

The BATOD mentoring scheme is delighted to share that it is ready to receive applications from BATOD members seeking mentoring support.

Are you interested in becoming a BATOD mentor? Following the first BATOD mentoring training day on 12/11/2021 we will be welcoming applications again with a training date to be set for Spring 2022.

Please email [mentoring@batod.org.uk](mailto:mentoring@batod.org.uk) for further information and to request an application form.



## Online Language Modification

The Tier 1 course will be useful CPD for any Qualified Teachers of the Deaf (QToDs) who want to refresh their knowledge and understanding of written language and its use.

It will also be available for anyone with an interest in writing accessible examination questions including those colleagues working in the post-16 sector and those in support roles.

It provides a balance of knowledge based learning and practical quiz type assessments which can be taken as many times as required.

**Cost: £50**

[www.batod.org.uk/resource/online-language-modification-tier-1](http://www.batod.org.uk/resource/online-language-modification-tier-1)



# Update on signs of language

**Russell Aldersson** provides an overview of his completed professional doctorate: 'Signs of language'

In the November 2020 issue of the BATOD magazine, my article shared some of the preliminary findings of an investigation that explored how teachers referred to metalinguistic terms in the context of teaching English to sign language users. The study served as the thesis stage for a professional doctorate with the Institute of Education. This article provides an update and overview of some of the key findings now that it is completed.

The idea for the study was inspired by the innovative work of the Scottish Sensory Centre's British Sign Language (BSL) Glossary Project. To date, BSL glossaries for terms pertaining to chemistry, biology, physics, astronomy and geography have been established and continue to be developed. There are a number of stages to the development of the BSL glossaries and the preliminary stage ascertains what signs are in use already by the professional community. My investigation was aligned to that stage and framed as a collaborative enquiry and practitioner research. I set out to describe, and not prescribe, the ways that teachers navigate, referring to metalanguage, and more specifically, in BSL.

The study was conducted in two phases. The first and longer phase of the study involved an initial round of interviews and a targeted elicitation task using a word list of 87 metalinguistic terms. How the participants expressed the terms in BSL was captured on video and analysed using ELAN, a multi-media annotation software designed for the creation of time-aligned text annotations to audio and video files. The elicited ways of expressing metalinguistic terms were subsequently recreated by two deaf presenters, unconnected to the study, for the purposes of sharing the data back to the participants to prepare for the second phase of the study that sought participants' reflections and observations.

## On using metalanguage with sign language users

In the initial round of interviews, participants were asked if they used metalanguage when teaching in their classrooms, and without exception all teachers stated that they did. Additionally, they stated that it would be difficult not to and felt that it was important. It was generally agreed that how much metalanguage and the terms referred to, were dependent on the level of the learners and that it had to be age-appropriate.

Although the primary focus was to explore how metalinguistic terms are realised in BSL, it was anticipated that the ways teachers referred to metalanguage in the classroom might not be with the use of BSL in isolation but in conjunction with fingerspelling and the written word as I do in my classroom. All participants reported that as well as using signs to refer to metalanguage, they, too,

used fingerspelling and the written word in books, worksheets and on monitors.

Although it was not within the scope of the study, but most certainly one worth exploring in more detail as part of a future investigation, the discussions turned briefly to how the meaning of the metalinguistic terms is taught to the learners. Teachers explained how BSL and English are used to do this but additionally, objects, images, enactment and role-play also feature to help as part of meaning-making. One teacher explained how she used everyday classroom objects to explain the concept of singular and plural, while another used acting and role-play to help teach the meaning of prepositions such as walking around the table or leaning *against* the wall.

The blending and meshing of English and BSL, coupled with this movement beyond language (the aforementioned images, objects, role-play) evidences translanguaging, a theory of language that has been defined as "the planned and systematic use of two languages inside the same lesson" (Baker, 2011 p. 288) and "the deployment of a speaker's full linguistic repertoire without regard for watchful adherence to the socially and politically defined boundaries of named languages" (Otheguy, Garcia & Reid, 2015 p. 281). Meanwhile, Canagarajah (2013 p. 6) posits that "communication transcends individual languages" and also that "communication transcends words and involves diverse semiotic resources".

## Elicited signs

The first phase of the study provided rich and illuminating linguistic data pertaining to how participants expressed metalinguistic terms in BSL. From over 1300 short video recordings from the 31 participants across the 14 interviews, a total of 280 distinct ways of referring to these 87 terms in BSL were identified. The reason there were many more ways of expressing these terms than there were number of terms themselves is due to variants. Sometimes, there was variation within groups as well as between groups and even individual participants shared



Affix/suffix/prefix

more than one way that they might express a term in BSL. Sometimes, the variation was a minor contrast in one of the four manual parameters of handshape, movement (path or plane), location, and orientation of the hand. Sometimes, the variation went further with the addition of another sign or the inclusion of English borrowing using the BSL manual alphabet or a different mouthing (an unvoiced spoken component). Some variants evidenced a much greater contrast across three or four of these parameters rendering one variant very different from another.

The analysis highlighted certain features with regard to how the terms were realised in BSL. Five phenomena were identified which allowed me to attribute categories to the signs.

1. Variants that were *visually informed* and demonstrated evidence of iconicity (including metaphorical iconicity). Examples of these were evidenced in the signs for **affix/suffix/prefix**.

A number of these formed a sub-category of signs that might be considered *transparent*, the visually motivated alignment between the form and meaning that the sign might be understood by a non-signer as illustrated with the sign for **colon**.



Colon

2. Variants that were *arbitrary*. These articulations were realised in such a way that there was no discernible visually motivated form-meaning mapping. Even sign language users would



Stative (verb)

3. Variants that evidenced *semantic change*, and in this case broadening. These variants were established signs in BSL that have expanded beyond their meaning to be used in the context of metalanguage. Sometimes this expansion was perceived as effective by participants because it was felt that the sign was contextual, for example, using the established sign in BSL for DESCRIBE (illustrated below taken from University College London's (UCL) BSL SignBank) for **adjective**. Other expansions were not perceived as effective because they were not deemed contextual, for example, using the sign for CONCRETE (the composite material bonded with cement) to mean tangible (**concrete** noun).
4. Variants that evidenced a *borrowing* from English used the manual alphabet and what might be considered to be loan translations. The image below shows **adverb** articulated (or expressed) by using the letters A-D-V from the manual alphabet which constitutes borrowing from English. Additionally, almost all variants evidenced a borrowing from English by incorporating mouthing, many of which corresponded to how the term is articulated in speech. This resulted in variants for terms such as **conditional** having a mouthing that aligned to the term but the manual borrowing was I-F. Sometimes the mouthing was not aligned to the term such as in the case of the **demonstrative** being expressed as THIS/THAT/THESE/THOSE and the mouthing was aligned to those words.



Adverb realised as ADV



Describe (BSL Sign Bank)



Adjective

5. **Adverb** realised as ADV
6. Finally, there appeared to be another category which had initially been rather hard to define. I have chosen to call it *interpretation* for the reason that the participants provided an explanation of the term in the way that it was expressed. One example of this is **antonym** being expressed by two distinct signs, OPPOSITE and MEANING, but retaining the mouthing of the term **antonym**.

Importantly, these were not always discrete categories, and instead of being mutually



Antonym “OPPOSITE” + “MEANING” (Item 6 opposite)

exclusive they were quite often mutually overlapping.

### Participant reflections

Participants found the data interesting and illuminating. Many expressed surprise at the degree of variation for some of the terms, as did I, although it was noted that some of that variation involved minor contrasts. Some participants stated that there were some signs they had not seen before that were particularly helpful and that they might adopt those moving forward. It was noted by participants that some signs incorporated multiple features such as iconicity and borrowing. Others noted that the same sign was occasionally used for different terms. One participant commented that she felt some signs were idiosyncratic and that she got the sense that some of the variants were perhaps unique to individual teachers. This raises an important point and it is possible that this idiosyncrasy is possibly due to working in isolation and lack of collaboration among practitioners.

It was noted that for some terms the meaning was easy to convey in the way that it was expressed such as the aforementioned **antonym** being realised as OPPOSITE + MEANING. For others this was not always possible. This raised the important issue of how it is not feasible to explain the meaning of a term every time it is referred to, so once the concept has been taught, a succinct way of expressing it is needed to serve as a referent.

A very small minority of variants (three) expressed the term by use of the initial letter only (initialisation). These were ‘A’ for **article**, ‘C’ for **consonant** and ‘N’ for **noun**. There were other borrowings from the manual alphabet but these were abbreviations using more than the initial letter, words spelled in full, or in combination with signs such as ‘A’ being used in addition to the sign for DESCRIBE for **adjective**. This use of initialisation is often a strategy when sign language users do not have, or know, a sign for a particular term. One participant stated, “Those of us who work in education are working under a lot of pressure with the students and the staff; so, if there was a situation where I knew there wasn’t a sign, I would try to be creative, but I would do so in a way that incorporated some reference to the English – like A for alliteration, or ‘A’ for abstract.”

These latter comments echo the statements by Quinn and O’Neill (2008) and Quinn, Cameron and O’Neill (2021) about initialisation and how this and fingerspelling tend to

be avoided in signs developed in maths and the sciences, and that these constitute English words “pretending to be BSL”. They argue that as children are exposed to more terms, an increasing number of terms with the same initialisation, distinguished by mouthing only, results in confusion. This would be similarly confusing in the context of English language teaching if **conditional, conjunction, connective, consonant and**

contraction were all expressed using the letter C. It would be problematic for learners as using the first letter only to refer to the term places an extra burden because of the guesswork involved.

It was seeing the sign for REGULARLY (meaning ‘frequently’) being used when talking about regular verbs some years ago that first started me thinking about the issue of signs being contextual and how it would be really helpful to have some discussion about the ways we refer to metalanguage. Using signs in a way that is contextual is crucial in all contexts and a process that novice interpreters, being too attached to the English word they are hearing, have to navigate. For example, not using the sign POSITIVE when the term might have a negative connotation in a medical context (HIV+) or the sign INTEREST (meaning ‘interesting/interested’) in the context of finance. Context is an important issue regarding subject-specific signs and I referred to the example given by Quinn, Cameron and O’Neill (2021) who state that the loan translation that uses the signs BLACK (the colour) and HOLE for black hole is not contextually accurate in BSL. This issue generated considerable discussion in the second round of interviews. There were a small number of variants that might be considered as not being suitable for context, either because they used another sign that had another meaning (linked to the word’s other meaning in English) or because as a loan translation it was not effective. These were:

- CONCRETE, meaning the composite material bonded with cement, being used for **concrete** (to express ‘tangible’)
- PERFECT, meaning ‘excellent’, used for the **perfect** tense
- REGULARLY used for a **regular** verb
- SUBJECT, meaning ‘theme’ or ‘topic’, used for a grammatical **subject**
- COMPLEX/COMPLICATED used for a **complex** sentence
- NORMAL used for a **common** noun
- CORRECT used for a **proper** noun

One teachersuggested that using signs that are not contextual was due to habit. “Regarding signs in context, I think we have become so used to signing things in a certain way, we do so without thinking of the context. We get attached to the English word.” She continued that involvement in this project had allowed for some reflection. “I think this project has helped us to think



about what we are using. It's been helpful to reflect on my language use. I think it has presented an opportunity to break the habit of using, for example, REGULARLY for **regular** and think more carefully about how we might refer to the term in a way that is contextual and conveys the concept."

It was generally agreed that some of the established signs taken from BSL and used in the context for metalanguage did work well. One participant put forward her view: "I think some signs as per their established meanings worked well in the context of metalanguage though, like CONTINUOUS and DEPENDENT. I agree that signs such as these are perhaps suitable for the context. The sign for CONTINUOUS in the general sense feels like an effective choice when talking about the continuous form of a verb in that it refers to something that is ongoing. Similarly, the sign DEPENDENT is suitable to talk about a clause that is 'dependent' on the rest of the sentence for meaning.

Some participants were surprised at the degree of variation but noted that sometimes contrasts were minor or were variations on the same theme, for example, for **contraction**. It was also acknowledged that variation exists in languages including BSL and participants were familiar with lexical differences in regional/school signs and different number systems. One participant asked "Is it bad that there is variation in sign language?" Meanwhile, another stated "I think variation is really healthy and a normal part of language." And yet regarding subject-specific terms, there were a number of comments across the groups that indicated a preference for standardisation.

There were a number of helpful and supportive comments about the study. Participants felt that it had been interesting and illuminating and had created an opportunity for reflection on their own practice and for the opportunity to connect with others. This was enormously validating because one of the overarching aims of the study was to develop the sense of a professional community, and I had orchestrated the study in a way that set out to foster a sense of collaboration and engagement.

There were a number of positive comments about the videos and the presenters with one participant saying "The deaf presenters did a great job of creating the signs"; with another stating "I think the videos that were created are super, very clear and it's a great way to see what other teachers have contributed. The presenters were really good". Another participant offered some particularly helpful feedback sharing "The presenters did a good job of presenting the variations in a professional

and neutral manner and I can see that we, as participants, cannot tell which signs came from which participants. That's a really good way of doing it as there's no, even unconscious, bias favouring signs that come from someone you hold in high regard".

Quinn and O'Neill (2008) observed that although deaf people are involved in scientific-related fields, they tend not to discuss their work with other BSL users. Many deaf professionals work predominantly with hearing colleagues and so the issue of which signs are being used is not addressed. This was raised in one interview by a deaf participant who shared his experience, "I am the only deaf teacher in my area and I've not had an opportunity to discuss this before, the signs that we use for English language terms, and I think we really need it".

I would like to close this article by sharing something that one deaf participant expressed with passion and eloquence. She addressed that sign languages have evolved so much and for a long time, the lexicon of BSL was sufficient for everyday communication. She makes the point that this is no longer the case. "The lexicon of BSL needs to expand, and as more deaf people are working in professions, we need signs for subject-specific terms. We need to pass it to the next generation of sign language users to show hearing people that our language is really rich. We need to find a way to allow that to happen and that's by establishing signs for these things. It needs to be in collaboration with deaf people because we can't have hearing people doing it. We need to not be 'advisors' but co-leading."

If anyone is interested in joining the collaborative enquiry group TESLU (Teaching English to Sign Language Users) the code to join the Google Classroom is **gtsdsw** (you will need a google account or email address). The full doctoral thesis can be accessed there. ■

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Russell Aldersson is both a qualified sign language interpreter and teacher and has taught at the International School of Iceland (primary), in an Icelandic secondary school and in further and higher education provisions here in the UK. He has taught on the Wolverhampton University BSL/English interpreter program and is a qualified assessor. He recently completed a part time doctorate with the Institute of Education. His research explored the role of British Sign Language in the teaching of English to deaf adult learners. He is responsible for the planning and delivery of English language courses to deaf adults at the City Literary Institute and also works as a freelance interpreter.

# My journey from QToD to author

Karen Hardwicke, QToD, provides an insight into why she writes and where her journey began

## The day job

In general, isn't it said that all teachers are frustrated writers? And zooming in, aren't we constantly rewriting texts as Qualified Teachers of the Deaf (QToDs) so that they are at the language levels of our pupils? *Goldilocks and the Three Bears*, scenes from *Twelfth Night*, Oscar Wilde's fairy tales: we'll make outrageous attempts to adapt them all.

And awareness of language and its nuts and bolts, playing with language... doesn't this form the bedrock of our day job?

## Temperament

We tell our pupils that there needs to be a purpose for writing. For me, this is partly driven by the introvert/extrovert issue. I write because I am an introvert and love escaping into my own thoughts and pondering over word choices. But more directly I write because of...

## My son's diagnosis

The reason to write is bound up in my reason for being a QToD. My son was diagnosed as severely deaf at nine months, and life can be characterised as life before and after diagnosis.

For a long time, I felt shock and grieving for the future I thought was in store. I would look at other children and resent the fact that they were hearing and my beautiful son was not. Once, a well-meaning member of staff at a supermarket till looked at him with his tiny hearing aids and said: "Oh poor little thing!" I was incensed! "He is not poor, he is **fine!**" I replied angrily and bundled my buggy out of the shop.

The grieving has never completely gone away (watching Rose Ayling-Ellis dance on *Strictly made me cry*), but has stayed buried under layers of time and positivity, and a determination to make the best of things. When my son was a few months old, I met two other like-minded parents and we set up an Elizabeth Foundation-inspired group for deaf children and their parents. And right there is the developing, frustrated Teacher of the Deaf in 1996!

With no training as a teacher, I wanted to know as much as I could about deaf education and language development and I was allowed to study these modules on the ToD course.

Most definitely an imposter on the course as the only non-teacher; audiology was a dark art but the 'language element' excited and inspired me, and triggered a lifelong, 'anorak' love of language, in particular, sign language! Sign language was a game changer, transforming a very frustrated little boy who had several tantrums a day to one who could communicate his thoughts and feelings. For sign language, I am very grateful.

## Teaching, then writing

When my son started school, I trained to be a mainstream teacher and six years after that, a ToD. Not only did I feel that being the parent of a deaf child had taught me a great deal, becoming a ToD was a way of making sense of his diagnosis.

A few years later, I began to write short stories with central deaf characters: often canine and always based directly on my experience as the mother of a deaf child.

My son had no love of his hearing aids post-diagnosis and invariably, they found themselves in my tea, discarded in bushes or once down the loo, as captured in this extract from one of my stories:

Jasper had been in the bathroom for some time. Mummy went in to check on her puppy and  
**"Oh JASPER. What have you done?"**

Jasper's mounds with bones on them were covered in toothpaste. Jasper's two hearing aids were floating in the toilet.

Jasper was examining his whiskers in the mirror.

My stories contain shameless propaganda for deaf children about wearing hearing aids/cochlear implants. Art imitating life, my son eventually accepted his hearing aids and so did Jasper:

These days, Jasper likes to wear his hearing aids. They tell him...

...when the postman is at the door (grr!)

...when Basil and Fido have come to call.

...and when Mummy is shouting his favourite word (**DINNER!**)

I also write because writing is cathartic. People who have read another of my life-inspired stories, 'Jack Signs' say it is an emotional read and it was emotional to write.

Motivated by the need to capture what it is like to have a deaf child and the intense love and protectiveness I felt (and still feel, even though my child is in his twenties!):

Picture a little boy whose name is Jack. A little boy with sparkly blue eyes

and hair the colour of the sun. A little boy with 2 hearing aids that don't quite sit behind his ears, but stick out, like this.

Jack is learning to listen but he has no words. Well apart from one... **"NO!"**

For years, the stories remained stored on my laptop and occasionally, I would think, "Wouldn't it be nice to be published?" I made haphazard attempts to find a publisher then gave up.

Fast forward to 2021. The combination of lockdown, being a QToD at Laycock Primary School under the extremely wonderful Sue Brownson and pondering on deaf identity one day, brought about a story about a girl called Ananya.

Ananya is a girl who is profoundly deaf and wears cochlear implants, but like her hearing peers, has multiidentities. She is a daughter, a sister and a friend who likes Minecraft, tennis and the piano! This tale is about Ananya, but it is also indirectly about my son. I felt strongly that often people who didn't know him saw his hearing aids and that was all. That he was defined by his deafness. This true-life story about a remarkable girl is an attempt to change this perception.

*A Girl like Ananya* marks a departure in style and tone. It aims to raise deaf awareness in a hearing world and to create discussion:

If you know a girl like Ananya, she may tell you that she needs to wear her cochlear implants **every** day. When she takes them off, she can hear nothing at all.

### Serendipity

Life is very surprising. My favourite quote is one by John Lennon: "Life is what happens when you are making other plans". And in March 2021, I received a LinkedIn email. I usually ignore emails of this type, but out of boredom I opened this. It was an invitation to connect from Tanya Saunders, founder of AVID Language, which specialises in beautiful books for deaf children. I accepted the invite immediately; a conversation happened that afternoon and stories were shared. Happily, Tanya liked my stories, and this was the start of yet another journey!

Top of my bucket list, my first book was published at the end of last year – *A Girl like Ananya*.

It is important to me that deaf characters are represented in a positive way and that my stories carry an affirming message for children and their parents.

A deaf pupil at my school, Laycock Primary, recently asked me what was special about Ananya and why did I write about her?

A brilliant question!

So many pupils over so many years – children who sign, children who don't. Children with additional needs and children who are 'straight deaf' – a term that a deaf adult introduced me to years ago meaning deafness is the primary need. Children that have made me laugh out loud and children who have kept me awake at night wondering how I can do things differently...

### So why Ananya?

And my answer? Of course, **all** the children I have taught have been special but Ananya stood out. More about Ananya shortly...

We read a lot about the concerning levels of attainment in deaf children. In 2019 the *Guardian* reported that based on a National Deaf Children's Society (NDCS) report, deaf children in the UK struggle at every level of education:

*"The National Deaf Children's Society (NDCS) analysed government data and found that 44% of deaf pupils achieve two A levels or equivalent, compared with 63% of hearing pupils.*

*Fewer than three-quarters of them (73%) will gain five GCSEs or equivalent by the age of 19, compared with 88% of hearing pupils. If English and maths are included, that figure goes down to just over half (52%) of deaf pupils and three-quarters (76%) of their hearing classmates."*

Unsurprisingly, the gap between hearing and deaf attainment is evident before pupils start secondary school:

*"Fewer than half (43%) reach the expected standard for reading, writing and maths at key stage 2 (KS2) at the end of primary school, compared with three-quarters (74%) of other children.*

*At KS1, when children are aged seven and under, deaf children are trailing, with just over half (53%) reaching the expected standard compared with 84% of their hearing classmates."*

Reasons for this disparity are complex and would need an article of their own. We know as QToDs that this is inextricably linked to the deaf child's level of language, the presence of additional needs but also their educational setting.

A language delay means the deaf child may struggle to access the fast-moving curriculum, however modified. Learning can be a struggle, especially reading and writing. For a child with a language delay, what meaning do the 'little words' have in books? Words like 'are' and 'is' and 'by'? Sometimes, we talk about deaf children 'barking at print' (engaging in decoding with little or no comprehension of what the text means on a global level, although the meaning of individual words or even groups of words may be understood). Little wonder when words they encounter in print are not yet in their vocabulary. One day, just one day, there needs to be a reading scheme designed with deaf children in mind...

So, the picture is a concerning one. Then, from time to time in the life of a QToD, a pupil like Ananya comes along!

In my school, we talk a lot about 'aspiration' with the children. Ananya was aspiration personified! She set very high standards for herself in every area: academic, music, and in sport.

Ananya is that deaf child who will most likely go to university and secure a high-achieving professional job.

The question we need to ask is why is it so **unusual** to meet a deaf child with age-appropriate language levels and age-appropriate academic attainment?

When audiology is at its most sophisticated and we have



neonatal screening, why is the attainment of deaf pupils so different to that of their hearing peers?

This question is a little bit like the Holy Grail for the QToD and anyone working with deaf children. Part of the joy of being a QToD is this eternal challenge to find the solution, which, of course, would not be the answer for all deaf children all of the time...

Which brings us back to *A Girl like Ananya*. Writing for and about deaf children is very important to me. But perhaps it also helps in some small way towards the bigger issue: by raising deaf awareness and communicating the 'deaf experience' to the hearing world?

### Now

This year, my second book, *Jack Signs*, is due to be published. Serendipity intervened again, perhaps of a divine nature! My husband plays the piano at a local church. We were invited for lunch by someone at the church whose daughter, it transpired, had just finished her degree and was embarking on a career in illustration.

As they say, some things are meant to be and I consider myself incredibly lucky to have met and to

work with Tanya and my illustrator.

There are several stories that sit saved on my laptop that will one day see the light of day. My need to write new material is triggered by Laycock in all its splendour, by the past that is always part of the present and by issues that keep me awake at night.

Hearing children **must** learn to sign in mainstream schools and how can I contribute to that campaign?

There **must** be a reading scheme for deaf children, as above...

So now, it's time to stop writing about writing and **write!**



*Karen Hardwicke is a Qualified Teacher of the Deaf at Laycock Primary School, Islington. She is the published author of 'A Girl Like Ananya' and upcoming book: 'Jack Signs!'*

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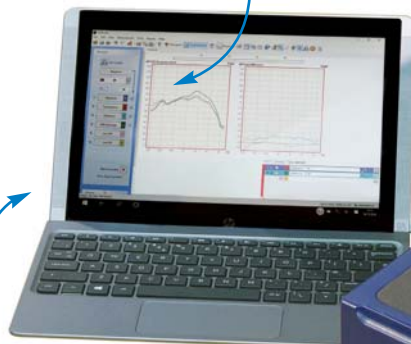
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# International Congress on the Education of the Deaf (ICED), Brisbane 2021

**Madeline Hickey** and **Cathy Connolly**, National Council for Special Education (NCSE) in Ireland, prepared a two-part report on the 2021 ICED Conference for the BATOD January and March 2022 magazine editions

## Background

The National Council for Special Education (NCSE) in Ireland provided funding and support for representatives to attend the 23rd International Conference on the Education of the Deaf in July 2021 <https://iced2021.com.au/> This conference was held online.

We wish to acknowledge the support from the NCSE in attending this international conference. We prepared this report for BATOD as a summary of the presentations as it provides key messages for policy makers, support services and teacher educators internationally in relation to the education of students who are deaf or hard of hearing.

## Complexities in the psychological, social, emotional, and cognitive development of deaf and hard of hearing students

Through the participation of an international group of researchers, the conference took a broad view of development and considered the whole child in the context of families, languages, and settings. In assuming this viewpoint, some complexities in the psychological, social, emotional, and cognitive development are gathered.

In a keynote address, Professor Harry Knoors acknowledged that early intervention, sign language input, and paediatric cochlear implant (CI) have enhanced the development of Deaf/Hard of Hearing (DHH) children. Nevertheless, a substantial number of these children are



still at risk of challenges in the cognitive domain. Children experience challenges with language, social cognition, working memory, and other executive functions. The roots of many challenges in the cognitive domain seem to lie in the first year of life. Some people advocate early access to language through CIs, digital hearing aids (HAs), and spoken language intervention. Others

advocate the use of sign language early in life. In recent years, Kentalis International and Radboud University have been working on a different notion. One that puts Vygotsky's concept of inner language at the core. Inner speech or inner sign is the subjective experience of language in the absence of overt speech or sign. It develops from social conversations between parents and the child. Providing access to language and stimulating parent/child communication are important in any prevention approach. Another avenue is to minimise the risk for cognitive overload in education. This might be achieved by decreasing or altering task demands, or by targeting a decrease of communication load through instruction such as direct instruction and teaching in small groups. Other didactic techniques are illustrated in a book by Kirschner and Handrick 'How Learning Happens: Seminal Works in Educational Psychology and What They Mean in Practice'. These include modelling aloud by teachers in instruction and in supporting problem-solving. Posing questions and giving feedback aimed at the learning process itself are the most effective. Also, regularly repeating content and differentiation in exercises is recommended. Also, multi-model information may be helpful in reducing cognitive overload, particularly if this results from communication challenges. Professor Knoors and his team also target cognitive functions through specific interventions, such as the application of computer-based training programmes. Other interventions use music, physical exercises, or inner speech on sign modelling in order to enhance cognitive functioning. Avemarie developed an eight-week long intervention programme, which uses physical activities that require active attention in order to promote executive functioning in DHH children.

In a presentation by Nynke Dethmers, the results of a study into the psychological wellbeing of DHH children in the Netherlands was provided. The study is grounded in Psywel (an







abbreviation of the Dutch words that mean 'psychological wellbeing' (Kentalis, 2015). Psywel aims to provide early identification, assessment, and treatment of psychological problems in DHH school students. Dethmers spoke about mental health in DHH children. She reported that the rate of psychological problems is 1.5 to 3 times higher than in hearing peers. The prevalence of mental health problems is 50 per cent or more. There is a decreased use of children and adolescent mental health services (CAMHS): 2.5 times less than the hearing population with psychological problems. The presenter pointed to some risks: teachers are good observers of externalising behaviour but not of internalised problems. In addition, Dethmers noted that parents may become 'problem tired'.

Sheridan Howell and Jen McKee's Yeerongpilly Early Childhood Development Program (YECDP) is a Queensland Department of Education early intervention program for DHH children and their families. 'Hear for Kids' (HFK) is a service arm of Deaf Services Limited and provides therapy services at YECDP. This presentation focused on 'Collaborative Teamwork' as applied to three case studies, which outlined how the partnership between families and specialised professionals has delivered positive outcomes for three children with diverse learning needs. Over the course of a year, the team analysed the services provided to three children: a child with a unilateral hearing loss, a child with additional disabilities from a multilingual family, and a bilingual (Auslan and English) child. They tracked outcomes using speech and language assessment data, developmental checklists, Auslan development, and interviews of the children's parents and professionals. The presentation described services, communication opportunities implemented, access to additional support, and provided detailed discussion of case studies. The authors concluded that this process data informs ongoing practice, as well as how opportunities for increased collaboration and service expansion are developed.

Jeff Bravin and Karen Wilson's topic was 'Positive Behavioural Interventions and Supports (PBIS)'. PBIS is an evidenced-based framework that provides a solid foundation for successful outcomes. The American School for the Deaf adopted PBIS in 2011–2012 in an effort to infuse the 'Positive Attitudes Concerning Education and Socialization' (PACES) residential treatment program with trauma-informed, strengths-based supports and interventions. Because of the residential nature of the

PACES program, the school-wide information system modified their system to accommodate student behaviour tracking on a 24/7/365 timeframe. Once the system was in place, it became evident that since implementation of the PBIS framework, there was a significant reduction in the number of restraints/seclusions across all settings. This resulted in the elimination of time-out rooms and the introduction of quiet, comfort, and sensory-supported areas. Since 2011, there has been a 79 per cent reduction in the number of restraints and a 99 per cent decrease in seclusions.

Michell Todorov spoke on 'Barriers and Facilitators to Engaging in Mainstream Classrooms'. This study used interviews to explore the barriers and facilitators from the voices of 16 students who are DHH and educated in mainstream primary schools. Four themes were generated from a thematic analysis. The barriers and facilitators identified the factors that contribute to, or impede, engagement. This information can be used to inform teachers, professionals, students, and parents about the experiences of students who are DHH in mainstream settings. Findings indicate the importance of self-advocacy and potential benefits of implementing self-advocacy programs to help DHH students to help manage challenges to engagement they face in classrooms. The findings highlight the importance of the consistent use of facilitative teaching strategies by the teacher and the crucial impact of background noise on engagement and possible improvements.

Jenny Nilsson reported that in Sweden, deaf children now have their own children's ombudsman. The bilingual schools for the deaf that provide education in Swedish Sign Language in Sweden are run by the 'National Agency for Special Needs Education and Schools' (SPSM). SPSM hired an ombudsman for children with the purpose of boosting children's rights perspectives within schools. The work with the ombudsman was presented as three actions: 1) The ombudsman for children holds regular dialogues with children to obtain knowledge of education conditions and their opinions on issues, 2) Children are given opportunities to contact the ombudsman to get support regarding their setting and rights, and 3) The development of human rights education with children rights' classes in which children are taught about human



rights and decision-making processes.

Dr Laura Avemarie spoke about DHH children having an elevated risk of deficits or delays in core skills (inhibitory control, working memory, and cognitive flexibility) of executive functions (EF). For hearing individuals, intervention programmes that include cognitively engaging physical activities seem to be more effective in improving EF than plain aerobic physical activity. She described a program to promote EF in DHH Children. The programme is developed for DHH children and the approach differentiated in terms of physical and cognitive requirements and is individualised through specific development goals. The study investigated the effects of cognitively engaging physical activity on executive functions in DHH children. The study showed that cognitively engaging physical activity has a medium to strong effect on working memory, cognitive flexibility, inhibition, and visual-spatial ability in DHH children.

Dr Katharina Urbann addressed the issue of 'Preventing Sexual Violence Against DHH Children'. A programme was designed to educate DHH students on preventing sexual violence as DHH students are at three or four times higher risk than their hearing peers. Risk factors included communication barriers, lack of word knowledge, and a lack of people to communicate with. 90 per cent of offenders are known to the persons involved and only a third disclose what happened. A German pioneering project was established in 2013. Prevention training was provided for children with special needs. There were two programmes for different age groups, Strong with Sam (8–12 years) and Strong with Sam (13–18 years) covering five topics: Human Body, Feelings, Touches (forbidden, confusing, good), Secrets, and Strategies to get help.

Kaye Scott's presentation was on 'Reading Comprehension and Theory of Mind'. A prelingual hearing loss can impact the development of social-emotional skills. There continues to be huge variance in the reading comprehension skills of children who are DHH. Age-appropriate ToM development enables children to understand their own cognitive processes and take another's perspective. This study explored the relationship between ToM and reading comprehension skills in a group of thirty primary-aged students with severe to profound hearing loss. This paper presented the outcomes of interventions in relation to the effectiveness of supporting students' ToM development and its impact on children's reading comprehension skills. Implications of these findings were discussed, highlighting the importance of developing specialised skills in assessment and intervention for professionals working in early intervention settings and schools. As participants' ToM skills increased, there was an increase in their reading comprehension, higher than previously recorded.

## Online on-demand access

**Register and view recordings of all the presentations**  
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Professor Claudia Becker, Dr Mireille Audeoud, Dr Kika Hadjidakou and Dr Katerina Antonopoulou presented on 'The Mind Readers – A training programme to promote DHH children's theory of mind and emotion understanding in spoken and sign languages': the development of social-cognitive skills like ToM and emotion understanding (EU) associated with language acquisition. Deaf children are particularly at risk of lagging behind in the development of these skills as their access to both languages – spoken language and sign language – is limited. A partnership among 11 universities and schools in Europe developed a training programme, 'The Mind Readers', for the promotion of ToM and EU as well as the associated sign language and spoken language competencies in DHH children. It provides different approaches to accommodate diversity among the pupils. To test the effectiveness of the programme, a two-phase intervention was carried out including 116 DHH children aged 6–12 from eight schools. After each phase the programme was revised. The results have shown that most children in the study lagged behind in ToM and EU at the beginning of the training and that their skills correlated significantly with their language competencies. The children could improve their skills by 'The Mind Readers', especially the group with very low language competences. Teachers and children gave an overall positive feedback and teachers reported that children showed more reflective behaviour in





social interactions after the training.

## Presentations on mathematics and literacy

### Mathematics

Dr Karen Kritzer and Dr Claudia Pagliaro spoke about 'Early Mathematics'. Many young children between the ages of three and six years demonstrate substantial knowledge in mathematics concept areas and the value of early maths learning cannot be underestimated. For DHH students, it is essential that gaps in learning maths be identified and addressed early. Those early maths assessments that do exist are heavily focused on number concepts and tend to evaluate whether or not the child has attained a concept (correct answer), rather than the level of conceptual development at which the child stands. The 'Early Mathematics Performance Diagnostic' (EMPD) may be the first step towards the design of appropriate mathematical assessments for young deaf children. The EMPD is a maths assessment designed to address five domains of maths competence (ie number, geometry/spatial sense; measurement; problem solving, and patterns, logic and algebra), using performance-based tasks that are motivating and meaningful for young DHH children.

Dr Jennifer Thom's topic was on 'Exploring DHH Children's Spatial Reasoning in Mathematics'. Despite the global demand, few DHH adults enter science, technology, engineering and mathematics (STEM)-related fields. One skill critical for STEM professions is spatial reasoning. Increasingly, research shows strong spatial skills contribute to hearing children's long-term STEM outcomes. Here, the authors share how DHH children used and developed spatial reasoning skills to solve STEM tasks. Regardless of spoken/signed language level (SSL), the DHH children readily engaged in 2D/3D rotation, constructing/deconstructing, and scaling. The authors observed these skills as speech, sign, visual, and tactile activity. Notably, the DHH children assessed as having significant SSL delays used these language forms, receptively and expressively, to share information. Such illustrations call into question traditional teaching approaches that assume conceptually rich learning requires minimum SSL levels. The findings revealed DHH children solving STEM tasks in conceptually meaningful ways, regardless of SSL level.

Professor Maike Schindler and Professor Karolin Schaefer reported on 'Quantity Recognition of Students who are DHH'. Quantity recognition involves abilities such as

subitizing and counting. Subitizing is the ability to rapidly perceive quantities of up to four items. Counting is necessary for quantities bigger than four that cannot be perceived at a glance. Previous research suggests that children who are DHH lag behind their hearing peers in math skills by 2.5–3 years. The aim of this research is to investigate if DHH children differ from their hearing peers in quantity recognition. The authors present a study with 63 DHH children (mean age 11.9 years). They used eye tracking, the recording of students' eye movements, to study group differences. In interviews, students sat in front of a screen, which was connected to a screen-based eye-tracker. On the screen, quantities of one to nine dots were presented one after the other. For every quantity presented, the students were asked to tell quickly how many dots there were. Error rates, reaction times, and student strategies were analysed. Reaction times were significantly shorter for the DHH group as compared to the normal hearing (NH) control group in the subitizing range. DHH children subitized more often than their NH peers, whereas NH children counted all items more often. In the counting range, DHH children used patterning abilities more often than their NH peers, whereas NH children counted all items more often. The results indicate that in quantity recognition, DHH children do not lag behind NH children, but are quicker and use more advantageous strategies. This suggests that DHH children do not have difficulties in basic maths competencies of subitizing and counting, but that a developmental delay stems from other problems in their maths learning.

Viktor Werner's presentation was on his study with Barbara Hänel-Faulhaber 'Evaluating Basic Mathematical Skills in Deaf Children Using German Sign Language (DGS)'. No diagnostic tool exists for evaluating basic mathematical skills in deaf children using DGS. Krajewski had developed such a tool for hearing children – MBK-0. The aim of the project was to adapt the MBK-0 to DGS. Werner and Hänel-Faulhaber adapted the instrument but maintained the mathematical structure of the original problems and followed the rules of DGS. There were 23 deaf children from bimodal bilingual teaching programmes in the study. Overall, the results indicated that the MBK-0 in DGS seems to test basic mathematical competencies in a comprehensive way. In the study, children with early access to DGS showed stronger basic mathematical skills than late signers. Deaf children outperformed the age score of hearing children in 24 of the 58 test items. This may be due to additional cues due to visible number signs. There were four particularly difficult items at level 11 possibly caused by uncommon expressions in DGS. It seemed that deaf children could handle two-digit numbers and number lines well compared to their hearing peers, and mathematical concepts located in the signing space seemed to support task solving.

### Literacy

Dr Krystal Werfel presented findings from a study 'Early Language and Literacy Acquisition in Children with Hearing Loss'. Long-term literacy outcomes of children in the US who are DHH and use spoken language are poor. Literacy deficits in children who are DHH emerge before formal schooling begins. Werfel concluded that current



educational practices are clearly not effective for improving the long-term literacy outcomes of children who are DHH. A first step toward designing effective prevention, assessment, and intervention practices is better for clarifying the early language and literacy acquisition of children who are DHH and determining long-term predictors of literacy outcomes.

Sharon Klieve and Kate Leigh investigated explicit vocabulary instruction in the early years of schooling for Australian students who are DHH. There have been few explorations of the effectiveness of explicit teaching of vocabulary to children who are DHH, even though the benefit of this kind of instruction has been firmly established for hearing children, eg EL and low SES. ToDs were trained in the Text Talk programme to promote direct, rich, and active vocabulary instruction by incorporating research-based best practices. The researchers described a replicable intervention for facilitating the kind of Tier II vocabulary instruction (the words that are frequent enough that most native speakers would know what they mean, but usually require explicit teaching ) that is appropriate and effective for children who are DHH.

Sascha Couvee's presentation was on the topic 'Lexical quality in DHH readers'. This study focuses on the development of lexical quality in DHH readers. Lexical quality refers to the quality of phonological, orthographic, and semantic representations of words in the lexicon. Lexical quality is crucial for reading, and orthography might be a relative strength for DHH children as it relies on visual presentation. The aim of this study is to investigate lexical quality in DHH children from the beginning of their reading development. The DHH children were also tested on fingerspelling and sign vocabulary. Preliminary analyses of the kindergarten measures indicated lower scores for the DHH children compared to the hearing children on phonological awareness, speech production and perception, verbal short-term memory, and vocabulary. Preliminary analyses also showed that speechreading predicts phonological awareness in DHH children, and letter knowledge in both DHH children, and hearing children.

Sharron Woolfe's presentation was on 'The Views, Knowledge and Practices of Victorian Itinerant Teachers of the Deaf (ITD)'. The ITDs all saw supplying reading support as part of their role via direct support or advice to other professionals and advice to parents. They all viewed phonemic awareness support and phonics support as helpful for their students. They used a range of assessments, with a heavier reliance on assessments of reading comprehension, and they used a range of resources for reading comprehension and code-based skills. The role of ITD in relation to reading support is at least advisory but may involve direct support. Further training in supporting code-based skills such as phonics is needed.

Helen Blom and Shirley Neiryck spoke on 'Masterplan Literacy - How to improve DHH students' reading skills in educational practice'. Little research is available concerning evidence-based reading interventions for DHH students. In the Netherlands, Kentalis started the Masterplan Literacy,

which focuses on two goals: (1) to provide a theoretical overview of the current insights on reading development and evidence-based reading methods for DHH students and (2) to provide an overview of the current reading skills of the DHH students and relate this to good practices that have been shown to be effective. The Masterplan Literacy aims to create a practical product for professionals that encourages implementation of evidence-based reading methods. Implementation is further enhanced through coaching of teachers at Kentalis using video-modelling techniques, monitoring their teaching skills.

Dr Heather Grantham presented on 'Reading, Deafness, and Dyslexia'. Dyslexia is recognised as a result of having deficits in phonological processing. Children who are DHH also tend to have significant challenges with decoding printed words. This presentation proposed that reading strategies for children with dyslexia may be valuable for use with children who are DHH. Phonemic awareness skills are closely related to the degree of hearing loss, use of devices like HA or CI, auditory rehabilitation and training, as well as speech perception skills. Recent research of children who are DHH has shown that phonological processing and phonemic awareness training can be effective strategies for children who are deaf. Research of children with dyslexia in the last decade has shed light on the importance of suprasegmental perception for decoding. Studies suggest that a child's ability to perceive prosody or melody of speech, along with rhythm, stress, and tone, is a predictor of decoding skills above and beyond segmental speech perception. According to research, children with dyslexia appear to have problems not only with segmental but also suprasegmental perception.

Hille van Gelder, Dr Loes Wauters and Corrie Tijsseling presented on the 'treatment of reading skills in DHH adolescents'. The goal of this project is to investigate whether an intensive treatment can improve word identification skills of DHH adolescents. The presenters wanted to find out if it is possible to improve their word identification through improving the lexical quality of their representations, eventually leading to improved reading comprehension. The results of the DHH adolescents' reading skills and the outline and first experiences with the reading intervention were presented. Each week the same structured approach was adopted. Three new morphologically complex words were introduced. Students were asked to mark words that were difficult to them. Students unravelled words and recognised the base words within them. Then training morphology continues where there is a focus on affixes. Information and communications technology (ICT) can be used to include word games.

Rachel O'Neill, Freya Watkins, Robin Thompson and Dr Wolfgang Mann delivered on 'Strategies used by deaf and hearing children during online reading: insights from an eye-tracking



Rachel O'Neill



Dr Wolfgang Mann

study'. Here, the researchers investigated the potential relationship between visuo-spatial skills and reading comprehension during online reading. Specifically, they investigated online reading strategies in deaf and hearing teens. They hypothesised that signing participants would rely more on visual information compared to both the English-speaking deaf readers and hearing readers. Comparison of signing deaf, oral deaf and hearing readers revealed that both groups of deaf readers make significantly more use of visual aids (pictures, tables, video) compared with hearing readers. There were no significant differences between the oral deaf and signing deaf readers. There was a significant correlation between visual-spatial skills and use of visual aids. The data suggest that visual aids can help readers when searching for information.

Helen Blom investigated 'Hypertext comprehension in DHH students'. Many people read digital texts on the internet every day, eg Wikipedia, that contain blue hyperlinks and are therefore called hypertexts. Little is known about if and how DHH students comprehend these so-called hypertexts. Previous studies have shown that hearing students approach hypertexts differently compared to offline texts. The development of these cognitive-linguistic skills is known to be impaired or delayed in DHH students. In the study, reading comprehension of both offline texts and hypertexts were measured in hearing and DHH students between 10 and 16 years of age. Students answered multiple choice questions and drew mind-maps about the text content, which both measured text comprehension. The results showed that text factors as well as student factors affected hypertext comprehension.

Dr Pamela Luft's topic was 'Identifying Hidden Skills and Abilities through Strengths-based Reading Assessments of DHH Students'. Most assessments do not accommodate the unique learning and linguistic characteristics of DHH students. Miscue analysis provides a systematic individual assessment of reading that examines the range of skills that readers bring to the task. It analyses a reader's mismatches in comprehending text. Miscue research has identified a single reading process which has important implications for DHH readers. The analysis has been used with struggling, successful, bilingual, and diverse hearing readers to identify distinctive skill patterns. Use of the miscue procedure may lead to more accurate research understandings of the barriers experienced by many DHH students. This comprehensive analysis can reveal processes and patterns that other testing does not identify, ultimately leading to more effective research understandings and instruction.

Dr Jennifer Kilpatrick's and Joan Weir's presentation was on 'Written Language Inventory for DHH Students'. Deaf students often differ from their hearing peers in written language development. Studies have identified differences between syntactic development of deaf and hearing students. However, this research has provided teachers with little direction when it comes to planning instruction. The purpose of this research was to develop a written language inventory that could provide this type of vital information to teachers who are providing writing

instruction to deaf students. The inventory was developed using a systemic functional grammar (SFG) approach. SFG provides a way to consider how language works in context while determining the language options that are available. Errors are a natural part of language learning. For the study, writing samples from 98 students were collected. The students' grade level standard scores on the Woodcock-Johnson III Achievement Test were used to divide the students into four language proficiency groups including a hearing peer group. The findings of the experiential analysis were used to map out a basic trajectory of the written language development of deaf students, by placing the structures found in the analysis in order of frequency of use from low, to mid, to high, to hearing peer group.

Dr Klimis Antzakas' (Greece) study sought to compare the writing skills of DHH students with their hearing peers. Limited studies show that text writing of DHH students is 'poorer' than their hearing peers: shorter, less complex text, simplified syntax, repetition, and grammatical errors. Children were asked to participate in a prompted writing task. The findings showed the DHH students' vocabulary was very limited. Hearing students used more elaborate vocabulary. The impact of Greek sign language on the written language was detected. Hearing children performed better than DHH children in almost all aspects of writing. DHH children made more errors in all categories and vocabulary was limited. Strategies could be employed to address these areas. Although the vocabulary of DHH students was limited, the number of semantic errors was relatively small (eg inappropriate use of nouns/verbs in the sentence). On the other hand, their discourse skills were relatively better. Although DHH children made a small or inappropriate use of cohesive devices, their ideas were communicated in a successful and coherent way. Findings of this study confirm that DHH young writers do not perform at equal levels with their hearing peers. Teaching strategies for planning, writing and revising for essay writing skills, and educational support along these lines may be helpful.

### **Language and communication, plurilingualism, Deaf culture, sign language**

In *Diversity in Deaf Education* (2016), Leigh and Marschark wrote that the overall theme of the 22nd International Congress of the Deaf was 'Many Ways, One Goal'. Today in 2021, just as in 1878 and 2015, Diversity continues to be the norm within the population of DHH learners – from linguistic and cultural diversity, to the diversity associated with the presence of a range of additional disabilities. Leigh and Marschark asserted that there can be no basis for suggesting that a single approach to the development and use of language by DHH learners is either possible or appropriate. This section of the report introduces readers to a range of presentations that illustrate that diversity in the education of the Deaf. Again, at the 23rd ICED, the virtual assembly has benefitted from a rich tradition of scholarship and research.

Dr Joseph Murray (World Federation of the Deaf (WDF)) said that a fundamental human right is the right to a language. Deaf children can and do grow up in environments without full access to language input. The

presenter asserted that Deaf children do not have 'language problems'. The real issue is access to language. They emphasised that sign languages are the only languages to which all deaf children have unfettered access. Drawing from a WDF position paper in Inclusive education, inclusion is regarded as an experience, not a placement.

Dr Joanne Weber introduced the symposium that featured a range of presenters who explored what plurilingualism looks like in terms of classroom pedagogy, policy, social and cultural discourses, and applied linguistics. The examples, included:

- the introduction of bimodal bilingual programming and a co-enrolment model where DHH children attend a school for the deaf that faced a declining student population
- the implementation of advanced parent sign language courses
- a model for developing a family language plan to support plurilingualism in families
- an overview of mediated education for deaf students via a sign language interpreter.

Dr Julie Mitchiner, Dr Christi Batamula, and Dr Bobbie Jo Kite spoke about infusing the Reggio Emilia approach (a constructivist approach) in deaf education. Schools that infuse the Reggio Emilia approach view learners as capable learners, thereby creating high expectations for their education. The study explored how and why two schools for the Deaf in the US used this approach using Reggio Emilia principles, especially on schools' images of the Deaf child and 'the hundred languages of children' as a framework. This presentation shares strategies as well as utilising the language and knowledge DHH children already have by setting an environment that allows them to express this in a variety of ways.

### Sign language and bilingual education

From New Zealand, Bridget Ferguson Natasha Cloete spoke about the organisation, First Signs. In 2006, NZSL became an official sign language. Shortly after that, a report stated that deaf children from 0 to 5 years had very little option for learning NZSL or having NZSL in the home. Deaf Aotearoa was asked to provide this service. Ferguson headed the team that established the Deaf Aotearoa First Signs service in 2014. Advisors on Deaf Children (AODCs) work for the Ministry of Education throughout New Zealand and support families and deaf children from 0 to 8 years. Following UNHS, the families are referred to the service. First Signs works closely with the AODCs, and carries out home visits together. First Signs are able to bring that Deaf perspective to the family. They conduct NZSL assessments and over the years are able to see the progress that is being made with the child's language acquisition. First Signs developed an extensive library of resources for the families to enable them to continue to develop their NZSL. One of its new initiatives is the Maori Advisory Group to provide a support service to the whanau (extended family, within Maori world view) with Deaf children.

Roberta Cordano (President of Gallaudet University), Assistant Professor Tawny Holmes Hlibok and

Dr Khadijat Rashid presented on the topic 'Building a Signing-based Learning Global Economy'. The presenters provided a road map of how a country builds up a deaf education ecosystem by training teachers, working with government agencies and with local Deaf communities. Beyond sign language, research has shown benefits of bilingual schools for all children; children with fluency in more than one language are recognised as important contributors to the economy.

Dr Krister Schönström's research interests include bimodal bilingual language acquisition. The main focus of this study is the linguistic production of Swedish and Swedish Sign Language (STS) of DHH children. Deaf and non-deaf students differ in how they take in information and learn. DHH students attend to the visual aspects of their environment. It would be beneficial for teachers to learn more about these visual demands. The research team looked at video footage from all three projects to see exactly what the deaf teachers did in relation to visual teaching strategies. The team observed many mediating technologies being used, PowerPoint presentations, smart boards etc. In summary, many technologies were used in the classrooms and several languages were utilised: STS, written Swedish, and some incidence in the use of English.

Dr Laura Kanto and Henna Syrjälä spoke on 'Developing a Signed Language Assessment Battery for Finnish Signing Children'. There is a lack of appropriate tests for measuring signed language development in many countries. Currently, there are no assessments for Finnish Sign Language (FinSL). The presenters adapted three existing signed language assessments from another signed language and one test from spoken Finnish. In addition, they trained 20 teachers in administering them. The three tests were the British Sign Language Vocabulary Test, the BSL Receptive Skills Test, and BSL-Productive Skills Test. The fourth test, the Multilingual Assessment Instrument for Narratives (MAIN, 2012), which assesses narrative skills in bilingual and multilingual children, was adapted from Finnish. All four assessments were piloted. Twenty hearing and deaf teachers were trained in using the tests. In the presentation the authors describe the adaptation process and the training provided for teachers.

Yohanis Kilave spoke on 'Effects of the sign language knowledge on examination results of DHH student' in





Tanzania. For children whose hearing loss prevents efficient learning of an oral language, sign language can provide an alternative method. The study examined the impact of sign language knowledge on examination results of DHH learners. Two examinations were prepared in three subjects and administered in two forms, written examination and sign language. The findings showed that when DHH students were given a written test and were required to respond in written form and sign language respectively, they scored lower grades. But when the students were given the test in sign language and were required to answer it in sign language, the results from sign language were better. The findings revealed that DHH learners transfer the structure of sign language to the written form. In this case, in the first session the DHH learners were tested in written form and also required to respond to the questions in written language. In the second, DHH learners were given the same test with someone signing the questions. The results from sign language were also better than the written test. The presenter concluded that the Tanzanian language policy needs to be revisited so that it accommodates the needs of the DHH, to allow them to be taught and tested in Tanzanian sign language.

Professor Brenda Schick presented 'A randomized-controlled trial of fingerspelling our way to reading'. The research was premised on the theory that most reading is from sight vocabulary for most adults. However, the non-lexical route is important for children in using both sign language and spoken language. DHH children with limited functional hearing frequently have either weak or non-existent spoken phonological representations of words. An alternative pathway for DHH children is an awareness of fingerspelling phonology, awareness of which letters go together, and how you break up words into sub-lexical units. Unlike in spoken language where you are developing this mapping between spoken phonology and graphemics, in this you are developing a connection between fingerspelling and the phoneme-grapheme connections between fingerspelling and what shows up in written language. That way, children can recognise a printed word. Schick also spoke about 'Fingerspelling, Phonological Awareness, and Early Literacy in DHH Children'. Fingerspelling may provide a non-auditory phonological representation of the internal structure of written words to aid decoding. Research by Schick shows a strong relationship between fingerspelling skills and word identification of printed English words. The presentation also provided information about a new intervention that focuses on improving fingerspelling and reading in DHH children in Kindergarten, and First, and Second grades. Results of two large national US studies were presented.

Michelle Baker presented on Adapting the 'Fingerspelling Our Way to Reading Program' to the Australian Auslan context. Australian and American staff worked together to adapt the programme and its resources and the training to meet the needs of Auslan users. It supplies the missing phonology piece in the literacy puzzle for signing deaf students. The programme commenced in Queensland and has now rolled out Australia-wide. Two years in, the programme is showing excellent results for students. The presenter shared details about the adaptation of

resources, roll-out of the training, details of student results, and finally, a summary of key learnings from the project.

Dr Ingela Holmström and Dr Krister Schönström described research in Sweden on 'Using visual strategies to promote DHH students' learning in visually oriented classrooms'. Teachers of DHH students have reported that the students are "impulsive" and "easily disturbed" by things that appear or are ongoing in the classroom or are visible outside. The act of being instructed through sign language requires visual attention skills because the students have to switch between the teacher and the whiteboard, PowerPoint, etc, simultaneously. The act is even more complicated in an interpreted classroom setting. Therefore, teachers need to be aware of visual and linguistic prerequisites in order to create an accessible and visually oriented learning environment for DHH students. In settings where the instruction is conducted by deaf teachers, the knowledge of visual strategies appears to be well established. The analysis shows that "deaf teachers use a range of visual strategies in their teaching (ie gestures, pointing, chaining, turn-taking, etc)", and "draw from their own experience to support the students in understanding the teaching content". "The deaf teachers appear to be very skilled in both STS and Swedish (and also English)", and they translanguage between these languages in a flexible and visible way in the classrooms.

Lina Jerpö discussed her 2016 study 'Pupils' Translanguaging'. Translanguaging is the "switch from one language to another, where the languages are used without distinct boundaries and the multilingual person uses his or her language resources to express themselves and create meaning for themselves and others". Multimodality, the modalities seen in the study were "STS, hand alphabet spelling, spoken languages, writing, pictures, digital tools, music and various visually clarifying gestures". A case study was carried out in one of Sweden's schools for DHH pupils. Translanguaging occurred among the pupils in a visually oriented practice. The results showed that the pupils used their entire linguistic, multimodal repertoire to make common sense in their communication with others and in their own learning process. "Despite language policies and previously made decisions on what language to use in the lesson, together with a traditional view of keeping languages separated, translanguaging occurred in the classroom in a dynamic interaction adapted to situations in a commonsense situation." Languages were used to complement each other. "Translanguaging should be seen as an asset and used consciously to strengthen and develop pupils' learning."

Caitlin Stephenson's topic was 'Bilingual delivery of Explicit Direct Instruction'. The presenters, Caitlin Stephenson and Elizabeth Reid, described outcomes of a programme that included DHH students enrolled in a bilingual deaf education setting. Prior to entry to the programme, students' English was assessed. Major difficulties included basic grammar and restricted vocabulary choices. Scripts were modified or adapted, including; Auslan, Auslan-in-English, word order with morphological markers fingerspelled, sentence-level fingerspelling, and written and spoken English. At the completion of the programme,

students' written expression and reading comprehension skills were measured. In 15 months, the written language skills of the three students had improved as follows: student A: a growth of two years, student B: a growth of three years, and student C: a growth of three years. Despite the numerous barriers presented during Covid-19, the outcomes demonstrated are exciting and speak to the potential power of the combined pedagogy and programme regardless of modality of communication or student comorbidities.

From Canada, Dr Lynn McQuarrie delivered a presentation on 'Learning Technologies: Using dual language (ASL-English) vocabulary apps to enhance language and literacy learning'. In this presentation, a suite of interactive digital games were demonstrated, developed with and for bilingual deaf children. The use of touch-tablet technology, which is motivating, accessible, encourages independent practice opportunities, and extends print experience supporting fluent word reading. Future plans include adaptation of the apps for use with other signed languages.

The ICED Congress portal remains open to log in for several months to come and interested followers can register and view recordings of all the presentations <https://iced2021.com.au/> The programme is available at <https://iced2021.com.au/program/>

### Appendices

#### Plenary addresses 23rd International Congress on the Education of the Deaf July 2021

Each session included a plenary address, which was followed by presentations in the 'Breakout Rooms'. The plenary addresses include the following:

- Best Practices in Early Intervention for DHH children. Christine Yoshinaga-Itano
- Assessment and Intervention with Deaf Multilingual Learners: Connecting Research and Practice. Dr Kathryn Crowe
- Literacy Development in Deaf and Hard of Hearing Children: The Importance of Early Intervention. Fiona Kyle
- Fingerspelling, Phonological Awareness, and Early Literacy in Deaf and Hard-of-Hearing Children: Development of an Intervention. Brenda Schick
- Shifting the Culture of Evidence in Deaf Education: Empowering Deaf People and Finding your Call to Action. Stephanie Cawthon
- A Framework of Effective Practices and Strategies to Promote Resilience. Assistant Prof Jenna Voss
- Language, Reading and Psychosocial Outcomes in Children with Hearing Loss: the LOCHI Study. Dr Teresa Y C Ching
- The Power of Connection: Deaf Leadership in Early Intervention. Assistant Prof Elaine Gale
- Teachers of the Deaf: What 'Matters', What 'Works' and What the Future Holds in our Field. Emmanouela Terlektsi
- Accommodating Cognitive Challenges in Deaf Learners. Harry Knoors
- Theorising the Power of (Re)Connection in Deaf Education. Elizabeth Mathews

#### Materials and presentations representing international experience including emerging research, knowledge and understandings from countries in Asia, Africa and South America.

Whilst a selection of these presentations is offered here, all materials and presentations will continue to be available on the conference website until summer 2022.

- Building A Successful Deaf Education Program in A Developing Country. Jeff Bravin
- Inclusive Deaf Education in Africa: A Phenomenological Perspective. Ildephonce Mkama
- Relevance of Schools for the Deaf amidst Inclusive Education Campaigns: A Study of Secondary School for the Deaf in Malawi Phiri. Wisiki Kalitera
- The Chinese Pinyin Instruction for DHH Students: A Case Study of First DHH Graders in Deaf school. Dr Yachong Cui
- Bilingual Education is a Bright Future for Deaf People in Vietnam. N Hoa
- Early Education for Young Deaf Children and their Caregivers in Ghana. Ruth Swanwick, Dr Yaw Nyadu Offei, Dr Alexander Mills Oppong
- Integrating an Ecological Approach in Teacher Preparation to Cater for Deaf Learners' Needs in Uganda. Bernadatte Namirembe
- A Comparative Perspective of Inclusive Education for Learners who are Deaf or Hard of Hearing in Africa: Case Studies from Africa. Ms Georgine Auma, Mr Al McLeod, Ms Stefany Thangavelu, and Ms Emmie Wienhoven
- Implementing a Toolkit for Teaching Literacy in Low- and Middle-Income Countries. Emmie Wienhoven and Dr Sam Lutalo-Kiingi
- Reading Project for the Deaf learners: A method to develop the reading skills of Deaf children in Uganda. Generous Kazinda
- The Phonological Awareness and Rapid Automatic Naming of Chinese-Speaking Children with Hearing Loss and the Predictive Relationship with Reading. Assistant Prof Hsiutan Liu
- Psychological Factors Affecting Reading Japanese Two Kanji- Compounds in Children with Hearing Impairment. Masatomo Motegi
- Challenges faced by Deaf learners in the Acquisition of Reading Skills through Early Grade Reading Activities in Malawi. Betty Wisiki
- Positive Behavioral Interventions and Supports (PBIS): A Critical Tool for a Positive School Climate. Jeff Bravin and Karen Wilson
- Development of Theory of Mind of Chinese-speaking Children with Hearing Loss. Assistant Prof Hsiutan Liu
- Exposing Deaf Students in Bhutan who have No Foundation of Language, to Sign Language and Deaf Culture. Chencho Dem and Dorji Zangmo
- Exploring the Experience of College Students with Severe Hearing Loss with their Normal Hearing Peers in an Integrated Environment. Pei-Chun Cheng
- Voices and Images of Effeminate Deaf Gays: Strategies for Translating/Interpreting from Brazilian Sign Language

to Oral Brazilian Portuguese. Prof Sheila Batista Maia Santos Reis da Costa

- Influence of Kenya Sign Language on Syntactical Patterns in Written English Grammar Among Learners who are Deaf in Primary in Nakuru Region of Kenya. Peter Adoyo
- Learning from Educational Initiatives in Low to Middle Income Countries: A Holistic Approach to Deaf Learners. Sian Tesni
- Deaf Perspectives on Advocacy, Multi-Sectoral Collaboration and Education. Joseph Murray
- Advocating for Specialist Pedagogy and Adequate Resourcing for Inclusive Education in the Pacific Region. Krishneer Sen
- Multi-Sectoral Collaboration on ENT and Audiology Services in Pacific Islands. Dr Sione Pifeleti and Prof Peter Thorne
- Using Sport and Cultural Platforms to Empower Deaf HoH people in Samoa. Malama Parker and Maselina Fiso
- Connecting Unemployed Deaf youth with Employers in South Africa. Lientjie Janse Van Rensburg Welling
- The Challenges of Sign Language Research in Brazil. Dr Roberto Cesar Reis da Costa
- A Desire to be Heard and Visible: A Study with Special Reference to Students with Hearing Impairment in Inclusive Schools in India. Sunita Kathuria
- Ensuring Inclusion of Learners who are Deaf/HoH in Malawi. Stefany Thangavelu.



*Madeline Hickey is a specialist lead in the area of Policy and Practice Development within the National Council for Special Education (NCSE) in Ireland. Madeline is the former Director of the Special Education Support Service (SESS) when she was on secondment from Holy Family School for the Deaf, Cabra, Dublin 7. She worked for many years as a post-primary teacher of science and maths and as a Teacher of the Deaf.*

*Cathy Connolly is a Visiting Teacher for the Deaf and Hard of Hearing with the National Council for Special Education (NCSE) in Ireland. She also works for the University College Dublin on the Graduate Diploma in Inclusive and Special Education. Cathy has worked in the field of additional educational needs in mainstream and special educational settings as a teacher, coordinator and manager. She has worked in both University College Dublin (UCD) and University College Cork (UCC) in the field of disability.*



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# Art competition helps Ugandan deaf children

**Dr Richard Bircher**, Chair of the charity Helping Uganda Schools, describes how an art competition in the UK has helped schools for the deaf in Uganda

A unique partnership between artists, an ear, nose and throat (ENT) consultant at the Central Manchester University Hospitals NHS Foundation Trust (CMFT) and a charity called Helping Uganda Schools (HUGS) has helped vulnerable deaf children within Uganda. There is the opportunity for UK Teachers of the Deaf to help further.

In the summer of 2021, a call went out for artists and designers to produce art depicting 'What does sound look like to you?' There was a lot of interest from deaf artists. Entries were auctioned in November and £1,000 was raised to buy teaching equipment for a new special needs school in Uganda, which specialises in helping deaf children.

The idea was hatched by HUGS trustees, Dr Emma Stapleton, who is a cochlear implant surgeon at CMFT, and Helen Taylor-O'Brien, Brand Manager for the creative agency Emperor, in response to realising how difficult life was for deaf children in Uganda. All too often, their lives are blighted by unsurmountable disadvantages. Children with disabilities, whatever the cause, are viewed as having less value; they are marginalised, many are not fed well and when a parent, with limited resources, has to choose who to enrol at school, children with sensory disabilities lose out to their non-disabled siblings.

As all Teachers of the Deaf know, the early years of a child's development are key to their future. However, a Ugandan child with sensory deficits will usually receive less attention from their parents and the community. Hearing assessments and treatments are beyond the means of most families and there is no provision to teach sign language. Faced with these challenges at a young age, deaf children struggle to learn to read and write. Feelings of worthlessness grow, and this is compounded by the children's inability to participate. State schools have classes

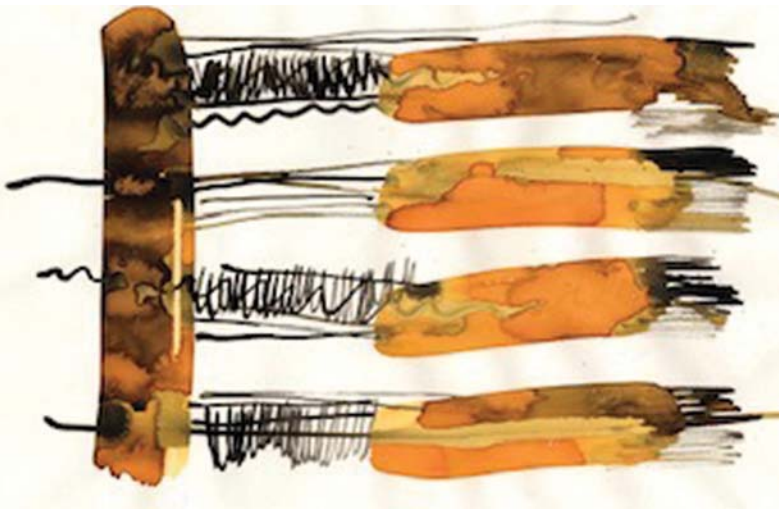


of 100 children with one teacher, and there is no hope of individual support. Many deaf children, despite being of normal intelligence and having huge potential, become destitute young adults, whose only realistic hope of employment is subsistence farming or labouring. The situation is worse for girls, who are forced into marriage at a young age or left unprotected from violence and abuse.

HUGS has been working in Uganda for the past 20 years and has helped thousands of children receive a quality education. The charity has funded the construction of six schools, including the first special needs school in Western Uganda, which has been instrumental in helping change attitudes and reduce stigma. HUGS was approached by the director of a community campaign group called the Jinja Organisation of Parents of Deaf Children in 2018. This







Winning entry from Diana Terry <https://www.diterry.com>

grassroots organisation is a network of parents who are concerned about the welfare of all deaf and disabled children in their communities. Many are single mothers, as having a disabled child is seen by many men to be an embarrassment or a curse, and they are encouraged to abandon their families. The families work together to fill many of the needs which we, in the UK, have come to expect to be filled by social services or benefits. They help each other earn a living, share skills, offer childcare and are at hand when illness strikes. They are a committed, feisty group who, despite their personal struggles, find time and energy to fight for the rights of vulnerable children.

One of their dreams was to have a local specialist school for deaf children, and other associated disabilities, which would take children as young as three and help them develop confidence and communication skills to be able to enter mainstream primary education.

HUGS has just finished funding the construction of this school in Jinja. It is called St Francis de Sales School (after the patron saint of the deaf). This January the school opened its doors and has become a safe place for children with additional needs to flourish. There are places for 60 children, but we know of 140 eligible children wanting admission. The school's teaching equipment was funded by the proceeds of the art auction.



Under 12s winner Iris Hazell (aged 12) Satie's Gnosienne No. 1

Entrants to the art competition were varied. They included a class of children from St Andrew's C of E Primary School, a specialist school, in Manchester, who used pompoms to represent sound in a tactile-visual way. A renowned landscape artist, Diana Terry, who has also had problems with her hearing since birth (and received treatment from Emma Stapleton's ENT colleagues at CMFT), submitted three pieces of art, including the winning picture: a vibrant ink representation of hair cells and sound waves. The winner for the under-12s was Iris Hazell, who painted her picture whilst listening to Satie's classical music piece 'Gnosienne No. 1'. The judging panel was made up of Professor Kevin Munro (Ewing Professor of Audiology), Dr Emma Stapleton, Helen Taylor-O'Brien, and Fiona Corridan, Curator of Art and Design at Manchester Art Gallery.

The two winning pieces of art have been reproduced and will be displayed in the ENT centre at CMFT and be taken to St Francis de Sales School to hang in the entrance hall.

The school has a long and difficult journey ahead. HUGS has experience in helping schools develop long term sustainability plans. For St Francis de Sales, this will be an uphill struggle. Most schools in Uganda receive income from school fees (approximately £200 per child per year). However, children with additional needs generally come from the poorest families without the resources to pay even this small amount. Teachers will need continued



Design from St Andrew's School\*



Children from St Francis de Sales School

access to training and support, and specialist equipment will require replacing. The next phase of school development will involve:

- purchasing of land for a small farm to grow food and provide income
- generating electricity through solar generation
- creating biofuel cooking facilities using cow manure to generate methane
- providing teacher accommodation to reduce travel time and costs.

There is an opportunity for BATOD members to be involved. Later this Summer HUGS will be hosting an online conference between the inspirational head of the school, Sebastian Waiswa, and special needs teachers in the UK. We want to share ideas and help his team to problem-solve to improve the education for his pupils. We would like to offer placements (3 weeks to 6 months) for UK teachers to visit the school. If this interests any of



The school: final preparations for opening

BATOD's readers, please get in touch [hugs.chair@gmail.com](mailto:hugs.chair@gmail.com) or visit our website [www.helpingugandaschools.org](http://www.helpingugandaschools.org)

Here is a YouTube video we made to encourage people to make a donation for school equipment:

<https://www.youtube.com/watch?v=gUGjPv2k-tg>

\*Design from St Andrew's School.

<https://www.standrewsmanchester.org.uk/Classes/Sensory-Support-Service>



Dr Richard Bircher is the Chair of Helping Uganda Schools

## BATOD Training Bursary Information

BATOD has launched a new Training Bursary to support professionals working with D/deaf learners who are not QToDs or ToDs in training. This bursary allows BATOD members to access education/training related to deaf education, to develop their skills and knowledge. The member would be otherwise totally self-funding, due to no financial support from their educational establishment or LA.

Download this document for further information and the application form:

[www.batod.org.uk/wp-content/uploads/2021/08/BATOD-Training-bursary-information-.pdf](http://www.batod.org.uk/wp-content/uploads/2021/08/BATOD-Training-bursary-information-.pdf)

Any questions - contact Jill Bussien via [bursary@batod.org.uk](mailto:bursary@batod.org.uk)



## BATOD Mentoring scheme

**Are you a newly qualified ToD? Have you recently taken up a new role? Are you working in isolation?**

The BATOD mentoring scheme is delighted to share that it is ready to receive applications from BATOD members seeking mentoring support.

Are you interested in becoming a BATOD mentor? Following the first BATOD mentoring training day on 12/11/2021 we will be welcoming applications again with a training date to be set for Spring 2022.

Please email [mentoring@batod.org.uk](mailto:mentoring@batod.org.uk) for further information and to request an application form.





# Celebrating CIICA's first anniversary: International CI day 2022

Sue Archbold and Brian Lamb, CIICA, share an overview of the organisations activities

International Cochlear Implant (CI) Day, 25th February 2022, was also the first anniversary of CIICA, the CI International Community of Action. In one year, CIICA's network has grown to 78 organisations and 360 individuals from 48 countries across the globe, united in the goal of increasing access to cochlear implantation and lifelong services for all those with hearing loss who can benefit. BATOD was one of the founding members and therefore instrumental in helping establish the importance of this issue. A key issue for CIICA is to ensure not only access to cochlear implantation, but that lifelong services are available, and for children implanted in infancy, that can be a long time! The majority group of our members are users, families and young people to ensure that their lived experiences are heard.

The World Report on Hearing from the World Health Organization (WHO) (2021) concluded that “Cochlear Implant is one of the most successful neural prostheses developed to date”, changing lives and opportunities. In spite of this, currently only 1 in 20 of those globally who could benefit, receive this for children and adults who are deaf or have a hearing loss. This gap in provision results in a massive personal and public health issue and additional costs in dealing with the consequences of unaddressed hearing loss despite the proven benefits of CI, including cost-effectiveness for both adults and children. Following a global consultation, CIICA was established to tackle these important and pressing issues and the activity of the first year has been amazing.



*“The synergies of the network members has far exceeded our expectations in the first year.”* Teresa Amat, EURO-CIU

CIICA's global community of CI advocacy groups provides opportunities to share resources, tools and activities, and strengthen the user and family voice to increase access to CIs. The popular CIICA LIVE events bring together users, families and professionals globally to share their experiences on such topics as funding challenges, and advocacy work – how do we do it? Another topic has been adult rehabilitation (for want of a better term) and what is it? Too often for adults, CI is provided with little follow up



and adults don't have Teachers of the Deaf to call on. Coming soon: the barriers to cochlear implantation in children.

It is inspiring to hear about the innovative activities worldwide, in spite of all the challenges. Accessibility is important to us: all our events have live captioning, with translations into other languages on request. Our website has over 40 languages available and many of our resources are translated into other languages by members.

A recent innovation has been our CIICA Conversations where a small group has a conversation for one hour to explore a specific topic; these have included telepractice and the impact of the pandemic. A summary of the issues that emerge is then available for further comment on the website.

Importantly, young people are also part of this conversation. A group of 18–30 year olds with cochlear implants, from nine countries, recently met online to have a discussion about the issues important to them on the theme of Shaping our Future Together. As Bowen Tang, President of International Federation of Hard of Hearing Young People said: “Our technology has to last a lifetime and we have to build a relationship with our CI”. For many, their parents had the information about CI and it wasn't until they were adults that they learnt to take responsibility. And Bowen, implanted as a child: “because everything was taken care for me as I was growing up, I didn't develop the awareness about my implant and what I needed to do to be responsible for the lifetime care.” Go to his contribution to the Adult Rehabilitation event: **CIICA LIVE IN NOVEMBER: ADULT CI REHABILITATION: WHAT IS NEEDED? – CIICA** [ciicanet.org](https://ciicanet.org)

There was a lot of discussion about managing the technology, particularly in sports; the impact of the pandemic with lockdowns and face coverings making communication more difficult; and the need to have the confidence to explain communication difficulties: *I think it's about where we are right now; it's more of*



also find a summary of the latest research on Hearing and Healthy Ageing. This may not affect your young people, but you may be interested!

The pandemic has made us all aware of the huge value of communication in our lives, and for those with hearing loss, the technology of CI can be key to communication and connection with other

bringing people in our communities and in the workplace, to make them deaf aware. I always make sure that anyone I meet for the first time, I physically show them I have a cochlear implant, so they know I am hearing impaired and so I say to them 'look, if I feel I don't understand you because of your accent or you are wearing a mask, I would say all of those things.' Thankfully, I am grateful to have the confidence to say this to people. It's a matter of expressing our CI users' [needs] and everyone is very very understanding.

Communication barriers are apparent, you know, having to be a good advocate for yourself, making sure your needs are met when you are in an environment that is not comfortable and you know it will be a challenge to communicate.

See FULL: CIICA CONVERSATION: Life with CI: 18–30's in Conversation: Together we can shape our future – CIICA [ciicanet.org](http://ciicanet.org) for the summary of their shared issues.

Our CIICA LIVE event on the impact of the pandemic was inspiring. What has it taught us and what have we learnt? The positive things we have learnt and the changes we could make going forward as well as the challenges of cutbacks in services, longer waiting lists, and the 'pandemic debt'. Our global video on the impact of the pandemic on CI users, families and services is at [www.ciicanet.org](http://www.ciicanet.org) and you can see the captioned videos on the impact of the pandemic, including Connie Meyer, at CIICA LIVE: The Impact of the Pandemic on CI users, Families and Services – CIICA [ciicanet.org](http://ciicanet.org). Connie talks of the experiences of pandemic classrooms, online learning, and the quieting of children's lives. PDFs of the presentations are also available.

CIICA provides a space to share resources, the tools for change which are needed: go to [www.ciicanet.org/resources](http://www.ciicanet.org/resources) to find our summaries of the WHO World Report on Hearing and its implications for cochlear implant advocacy including for children; you will

people. As Darja Pajk from Slovenia said: "maybe more people will realise the communication challenges of those with hearing loss."

CIICA will continue to ensure that cochlear implantation remains at the front of health care decisions. At the time of writing, the network has been in action responding to the Ukrainian crisis, supporting refugees with hearing loss by providing batteries, spares and support – and showing solidarity. This year, the Ukrainian family group had achieved funding for newborn screening and for bilateral implants; they had translated the WHO materials for World Hearing Day and made videos to share. Sadly, this was not to be. See [www.ciicanet.org/news](http://www.ciicanet.org/news) to see what members of the network are doing during this time.

CIICA will continue to ensure that cochlear implantation remains at the front of health care decisions. Visit [www.ciicanet.org](http://www.ciicanet.org) to see our global activities and our video about the challenges of the pandemic – and join CIICA if you want to be kept up to date.

The last comment from the 18–30's was: *At the end of the day, we are all humans, we all have hearts, and we all care about each other because we are all equal.*

A timely comment in today's world.

Send any queries to [info@ciicanet.org](mailto:info@ciicanet.org)



Brian Lamb is the Policy Advisor to CIICA and Sue Archbold, PhD, Hon LLD (President of BATOD, 2000) is a Co-ordinator for CIICA.

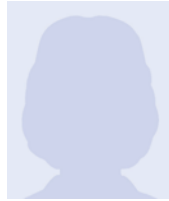


# Meet the team behind the BATOD Magazine

The collaborative efforts of a range of professionals are key to the education of deaf children and young people. Similar collaborative efforts are fundamental to the creation of each BATOD magazine. Meet the current team behind the magazine. Maybe you are interested in one of our vacant roles. Expressions of interest are welcome. Please contact Teresa Quail at [batod\\_aneo@icloud.com](mailto:batod_aneo@icloud.com)



**Editor:**  
Teresa Quail  
Leads on the content of the magazine



**Commissioning editors:**  
Steph Halder,  
*vacant post*  
Encourages some contributors to write articles for you to read



**Production manager and artwork:**  
Rosi Hearnshaw  
Prepares the pages ready to go to the printer

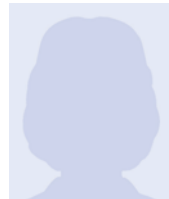
**Proof readers:**  
Mary Gordon, Susie Marques, Marianne Haylett and Jaime Cohen  
The invaluable team that check all the pages to spot spelling or grammatical errors



**Advertising manager:**  
Teresa Quail  
Persuades companies to place ads in the magazine which helps to cover costs



**Reviews panel editor:**  
Joanne Kelsey Taylor  
Co-ordinates the review of books to help you decide what's worth buying



**Proof readers for audiological specific items:**  
Stuart Whyte, *vacant post*  
When specialist education audiologist knowledge is required



**BATOD treasurer:**  
Alison Weaver  
Balances the finances



**Archive feature page co-ordinator:** Ted Moore  
**Technology section feature page coordinator:** Jeanette Hender  
**Social media feature page coordinator:** Helen Devereux Murray



**President:**  
Martine Monksfield  
Ensuring that the Magazine follows BATOD's ethos



**Journal 'Deafness and Education international':**  
Rachel O'Neill  
The 'other' publication

There is typically a think tank Zoom call for each edition from which an array of professionals are suggested as potential authors to be commissioned.

Also, the BATOD team is much wider with NEC representation from the 8 regions and nations. Details of each area can be found on the BATOD website About Us section.

BATOD has a guest spot at each NEC. If you would like to attend as an observer please contact your BATOD region/nation Chair

Steering group consists of the President: Martine Monksfield, President Elect: Sue Denny, Past Presidents: Stuart Whyte and Steph Halder, Co-NEOs: Paul Simpson and Teresa Quail, Treasurer: Alison Weaver, Minuting secretary: Helen Devereux Murray.

Our Consultant is Stuart Whyte.

**Magazine distributor:**  
Orbital Mailing  
Gets the Magazine out to members

**Printers:**  
Wealden Print  
From artwork to printed magazine



### BATOD was there representing you...

Between the NEC meetings, members of BATOD attend various meetings that are of particular interest to Teachers of the Deaf. This list is not exhaustive. Your representatives at the meetings listed (as known at the time of writing) included: Steph Halder, Teresa Quail, Paul Simpson, Tina Wakefield, Alison Weaver and Stuart Whyte.

Date	External participants	Purpose of meeting	Venue
<b>January</b>			
21	NatSIP Futures Group	Regular meeting	Teams
<b>February</b>			
2	ATech meeting	Consultative meeting	Teams
16	DeafKidsInternational	Consultative meeting	Zoom
17	nasen training	Planning meeting	Zoom
28	Deaf curriculum	Planning meeting	Teams
<b>March</b>			
1	Apprenticeship	Consultative meeting	Teams
2	NatSIP training meeting	Planning meeting	Teams
2	NDCS	Regular meeting	Teams
4	BEARS - Preparing for the Clinical Trial	Workshop	UCL (University College London)
9	Barnados	Initial meeting	Zoom
9	Whole School SEND webinar	Presentation	Zoom
10	NatSIP	Consultative meeting	Teams
15	NatSIP CRIDE Survey drop-in	Training	Teams
17	CRIDE	Regular meeting	Zoom

Please inform the co-National Executive Officer, Teresa Quail via [exec@batod.org.uk](mailto:exec@batod.org.uk), if you know of any meetings where you feel representation on behalf of Teachers of the Deaf would be of benefit. Although there is no guarantee that BATOD would be able to attend every meeting, situations could be monitored and the interests of QToDs represented.

### BATOD membership: developing professional world partners in deaf education

BATOD is a professional body which offers a 'community' of dialogue and information.

If a UK-based BATOD member has an established involvement with a developing world project, they can make a recommendation for the head teacher of the school for the deaf or teacher in a deaf resource base associated with their project to be registered with BATOD as an online 'overseas special member' at no charge to either member.

- BATOD has an expectation for the overseas special member to submit an annual magazine article or information for a blog post. BATOD encourages the overseas special member to be the author/co-author of the article submitted.
- The BATOD overseas special member must have internet access in order to access the online resources which may be of interest.
- Online members can access the five magazine editions/year in the electronic version. The BATOD magazine frequently features articles about deaf education from across the world. Thus, our special overseas members can share with and learn from UK and other worldwide professional peers in deaf and deaf related education.



## Teacher training opportunities

Are you a teacher who would like to qualify as a Teacher of the Deaf? Or perhaps you have a teaching colleague who would like to specialise in this field?

If so, grant maker Ovingdean Hall Foundation (OHF) is funding five scholarships for teachers to train to become Qualified Teachers of the Deaf (QToDs).

The Con Powell Memorial Scholarships are managed by The British Association of Teachers of the Deaf (BATOD). Successful scholars also benefit from the support of deaf education and audiology technology specialists from OHF's partner charity, the Ewing Foundation.

The Scholarships are named in honour of Con Powell, BATOD's first President and the Ewing Foundation's first Chief Executive Officer. They are aimed at teachers whose local authority or school is not obliged to support them financially.

**EWING FOUNDATION**  
for deaf children

The closing date for applications is 8 April 2022. To find out more, please visit [www.batod.org.uk/information/training-as-a-teacher-of-the-deaf](http://www.batod.org.uk/information/training-as-a-teacher-of-the-deaf)

### About us

OHF is a small, national charity and grant maker providing opportunities for deaf children and young people. It funds a range of projects including communication resources; sports, music and drama activities; psychological support; and training and research grants. OHF marks its tenth anniversary in 2022.

The Ewing Foundation is a small, national charity promoting inclusion and achievement for deaf children and young people through listening and speaking. Their mission is to provide the optimum teaching and learning environment for professionals and the deaf children and young people they support. Ewing Foundation marks its 70th anniversary in 2022.

### Contact:

Email: [info@ovingdeanhall.org.uk](mailto:info@ovingdeanhall.org.uk)

Tel: 01273 301929

Text: 07778 599939



## BATOD bottle – where has yours been?

Let us know where your BATOD bottle, cup or latest BATOD Magazine has been round the world.

We can't promise to publish them all in the magazine but send them in and they might also turn up on our Facebook or Twitter pages.

### Heather Latter took her bottle to Nicosia



## Jobs in deaf education

Job vacancies for QToD, CSW, Heads of Service, Lecturer roles etc can be advertised on the BATOD website at a cost of £280.00 (with reduction for early payment).

On the homepage, click the jobs tabs and from the drop down menu select List a job to access the submission link – [www.batod.org.uk/jobs](http://www.batod.org.uk/jobs)

Your advert should appear on the website within 2 working days. BATOD frequently highlights the posts listed on BATOD via their social media platforms.

The feedback survey for the Summer term indicated 80% of the organisations who completed the survey appointed to their advertised post. The respondents reported 100% satisfaction with the advertising on the BATOD website.

Historical data also shows a high level of success in recruitment through BATOD. However, should you need to readvertise the post with similar text, the cost is reduced to £170.

Advertisers now have the option of card payment, in addition to BACS or cheque.

The BATOD jobs page still continues to be one of our most popular webpages.

Value for money advertising 

# Review

## A Girl like Ananya

**Author:** Karen Hardwicke  
**Published:** 2021  
**Publisher:** AVID Language  
**ISBN:** 978-1913968120  
**Cost:** £7.99  
**Reviewer:** I. Kumar (QToD)

This charming story is the first book by Karen Hardwicke. It features a young girl who is deaf and her multiple identities. It would appeal to children who are deaf and hearing from 6–12 years. The story is interspersed with reflective questions which help engage the reader and this makes it especially useful for teaching personal, social, health and economic (PSHE) education or as part of a personal understanding of deafness.

We could see this as a book of two parts. The first part could engage children in conversation about their deafness. Right from the start, it engages the reader with a question: Do these two phrases mean the same thing? 1. The deaf girl; 2. The girl who is deaf. By cleverly framing the text ahead, Qualified Teachers of the Deaf (QToDs) and parents can use this to start a conversation.

We then meet Ananya who is a vibrant, aspirational character. Photographs of Ananya bring her to life for children. Indeed, children are keen to learn more about her. They see themselves reflected in literature, and are busy guessing what processor she is wearing or noticing that their friend has blue implants, too! They might notice that they also find it difficult to listen in noisy environments or when people's mouths are covered. Ananya makes for a positive role model and her positive deaf identity is established.

The second part of the book begins after "Ananya is deaf



but that's not all". Children can identify with other parts of Ananya's identity. As well as being deaf, we learn that Ananya is also a sister, enjoys netball and wants to be a scientist. Naturally, children find similarities and are keen to share these with their peers: some have said, "I'm a big sister too!" and "I don't like mornings either". This book shows how Ananya's identities fit together like a jigsaw. Children are on the edge of their seats waiting to hear what other identities Ananya has and if they can relate!

One key theme throughout is that identities can change. It states that Ananya may want to be a scientist, but this might change! There are plentiful opportunities to discuss the changing nature of identities and how they fit together. Children who have read the book might want to be a "zookeeper, bus driver and a firefighter" and aspire to "do lots of stuff" like Ananya.

A girl like Ananya is a must-have for every classroom. Certainly, it can be used as part of your audiology curriculum/PSHE teaching, but it could be a wonderful addition to a mainstream classroom, too, by using it to challenge perceptions of deaf children, support questions about personal wireless systems or even as a wonderful opportunity to form friendships based on similarities.

This compact little book is packed with opportunities to discuss, question and reflect. Karen Hardwicke has based this book on a past pupil, and it is no wonder children can respond so well – Ananya is a role model and peer! I would recommend this book as a useful tool to support children's development of self. ■

## Missed a publication?

**Occasionally we learn from members that they have not received their journal or magazine.**

If you are concerned you may have missed an issue, please contact us as soon as possible via [exec@batod.org.uk](mailto:exec@batod.org.uk) We will endeavour to send a replacement as soon as possible.

However, if we are not informed of a missing issue for sometime, we may be unable to provide a replacement.



## DeafEdUK forum

DeafEdUK ([DeafEducationUK](http://DeafEducationUK)) to reflect the broader range of professionals welcome to join the forum. BATOD will accept requests from Qualified Teachers of the Deaf, Teachers of the Deaf undertaking the mandatory qualification, Educational Audiologists, Communication Support Workers, Audiology Technicians, support staff in EY/Primary, Secondary and Post 16.

The forum is free for professionals working in Deaf Education to join. Please do make colleagues aware of this valued online discussion platform.





# Review

## Sign Language Companion: A handbook of British Signs

**Author:** Cath Smith  
**Published:** 2022  
**Publisher:** Souvenir Press  
**ISBN:** 978 17 8816 9639  
**Cost:** £12.99  
**Reviewer:** Marie Wilkinson, Qualified Teacher of the Deaf, Wigan Council

As I am currently studying to take my British Sign Language (BSL) level 2 exams, I thought that reviewing a Cath Smith book would be very useful and I wasn't disappointed. This new cover edition of Sign Language Companion offers a clear introduction to BSL, featuring over 400 illustrations of common signs. Sign Language Companion is useful for anyone with an interest in BSL. It covers topics including: Getting to know you, Sharing ideas and interests, Feelings and building relationships, and Food and drink.

Some Cath Smith resources have QR codes that link to videos of signs, but this edition relies on an introduction to basic handshapes and illustrations of common signs. Most are easy to follow and Smith points out that BSL is a living language which is always evolving and changing; she recommends readers check signs used in local regions and to always attend courses run by native Deaf signers wherever possible. Smith describes it as an introductory book, providing a basis of exchanging ideas and forming relationships for people hoping to acquire language through direct experience.

There are short puzzles at the end of each section, which she hopes will be fun and entertaining.

Although the illustrations are useful, the sections I found really interesting were the preface to the new edition and the introduction itself. Smith looks back on education policy from 1978 and the Warnock Report, which first introduced the term 'special educational needs' and included children who might have needs requiring different formats of support including a 'hearing disability'. She explains that many special schools were closed as children were 'integrated' into mainstream education, with the number of specialist deaf schools falling from 75 to 21 between 1982 and 2016. She looks at how Warnock herself conceded that the policy of inclusion had backfired, leaving a 'disastrous legacy', and who called for a review of the closure of special schools; that the concept of inclusion had become muddled and that more special schools should be established.

Smith strongly feels that 'no one size fits all' in deaf education and that while some children, with the right

support, work well in mainstream, others may struggle without the right support and lack access to a deaf peer group, deaf role models and a shared language.

The section 'A Head for Language' looks at how the brain works in relation to language and points to interesting studies that look at how sign language is processed on the left hemisphere of the brain. She goes on to explore how sign language relies less on 'words' and more on the inventive use of space and movement – an alternative and creative visuality. The order of the message in sign can also be very different and might involve a completely different starting point, construct of events and finishing point. Smith wants us to understand why it is important to understand this type of process, and how it explains some of the misunderstanding about sign language and why Deaf BSL users find signed forms of English challenging. When signs are used to accompany speech, although each item as it appears can be understood, the message content as a whole may be difficult to appreciate.

Cath Smith recommends the book for interested and motivated young people with receptive minds but also thinks it may be useful for older professionals whose language learning abilities may be 'fossilised'. It is a book to return to again... and again... and again... and I thoroughly agree with her.



Like us on Facebook  
 British Association of Teachers  
 of the Deaf



Why not follow us on Twitter?  
 @BATOD\_UK

# Regions and nations

Contact your local committee to understand what is happening in your area. Visit the BATOD website for dates of committee meetings and events across the UK <https://www.batod.org.uk/events/>

Visit the BATOD About Us page (members only access) to read minutes of past committee meetings and minutes of National Executive Council meetings [www.batod.org.uk/about-us-category/regions-and-nations](http://www.batod.org.uk/about-us-category/regions-and-nations)

**BATOD**  
[batodireland@batod.org.uk](mailto:batodireland@batod.org.uk)

**BATOD Cymru**  
[batodcymru@batod.org.uk](mailto:batodcymru@batod.org.uk)

**BATOD Southwest**  
[batodsouthwest@batod.org.uk](mailto:batodsouthwest@batod.org.uk)

**BATOD National**  
24 September 2022  
**'Positive Mental Health and Well-being for all'**  
Frank Barnes School for the Deaf

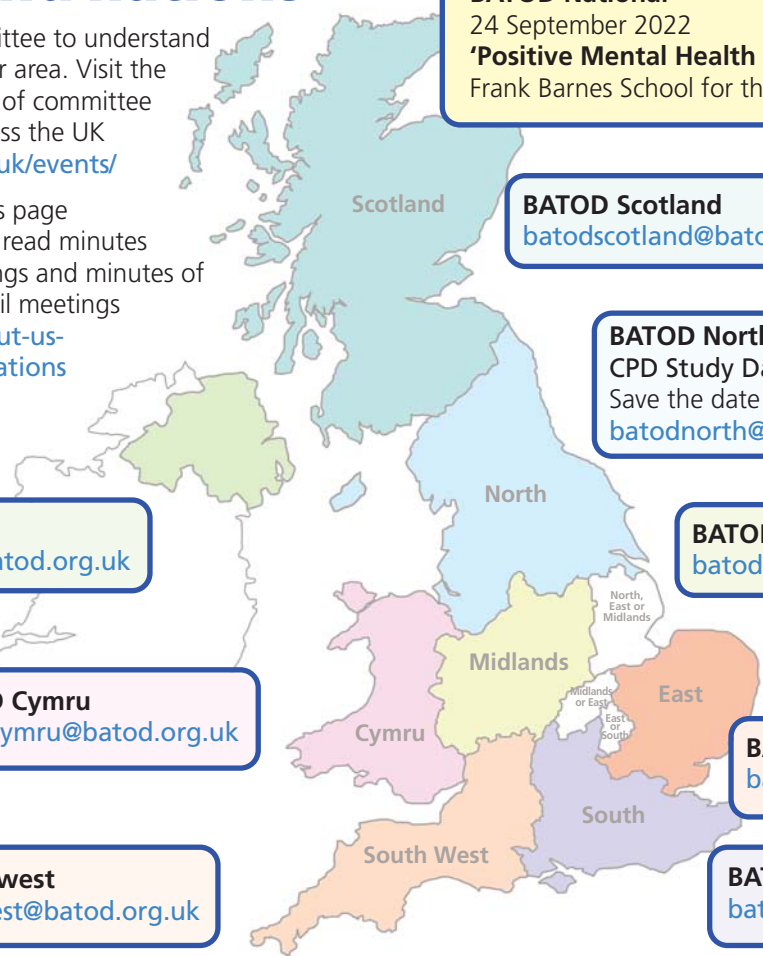
**BATOD Scotland**  
[batodscotland@batod.org.uk](mailto:batodscotland@batod.org.uk)

**BATOD North**  
CPD Study Day  
Save the date 20th October  
[batodnorth@batod.org.uk](mailto:batodnorth@batod.org.uk)

**BATOD Midlands**  
[batodmidland@batod.org.uk](mailto:batodmidland@batod.org.uk)

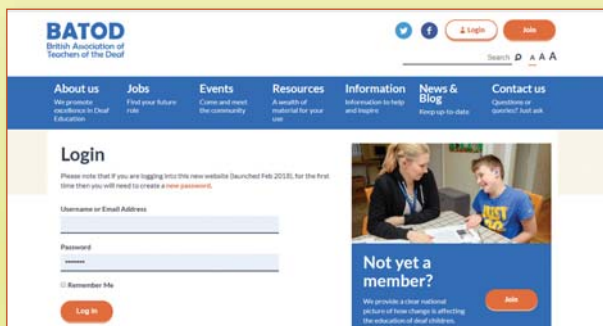
**BATOD East**  
[batodeast@batod.org.uk](mailto:batodeast@batod.org.uk)

**BATOD South**  
[batodsouth@batod.org.uk](mailto:batodsouth@batod.org.uk)



## Have you registered yet?

Make sure you can access the members' information and 'hidden' files for members only



On your first visit you need to click on 'Login' and then on 'Forgotten your password or logging in for the first time?' You will need to provide the email address which is already in the database. Let us know if you need to change this.

**news ♦ events ♦ resources ♦ jobs**  
Explore the fantastic resource that is [www.batod.org.uk](http://www.batod.org.uk)

## Are you out there?

Do you work with deaf learners in a sixth form, in an FE college, with apprentices or do you have several Post 16s on your case list?



How many QToDs are working with this age group?





There is almost no data about QToDs working with this age group, such as employment status, types of learners, working patterns, etc.

So will you please respond so that we can start collecting information?

Please contact me, Jill Bussien (member of the BATOD National Executive Council), on [JillBussien@gmail.com](mailto:JillBussien@gmail.com)

# Contact information for support organisations

## Support (For families of deaf children and young people ages 0+)

Condition Website/Phone number/Email	National Organisation	Condition Website/Phone number/Email	National Organisation
<b>CHED/Harboyan Syndrome</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society	<b>Microtia</b> <a href="http://www.microtiauk.org">www.microtiauk.org</a> <a href="mailto:info@microtia.org">info@microtia.org</a>	 Microtia UK
<b>Charge Syndrome</b> <a href="http://chargesyndrome.org.uk">chargesyndrome.org.uk</a> 020 8265 3604 <a href="mailto:si_howard@hotmail.com">si_howard@hotmail.com</a>	 CHARGE Family Support Group	<b>Pendred Syndrome</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society
<b>Connexin 26/DFNB1</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society	<b>Retrocochlear</b> <a href="http://www.cochlear.com/uk">www.cochlear.com/uk</a> +44 (0) 1932 263 600 <a href="http://www.cochlear.com/uk/contact/contact-us">www.cochlear.com/uk/contact/contact-us</a>	 Hear now. And always. Cochlear®
<b>EAST Syndrome (SeSAME)</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society	<b>Tinnitus</b> <a href="http://www.tinnitus.org.uk">www.tinnitus.org.uk</a> 0800 018 0527 <a href="mailto:helpline@tinnitus.org.uk">helpline@tinnitus.org.uk</a>	 TINNITUS
<b>Enlarged vestibular aqueducts syndrome</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society	<b>Ushers syndrome</b> <a href="http://www.usherkidsuk.com">www.usherkidsuk.com</a>	 Usher Kids UK
<b>Eustachian tube dysfunction</b> <a href="http://www.ndcs.org.uk">www.ndcs.org.uk</a> 0808 800 8880 <a href="mailto:helpline@ndcs.org.uk">helpline@ndcs.org.uk</a>	 National Deaf Children's Society	<b>Waardenburg</b> <a href="http://www.mdjunction.com/waardenburg-syndrome">www.mdjunction.com/waardenburg-syndrome</a>	
		<b>Wolfram's syndrome</b> <a href="http://www.wolframsyndrome.co.uk">www.wolframsyndrome.co.uk</a> 01903 211358 <a href="mailto:admin@wolframsyndrome.co.uk">admin@wolframsyndrome.co.uk</a>	 WOLFRAM SYNDROME UK Inform, Support, CURE

## Support groups for families of children and young people with vision impairment ages 0+

Condition Website/Phone number/Email	National Organisation	Condition Website/Phone number/Email	National Organisation
<b>Albinism</b> <a href="http://www.albinism.org.uk">www.albinism.org.uk</a> 01282 771 900 <a href="mailto:support@albinism.org.uk">support@albinism.org.uk</a>	 albinism Fellowship	<b>Bi-lateral pseudophakia</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> / 0303 123 9999	
<b>Alstrom Syndrome</b> <a href="http://www.alstrom.org.uk">www.alstrom.org.uk</a> 07970 071675 <a href="mailto:info@alstrom.org.uk">info@alstrom.org.uk</a>	 Alström Syndrome UK	<b>Bi-lateral ptosis</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>ANOPHTHALMIA</b> <a href="http://www.macs.org.uk">www.macs.org.uk</a> 0800 169 8088 <a href="mailto:enquiries@macs.org.uk">enquiries@macs.org.uk</a>	 MACS	<b>Bi-lateral subluxed lenses</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Aniridia</b> <a href="https://aniridia.org.uk">https://aniridia.org.uk</a> 07792 867 949 <a href="mailto:info@aniridia.org.uk">info@aniridia.org.uk</a>	 Aniridia Network UK	<b>Cataracts</b> <a href="http://www.childhoodcataracts.org.uk">www.childhoodcataracts.org.uk</a> <a href="mailto:membership@childhoodcataracts.org.uk">membership@childhoodcataracts.org.uk</a>	
<b>Bardet-Biedl Syndrome</b> <a href="http://www.lmbbs.org.uk">www.lmbbs.org.uk</a> 01604 492916 <a href="mailto:info@bbsuk.org">info@bbsuk.org</a>	 BBS UK Bardet-Biedl Syndrome UK	<b>Coloboma</b> <a href="http://www.macs.org.uk">www.macs.org.uk</a> 0800 169 8088 <a href="mailto:enquiries@macs.org.uk">enquiries@macs.org.uk</a>	
<b>Batten Disease</b> <a href="http://www.bdfa-uk.org.uk">www.bdfa-uk.org.uk</a> 0800 046 9832 <a href="mailto:support@bdfa-uk.org.uk">support@bdfa-uk.org.uk</a>	 BDFUK	<b>Cornelia de lange syndrome</b> <a href="http://www.cdls.org.uk">www.cdls.org.uk</a> 01375 376439 <a href="mailto:info@cdls.org.uk">info@cdls.org.uk</a>	 www.cdls.org.uk



## Regulars

Condition Website/Phone number/Email	National Organisation
<b>CVI</b> <a href="http://www.cvisociety.org.uk">www.cvisociety.org.uk</a>	
<b>Field Loss</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Glaucoma</b> <a href="http://www.glaucoma-association.com">www.glaucoma-association.com</a> 01233 648170 <a href="mailto:info@iga.org.uk">info@iga.org.uk</a>	 The Charity for People with Glaucoma Established 1974
<b>Haemanopia</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Marfan syndrome</b> <a href="http://www.marfan-association.org.uk">www.marfan-association.org.uk</a> 01252 810 472 <a href="mailto:contactus@marfan-association.org.uk">contactus@marfan-association.org.uk</a>	
<b>Microphthalmus</b> <a href="http://www.macs.org.uk">www.macs.org.uk</a> 0800 169 8088 <a href="mailto:enquiries@macs.org.uk">enquiries@macs.org.uk</a>	
<b>Nystagmus</b> <a href="http://www.nystagmusnet.org">www.nystagmusnet.org</a> 0845 634 2630 <a href="mailto:info@nystagmusnet.org">info@nystagmusnet.org</a>	
<b>Ocular albinism</b> <a href="http://www.albinism.org.uk">www.albinism.org.uk</a> 01282 771 900 <a href="mailto:support@albinism.org.uk">support@albinism.org.uk</a>	
<b>Optic atrophy</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Optic nerve hypoplasia</b> <a href="http://www.rnib.org.uk/">www.rnib.org.uk/</a> 0303 123 9999	
<b>Convergent squints</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Reduced vision</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Retinal dystrophy</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	

Condition Website/Phone number/Email	National Organisation
<b>Retinitis pigmentosa</b> <a href="http://www.rpfightingblindness.org.uk">www.rpfightingblindness.org.uk</a> 0845 123 2354 <a href="mailto:info@rpfightingblindness.org.uk">info@rpfightingblindness.org.uk</a>	
<b>Retinoblastoma</b> <a href="http://www.rpfightingblindness.org.uk">www.rpfightingblindness.org.uk</a> 0845 123 2354 <a href="mailto:info@rpfightingblindness.org.uk">info@rpfightingblindness.org.uk</a>	
<b>Rod-cone dystrophy</b> <a href="http://www.rpfightingblindness.org.uk">www.rpfightingblindness.org.uk</a> 0845 123 2354 <a href="mailto:info@rpfightingblindness.org.uk">info@rpfightingblindness.org.uk</a>	
<b>ROP (retinopathy of prematurity)</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Septo-optic dysplasia</b> <a href="http://www.magicfoundation.org/Growth-Disorders/Septo-Optic-Dysplasia">www.magicfoundation.org/Growth-Disorders/Septo-Optic-Dysplasia</a>	
<b>Stargardt's</b> <a href="http://www.macularsociety.org">www.macularsociety.org</a> 0300 3030 111 <a href="mailto:info@macularsociety.org">info@macularsociety.org</a>	
<b>Strabismus</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Sturge weber</b> <a href="http://www.sturgeweber.org.uk">www.sturgeweber.org.uk</a> 01392 464 675 <a href="mailto:support@sturgeweber.org.uk">support@sturgeweber.org.uk</a>	
<b>Ushers syndrome</b> <a href="http://www.usherkidsuk.com">www.usherkidsuk.com</a>	
<b>Visual processing difficulties</b> <a href="http://www.rnib.org.uk">www.rnib.org.uk</a> 0303 123 9999	
<b>Wolfram's syndrome</b> <a href="http://www.wolframsyndrome.co.uk">www.wolframsyndrome.co.uk</a> 01903 211358 <a href="mailto:admin@wolframsyndrome.co.uk">admin@wolframsyndrome.co.uk</a>	
<b>Visual impairment or recognised eye condition (Devon)</b> <a href="http://www.moovision.org">www.moovision.org</a> 01752 892058 <a href="mailto:info@moovision.org">info@moovision.org</a>	

# BATOD membership

**BATOD activities are funded from your membership fee and some advertising income.** Colleagues who share your Magazine and Journal also benefit from BATOD negotiations with government and other influential bodies – but they are not contributing! Persuade your colleagues to join BATOD and you will receive 10% of their membership fee as an ‘introduction fee’.

**Full details of membership are available on the website and new members are able to join online at [www.batod.org.uk](http://www.batod.org.uk)**

ToDs in training will be entitled to a £20 reduction in annual membership fee. This applies for the two years of the course.

The BATOD Treasurer may be contacted via [treasurer@batod.org.uk](mailto:treasurer@batod.org.uk)

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 Secretary: Rebecca Millar  
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 NEC Rep: Conor Mervyn

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 Treasurer: Natalie Budge  
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 NEC Rep: Benjamin Hotchkin

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 Treasurer: Helen Cooper  
 NEC Rep: vacant

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 Secretary: Jo Saunders  
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 NEC Rep: vacant

## BATOD contacts and Magazine Distribution

### Articles, information and contributions for the Association Magazine

should be sent to:

**BATOD Assistant Executive Officer:** Teresa Quail  
 Email: [batod\\_aneo@icloud.com](mailto:batod_aneo@icloud.com) Tel: 07506 400280

### Association information and general queries

Contact: Paul Simpson and Teresa Quail  
 Email: [exec@batod.org.uk](mailto:exec@batod.org.uk) Tel: 07506 400280

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 BATOD Advertising Manager  
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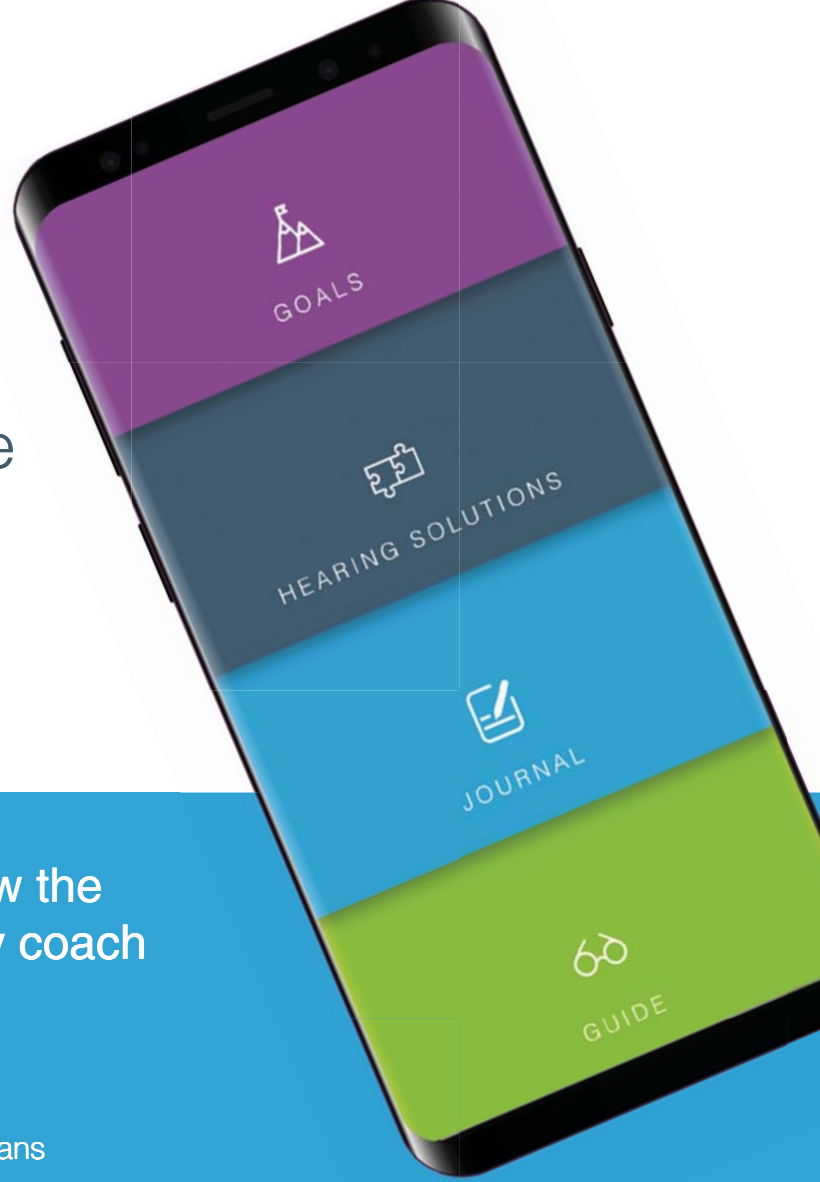
### Journal: 'Deafness & Education International'

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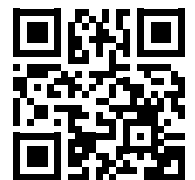


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Find information and answers to questions and get connected to useful resources



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