



# Communicating

with your deaf child

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

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# Introduction

Communication is vital in everyday life. It allows us to build and sustain relationships, to share experiences, to express our thoughts and feelings and understand those of others, to negotiate and to learn. Communication is a necessary skill for us to function well in all aspects of life, throughout life. We tend to take it for granted that children will develop their language and communication skills naturally and in a fairly predictable way, just as they might typically reach other developmental milestones such as sitting up, crawling or walking. Being deaf can make that process more challenging, but with the right support, commitment and encouragement from both families and professionals, deaf children can learn to communicate as effectively as other children.

## The purpose of this guide

NDCS has produced this guide to try to answer the many questions parents have asked about how to best support their child's language and communication development, not only in the early weeks and months after the identification of deafness following on from newborn hearing screening, but also as their children grow and move into the wider world of pre-school experience and on through formal education in the primary school years. Although it is written mainly for families with an early-identified deaf child, it is hoped that it will also provide helpful information for families whose child's deafness has developed or been identified later. The guide describes the basics of language and communication development and gives some practical advice about how you can encourage positive development in natural ways in everyday routines. It also looks at the different ways in which deaf children and their families might choose to communicate and explains what you will need to consider when making choices about communication approaches for your child and family. This guide focuses specifically on communication and language development rather than on deafness itself or on amplification (such as hearing aids or cochlear implants). Other NDCS publications, especially *Understanding Your Child's Hearing Tests* will be useful to read alongside it, as will the booklet *Early Support Information for Parents: Deafness*. More information about these, together with a list of other useful sources for further information, can be found at the back of this booklet.

In this publication, for ease of reading, we have avoided the use of 'he or she' and 'he/she' in discussions of issues relating to the deaf child and have used instead 'he' and 'she' in alternate chapters.

## Thank you

We would like to thank the author of this booklet, Gwen Carr, Deputy Director of the NHS Newborn Hearing Screening Programme. We are also grateful for the feedback given by families during the writing of this booklet.



Before the introduction of newborn hearing screening, deafness in children was frequently identified late – sometimes within a child’s first year but often much later. In many cases it was discovered only because parents themselves recognised a delay in their child’s language and communication development or a lack of response to sound, and acted on their suspicions. Now that newborn hearing screening is widely offered within the first weeks after birth however, deafness can be identified early. Since babies begin to develop language and communication from their earliest months, this means that much can be done to positively support and encourage that development. Research has shown that when early identification of deafness is combined with effective early intervention, with parents and professionals working together, language outcomes for deaf children can be similar to those for hearing children.

After finding out that their baby is deaf, parents meet many different professionals who can give advice and support, especially about how to foster communication development. There are a variety of ways in which deaf children can learn language and develop communication, whether through spoken language, sign language, or a combination of both. Different professionals may hold differing opinions about what is ‘the best way’ and you may find yourself getting conflicting advice and guidance depending on who is giving it. They may have passionately held beliefs about the various approaches or methods of communication which lead them to strongly promote one over another. Alternatively you may find you come into contact with a range of professionals who inform you of only one approach, and not find out until much later that there are others. The reality is that there is no one way which works best for all deaf children and all families, and it is also the case that sometimes, depending on circumstances and needs, different approaches work well at different times for the same child and family. The important thing is to remember that there are no ‘wrong’ choices and the ‘right’ choices are those that work best for your child and your family - not only supporting your child to develop effective language and communication, but also good self-esteem and a positive self-image. Chapter 7 in this guide explains what to think about when choosing or perhaps revising your choice of communication approach.

Remember too that communication is much more than whatever method or approach you use: good communication is about meaningful interactions between people. Everyday life and everyday activities can provide excellent, natural opportunities for developing and reinforcing language and communication skills with your child, and for supporting your child’s social and emotional development, whatever method of communication you use.

As well as enabling early intervention, one of the most significant advantages of newborn hearing screening and the early identification of deafness is that it gives parents time to



find out about what is involved in the different communication options, and to consider and evaluate them before making choices. When diagnosis was late, parents often felt under pressure to make decisions quickly because they felt the need to ‘make up for lost time’. With early knowledge of your baby’s deafness though, you can concentrate on establishing good communication in the early months, and choosing particular methods of communication can come a bit later, when you have had time to explore the options and when you know more about your baby’s needs and natural preferences and what suits your own way of doing things. If you have only learned about your child’s deafness later, you can use your existing knowledge of your child’s strengths, alongside the information professionals give you, to inform your initial decision making. The most important thing is that you can feel the choices you make, firstly on behalf of and later with your child, now and in the future, are informed ones. NDCS passionately believes in supporting Informed Choice for all families and has produced a range of publications to help you make sure you have the information you need to make such a choice. Chapter 7 explains more about Informed Choice and how you can check whether your local services are supporting you to be able to make informed choices, not just about language and communication but also about other important aspects of your child’s healthcare, social care and education.

The services and professionals you come into contact with will give you valuable advice and share their expertise, experience, professional perspectives and opinions about approaches to supporting the development of language and communication for deaf children. But the choices you make should be your choices, based also on the unique knowledge and experience you have of your own child, family strengths, and your individual circumstances. We hope that this publication will be a valuable resource in helping you weigh up what are the best choices for your child and family, by pointing you in the direction of sources of other more in-depth information on particular options, and in helping you support and encourage your child’s communication development whatever those choices might be.



Language and communication are closely linked, but they are not the same thing. **Language** can be described as the words (vocabulary), phrases, grammar and expressions we use and how we organise them to communicate. Language ability is both **receptive** (i.e. what we understand when others use it) and **expressive** (i.e. what we ourselves produce and use). Babies develop a good deal of receptive language (but have less expressive language) during their first year. For example, a one-year-old child may understand quite a lot of what is said to her, but be able to actually say very little for herself, as at that age, receptive abilities are more advanced than expressive ones. **Communication** is really more the means by which we convey language, both to get our meaning across and to understand the meaning of others. It is vital not only to learn and to inform, but also to make connections and relationships with people. It is crucial for our social and emotional well-being. It is also a two-way process and involves not only what we say or sign, but other things like eye contact, gesture, tone of voice, facial expressions and body language. Communication begins right from birth, long before first words, with cries, then coos and smiles. Language is necessary for communication, but it is using that language to get the message across that makes communication effective. When we say someone is a ‘good communicator’ we are not referring to how well they speak, or spell and punctuate in written communication, but to how they express what they are trying to say. The one-year-old child who appears to have little expressive language may in fact be a very effective communicator! We can all think of people whose language is excellent and whose communication skills are poor, and also those who communicate brilliantly but who may have limited language skills. To achieve the most impact, to learn from and influence the world around us, we need to develop and use both language **and** communication skills effectively.

For children, much of their social development, especially at school age, depends on their ability to communicate. For true friendships to be built, common interests need to be shared, and children need competent language and communication skills to do that. This means that not only do children need to develop language for learning and for understanding the environment at home, at pre-school and later at school, but also they need to be able to use social language, and the language of negotiation, to make relationships with their friends. This includes being able to chat about the age-appropriate topics of the day and also the ability to use colloquial and figurative expressions and ‘slang’ words in the right context. It also includes developing Theory of Mind, which is the ability to empathise, to ‘stand in other people’s shoes’, and understand what other people are thinking. This guide gives more detail about those aspects of development in chapters 5 and 6.

**The natural development of good language and communication skills is affected by two major influences:**

- the quality of the language and communication environment (i.e. the language and communication children are surrounded by in their everyday lives)
- the quality of the language and communication interaction children experience with the adults who care for them (i.e. how adults talk with children and support them to take part in conversations).

In other words, for children to develop a language well, they need to be surrounded by capable users of that language.

Later in this guide there are tips and ideas for creating a language-rich environment and encouraging interactive communication at different stages of a child’s development. Listed below are also some basic general ways in which you can help create an everyday environment in the home and within the family which positively supports communication right from the start. By making the surroundings stimulating, easy to listen in and easy to see in, you can give your child more natural access to everyday social information and communication which is heard and seen. By establishing good communication habits in the whole family, such as turn-taking, waiting, responding and using language clearly and expressively, you can help your child’s access to and understanding of conversation. And by using everyday routines both in and outside the home, you can make the most of opportunities to build up language skills as part and parcel of normal life.

Depending on the communication approach you are being supported in (see chapters 8, 9 and 10), professionals may discourage you from using visual cues and advise you to emphasise only auditory ones, or alternatively emphasise using sign and visual learning over using hearing and listening. These techniques may be essential at times when you are focusing particularly on the development and practice of particular skills, such as active listening. However, in everyday situations, you will want to ensure that your child is getting the best possible access to opportunities which support language and communication development from the earliest months onwards, whichever approach you have chosen.



## **Making a good communication environment in the home**

- Try not to have competing noise in the background that makes hearing and listening harder: if your child and you are not actually watching the television, turn it off. Try not to have other sources of sound, such as the radio, on in the background. When you are playing with your child, or reading together, get close up and try to keep background noise to a minimum.
- Try to bring ‘household’ sounds to your child’s conscious attention. For example, listen together to and identify the sounds made by a vacuum cleaner, the washing machine or other items of equipment in the home. Actively listen to the sound made by the toilet flushing, the bath taps running or the doorbell or telephone ringing. Listen to the sound as you look at what’s making it so your child learns to make the connection. It can help, too, to have some visual indication of sounds like the doorbell or telephone, such as lights which flash when they ring. Give your child the best opportunity you can to understand the environment around her and the same opportunity as hearing children to naturally access her surroundings and understand their meaning.
- Try to keep your house ‘acoustically (hearing and listening) friendly’ at least in some areas. The trend for wooden or ceramic flooring and blinds instead of curtains makes for modern and attractive surroundings, but they don’t create the best listening spaces! Hearing and listening are easiest where there are soft furnishings and surfaces which are non-reverberant.

- To support both visual and auditory (i.e. hearing/listening) attention and access, try to be close to your child, and within her vision, as much as possible. This is so the child gets the best possible quality sound through her hearing aids and can also use visual clues from seeing your face and body language.
- Turn-taking is a vital skill for communication development so, when in groups, try to encourage turn-taking so that not everyone is speaking at once. Family mealtimes for example can give an excellent opportunity to practise turn-taking in conversation when everyone is sitting round the table. Similarly in play situations – try to play games which encourage turn-taking, waiting and anticipation. Even with visitors, establish turn-taking in conversation as the norm in your house!
- Don't sit/stand with your back to the light, and don't place your child facing the window so that she is looking into bright light. Make sure the faces of speakers are in a good light to make lipreading and interpreting facial expressions easier. If you are using sign, or gesturing to support your spoken communication, make sure your child can see you, and any others in the conversation, well.
- If people are signing, discourage them from wearing busily patterned clothing that will make the signed communication more difficult to see.
- If you are using sign, encourage everyone around your child to use it, not just directly with your child but also with each other. This will give your child the opportunity to experience the communication around her in the same way as she might 'overhear' conversation in spoken language.
- Ask people to face your child when speaking to them and to be prepared to repeat and re-phrase.
- If communication is about unfamiliar things, provide support for understanding by having visual props, such as objects, books, toys, or pictures.
- Support, respond to and praise your child's communication attempts. Don't be tempted to speak or communicate for them and undermine their confidence. Make sure your family and friends do the same.
- Pay attention to the visual surroundings of the house and how you organise them. Be aware of the amount of 'visual clutter' which might make good visual attention and focus difficult for children. With babies and young children, having a stimulating but uncluttered environment will help to focus their attention.
- Sometimes though, it is just not possible to be in the best auditory and/or visual surroundings. You may be able to create the most favourable environment in your own home, and influence it in the homes of others you know well such as your immediate family, but when in places which are not so 'communication friendly' perhaps because

they are crowded, have bad acoustics, are very large or are maybe outdoors, don't worry and be prepared to be inventive! In those instances, just try to make sure that you use every means you can to communicate, and to help your child communicate effectively, even if it isn't strictly within the approach you usually use.

→ It is important too to create a 'language-rich' environment, where the interaction between family members is one in which language is used for a variety of purposes and children see the people around them communicating effectively. The quality of interaction between adults and children is vital for language learning for all children. There are many hearing children who have no identified additional needs or learning difficulties who enter school with less than age-appropriate language, and limited vocabularies, because good adult-child interaction has been lacking in their early years. For all children, but particularly those who are deaf, a language-rich environment is essential and there are ideas for how to naturally promote good language interactions throughout this guide.



## **Some everyday routines which help to promote language learning and developing communication**

Play, socialising with friends and family, fun trips to perhaps the park, swimming pool or library for example, all provide great opportunities for introducing and reinforcing good communication habits and language development. But ordinary care activities and necessary daily routines can do that too! These are outlined more in relation to different ages and developmental stages in the chapters that follow, but briefly include the following:

- getting up / washing / nappy changing / dressing, etc.
- mealtimes
- household 'jobs' such as tidying up, washing the pots or stacking the dishwasher, cleaning, cooking, doing the laundry
- shopping
- bedtime
- bedtime

These routine activities provide the perfect opportunities for new language and vocabulary to be introduced and reinforced in relaxed and natural ways, or for 'old' language to be extended and regularly and easily practised. The NDCS DVD *Communication Begins at Home* shows families of deaf young children making the most of the communication opportunities that routine life presents. NDCS also produces a wide range of other materials to help parents support their deaf child's communication development, many including hints and tips from other parents, and these are listed at the back of this booklet. The main thing is to see and seize every opportunity to communicate with your child and above all, to recognise, respond to and encourage her own contributions, so you both enjoy the interaction. In this respect you are doing the same as you would be doing to naturally support the language and communication development of your hearing child, but doing it with more conscious awareness and with closer monitoring. It is important though to remember to enjoy your child and the things you do together, and not let the deafness get in the way of that.



Children’s development is affected by genetics, their health, their own disposition or nature, and also by the opportunities they experience. The term ‘typical’ is used to describe the skills achieved by the majority of children at certain ages and stages in their development. Skills don’t develop at specific ages, but they do develop in predictable age ranges and ‘typically developing’ children achieve their skills at some point in those ranges. Waving ‘bye bye’, for example, typically occurs between seven and fourteen months and the average child might start to exhibit make-believe play sometime between ten and sixteen months of age. All children are different, and whilst some perhaps are early walkers and later talkers, others might be the other way round. As long as developmental milestones are within the typical range however, there is generally no cause for concern. A brief summary of some of the more common developmental milestones for children aged 0 to 3 years – Physical, Social/Emotional, Cognitive Understanding and Play, as well as Language and Communication – is given in the form of a table at the end of this chapter.

With deafness, the area of early childhood development most commonly at risk is that of language and communication, although language delay in itself can also contribute to delays in cognitive development (i.e. knowledge, thinking and reasoning), self-help skills and social/emotional development. For that reason it is important for parents to keep a watchful eye on and encourage all aspects of their deaf child’s development and not focus exclusively on language and communication, although clearly that area will be the one requiring the most conscious support and monitoring. To enable parents of deaf children to track their child’s

development and progress in detail, together with the professionals who work with them, the Government's Early Support Programme (England and Wales) has developed a Monitoring Protocol for Deaf Babies and Children. If this is not in use where you live, and you would like to use a monitoring tool to track, record and celebrate your child's progress, you can get the Protocol directly from Early Support ([www.education.gov.uk](http://www.education.gov.uk)).

Children learn language by experiencing the world around them. Typically most of this is through the sense of hearing, although the other senses are also vitally important, particularly in the early months, when facial expressions, eye contact and gaze, gentle touch and your familiar comforting smell as a special caregiver are all essential in communicating to your baby that he is loved and safe. Babies communicate and begin to learn language right from birth. Research has shown that babies mimic facial expressions very shortly after birth and although vision is blurred, look intently at faces. For hearing babies, awareness of sound is evident before birth, and babies only a few hours old can tell the difference between their own mother's voice and the voices of other females. Within the first week of life, babies are already beginning to recognise a wide range of speech sounds. Their early responses to sound are reflex, or automatic, reactions, such as startling with eye blinking and limb movement. But very soon, they can show that they are attending to sound and 'listening', by perhaps being aroused from a quiet state, or quieting if they have been active, maybe searching for the sound with their eyes or head.

### **The first six months**

At this time babies' responses to sound become more sophisticated. They continue to be startled by loud sounds, but also become more aware of softer, quieter sounds and are soothed by their mother's voice. At four to six weeks of age, they may smile in response to your voice, just as they do on seeing your face, and they respond to your facial expressions. They also begin to react to different tones of voice, as well as attending to music and noticing other things that make sound. By around six months, they will respond to their name. Babies' own vocalisations move on too, from coos and gurgles to being more speech-like. They develop the ability to laugh and giggle as well as smile. Vision develops and becomes more refined. Colour discrimination develops from being able to see the differences between black and white in the early weeks to being able to discriminate a range of colours at three months. Also by three months, babies can track movement and by six months, they start to use their eyes well together and so develop depth perception.

### **Six months to a year**

In the period from roughly six to twelve months, babies will reliably turn and look in the direction of sound, and can be clearly seen to be 'listening'. It becomes evident that they are beginning to understand some spoken language and to recognise a few words and simple instructions. They use gestures in their communication such as pointing and waving, and their own vocalisations and babble clearly contain recognisable speech sounds, which not

only do they enjoy producing spontaneously but also in imitation of your own speech. (Deaf babies whose home language is sign language babble with their hands.) By the age of one, babies commonly have two to six recognisable (although not necessarily clearly spoken) words, and it is obvious that they understand the social importance of speech. It is a time of active exploration, and also cooperation through turn-taking games such as ‘pat-a-cake’ and ‘peek-a-boo’ and by giving and taking things when interacting with an adult.

### **One to two years**

Between one and two years of age, language development moves on quickly, with most children progressing to a vocabulary of around 10 to 20 words at 18 months, and then rapidly expanding it to between 200 and 300 at 2 years of age. The earliest single words are generally names of objects, but as two-word combinations appear around the age of two, some verbs (e.g. ‘wave’, ‘go’) may also be used, and words such as ‘I’, ‘me’ and ‘mine’ begin to appear, alongside some prepositions such as ‘in’ or ‘under’. Speech becomes increasingly clear, although by no means completely. A child’s listening and attention span also lengthens and children of this age enjoy listening to songs and stories, as well as being able to repeat some of your speech, follow basic instructions and understand simple questions. During the middle of this phase, perhaps as a forerunner to the temper tantrums that can characterise the ‘terrible twos’, children often like to give orders themselves and choose to do the opposite of what they’ve been told or asked!



## Two to three years

The period from approximately 24 to 36 months is one of greater exploration with language, and one in which the art of conversation is developed. Children can understand most simple questions, and know the meanings of words like 'where', 'why' and 'what'. Their vocabulary is more varied and by the age of three may be around a thousand words strong. They begin to be able to relate their own experiences and can use the past tense to do so. Sentence structure is frequently four or five words long, and children can start up and take part in 'conversation', asking and answering questions, passing comment and talking about their actions and activities. They develop a sense of humour and enjoy playing tricks. Most children by three years of age have speech which is largely intelligible, even to unfamiliar people.

In typical development, for a hearing child, listening and 'overhearing' are crucial to the growth of understanding, and the ability to produce, spoken language. Listening is not exactly the same as hearing though. 'Listening' means actively paying attention to what you are hearing and it is a skill which can be actively encouraged in all children. Hearing children in hearing families have the natural opportunity to listen and to overhear and therefore to develop spoken language in a largely predictable fashion. The challenges presented by childhood deafness in terms of developing spoken language seem therefore both obvious, and somewhat daunting, and the greater the level of deafness, the greater the challenge of ensuring access to sound and to speech. However, with the excellent amplification opportunities, digital hearing aid technology and cochlear implants available today, it is possible to give many deaf children enough experience of sound to be able to access and learn spoken language. Children will need positive and active support to do this and to develop their listening skills. Therefore, the management of the technology and its use needs to be extremely rigorous by both professionals and parents, and all opportunities to develop listening, spoken language and communication need to be purposefully capitalised upon.

Another way of developing language and communication with deaf children is by using visual means such as sign language. Whilst different from English, British Sign Language (BSL) is a language in its own right, with its own rules and grammar. In families where the parents are deaf and sign language is the first and natural language of the home, deaf children develop their language and communication abilities through sign at the same rate as hearing children in hearing families do through speech. With commitment from the family to learn sign to a fluent level, appropriate support from skilled signing professionals, and access to deaf people who use sign as their first language, it is possible for deaf children from hearing families to also develop language and communication very successfully through sign. Chapters 8, 9 and 10 explore these different ways, together with some other approaches and techniques, in more detail. Chapter 11 also looks at some different ways in which communication development can be supported if your deaf child has additional needs. What is crucial to all language and communication growth however is good quality adult-child interaction and the opportunity to experience real situations in which language can purposefully develop.

The following chapters give some practical advice on how to make the most of everyday opportunities to foster your child’s development in positive ways which are not specific to any communication method.

## A simple overview of typical developmental stages from birth to three years

Age/Phase	Around 6 months, most babies...
Physical Development	<ul style="list-style-type: none"> <li>• Roll from front to back</li> <li>• Lift head and look at feet when lying on their back</li> <li>• Lift legs and grasp feet</li> <li>• Lie on stomach, lift head and chest and support themselves</li> <li>• Pull themselves up to sit</li> <li>• Support their own weight when held to standing</li> <li>• Lift arms to be picked up</li> <li>• Reach and grasp for toys</li> <li>• Pass objects from hand to hand</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Show some understanding of mother’s emotions</li> <li>• Show distress when mother leaves</li> <li>• Show ‘stranger shyness’</li> <li>• Offer toys</li> <li>• Enjoy active play</li> <li>• Explore toys and objects</li> <li>• Take everything to their mouth</li> <li>• Stack beakers and bricks</li> <li>• Play with a rolling ball when sitting</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Show interest in playthings</li> <li>• Understand cause and effect</li> <li>• Find feet interesting</li> <li>• Understand objects and know what to expect of them</li> <li>• Understand ‘up’ and ‘down’ and make appropriate gestures, such as raising their arms to be picked up</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Turn immediately to mother’s/carer’s voice</li> <li>• Understand words and phrases like ‘bye-bye’, ‘all-gone’, ‘up’ and ‘down’</li> <li>• Babble with one sound and then two (dada, agag)</li> <li>• Talk to themselves in a sing-song voice</li> <li>• Laugh and squeal in play</li> <li>• Scream with annoyance</li> </ul>

Age/Phase	Around 12 months, most babies...
Physical Development	<ul style="list-style-type: none"> <li>• Pull to stand</li> <li>• Stand and move along furniture</li> <li>• Stand alone for a few moments</li> <li>• Walk with one hand held</li> <li>• Pick up small objects</li> <li>• Build with a few bricks</li> <li>• Point</li> <li>• Use both hands</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Want comfort from favourite cuddly toy or blanket</li> <li>• Show shyness with strangers</li> <li>• Help with getting washed and dressed</li> <li>• Show affection to known people</li> <li>• Enjoy socialising at mealtimes</li> <li>• Have variable moods</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Use trial-and-error to learn about objects</li> <li>• Understand simple instructions associated with a gesture, such as ‘clap hands’, ‘give it to Mummy’</li> <li>• Both point and look where others point</li> <li>• Join in with nursery rhymes</li> <li>• Play ‘pat-a-cake’</li> <li>• Quickly find hidden toys</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Listen to sound making toys</li> <li>• Know and respond to own name</li> <li>• Understand and respond to simple instructions</li> <li>• Understand several words</li> <li>• Wave bye-bye</li> <li>• Make babbling sounds like speech</li> <li>• Speak 2–6 words</li> </ul>

Age/Phase	Around 18 months, most toddlers...
Physical Development	<ul style="list-style-type: none"> <li>• Walk independently, stop and start safely</li> <li>• Run with care</li> <li>• Climb onto furniture</li> <li>• Kneel and squat</li> <li>• Climb up and down stairs holding onto rail</li> <li>• Build a tower of 3+ bricks</li> <li>• Use pincer grip</li> <li>• Use a spoon</li> <li>• Hold a pencil</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Remember where objects belong</li> <li>• Play happily alone</li> <li>• Want to dress and feed themselves</li> <li>• Swap between clinging and resistance</li> <li>• Feed self with a spoon and drink from cup</li> <li>• Begin to be toilet trained</li> <li>• Show awareness if others take risks</li> <li>• May become easily frustrated (temper tantrums)</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Know names and can point to parts of their bodies</li> <li>• Can follow and enjoy repetitive rhymes and stories</li> <li>• Enjoy simple picture books</li> <li>• Enjoy trying to sing</li> <li>• Explore environment</li> <li>• Play near adults or siblings</li> <li>• Imitate simple everyday activities like feeding teddy</li> <li>• Obey simple requests and understand simple questions</li> <li>• Enjoy putting small objects in and out of containers</li> <li>• Recognise that everyone may not feel the same</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Use 6–40 recognisable words</li> <li>• Use gestures with words</li> <li>• Frequently say ‘no’!</li> <li>• Echo the last word others say</li> <li>• Over-extend words or signs, e.g. ‘dog’ may be used to refer to all animals</li> <li>• Use pointing to get what they want</li> <li>• Wave arms up and down to indicate ‘Start again’, ‘More’</li> </ul>

Age/Phase	Around 2 years, most toddlers...
Physical Development	<ul style="list-style-type: none"> <li>• Run safely</li> <li>• Can throw a ball</li> <li>• Push and pull toys on wheels</li> <li>• Try to kick</li> <li>• Sit on a tricycle</li> <li>• Draw circles, lines and dots</li> <li>• Can build a tower of 6+ bricks</li> <li>• Can turn a page of a book</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Begin to say how they feel</li> <li>• Can feed and dress themselves independently</li> <li>• Often want to help others</li> <li>• Often feel frustrated when they can't be easily understood</li> <li>• Become very curious</li> <li>• Constantly want carer's attention</li> <li>• Are unaware of dangers</li> <li>• Protect own toys and belongings</li> <li>• Are resentful of attention given to other children</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Refer to self by name</li> <li>• Will comfort a crying baby (empathy)</li> <li>• Follow simple instructions and requests</li> <li>• Engage in role-play and make-believe</li> <li>• Enjoy running, jumping and climbing</li> <li>• Build using construction toys</li> <li>• Play alone or watch other children play</li> <li>• Join in nursery rhymes and songs</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Talk often to themselves</li> <li>• Speak over 200 words, and increase new words very rapidly</li> <li>• Understand up to 1,000 words</li> <li>• Use 2–3 word phrases</li> <li>• Listen with interest to conversations</li> <li>• Continually ask the names of people and things</li> </ul>

Age/Phase	Around 3 years, most children...
Physical Development	<ul style="list-style-type: none"> <li>• Walk backwards and sideways</li> <li>• Jump from a low step</li> <li>• Stand and walk on tiptoe</li> <li>• Ride a tricycle using pedals</li> <li>• Can throw over-arm</li> <li>• Build a tower of 9+ bricks</li> <li>• Copy a building pattern e.g. a bridge</li> <li>• Use a pencil and can copy circles and letters 'V, H and T'</li> <li>• Can draw a 'simple' person</li> <li>• Eat using fork or spoon</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Like to do things independently</li> <li>• Can think of things from another person's viewpoint</li> <li>• Show affection to younger siblings</li> <li>• Want to help and please adults with tasks and chores</li> <li>• Will share toys and turn-take with other children</li> <li>• Make friends</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Begin to understand concept of time</li> <li>• Often ask 'Why?'</li> <li>• Relate past experiences to present</li> <li>• Can draw a person with a head</li> <li>• Understand concept of 'one' and 'lots'</li> <li>• Can match 2 or 3 colours, sort objects and count to 10 (by rote)</li> <li>• Play with other children</li> <li>• Enjoy 'cutting and gluing' and making models</li> <li>• Like jigsaws</li> <li>• Show a vivid imagination – e.g. imaginary friends, fear of the dark</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Carry on simple conversations</li> <li>• Speak in sentences</li> <li>• Use personal pronouns and plurals</li> <li>• Ask 'Who? What? Where?' questions all the time</li> <li>• Talk to themselves when playing</li> <li>• Can control their attention</li> </ul>

## Chapter 4:

# The first three years: making the most of everyday opportunities to support language and communication development



If children learn language through experiencing the world around them and through interacting with both their environment and the adults who provide their care (together with other family and friends), then the first three years of life offer fantastic opportunity to naturally support language and communication development. **Interaction** is the key to language growth, and it can be fostered right from the start.

### Earliest months

Your baby's first months are a crucial phase, and although the baby may seem helpless and totally dependent, she is already communicating. Observing your baby's signals can tell you a lot about how she is feeling and what her needs are. Recognising and responding clearly to those signals is the key to establishing interaction in communication, and helps the baby develop the understanding that this is a two-way process. It is possible to have a meaningful 'conversation' with your baby from the very beginning of your relationship together. The communication habits you encourage and establish in these early months will be the solid foundation on which your child and you will build later.

Babies' first communications are cries, then other vocal sounds, together with eye gaze. Your face is probably the most interesting 'object' to stimulate your baby with, and right from birth, babies find human faces fascinating, especially eyes. Gazing into your baby's eyes as she gazes into yours establishes strong contact, and as you accompany this with voice and facial expression, it develops early communication. It is tempting to keep up a continuous stream of talk, in the lilting melodic tone called 'parentese' (which is known to attract babies' attention and interest), as your baby gazes up at you. But if you pause for long enough, whilst sustaining the gaze, the baby will respond with her face and maybe even vocalise back. This is the start of turn-taking, and the first crucial building block of communication. When a few weeks later this progresses to exchanging smiles, it becomes the very first form of social play.

When your baby is smiling, she is telling you "I like that"; when she is crying or fussing she may be saying "I'm hungry" or "I'm uncomfortable". When you respond to your baby, reflect her mood – be bright and stimulating when she is smiling and cooing, and soothing when she is agitated or distressed. Vary your voice, your expressions and your gestures, so you are more interesting to your baby and she will want to communicate with you. Recognise her attempts to communicate. These might include eye gaze, body movements such as kicking and reaching, vocal sound, watching, touching and anticipating (e.g. looking excited when she knows what's coming next) as well as smiles and cries. When you then respond, and your baby knows you have responded, it encourages her to communicate again, and have further



'conversations'. If your baby is wearing hearing aids, then the close contact you have in these early months will help use them to best advantage and help develop your baby's active listening skills. Use a pleasant and clear voice and talk about what comes naturally as you respond to your baby's communication and needs, and let your baby see your animated face. Sing and play games which involve watching and movement. If you are using or may later use signed communication, stay within the baby's field of vision and use simple signs and gestures.



The routines at this stage in your baby's life generally revolve around sleeping, feeding and caring. You can chat and sing your way through your care routines, describing them and commenting on them ("Phew....smelly nappy!", "Let's splash your tummy", "What a squishy sponge") and ask questions ("Are you hungry?", "Did you like that?"). But don't just provide a 'running commentary'. It is vital to give your baby time to 'answer' you: you may have to wait, but do so with a look of real anticipation. If you resist the temptation to 'fill the silence' you will be rewarded with a response. The times when your baby is settled but awake, the state of 'quiet arousal', are the best times to choose for playing games such as 'peek-a-boo', 'pat-a-cake' and 'round and round the garden' or singing and rocking your baby in rhythm with your voice or movements. These activities encourage interaction, develop anticipation and explore and reinforce lots of language through their predictability and repetition.



### **Four to six months**

Around four to six months, babies also develop an interest in toys and objects, as they become better coordinated bodily with greater hand-eye coordination. They still explore things by mouthing them, but will also manipulate them in other ways. Soft toys, toys with different textures, bath toys, mobiles, board books, activity mats, toys that can be squeezed and those that make sound or light up, will all stimulate a baby's learning and develop their senses at this age. Talk about what the toys and objects do and what they look like. Imitate the sounds and actions they make. Make the language you use relevant to what you can see and what you are doing. Deaf children don't need any 'special' toys. They have the same interests and get the same pleasure and experience from toys as hearing children do. Your baby's development of language and communication will be supported by you exploring and talking about them together, and you can do this in speech and with sign and gesture. Take your lead from your baby and look at what she looks at. Match your communication to her. Don't forget books too – it is never too early to introduce sharing books together, perhaps as part of the bath and bedtime routine. Again this will help develop anticipation, attention and shared communication.

## Six months to one year old

From six to twelve months, babies spend more time awake and in a state of alertness. They begin to communicate more purposefully and with greater motivation, especially when they can see they are successful in getting a response. They develop ‘intentional communication’ – communicating specifically to try to get someone’s help or attention. They might do this by using voice, by ‘eye-pointing’ or by gesturing and finger pointing (which babies use increasingly around this time). These skills support the further development of turn-taking and anticipation. As the baby gets responses to her intentional communication, she begins to understand that her actions have an effect and her communication attempts have an impact on what happens. Babies also begin to show more interest in people and in toys and play. Touch becomes increasingly important in their exploration of objects, toys and books, as they learn about size, texture, weight and shape. This exploration gives you the opportunity to use descriptive language rather than just naming language or ‘labels’, like “What a soft teddy!” or “That’s the big red ball isn’t it?” Toys that move when pushed, building blocks and stacking or nesting cups not only provide opportunity to discover cause and effect, develop physical dexterity and support the growth of problem-solving skills, but also give opportunity to use the language of action, as things roll, fall over or fit together. Babies love to play the same games over and over again, and so the opportunity to learn the language that accompanies them through frequent and routine repetition occurs naturally, all in the course of having fun.

The regular daily routines of getting up, getting dressed, having meals and getting washed or bathed before getting ready for bed can also be made into language-rich activities in the same way as talking about toys and play. These routines are more meaningful to babies at this stage and the same approaches, order of doing things, and language used on an everyday basis help reinforce their learning. You might get bored with the same book night after night, but babies don’t and eagerly look forward to lifting the same flaps, feeling the same textured pictures, or enjoying your rhythmic and animated chatter and/or signing on a nightly basis!

Babies at this stage also display their emotions quite obviously and become more sensitive to your emotions too. Talking about feelings and using the language which describes feelings has been shown to have a positive impact on the later development of Theory of Mind, and to help deaf children’s social and emotional development. You can make comments such as “Oh dear, you are upset” or “That makes mummy happy” or “You are excited, aren’t you!” Research has shown that when babies have parents and caregivers who are responsive to their behaviour and communication attempts, and talk about the play and activities they engage in together, the impact on the babies’ own communication and language development is a positive one.

Research has also shown that early music activities can support a child’s communication development, and deaf children can benefit too from the sound and rhythm of music. So don’t



feel that the baby music group, often run at local baby clinics, won't be of benefit to your baby and you, or that your baby won't benefit from your singing and rocking to music at home. The songs, movement and action rhymes can all help in the development of communication.

### **One to two years**

In their second year, babies develop further their understanding of the rules of communication and interaction. Turn-taking becomes more established, and their fast developing physical skills allow them to explore and persevere in their exploration of their surroundings. They are active 'doers' who are more mobile not only in terms of getting around swiftly on all fours and then on two feet but also in getting into everything with busy hands! Toys such as balls, simple puzzles, activity boxes and boards, things to push, sit on and in, and 'pretend' objects such as telephones and pans are all good for both general learning and for developing language and communication when you enter in to the play and talk about what they do, and what happens when you interact with them. But everyday household objects can be 'toys' too, and babies will enjoy playing with and exploring things like plastic cups and plates, wooden spoons, granddad's keys or emptying your shopping bag. As long as it is safe, all the activities you undertake in your own daily routines can be great language learning and communication development opportunities as you and your child talk about them together.

Always follow your child's lead, and focus your talk on things that interest her, rather than you. This is called 'joint attention'. Encourage your child to think by asking questions like "What happens if...?", "Where does that go?", "What do you think is in there?" and show a reaction with your face, gesture and voice as she explores and finds the answer. Babies also love to imitate and learn from you at this stage, so will eagerly copy you answering the

phone, or perhaps help you empty the laundry basket and put the contents into the washing machine. In the same way as you talked about toys, you can have conversations about these everyday activities and introduce and reinforce new language – “In go daddy’s dirty socks!” or “Where shall we put the washing powder in?” Just remember to ensure that you respond, model good turn-taking, ask questions as well as comment, and give enough time for your child to properly be a partner in the communication exchange.

Children experiment a lot at this age and start to engage in pretend play, which you can join in with, perhaps feeding and bathing dolly or putting teddy down for a sleep. Playing out the established care routines reinforces the real ones and allows the child to take the lead. You will notice as well, though, that your toddler begins to take a more active role in her own everyday care routines. The predictable actions and language that come with preparing for bathtime and bedtime continue to provide great opportunity for reinforcing anticipation and predicting what will happen next. Your child is also likely to begin to show increasing interest in books, and during this phase children will recognise more of the pictures and enjoy commenting and talking to you about what they see.

When you are out and about, visiting friends or family, going to the shops or on a trip out, you will have many more opportunities to support language development. Talk about what you are going to do before you set off. Maybe look at pictures or photos of where you are going or who you are visiting. If you are going to the swimming baths for example, get the towels and swimwear ready together and talk about what you are doing. If you are going to the park you might prepare some bread to take to the ducks and talk about why. A trip to the supermarket can begin by getting the bags ready and maybe putting them in the car. All this helps with the development of anticipation and prediction. Talk about getting ready to go in the car, or in the pushchair, as you put coats and shoes on and get ready to leave the house. Ask questions and respond to your child’s answers.

Being in the car or pushchair can present challenges in maintaining your communication with your deaf child, as obviously the circumstances make looking at each other and hearing or seeing the communication more difficult. Well-placed mirrors can help in the car. With regard to pushchairs, there has been much discussion about whether forward or rear facing ones are best for supporting a child’s communication, interaction and social development. The consensus of opinion seems to favour rear facing ones so that your child can see you and you can communicate more easily together as you push her along. But as your child gets a little older, then a forward facing buggy or pushchair can be beneficial too, as it allows the child to have a better view of her surroundings. To talk about what she is seeing and experiencing though will likely involve you in stopping, getting down close up and at her level and in her field of vision. This is probably just fine in the park or at the zoo, and you can point things out and talk about them as you look in the same direction at them together, but is less likely to be so easy to do on a busy street or in the supermarket!

As in the first year of life, the key to supporting your child's growing language and communication development is recognising her signals and attempts to communicate, whether that be through expressions, words, gestures, signs or actions, and by showing genuine interest in and valuing her efforts. Following her lead, making enthusiastic responses, repeating and extending her language, and setting the right pace for turn-taking will all encourage effective interaction and ensure that meaningful communication can grow.



### **Two to three years**

From 24 to 36 months, children become more and more physically adept and confident, and show increasing independence. It is a period of discovery and one in which they determinedly try to make their needs and wants known. They can become frustrated when they cannot express themselves or cannot have their own way, and the ability to understand and use language becomes more important. Children at this stage usually have an understanding of turn-taking and the rules of conversation, but lack the vocabulary to express themselves well enough to have as much influence as they would like. All the ways in which you supported your child's earlier language and communication development are still important, along with giving more opportunities for them to take the lead in conversation. Because children of this age like to imitate your language too, when you extend and expand their own efforts, they learn even more about how language works. For example, your child might say "shoes dirty". You might answer "Yes, your shoes are dirty! They're muddy!", and your child, in imitation, might say "shoes are dirty... muddy!" You might then ask "How have they got so muddy?" or "What do we need to do to them now?" to further encourage your child's language and reasoning. Your child may gesture her response if she doesn't yet know the words, and when she does you can help her with the language – "Yes – that's right! We better clean them!"

Try to use clear and straightforward speech and language which is easy to imitate, and expand on your child's vocabulary. Repetition is important in the learning of vocabulary, but try to give your child some richness of vocabulary too by not always using the same words for things (e.g. don't always describe footwear as 'shoes' use 'slippers', 'sandals' or 'boots' as well). Ask 'open' questions too, that could be answered in a variety of ways rather than with a simple one word response. For example, rather than asking "Do you want the red brick?", try "Which brick do you want?" The professionals supporting you and your child will be able to give you lots of strategies and help to extend and expand your child's language use and to develop her thinking in a variety of ways.

During this stage, children become increasingly aware of their own feelings and need the vocabulary to be able to describe them, such as "I'm hungry / tired / cross / happy". Between two and a half and three, children also begin to recognise how others are feeling, and identify it not only in people around them but also in characters in books. Research has shown that this ability to recognise, express and talk about emotions supports the development of Theory of Mind in which children can understand and empathise with others. In turn, this helps children to relate to others and supports their social and emotional well-being. Pretend play activities and stories in books all help to support this type of language and vocabulary growth, as does talking about real emotions as they occur in everyday life.

This phase is one of encouraging more child-led conversation and developing it by asking questions and adding comment to deepen understanding. Nursery rhymes, building, sorting, dressing up, action rhymes, physical play and sharing books are all good language promoting activities. So too, as before, are your everyday routines, but now as well as describing them, commenting on them and asking simple questions, you can begin to discuss and explore why things and people do what they do, what is needed to get ready for different activities and why, and how things work. Don't be afraid of trying to explain and talk about things because you think the language might be challenging for your child. Just be prepared to try different ways of expressing things, use lots of repetition and rephrasing and have 'props' to help you demonstrate your meaning and help your child express herself. When conversation 'breaks down' because either you can't understand what your child is saying or she can't grasp your meaning, don't just abandon the conversation. Try to pick up on where it first went awry and rebuild, by asking questions and making suggestions for your child to either confirm or reject. Perseverance is everything! The important thing is for your child to see that you value her attempts and what she is trying to share with you. As before, communication needs to be purposeful, and fun. Wherever you are, at home or out and about enjoying new or regular experiences, use the situations you are in to introduce and reinforce vocabulary, turn-take in conversation, and talk through the 'whys', 'whens', 'whats' and 'hows' of what is going on. Above all, follow your child's lead so that you are focusing on her interests and motivations.

## Chapter 5: The pre-school phase

Around the age of three, children can typically play **with** other children rather than just alongside them and are ready to make their first real friends. They are generally good at pretending and imaginative play, are physically active and confident and like to do things unaided. For the typically developing child, competent communication is fairly routine and conversational skills are firmly established. Some typical developmental milestones for children aged three to five are given in table form at the end of this chapter.

For many children, the pre-school phase is one in which they spend more time out of the home, perhaps at nursery or playgroup, mixing with larger numbers of other children. The familiar routines of home change to those of a different environment, and the adults children interact with are more varied and less well known. As well as being an exciting time of new experiences, it can be a challenging time of new and different expectations. As a parent, you may feel less in control of your child's language and communication environment and worry that other children and adults may not understand your child, or that your child will not understand them.

Make sure you share with the other adults who will come into your child's life the strategies you use to 'repair' conversation breakdown with your child. This will include repeating, rephrasing, maybe using props, questioning and giving choices or suggesting what you think he might be asking or telling you. Talk to the staff about how to 'intervene' to support your child's communication with both them and with the other children when necessary. Share the tips that you know work at home. Try also to give your child some strategies of his own for making himself understood with unfamiliar people. Maybe taking them over to what he is talking about, or having some favourite or common pictures or books available to show. It can help to take the time to write a note or tell people beforehand of some recent experiences you think your child might be likely to tell them about too, so that they are already 'cued in' to what your child may want to talk to them about. Use the experiences on offer in your everyday locality as well – such as going to the post office, the supermarket or the library. Encourage your child to communicate with the familiar people you meet when you are out and about locally. As they learn about your child's needs and his preferred way of communicating, they can help broaden your child's communication and language experience too, and increase his confidence in his own abilities to make himself understood and to understand others.

Children at this stage often begin to use language in a less 'concrete' way than previously too, and you may need to help your deaf child to understand and consciously do this. Use some figurative and colloquial language in your conversation, such as 'it's raining cats and dogs', 'laughing your socks off' or 'throwing a wobbler'. If children don't meet phrases like this and learn that language can be used in a non-concrete way, then later on they may feel excluded



from conversation which is used around them. This type of language use doesn't always need specially teaching, but don't specially avoid it either. Just use the phrases you might normally use, but take the time to reinforce them and explain what they mean when you do. You can do this not only as part and parcel of your everyday conversation about events and activities, but also as you share books, talking about the stories and commenting on the action.

Play is important throughout a child's life, but it is particularly important in the pre-school phase. Maria Montessori, the Italian educator who went on to found a specific approach to nursery provision based on play development, called it 'the work of the child'. There is no doubt that play which is creative and imaginative helps a child develop social skills, physical skills, problem-solving skills and language skills. Role play (where children act out the familiar roles of others, such as their parents, shopkeepers, teachers or doctors or perhaps television and book characters) helps them to broaden their experience of putting themselves 'in other people's shoes' as well as giving the opportunity to use language for specific purposes. Interactive play in particular, helps children practise situations with others which involve negotiating, 'getting on', making choices and planning. Group water play, sand play, craft activities such as painting and sticking, matching and sorting and joining in with self-care routines can all help encourage co-operation with others as well as support language and communication development.

You can help your child develop these skills by helping him play with other children at home, as well as with you and other friends and family members, in readiness for going to pre-school. When babies and children first start to play, they play on their own. This is called



‘solitary play’. They also engage in ‘spectator play’ which is when they watch others. Between the ages of two and three they develop ‘parallel play’ when they play alongside other children but not actually with them. By the time they are three though, and entering the pre-school phase, they are able to play with other children and begin to make their first friends.

**You can help develop your child’s cooperative play skills by:**

- practising turn-taking with more than just the two of you. Maybe use toys such as dollies, teddies, toy animals (or even your real pets if they are easy-going!) to do pretend turn-taking at having a drink, for example
- playing cooperative and turn-taking games such as card or board games
- playing simple activities such as music making and action rhymes to develop interaction
- involving older children who can take the lead in organising the activity so that your child gets used to watching others, waiting for and anticipating their own turn in games like ball throwing, building or having a turn on a bike or rocking horse
- providing experiences of games where your child can make choices and be able to express them. Your child’s experience when out in the community doing things like shopping or choosing books at the library can also help in this respect.

### **You can also help prepare your child for life at nursery by:**

- making sure he knows what the routines will be and helping to prepare him for them by talking about them
- preparing your child for any new vocabulary he will encounter, for example 'home corner', 'sand pit' or 'coat peg'
- taking some photographs of the nursery and the staff so you can make a personalised book to share with your child about the nursery
- helping your child to feel confident enough to express himself in any way he can.

The best way to do this is to visit the pre-school placement yourself well in advance. Obviously you will also be making preparatory visits with your child in the run-up to him starting, but you may like first to go on your own, to observe what goes on and take note of new language which is routinely used. Then plan to introduce it and practise it at home in situations which are already familiar to your child. Look at books which have stories about going to nursery or playgroup so that you develop your child's expectations, in addition to making your own book. If you have visited your child's nursery, you can make sure that the experiences you talk and read about are similar to what your child will experience, and therefore feel confident that your preparation will be as complete and as helpful as possible.



In terms of your home activities, involve your child in planning your day and week. Maybe have a 'visual diary' or an activity board, in which using photos or pictures you and your child can plan the order of things, on a daily or weekly basis. Start with just one day, perhaps putting 'swimming' then 'lunch' then 'the park' on the planner. Later you can introduce 'tomorrow' and plan for a longer period of time once your child understands the concept. As you develop this way of planning, your child can choose from his bank of photos and pictures and so not only use it to help him anticipate the events he will be experiencing, but also to express a preference for how he might like to plan the days too. As your child develops more language to do this in whatever is his chosen mode of communication, then the visual support can be phased out.



Pre-school is the first step of your child's more formal education. The Government has introduced what is referred to as the Early Years Foundation Stage of a child's education, which is from birth to five years, but in reality more focus is put on what are called the 'Early Learning Goals' when a child enters nursery. The aim is for every child to achieve certain 'competencies' by the end of this phase of their early educational experience, in the areas of:

- personal, social and emotional development
- communication, language and literacy
- problem solving and numeracy
- knowledge and understanding of the world
- physical development
- cognitive development.

The experiences your child has at pre-school or nursery will all support his development in these areas, as will the types of activity described in the previous chapters and in this one. As you play with your child, and importantly, read and talk about books together, you will be naturally extending his knowledge and helping him develop his skills for later learning. Literacy – the ability to read and write – is an important skill for all children, and although it can be challenging for a deaf child who cannot easily link the sounds of speech or the hand movements of sign with written letters and words, learning to read is vital for education and throughout life. Some people say it is even more important for a deaf child because it gives perhaps the most complete and independent access to a wide range of knowledge and information.

As you share books with your deaf child, you will be developing a lot of skills which support literacy development, such as understanding page-turning, understanding the purpose of books, and recognising that print carries meaning. Sharing books also helps the development of language itself. You can find out more about how to support your child to develop early literacy by looking at the Early Years section of the Literacy Trust website ([www.literacytrust.org.uk](http://www.literacytrust.org.uk)) and find out more about the early learning goals of the Early Years Foundation Stage by visiting [www.education.gov.uk](http://www.education.gov.uk). You may also find the NDCS publication *Helping Your Deaf Child to Learn* a valuable resource for supporting your child's development in both the pre-school and primary school phases.

## A simple overview of typical developmental stages 4 to 5 years

Age/Phase	By 4 years, most children...
Physical Development	<ul style="list-style-type: none"> <li>• Have a good sense of balance</li> <li>• Run up and down stairs</li> <li>• Enjoy climbing</li> <li>• Skilfully ride a tricycle</li> <li>• Sit with knees crossed</li> <li>• Increase their ballgame skills</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Want to be independent</li> <li>• Can dress and undress themselves</li> <li>• Show sensitivity to others</li> <li>• Argue with adults and other children</li> <li>• Have developed a sense of humour</li> <li>• Like to be with other children</li> <li>• Try to work out what is 'right' and 'wrong'</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Count up to 20 by rote, and understand up to number 3</li> <li>• Appreciate past, present and future</li> <li>• Ask meanings of words</li> <li>• Question all the time</li> <li>• Draw with more detail</li> <li>• Understand taking turns as well as sharing</li> <li>• Act out stories, TV programmes, shows, films</li> <li>• Confuse fact with fiction</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Talk fluently</li> <li>• Listen to and tell long stories</li> <li>• Enjoy jokes and plays on words</li> </ul>

Age/Phase	By 5 years, most children...
Physical Development	<ul style="list-style-type: none"> <li>• Can skip using both feet</li> <li>• Have well-developed ball skills</li> <li>• Can draw a man and copy a triangle</li> <li>• Colour pictures carefully</li> <li>• Are active and skilful in playground activities</li> <li>• Move to music</li> <li>• Pick up minute objects</li> <li>• Build elaborate models</li> <li>• Have good control for writing, drawing and painting</li> </ul>
Social and Emotional Development	<ul style="list-style-type: none"> <li>• Dress and undress by themselves</li> <li>• Choose their own friends</li> <li>• Enjoy looking after pets</li> <li>• Are caring to others who are hurt or upset</li> <li>• Understand social rules</li> </ul>
Cognitive and Play Development	<ul style="list-style-type: none"> <li>• Understand the need for rules and fair play</li> <li>• Ask the meaning of abstract words and concepts</li> <li>• Can give full name, age and address</li> <li>• Show interest in reading and writing</li> <li>• Recognise their own name and try to write it</li> <li>• Can draw a detailed person</li> <li>• Can match most colours</li> <li>• Understand numbers</li> <li>• Love to read stories and act them out</li> <li>• Enjoy team games</li> <li>• Play complicated games with small objects</li> </ul>
Language and Communication Development	<ul style="list-style-type: none"> <li>• Have fluent speech with few grammatical errors</li> <li>• Can talk about the past, present and future</li> <li>• Enjoy more language based jokes and riddles</li> </ul>



Starting school usually brings excitement and some anxiety for children – and for their parents. If children have been to pre-school or nursery, it is usually easier as at least they have some experience of going to a placement independently, outside of the home, on a routine basis. But starting school is still a big step in their lives – and yours! Much of the advice about starting pre-school in terms of supporting your child’s communication and access to experiences can be applied here too. There are the same challenges in preparing your child for the different language and vocabulary which she will meet as part of her everyday routine, and as with pre-school, it will build her confidence if she is aware of any specialised language use. The ‘hall’ in school is quite a different type of place from the ‘hall’ at home for example, and children rarely ‘line up’ at home or get changed for ‘P.E.’! Try to ensure your child is familiar with the different use of vocabulary she may know already in a different context. Make sure your child knows what the routines will be, especially where they are likely to differ from her pre-school experience. Find out what happens at registration, at playtime, at snack or mealtimes, at home time, and prepare your child so she can anticipate them and feel confident about talking about them.

‘Playtime’ can often be surprising for children new to school. At home and at nursery, play usually involves toys, equipment and things to actually play on or with. At school however, although playgrounds are increasingly being equipped better to support play, children are generally expected to just ‘get on with it’. Your child will understand and adapt better if you have already taught her some group games. If you have older children, then you will know what the current popular playground games are. If not, seek out other parents and find out. Try to ensure your child knows the language needed to join in.

For a successful school experience, your child needs to be able to communicate within the classroom and have the language and communication skills to access lessons and the other learning experiences. Home school notebooks and good liaison with your child’s class teacher and support teacher will help you keep abreast of what is needed from you at home in order to support your child’s learning, and to understand what is being covered at school in lessons. Try also to have set times when you liaise in person or over the telephone with your child’s main support staff so that you can ensure her communication needs are being met.

Another vital aspect for success is your child’s social experience and her relationships with classmates and friends. The ability to communicate on the same level and about the same things is important for maintaining friendships. The earlier support you gave your child to learn about turn-taking and cooperative play will help at this stage, as will knowledge of popular topics of the day – TV characters and programmes, toys, sports and so on. Make sure you support your child to know the colloquial and slang words and expressions in popular use: ‘wicked’ to mean ‘good’ for example. These terms change and develop all the time so try to keep up and keep your child in the know!



Your child may also want to access wider social activities, such as after school clubs, cubs and brownies or sport. All bring with them some challenges in terms of language and communication, but you can help your child's full participation in them by:

- finding out as much as you can about how they operate and what goes on and talking about it with your child
- liaising well with the people who run them, and helping them to understand your child's communication needs
- making sure your child knows how to ask for help and feels comfortable in doing so
- making sure your child understands choices and how to make them
- helping your child to learn the rules of games and activities
- continuing to help your child to be a good turn-taker and team member, by playing age-appropriate board games, card games and sporting games at home with the family and with other children
- helping your child to develop her own strategies for communication and understanding, by using any ways which work for her. This might be by getting in a good position to lipread in a small group situation, or bringing home a book or resource before an activity takes place so she can be familiar with the content in advance of it being done in class. Or maybe she might have a notebook of signs or pictures to help her out if she occasionally gets stuck in getting her point across. Try to support your child in being confident about contributing her ideas and expressing her needs.





NDCS has produced a helpful publication, *Starting School*, which gives advice and practical tips on preparing your child for school life. Together with the other NDCS publication, *Helping Your Deaf Child to Learn*, it gives further ideas for preparing your child about what to expect in terms of the general school experience, as well as specific ideas about preparing for lessons and learning activities. But remember, the challenges of school life for a deaf child are often less about the educational experience and more about the social experience. Although these challenges are not unique to deaf children, the ability to communicate and share in playtime and lunchtime conversation on an equal footing with other children is particularly important. For a deaf child, this can be hard work, so it is important that those around her make adaptations to support communication too – children as well as adults – so the effort is not all one way. As well as monitoring your child’s educational progress in school, do therefore keep a watchful eye on her social experiences. It is important for your child to thrive socially and emotionally as well as educationally.



There are a number of communication approaches or methods that are available to deaf children and their families and these are described more fully in the chapters that follow. In the very early months however, children don't need a specific communication 'method' to be used: as you care for and play with your baby and respond to his own communication attempts, you will be naturally supporting his communication and language development. Additionally, by making the most of every technique – visual, tactile (touch) and auditory, you will be keeping your options open as you get to know your child. During these first months you can take the opportunity to find out about the different communication methods in more depth and begin to decide on the approach that feels right for you and your baby. You need to be aware that support for all options is not always readily available everywhere. If your preferred choice of approach is not routinely supported in your area, then talk to your local professionals, and your NDCS family officer, so you can be helped to access the support and information you need. Remember, it is your child's needs that should guide your choice most, not just the routine availability or otherwise of the approach you prefer to use.

In the first instance, your choice will very much be guided by what you think will be best and what fits your own aims and wishes for your child. In these early months, when your child is 'new', you will not yet know what his strengths and preferences will be and he will not yet be able to tell you or show you himself. As your baby grows and develops though, you will be able to monitor how your early choice supports and fosters his language and communication, and together with the other members of your family and the professionals who work with you, consider whether it remains the right choice or whether a change to a different approach would better support his progress.

## **Some questions to ask your local professionals in the early months might be:**

- What are the communication choices available to me and my child? (Ask to see the local service's communication policy.)
- What other approaches might be available in the surrounding areas?
- Are there any other approaches that I can find out about?
- Where can I get other information from?
- Can I meet other parents who have chosen a variety of approaches and learn from their experiences?
- Can I meet deaf adults or young people who have chosen to communicate in different ways to learn from their experiences?
- What opportunities exist locally for my child to communicate with and learn alongside other children in our choice of approach?
- What staff does the service have to help me support my child's communication? What specialist skills and training do they have and how will they support my choice?

As well as getting information from your local services, there are some academic institutions – and indeed charitable organisations – which have websites that can direct you to research that can inform your choices about communication. Although generally the evidence for any one method working better than another for deaf children as a whole is unclear, and all the approaches can point to some evidence which shows successful outcomes for children, the amount of new research is increasing all the time. Details of these sources of information are given in the Resources section at the end of this guide.

You can also contact organisations which promote and specialise in supporting particular communication choices to get fuller information on specific approaches, as well as NDCS for balanced and non-biased support in considering them. A word of caution though about the literature supplied directly from organisations: because they are promoting a specific approach which the professionals involved passionately endorse, the literature can be very persuasive. All are likely to show happy, smiling children who are communicating well. All are likely to include quotes from satisfied parents whose children have thrived using that approach, often using emotive and inspirational language. All in some way can provide evidence of the success and effectiveness of the approach they endorse (and in some cases actually deliver through direct services). Some of the organisations are charities which understandably need to promote themselves in order to raise income too.

There is absolutely nothing wrong in promoting how the approaches can work for deaf children of course, and in professionals sharing these views, but as parents you need to make sure you look beyond the emotive statements and see what's really involved and what

the implications are for you on a practical level. You need to be aware of the biases of those informing you about the different approaches and make sure you get to explore a variety of perspectives. All the approaches work for some children and families and not one of them is right for all children and families. Neither need your choice be guided only by your child's level of deafness. All the approaches can be successful with children with a variety of levels of deafness, although access to sound is of course important for the development of spoken language. What makes a choice right is what works for your child and you and the best outcomes are reached when you commit enthusiastically to an approach, whatever that might be. If your child's communication and language development is progressing well, is within the typical range and is enabling him to be a full part of the family and enjoy positive friendships and relationships, then your choice is likely to be the right one. If, however, this is not the case and you have given the approach the time and commitment it needs to try it properly, then consider whether a change of approach would be advisable.



Responsible professionals, even those who work within one particular communication approach, will be prepared to discuss your child's progress and development with you and help you consider whether another choice would be better for your child. No professionals should pressurise you to continue with an approach – however much they believe in it – if it is not supporting your child to make the best progress in his language and communication development, appropriate to his age and ability, supporting his social and emotional well-being and also working for you as a family. It can also be difficult for you, when you have researched and made a choice, and have put a lot of effort into making it work, to accept that it may not be the one that's right for your child and that his natural 'choice' expressed by either showing you, or later by telling you, is not for the way you had first hoped.

In making your initial informed choice, remember to be guided by the fact that it should fit your family circumstances, beliefs and values. Informed Choice means that:

***'Families can make knowledgeable decisions which reflect their own culture, values and views. It is based on access to comprehensive, unbiased and evidence-based information about the full range of options.'*** (*Informed Choice, Families and Deaf Children*, Professional handbook, Early Support 2006)

and:

***'Understanding the information includes understanding what each of the choices may mean, both now and in the future, for your child and family.'***

(*Helping You Choose: Making Informed Choices for You and Your Child*, Parent booklet, Early Support 2006).

The Professional handbook and the Parent booklet on Informed Choice, which are part of the Government's Early Support programme, explain Informed Choice in depth. The Professional handbook outlines the key principles of Informed Choice for service providers, and the Parent booklet explains what you as parents can expect from services which support you to make truly informed choices, not only in relation to communication choices but in all other aspects of your child's support too. These publications are discussed further in chapter 12 of this guide, and you can get both publications in full, free of charge, directly from Early Support, or download them from the Department for Education Website.

### Some other questions you should ask yourselves are:

- What support will my family members need in order to be able to learn to communicate with my child in our chosen approach? (i.e. meaningful two-way conversations and interactions.)
- What new skills will we have to learn as a family and how can we best commit to that?
- Will professional support for my choice be provided locally or will I need to travel?
- Will I need to pay or is funding available to support my choice if it is not routinely offered within my local provision?
- How might my choice affect what I may hope for later for my child in terms of social and educational experiences and opportunities?





As well as listening to the advice of professionals and reading about possible choices, try to learn about them by visiting and talking to others who have experience of them. NDCS has produced some helpful DVDs in which families speak directly of their experiences and give useful tips. Don't assume that just because speech is the norm for language and communication in your hearing household, it is necessarily an easier choice, or that approaches using sign language must be 'harder' because at present you know nothing about sign language. All the approaches will need hard work and require you to learn new skills, and families are the most important factor in the success of any method. Try to have an open mind and put your child's needs first. If you feel that your child is only 'coping' socially and educationally rather than 'thriving', then consider whether your choice is still the best one. If not, it doesn't mean your first choice was 'wrong', just that now you know more about your child's natural strengths and style of learning, another may be more suitable. Monitor your child's development against typical expectations, and also look at how his communication allows him to enjoy his friendships and social experiences.

If you are worried about any aspect of your child's development, and especially language and communication or emotional well-being, speak to the professionals who support you, and re-evaluate your choice of approach. Talk to them about the implications of any change. Will it involve changing nursery or school? Will it involve different ways of supporting your child's social needs? Might you need to learn new approaches as a family? What impact might change have on your child, and is he old enough to express a view himself? If that view is different from yours, then talk through the possibilities together, with family and the professionals who know you, to make sure that the choice is the best one for him. As your child gets older, his preferences for how he communicates may be more important than yours. All children are different, and needs and preferences can change over time. Do make sure however that you give your choice the commitment it needs and a fair chance to succeed before deciding any change may be needed.



All the communication approaches or methods available to deaf children and their families have the aims of promoting age-appropriate language development and access to education. Most in one way or another can claim to be natural. All the methods or approaches can technically be used with children with all levels of deafness and no one method is intrinsically better than another for all deaf children. Whichever approach you choose, it will require commitment and active involvement from you in order to have the best chance of succeeding. The ‘best’ communication approach for any child and family is the one which works for them, both fitting in with the family’s culture and values and most importantly, allowing the child to develop good self-esteem, a positive self-image, successful relationships, and to achieve her potential in all aspects of her life.

The different methods can be grouped into one of three major ‘types’ of approach: Auditory-Oral (or ‘Oral / Aural’), Sign-Bilingual, or Total Communication.

**Auditory-Oral** approaches are founded in the belief that deaf children can learn to use their residual hearing (at whatever level that might be) well enough to develop good listening and speaking skills which will enable them to communicate and mix with hearing people as part of the wider hearing community. The underlying philosophy is also that oral language better supports the development of English literacy skills – reading and writing, because written language is built on an understanding of the sounds and structure of the spoken language.

Within the Auditory-Oral approach there are two main methods which are similar on the surface but have some differences in how they are used to support the development of language. These are the Natural Aural Approach and Auditory Verbal Therapy. The following chapter goes into these aspects in more detail, together with more information on other methods that can be classified as ‘Auditory Oral’.

**Sign Bilingualism** uses sign language as the child’s first language and the spoken language of the family is learned as a second language. A sign bilingual approach to developing communication is rooted in the belief that for deaf children to have full access to language learning, education, information and the world around them, together with a strong positive deaf identity, a visual language is essential rather than one which relies on hearing and speech. In terms of sign bilingualism, British Sign Language (BSL) is the language of the UK Deaf community and it is estimated that about 70,000 people use it as their first or preferred language. British Sign Language has its own rich history, and although it can be chosen as a means of communication development alone, choosing this option can also bring with it a connection with Deaf culture and the opportunity and expectation of taking part in the Deaf community as well as the hearing world. Chapter 10 looks at Sign Language in more detail.

**Total Communication** is more of a communication philosophy than an approach in itself. It uses a variety of methods flexibly – sign, speech and hearing, fingerspelling, gesture, facial expression and lipreading – in whatever combination works best for the deaf child. As such, there can be quite a lot of variation in how Total Communication is developed and used, but it is based on the principle that deaf children can learn to communicate effectively by using any and all means that they can.

There are also other ways of developing and supporting communication which can be used with deaf children, which may form part of another approach or fit into the philosophy of Total Communication. These include Cued Speech (see chapter 9), lipreading, fingerspelling, and some other methods of sign support (see chapter 10). For children with additional needs,

there are some other techniques, adaptations and/or systems to support language and communication development and these are looked at in more detail in chapter 11.

## Cued Speech

Cued Speech uses hand shapes to represent the sounds of English visually. Technically it can be used to supplement other approaches which are either auditory-oral or sign based but its major function is to support the understanding of spoken English and the development of literacy. Hand shapes are 'cued' near to the mouth to make clear the sounds of English which when lipread look the same. It is based on the principle that cueing in this way will make every sound and word clear to deaf children and therefore enable them to have full access to spoken language.

## Lipreading

Lipreading (sometimes called speech-reading) is the ability to read words from the lip patterns of the person speaking. Deaf children tend naturally to try to lipread when they are communicating, and to some extent we all do – especially in noisy conditions.

It is hard to say how much speech can be understood just by relying on lipreading, as many speech sounds are not visible on the lips and lip patterns also vary from person to person, but it is estimated that only about 30% to 40% of speech sounds can be lipread even under the best conditions. There are many things that can make lipreading difficult, for example:

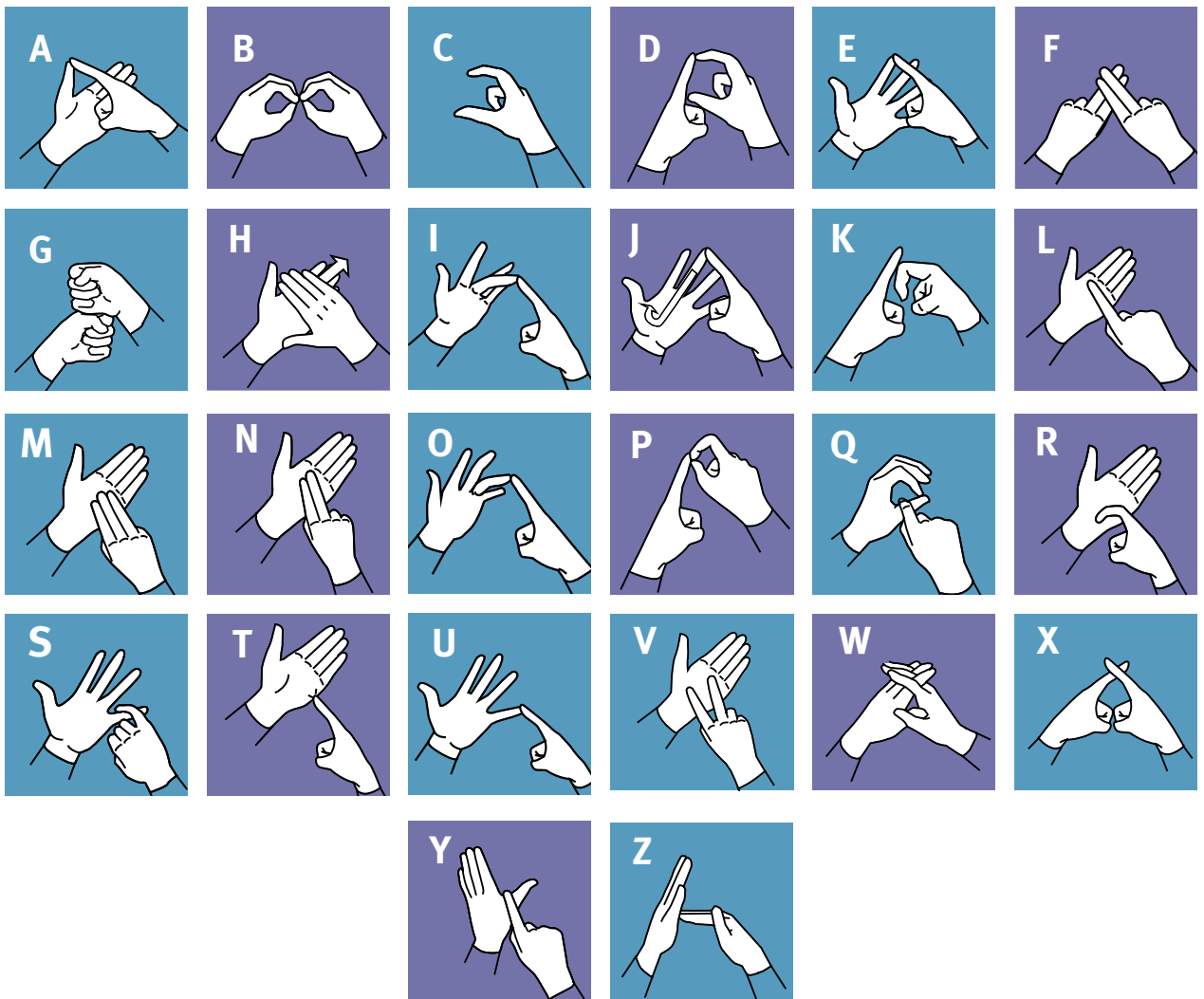
- moving around a lot so your face can't easily be seen
- being in front of bright light so that facial features appear unclear
- beards and moustaches which make the lips difficult to see
- eating or chewing whilst talking
- covering your mouth while talking
- poor lighting conditions generally.

When children are still developing language they may find it difficult to lipread words they are not familiar with. Lipreading also relies on the speaker they are watching having a clear lip pattern. An adult who has a good understanding of the language being spoken, may understand more from lipreading. Knowing the topic of the conversation can also help. However, lipreading is never enough on its own and is used to support other communication approaches.

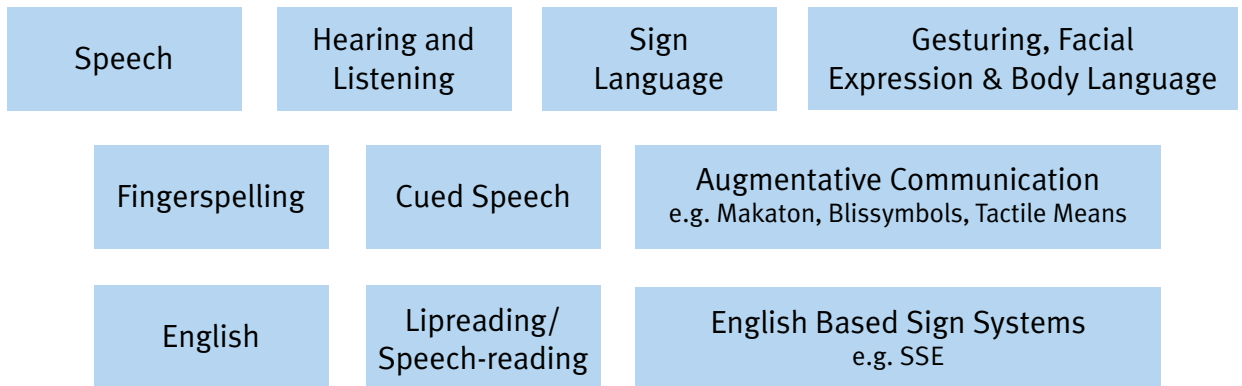
## Fingerspelling

Fingerspelling uses the hands to spell out English words and letters. Each letter of the alphabet is indicated by using the fingers and palm of the hand. It is used to support Sign Language to spell names and places and for words that don't have an established BSL sign. Fingerspelling can also be used in Total Communication and can sometimes help children who are using auditory oral approaches, by helping them recognise perhaps the first letter of a word which is being spoken. The fingerspelling alphabet is shown below.

For children who are deafblind, there are variations on sign language and fingerspelling which can be used. These are Hands On Signing and Tactile Fingerspelling. More information on these is given in chapter 11, When your child has additional needs. SENSE UK can also provide more information on a wide variety of communication support methods for children who are deafblind ([www.sense.org.uk](http://www.sense.org.uk)).

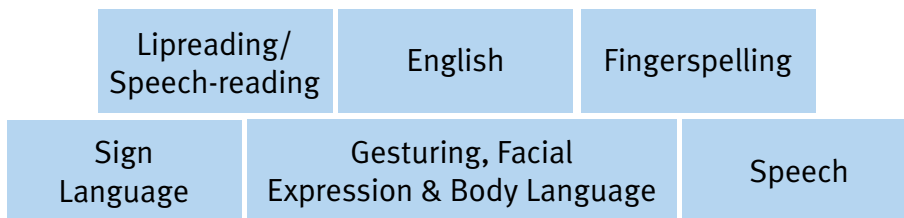


To help understand the different communication approaches, the Colorado Home Intervention Programme in the USA devised a way of looking at the different aspects of communicating as building blocks. In the diagrams below, each individual block represents one feature of communicating.

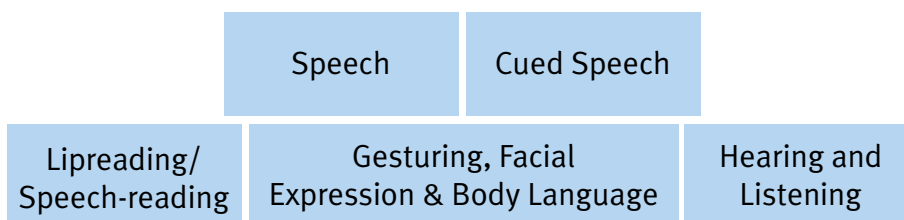


Different blocks can then be combined to show the specific features of different overall communication approaches. Not all the blocks need to be used to make up a communication approach; for example auditory oral approaches do not always use cued speech and cued speech can be included in other approaches.

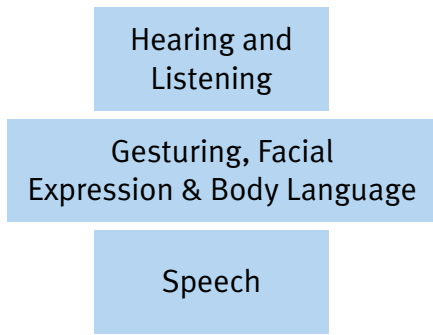
**In Sign Bilingualism the blocks might look like this:**



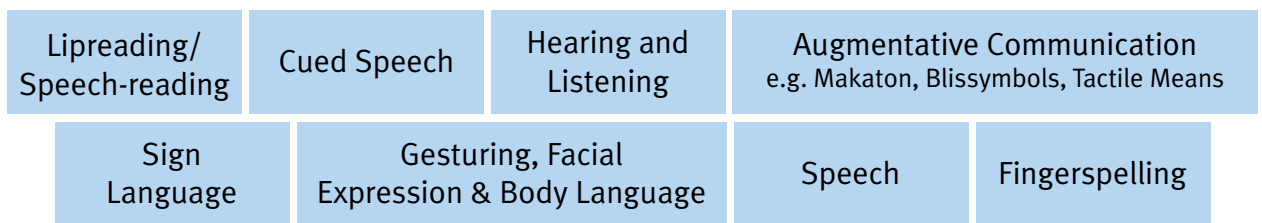
**In Auditory-Oral the blocks might look like this:**



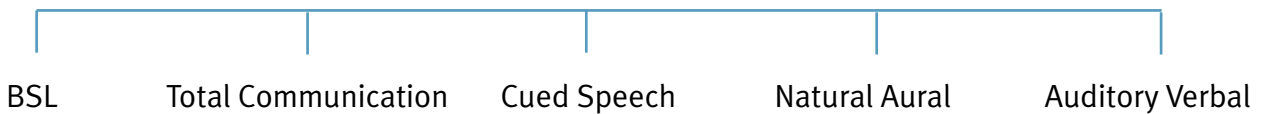
## In Natural Auralism and Auditory Verbal Therapy the blocks might combine like this:



## In Total Communication the blocks might combine like this:



Another way of looking at communication is as a continuum, with fully signed approaches at one end and fully oral ones at the other end, with the other different methods in between. The major approaches which are looked at in more detail in the following chapters might be placed on the continuum like this:



In the chapters that follow each of the approaches on the continuum is looked at in terms of the following questions:

- What is it and what are its aims?
- What do the professionals and organisations who promote this approach say about it?
- What are the implications for us as parents and as a family in choosing this approach?
- What are the implications for our child's education and educational support?
- What are the implications for our child's social life and friendships?
- What can we expect from professionals if we choose it?

Remember it is always important to monitor your child's progress in any of the approaches. Only if it is working well for your child and achieving its aims, is it the best approach for your particular child and family.

Auditory-Oral Approaches, by definition, focus on developing listening and speaking, and discourage children from relying on visual clues. They emphasise the rigorous use of amplification such as hearing aids, cochlear implants and radio aids to maximise the use of the child's remaining ('residual') hearing. The two main approaches are the **Natural Aural Approach** and **Auditory Verbal Therapy**. These are described in more detail below, in relation to the questions posed at the end of the last chapter. Cued Speech has also been included in this section, since it is a method which aims to improve access to spoken language, even though it uses hand shapes to do this. Some other approaches which can be described as 'auditory-oral' are also briefly outlined.



### 1. The Natural Aural Approach

#### What is it and what are the aims?

Natural Auralism emphasises the use of hearing and listening to develop communication skills, using natural everyday experiences rather than direct teaching. No sign language is used and children are also discouraged from relying on lipreading, although the use of natural gestures and facial expressions is encouraged. The aim is for children to achieve good, effective speech. The Natural Aural Approach is at present the most widely used of the auditory oral approaches.

## **What do the professionals and organisations who promote this approach say about it?**

This approach is promoted by an organisation called 'DELTA' (Deaf Education Through Listening and Talking). Many Teachers of the Deaf who work in local services (also known as ToDs) use an auditory-oral approach belong to DELTA and support its activities. DELTA says: "We know that the vast majority of deaf children can learn to listen and talk. We believe that this option should be available to all deaf children. We are committed to providing children and young people with the maximum opportunities for choice in their education and their adult lives. We believe this is best achieved for the great majority of children by education through the Natural Aural Approach." ([www.deafeducation.org.uk](http://www.deafeducation.org.uk)).

DELTA describes Natural Auralism by outlining a set of main features which include:

- putting the child before the deafness and thinking of the deafness as being 'managed' at the same time as parents look after their child's other needs
- thinking of and treating children as hearing children, although accepting that 'their hearing will be different from normal hearing'. At the same time however, the importance of recognising the deaf child's special needs is noted and that more care needs to be taken to ensure children can join in conversation and access their environment
- focusing on developing 'listening not looking'
- promoting the enjoyment of talk and two-way conversation, with an emphasis on adults using normal, natural speech
- providing an auditory environment
- using hearing aids or cochlear implants vigorously during all the child's waking hours.

The expectation for this approach is that children will learn to listen and speak and become part of the hearing community.

## **What are the implications for us as parents and as a family in choosing this approach?**

You will need to ensure that your child uses his amplification (hearing aids or implant) consistently to make sure that as you go about your daily activities and experiences with your child, you emphasise and support the best use of his hearing and listening, using the techniques you will be supported to develop, at all times.

## **What are the implications for our child's education and educational support?**

Children who develop communication through the natural aural approach would be expected to be educated alongside hearing children, probably in their local school. There are also special schools for deaf children who use oral approaches which can sometimes be more suitable depending on your child's individual needs. If your child attends a local mainstream pre-school, nursery or school, depending on his communication abilities and learning needs, he may have regular input from Teachers of the Deaf or additional support from a specialist Teaching Assistant (sometimes called a learning support assistant).



### **What are the implications for our child's social life and friendships?**

The aim is for your child to be able to mix well with hearing children and with other deaf children who communicate through speech. When children are young, this usually poses no problems, and many older deaf children also enjoy excellent relationships and friendships with other deaf and hearing children on an equal footing. It is important to be aware that for many deaf children, often depending on how effectively they communicate and the level of their language development, extra help is needed to support friendships. Following and joining in with fast-flowing group chatter can be hard. Your child's hearing friends (and their families) need to know, understand and support your child's communication needs, and make just as much effort as the deaf child does, consciously turn-taking and making sure communication is clear, for true friendships to be successful.

### **What can we expect from professionals if we choose it?**

The Natural Aural Approach is used in many areas by Teachers of the Deaf and speech therapists who work for local services. They will usually support you in your home environment in the early years and also then support your child in this approach in pre-school and at school. They will advise others who care for or teach your child about the approach. You can also expect professionals to support and encourage you in managing the very best use of hearing aids or implants with your child.

## 2. Auditory Verbal Therapy (AVT)

### **What is it and what are its aims?**

Like the Natural Aural Approach, AVT concentrates on the development of active listening (Auditory) and speaking (Verbal) skills. Through doing this, it aims to ensure that the rate of language learning for deaf children keeps pace with that of hearing children so that deaf children can start mainstream school with equal language skills. Also like the Natural Aural Approach, AVT actively discourages the use of visual clues to help a child learn to communicate. Auditory Verbal Therapy is delivered by certified Auditory Verbal Therapists®, in special therapy sessions. At present in the UK there are few certified Auditory Verbal Therapists®, but they can often work on an outreach basis and provide training to local Teachers of the Deaf and speech and language therapists to support families and children who choose this method, when there are no certified therapists employed in the local service. If your child has a cochlear implant, you will find that most implant centres also have staff who support language and communication development through AV methods.

AVT is really an early intervention strategy rather than a communication method. It is a structured approach in the sense that it works on building listening skills according to the order in which they typically develop – detection, identification and then discrimination. This ‘structure’ is then translated into natural activities and games in therapy sessions so it doesn’t seem in any way unnatural to the child. Parents work in partnership with the therapists in the therapy sessions and then use the same techniques in their routine activities and special follow-up sessions at home. Auditory Verbal Therapists® also work with children with complex needs and additional disabilities to help them make the most of their listening and spoken language abilities.

### **What do the professionals and organisations who promote this approach say about it?**

AVT UK says: “We seek a world where children born hearing-impaired, or become pre-lingually deaf, participate fully in society alongside their hearing peers. We believe that this is best achieved by the development of listening and speech as their primary means of communication. We believe that Auditory Verbal Therapy can offer babies and children the most effective way of being able to listen and speak.”

Supporters of AVT claim that with the technology available today, along with AVT as a method of early intervention, visual support such as using lipreading, gestures, pictures or forms of sign are not useful in supporting the development of spoken language. The philosophy underlying AVT is that even when a child is deaf, the most effective way of learning spoken language is through hearing. When children are not in the therapy sessions, they may naturally use some spontaneous gesture.

### **What are the implications for us as parents and as a family in choosing this approach?**

AVT requires a high level of commitment, to use the techniques you learn systematically and consistently. Some intensive follow-up of the therapy sessions is required. It can be successfully built into everyday life, but it is fair to say that you will need to be conscious of making your child's listening environment the very best it can be at all times, and to also ensure that the hearing aids (or implants) are both working as they should be, and used all the time. You may also need to be prepared to travel to the AVT centre in Oxford for therapy sessions. At present, AVT UK charges for its services, although there are some sources of financial support to help parents pay for this. Some local authorities may pay too, so if your choice is for AVT, explore how your local services can work with the AVT providers to enable you to access your choice.

### **What are the implications for our child's education and educational support?**

The expectation is that children will go into mainstream education. At school, children may receive support from local Teachers of the Deaf or from specialist teaching assistants in the same way as other deaf children in the area, and there is the same need as with the Natural Aural approach for mainstream teachers to adapt to ensure a child has full access to their lessons.



### **What are the implications for our child's social life and friendships?**

The aim is for children to mix on a par with hearing friends and experience no barriers to joining in with activities that hearing children undertake. As with the Natural Aural approach however, you need to be aware that additional support and effort may be needed from both adults and children to foster friendships and help them flourish. It is important, too, for your deaf child's self-image and identity to meet other deaf children.

### **What can we expect from professionals if we choose AVT?**

AV professionals will work with you in therapy sessions which centre on play and conversation in a highly focused way. They will 'coach' you to be able to use the techniques and strategies that they model in the therapy sessions at home with your child. Auditory Verbal Therapists® also work in a 'diagnostic' way so that they constantly assess where your child is up to in terms of typical developmental progress, and use this to plan the next therapy goals and targets. You will be expected and supported to be extremely rigorous in the use of amplification – hearing aids or implants – with your child. Through the diagnostic process, Auditory Verbal Therapists® will be able to assess your child's access to the sounds of speech and advise you as to whether it is enough for this approach to work well for your child.

## **3. Cued Speech**

### **What is it and what are the aims?**

Although it is not in itself an 'Auditory Oral' method, Cued Speech is a sound-based system that can support access to speech and oral language. It uses eight hand shapes in four different positions (cues), and accompanies natural speech. It is intended to make it easier for a child to understand speech (and to help him make his own speech understood where it might not be clear). The combination of hand shape, hand position and lip shape make the sounds of spoken language visible. Whereas some sounds cannot be fully lipread (for example 'p', 'm' and 'b' all look the same on the lips and sounds like 'k' and 'g' cannot be seen at all), the cues make it clear exactly what sounds are being used. The aim is to give children full and complete access to spoken language, which in turn helps them develop their literacy skills as it helps deaf children to associate the sounds of spoken English with the letters of written English. It is possible to use Cued Speech from your child's earliest months, together with general strategies (described in the earlier chapters of this booklet) which naturally enhance a child's access to and development of language and communication.

### **What do the professionals and organisations who promote this approach say about it?**

The Cued Speech Organisation says "Research shows that, with Cued Speech, 96% of spoken language can be lipread accurately..." and "Once sound-based language is made visible deaf children can acquire an understanding of spoken language, in the home and from an early age, at the same rate as hearing children. With the vocabulary and structure of spoken language in place, deaf children are in a strong position to become fully literate, to use spoken language and to lipread the general public."

### **What are the implications for us as parents and as a family in choosing this approach?**

You and your family will need to learn to cue. Cued Speech can be learned in about 20 hours, although much more commitment is needed to make sure that you become good enough to use it fluently and are therefore able to support your child well with it and avoid slowing down the natural rhythm of your speech. You will also be expected to encourage good hearing aid use in your child.

### **What are the implications for our child's education and educational support?**

Cued Speech can be used effectively both in educational settings and at home. Although it is used mainly to support spoken English, it is not incompatible with Sign Language and is often used in Total Communication. Children who use cued speech may attend either mainstream schools or special schools for deaf children. If your child is to fully enjoy all the experiences of school, then staff will need to be able to cue well too, and as with all the other approaches, your child may also have additional specialist help from Teachers of the Deaf or specialist support staff if in a mainstream school.

### **What are the implications for our child's social life and friendships?**

Your child's main method of communication is likely to be auditory oral, or possibly Total Communication, and it is mainly these approaches which your child will be using in social settings and with friends. If your child's educational setting uses cued speech routinely, then he and his classmates will be able to cue easily to support their social communication. Clearly, the more people who can cue (both children and adults), the easier it will be for your child. The same considerations apply as for the other auditory oral approaches in respect of friendships with other children: you need to be aware that communication in social settings is harder work for a deaf child than it is for hearing children, and special effort may be needed on all sides to make sure your child is properly socially included.

### **What can we expect from professionals if we choose it?**

Although Cued Speech is becoming much more popular again after a period of being little used, it is still not yet offered on a widespread basis. Therefore, if you choose cued speech, the professionals who support you will need to learn to cue if they cannot already. The Cued Speech Association provides opportunities and courses to do this, and also provides newsletters and other resources, (including online) to support both professionals and parents who choose to cue.



#### **4. Some other approaches which fit into the ‘auditory oral’ category are: The Structured Oral Approach**

This approach is more often used in education than for supporting a deaf child’s communication development in the early years. It uses residual hearing and lipreading, and often combines these with written language to support children’s learning. The approach uses a lot of structure and systematic teaching to support the learning of speech and language.

#### **The Maternal Reflective Approach**

This is also sometimes called the ‘Graphic Oral’ method. Like the Structured Oral approach, this approach is more likely to be used in an educational setting, probably in a school for deaf children or special unit attached to a mainstream school where groups of deaf children are taught together. The Maternal Reflective Approach is based on the way mothers or carers encourage language through conversation, and children are encouraged to ‘reflect’ back on the conversations, to look back at what was said and how it was said. The approach is also called ‘graphic oral’ because it involves writing down a lot of what is said to help children ‘reflect’ on it to help them learn language.

## Chapter 10: Sign Bilingual and other signed approaches



The main communication approach which uses sign is Sign Bilingualism. ‘Bilingual’ means being able to use two different languages successfully. In Sign Bilingualism in the UK, the languages are British Sign Language (or Irish Sign Language in Ireland) and whatever is the spoken language of the home. In families where parents are themselves Deaf, BSL may well of course also be the language of the home. Children learn British Sign Language as their first language, and then learn English later as a second language. Learning English as a second language is essential for children to develop reading and writing as there is no written form of BSL. British Sign Language is a complete language in its own right with its own grammar and linguistic rules but because its grammar is very different from English, it is not used simultaneously with spoken language. There are some other sign-based approaches which are not full languages but which are sometimes used to support spoken English and these are outlined below. Total Communication is also included in this section, as although it uses all available modes of communication and is therefore not strictly an approach based on sign, signing is a vital part of a Total Communication approach. Some other sign-based approaches which have been specially developed for children with additional needs are explained in chapter 11.

## 1. Sign Bilingualism

### **What is it and what are its aims?**

Children learn to develop language and communication predominantly through British Sign Language, which is the language of the Deaf community. When ‘Deaf’ is written with a capital ‘D’, it refers to people who identify with the Deaf community rather than the wider community of hearing people. BSL has developed over hundreds of years. It is a visual language which uses not only the hands but also body language, head position, facial expressions and gesture. It also uses fingerspelling for some words which have no signs, such as names. Like spoken languages, BSL also has regional dialects. Other countries also have sign languages – ISL (Irish Sign Language), ASL (American Sign Language) in the United States and AUSLAN in Australia are just three examples. Because the main aim of this approach is to allow a child to communicate fully without relying on hearing, the use of amplification is not a requirement, although many BSL users do use hearing aids, and sometimes cochlear implants. When this approach is used for educating deaf children from hearing families it is often referred to as a ‘Bilingual-bicultural’ (bi-bi’) education. This recognises the fact that most deaf children come from hearing families which have a hearing culture but also that they will be taught about and experience Deaf culture.

### **What do the professionals and organisations who promote this approach say about it?**

The British Deaf Association campaigns for the rights of deaf people to be educated and to have access to information in BSL. They say “We believe this is the best way for deaf people to take part in society equally to hearing people.” Others in the field of deafness also express a strong view that as a matter of policy, all deaf children should develop language and communication and be educated sign-bilingually, and that all deaf children, regardless of level of deafness, should attend resourced schools or Deaf schools. Resourced schools are mainstream schools that make special provision for groups of deaf children to be educated together, taught by Teachers of the Deaf as well as mainstream teachers, within a mainstream school setting.

Many professionals and supporters of this approach believe that the only way deaf children can have complete access to language and communication is through sign language, as however good the amplification, hearing is not the natural sense through which deaf children learn about the world around them. They also believe that access to Deaf Culture (not only BSL use, but group identity and a positive sense of belonging to a minority community, history, traditions and social behaviours and lifestyle of deaf people) is essential if a child is to develop a healthy sense of self as a deaf person and have high self-esteem. Underlying this approach is a philosophy that sees deafness as a difference rather than a disability, and rather than something that can be ‘fixed’, deafness is viewed as a positive identity. This approach prepares children for social access to the Deaf community.

### **What are the implications for us as parents and as a family in choosing this approach?**

Both you and the wider family (including your other children if you have any) will need to commit to learning BSL so that you can become fluent enough to use it in your daily lives. Just as the professionals working with you and your child need to be skilled in supporting your child's communication and language in the sign bilingual approach, you too must be able to provide a good sign bilingual communication environment. If you are hearing and have no deaf people in your family, you may also want to learn about Deaf culture and ensure that deaf people – including the vibrant community of young deaf/ Deaf people who not only have BSL as their preferred language but also make maximum use of all types of technology in their social networks – are part of your wider contacts, both to enrich your experience and to enhance your own signing skills.

### **What are the implications for our child's education and educational support?**

Your child will need to be in an educational setting where both the staff and other children can sign, there are deaf people on the staff, and the education provided is 'bilingual - bicultural'. Bilingual - bicultural means 'learning two languages and two cultures' and a bi - bi education provides the opportunity for your child to both experience the 'hearing culture' of his home (if that is the case) and the 'Deaf culture' of the Deaf Community. This might be in a school for deaf children, or a resourced school. Going to a school for deaf children might mean that your child will need to be away from home, as there are not many across the country. Resourced mainstream schools are more likely to be in your home area but not necessarily in your own neighbourhood. It is important that your child can be with other signing children and in an environment that is positively supportive of this approach if he is to get the best possible access to education.



## **What are the implications for our child's social life and friendships?**

Shared communication is vital for children to make true friendships so it is important that your child can be with others who use sign, and that other children in the family also learn some sign. There are a number of national organisations and local groups across the UK who arrange social events and activities for both signing and oral deaf children. These can provide additional opportunities for your child to mix with other deaf children, many of whom will be sharing the same communication approach. If your child is at a residential school for deaf/Deaf children, it is likely she will make strong friendships with her classmates there. When at home however, it will be important to encourage children in the neighbourhood to learn signing so that your child can enjoy local friendships too.

## **What can we expect from professionals if we choose this approach?**

You should expect to be supported by professionals who are sufficiently skilled in using BSL themselves to be able to properly support your child's language and communication development in this approach. Being 'one step ahead' is not enough, as it cannot provide the quality of adult-child interaction needed to encourage natural language development. You should also expect to be supported to access opportunities to learn BSL yourselves, and to have access to Deaf people to both learn about Deaf culture and to provide excellent signing role models for your child and family.

## **2. Total Communication**

### **What is it and what are its aims?**

Total Communication (TC) isn't a language in the way spoken English or British Sign Language are, but it can be an effective communication approach. The Total Communication philosophy is one which uses any and all types of communicating with deaf children. This might include some form of signing (most usually SSE – see page 69), speech and hearing, gesture, body language, facial expressions, touch, and sometimes pictures, photographs or objects of reference (see chapter 11) in combination. No form of communication is excluded. Underlying this philosophy is the belief that language is both visual and auditory, and children are encouraged to use both signing and speech at the same time. It is a very flexible approach to communication, and different users use it in different ways. The main aim is to get the meaning across in whatever way works best for individual children. For some, it might have more emphasis on certain of the features than others, depending on that child's style and strengths in communication and TC is not 'standard' for all children in all situations. Because there is no standard form of TC, it does not have the structure and consistency in terms of language development that English or BSL does, although in the early years, it is always important to be flexible about the way you support your child's growing communication skills. In education settings, where consistency is more likely to be ensured, Total Communication can be an effective way of giving access to learning as well as supporting deaf children to communicate well with each other.

### **What do the professionals and organisations who promote this approach say about it?**

There are no specific organisations which promote this approach as there are for other methods, but many schools and Teachers of the Deaf choose TC as their philosophy of communication and education. Supporters of TC believe that by providing all possible ways to communicate, deaf children can use the features of communication which best suit their needs. They believe that TC offers the flexibility and provides greater opportunities to make sure that communication and learning are effective.

### **What are the implications for us as parents and as a family in choosing this approach?**

You will need to commit to learning whatever sign system your child is using so that you become skilled enough to support and develop her communication development as her own skills grow. You will also need to manage her amplification well to make sure she can benefit from the spoken environment too. It will be important for you to observe and understand the way in which Total Communication is being used in your child's school so that you can approach it similarly at home. The whole family will need to learn about TC too so that your child can communicate effectively and be involved fully in family life.

### **What are the implications for our child's education and educational support?**

Total Communication is usually used in educational settings and, as with sign bilingual approaches to education, children are likely to attend either a special school for deaf children or a specially resourced mainstream school. If your child has additional needs she may attend another type of special school and then also receive extra support from a Teacher of the Deaf. In schools or other settings where Total Communication is the communication philosophy, your child would be in an environment where everyone uses it and therefore all school and educational experiences would be accessed through Total Communication.

### **What are the implications for our child's social life and friendships?**

Again, in a similar way to children who are sign bilingual who are being educated in a bilingual-bicultural way, you will need to make sure your child has the opportunity to mix well with and be surrounded by other children who use the same approach to communication. By encouraging the other children and adults your child comes into contact with to use a variety of ways to try to communicate as well, you can support your child's access to a range of activities in the community. Children who use TC, like children who use other methods, will also be able to join in with the events and activities run by NDCS and other organisations to give them the opportunity to mix and make friends with a wide range of other deaf children. Again, as with other approaches, you will need to support your child's opportunities to develop and sustain friendships with hearing children who will also need to make efforts to communicate in ways which fully include your child.

### **What can we expect from professionals if we choose this approach?**

As with the other approaches, you should expect professionals to be knowledgeable about and skilled in the approach themselves, and to be able to support you to learn the techniques involved to use TC effectively. Because TC can vary in how it is used, the professionals working with your child should tell you about and show you how it is being used with your child and which particular components are being stressed. They should support you in learning whatever sign language or system is involved and also in ensuring your child's amplification is used well.



### **3. Some other methods which are sign based**

#### **Signed Supported English or Signs Supporting English (SSE)**

SSE is a sign support system which uses signs taken from BSL, together with fingerspelling. It is used in the word order of English to supplement what is being spoken. SSE is often used in Total Communication.

#### **Signed English**

Signed English uses signs taken from BSL together with some specially developed 'markers' made with the hands, and fingerspelling, to give an exact representation of English (the word order and the grammar through sign). It is mainly used to support the teaching of reading and writing.

#### **Paget-Gorman Signed Speech**

(Previously Paget-Gorman Systematic Sign Language (PGSS))

This system uses a type of signing which has been artificially developed. The signs are not those of BSL. Paget-Gorman signs express the grammar of spoken English and are used to support language teaching in educational settings.

## Chapter 11: When your child has additional needs



Every child has the right to be able to communicate to the best of his abilities. It is important when a deaf child has additional needs that those abilities are not under-estimated by either parents or professionals. All children can learn to communicate: the challenge when a child has additional needs is to discover the most effective way to enable him to communicate as fully as possible.

Many additional needs are not obvious from birth and are recognised only later when it is realised that some aspects of development are not in keeping with typical expectations. Other needs are known right from the start. Knowing what these needs are can help you adjust the way you communicate with your baby and encourage communication from him.

The general principles outlined in the early chapters of this guide still apply when your child has additional needs: the important thing right from the beginning is to recognise your baby's communication attempts, to respond, to make sure your baby knows you have responded and to give enough time for your child to 'answer' again. What might be different with a child with additional needs is the way in which the communication attempt is made, or the way in which you make your response. For example you may want to make greater use of touch, especially if your deaf child cannot see you well. He may respond to your touch and smell more than your voice or face. You may need to wait longer for a response if your child has some developmental delay. Watch your baby closely; look at how he reacts when he needs things and 'map' the signals. Changes in your child's behaviour when he is reacting may only be small ones so you will need to observe carefully. Through observation you will be able to build up a picture of how he communicates his needs to you. Similarly take note of what works best when you respond to those signals, so that you know too when he understands that you are communicating back. When he realises that his efforts have an effect, his communication attempts will be reinforced.

Whatever the means of communication and expression, turn-taking and 'conversation' are just as vital. Routines can be particularly important when your child has additional needs, as it may take longer to develop his skills of anticipation and prediction. Doing your familiar care routines in the same order, at the same times, and in the same circumstances will help reinforce the development of those skills. Remember to use the routines to build up your child's language and communication as well, using whatever approach is the best for your child.

Monitoring your child's language and communication development together with the professionals who support you will be important. Monitor, too, the other areas of development. Your child's additional needs may mean that in some areas he may achieve communication milestones later than or differently from other children, but in other areas he may develop more typically. Recognising his strengths across the board can help you plan to support his communication better.

There are a number of sources of valuable information for parents of children with additional needs. Some specialise in supporting children and families with specific conditions and others give more general support and information. These are listed at the back of this guide. In particular, the charity Sense specialises in supporting families with a child who is deafblind, and provides detailed information on a range of communication support options which use the sense of touch. NDCS also produces some helpful resources, and you may find *Deaf Children with Additional Needs* a particularly useful publication. Some of the ideas outlined in chapter 4 of this guide are also just as valid for a child with additional needs, and they can be adapted to suit the specific needs of your own child.

Your child may communicate using basically the same techniques and approaches as other deaf children or he may benefit from using more specialised approaches to communication depending on the impact of his additional needs. Some of the more specialised approaches are detailed below.

## **Makaton**

Makaton is not a language but is best described as a communication programme which has a specially selected vocabulary (based on the words which are used most frequently in everyday conversation) represented by signs taken from British Sign Language. It was developed for use with people with learning difficulties, and can be a very effective way of supporting communication development for deaf children with additional needs. With Makaton, you speak and sign at the same time, and the simple signs supplement the key words you are saying. The signs are used first and then if and when words can be spoken they are dropped. Makaton symbols have also been specifically designed to support the written word in the same way that the signs support speech. In this way Makaton can help a child not only to learn language and communication but also support the development of literacy. You can find out more about Makaton by speaking to your child's speech and language therapist or specialist teacher, or from The Makaton Charity [www.makaton.org](http://www.makaton.org).

## **Signalong**

Signalong is another form of Sign Supported English. It is a system based on British Sign Language, which has been developed to help children (and adults) who have communication difficulties and learning disabilities. Signalong is used to support spoken English, and is used in the same word order. For more information, see [www.signalong.org.uk](http://www.signalong.org.uk).

## **Augmentative and Alternative Communication (AAC)**

Augmentative and Alternative Communication (AAC) is the term used to describe ways of communicating which can be added to or substituted for spoken English, BSL or writing when a person needs extra or different ways to help him communicate to the best of his ability. AAC includes unaided ways, such as signing signed systems and gesture, as well as aided techniques ranging from picture charts to the most sophisticated computer technology currently available. AAC can be a way to help someone understand, as well as helping them express themselves. Aided methods of augmentative communication may be 'low-tech' or 'high-tech'.

- Low-tech communication systems may take many forms and are anything you can use which does not need a battery to function. Low-tech communication systems include a pen and paper to write messages, alphabet charts, charts and books with picture symbols or photos, and tangible (using touch) symbols, including objects of reference.
- High-tech communication systems are devices requiring at least a battery to operate. High-tech communication systems range from simple high-tech (e.g. single message

devices, pointer boards, toys or books which speak when touched) to very sophisticated systems (e.g. specialised computers and programs, electronic aids which speak and/or print).

- ‘Objects of reference’ are a tactile means of communicating. Put simply, an object of reference is exactly what it sounds like: an object which is used to represent an activity or a person or an idea, such as a spoon or dish to represent dinner time, a piece of towelling to represent going swimming, or perhaps something which belongs to someone to represent that person – a hair band or a bracelet for example that is strongly associated with them. Objects of reference can be real-life things or sometimes miniature, such as a toy car, which may represent a car journey. The choice of objects of reference for a child will depend on the child’s strengths and needs. What is important is that the objects chosen are meaningful. Objects of reference sound very simple but their use can be quite sophisticated. Objects of reference are usually used with children who have complex additional needs or deafblind children who need something more concrete than symbols or signs to be able to communicate. You can find out more about AAC at [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk).

## Hands On Signing

Hands On Signing is based on British Sign Language. A deafblind person follows the signs by putting his hands over a signing person’s hands and feeling the signs being made.

## Tactile Fingerspelling

Using the deafblind manual alphabet, words are spelled out onto a deaf person’s hand. It is of course necessary to know the language being used and how words are spelled to be able to use this approach, in the same way as it is for ordinary fingerspelling.

## Picture Exchange Communication (PECs)

The Picture Exchange Communication system (PECs) uses pictures to help children with autism and severe communication needs to initiate communication and to make choices. Initially the child is able to make simple requests, but with intensive support, it is possible to communicate in more complex sentences. The use of PECs can be combined with other modes of communication and its main aim is to support everyday communication interaction rather than ‘language’ or curriculum targets. In order to use PECs, adults and teachers need to be trained on a two day PECs course. For more information go to: [www.pecs.org.uk](http://www.pecs.org.uk).

## WIDGIT

Widgit is mostly used in educational environments, but it can also be used at home. It is a computer programme that produces symbols at the same time as words are typed. There are also Widgit Literacy symbols that have a much bigger vocabulary to support the curriculum. Symbols can help support children with additional needs in both their communication (making a symbol communication book can help with making choices) and in their literacy and learning. For more information go to [www.widgit.com](http://www.widgit.com).

## Blissymbolics

Blissymbolics are meaning-based symbols which help those people with severe physical or learning difficulties who cannot communicate through speech or conventional sign language. This approach is used with children at school rather than in the home. Blissymbolics is a 'language', of some 3,000 symbols which has a wide vocabulary and its own grammar. For more information see [www.blissymbols.uk](http://www.blissymbols.uk) as well as [www.blissymbolics.org](http://www.blissymbolics.org).

Like all parents of deaf children, however, you need to gather information about your possible choices and then, in discussion with the professionals who support you, others who know your child well, and in the light of your own expert knowledge of your child, make informed choices. The right to Informed Choice is the same for all parents. Remember that no choice is for life: choices can be refined and remade if they don't support your child's best progress and another would be better. Equally, in the case of a child with additional needs, if you are using a specialised approach in the early years, your child may 'outgrow' the approach and you may need to change to one that offers a fuller language to ensure you are enabling him to reach his potential. For example, your child may need to 'move up' from Makaton to British Sign Language.

The most important thing is that, like all children, your child has the best support both to learn from and to influence the world around him, to make choices and to enjoy relationships with you and others. Different children can do this in different ways. Many children with additional needs thrive using Sign Bilingual, Total Communication or Auditory-Oral methods. Don't feel that because your child has other needs in addition to deafness that one or more of these approaches cannot work for you. For others, more specialised or technological support may be needed. Whichever approach or combination of methods you choose, keep an open mind, be flexible about your child's changing needs and always keep in mind how your child can be supported to reach his full communication potential.

## Chapter 12: Some final things to think about

NDCS believes firmly in Informed Choice for families – firstly for parents in making choices for their children at the earliest stages of their journey as parents of a deaf child, and later for children themselves when they can express their own preferences, especially when it comes to ways of communicating.

The Early Support Professional Handbook on Informed Choice describes a service which offers informed choice as one in which professionals “adopt open and flexible policies that effectively endorse a range of possibilities”. In many ways, it is the same in families: as parents you will want to offer your child the widest range of possibilities for her future. You are making choices on her behalf until she is ready to make them for herself.

Developing fluent language and communication undoubtedly presents some challenges for deaf children, but with effective support from families and from skilled professionals, together with today’s technology, they are challenges which can be overcome. Every child and every family is individual and different approaches and types of support may be best for your child and family at different times. There is evidence for and against all the approaches and techniques and research into language and communication is being actively undertaken in the UK and in other parts of the world. If you are interested in keeping up to date you can find website details of places actively involved in research in the Resources section of this guide. Read about the options, go to see them in use, talk to professionals, to other parents and to deaf young people themselves. Regardless of communication method – be it speech or sign or a combination of methods, deaf young people lead active social lives and will be willing to share their experiences with you. Remember that getting on with and enjoying family life and sharing everyday communication as a family and with friends is about much more than communication methods. It is easy to get so involved with implementing a communication approach that you can feel more like teachers and therapists than parents and family! Try to be relaxed about communicating and remember why you are doing it – to build relationships and to share real-life experiences as well as supporting your child’s learning.

Remember that the choice that works best for your child and you is the right one, and that no choice is forever. The aim is to enable your child to reach her full potential in all aspects of her life – in her education and her social experiences – and to do so with good self-esteem and a strong and positive self-image, confident of her place within the family and able to make the most of all the opportunities life brings.

### Useful organisations

#### Action on Hearing Loss

Aims to achieve a better quality of life for deaf and hard of hearing people. It does this by campaigning, lobbying, raising awareness of deafness, by providing services and through social, medical and technical research.

19–23 Featherstone Street, London EC1Y 8SL

Phone: 0808 808 0123

Fax: 020 7296 8199

Textphone: 0808 808 9000

Email: [informationline@hearingloss.org.uk](mailto:informationline@hearingloss.org.uk)

**[www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)**

#### Auditory Verbal UK

Auditory Verbal UK is a registered charity providing Auditory Verbal (AV) services, including intensive, family based intervention that aims to enable babies, infants and children who are deaf to learn to listen and talk. AV UK offers independent assessment of children's functional listening and spoken language, auditory verbal therapy and specialist training to professionals.

Bignell Park Barns, Chesterton, Oxon OX26 1TD

Phone: 01869 321492

Email: [info@avuk.org](mailto:info@avuk.org)

**[www.avuk.org](http://www.avuk.org)**

#### British Deaf Association (BDA)

The BDA is the largest UK Deaf organisation run by Deaf people for Deaf people. The BDA campaigns for Deaf people's right to use and to be educated in BSL.

Email: [bda@bda.org.uk](mailto:bda@bda.org.uk)

**[www.bda.org.uk](http://www.bda.org.uk)**

#### Contact a Family

Contact a Family provides support, advice and information for families with disabled children, no matter what their condition or disability.

209–211 City Road, London EC1V 1JN

Phone: 020 7608 8700

Helpline: 0808 808 3555

Email: [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk)

**[www.cafamily.org.uk](http://www.cafamily.org.uk)**

## Cued Speech Association UK

This is a national charity that provides information, advice, courses and learning materials on cued speech.

9 Jawbone Hill, Dartmouth, Devon TQ6 9RW

Phone: 01803 832784 (voice and text)

Fax: 01803 835311

Email: [info@cuedspeech.co.uk](mailto:info@cuedspeech.co.uk)

**[www.cuedspeech.co.uk](http://www.cuedspeech.co.uk)**

## DELTA – Deaf Education Through Listening and Talking

DELTA is a national charity supporting deaf children, their families and practitioners who wish to follow an auditory oral route. DELTA provides a range of information, literature, training and annual summer schools for families.

The Con Powell Centre, Alfa House, Molesley Road, Walton on Thames, Surrey KT12 3PD

Phone: 0845 1081 437 (voice and fax)

Textphone: 01932 243 018

Email: [enquires@deafeducation.org.uk](mailto:enquires@deafeducation.org.uk)

**[www.deafeducation.org.uk](http://www.deafeducation.org.uk)**

## Down's Syndrome Association

This association aims to champion the rights of people with Down's syndrome and to provide information and support for them, their families and carers and the professionals who work with them.

Helpline: 0845 2300372

Email: [info@downs-syndrome.org.uk](mailto:info@downs-syndrome.org.uk)

**[www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)**

## The Ear Foundation

The Ear Foundation is a charity that bridges the gap between hospital specialists, families, and children and young people who have a cochlear implant. They run a full programme of parent, family and professionals courses, which take place throughout the year.

Marjorie Sherman House, 83 Sherwin Road, Lenton, Nottingham NG7 2FB

Phone: 0115 942 1985

Fax: 0115 924 9054

**[www.earfoundation.org.uk](http://www.earfoundation.org.uk)**

## The Elizabeth Foundation

The Elizabeth Foundation is a national charity supporting infants and pre-school aged children with hearing loss and their families, by providing help, support and encouragement.

Southwick Hill Road, Cosham, Portsmouth, Hampshire PO6 3LL

Phone: 023 9237 2735

Fax: 023 9232 6155

**[www.elizabeth-foundation.org](http://www.elizabeth-foundation.org)**

### **Ewing Foundation**

The Ewing Foundation is a national charity, promoting inclusion and achievement for deaf children through listening and speaking.

40 Bernard Street, London WC1N 1LG

**[www.ewing-foundation.org.uk](http://www.ewing-foundation.org.uk)**

### **Forest Books**

This is a comprehensive online resource that specialises in books, CD-ROMs and DVDs about deafness, parenting and deaf issues.

6 Forest Road, Milkwall, Coleford, Gloucestershire GL16 7LB

Phone: 01594 833 858 (voice and text)

Fax: 01594 833 446

**[www.forestbooks.com](http://www.forestbooks.com)**

### **Letterbox Library**

Letterbox Library is a non-profit driven workers' cooperative providing multicultural and non-sexist books for children.

71–73 Allen Road, Stoke Newington, London N16 8RY

Phone: 020 7503 4801

Fax: 020 7503 4800

Email: [info@letterboxlibrary.com](mailto:info@letterboxlibrary.com)

**[www.letterboxlibrary.com](http://www.letterboxlibrary.com)**

### **The Makaton Charity**

The Makaton Charity provides training, translation services and resource materials.

Manor House, 46 London Road, Blackwater, Camberley GU17 0AA

Phone: 01276 606760

Fax: 01276 36725

Email: [info@makaton.org](mailto:info@makaton.org)

**[www.makaton.org](http://www.makaton.org)**

### **MENCAP**

Mencap is a national charity supporting people with a learning disability, their families and carers.

123 Golden Lane, London EC1Y 0RT

Phone: 020 7454 0454

Learning Disability Helpline: 0808 808 1111

Email: [information@mencap.org.uk](mailto:information@mencap.org.uk)

**[www.mencap.org.uk](http://www.mencap.org.uk)**

## **NATLL – The National Association of Toy and Leisure Libraries**

This is the national body for toy and leisure libraries in the UK.

Smart Play Network, Gilmerton Community Centre, 4 Drum Street, Edinburgh EH17 8QG

Phone: 0131 664 2746

Fax: 0131 664 2753

Email: Via Website

**[www.smartplaynetwork.org](http://www.smartplaynetwork.org)**

## **The National Deaf Children's Society (NDCS)**

NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people.

15 Dufferin Street, London EC1Y 8UR

Freephone Helpline: 0808 800 8880 (voice and text)

Fax: 020 7251 5020

Email: [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk)

**[www.ndcs.org.uk](http://www.ndcs.org.uk)**

## **Parent Place**

This is a discussion forum for parents only on the NDCS website. Parents can browse the topics and post messages or email.

**[www.ndcs.org.uk/applications/discussion](http://www.ndcs.org.uk/applications/discussion)**

## **Raising and Educating a Deaf Child**

Run by the National Technical Institute for the Deaf in Rochester, New York, this website deals with questions from parents on a variety of topics, with the answers being provided by a range of professionals internationally. These professionals will not know your child or your own circumstances and therefore their opinions should be seen as something to add to your own knowledge and the guidance you get from local services, rather than replace that. Their views will all be based on their knowledge of research evidence however, so it will provide you with some valuable extra information.

**[www.rit.edu/ntid/educatingdeafchildren/](http://www.rit.edu/ntid/educatingdeafchildren/)**

## **The Royal Association for Deaf people (RAD)**

Creates sign language environments in cultural centres for the deaf community throughout Essex, London and the South East. Provides a range of support services for deaf people and their families.

Century House South, Riverside Office Centre, North Station Road, Colchester, Essex CO1 1RE

Phone: 0845 688 2525

Fax: 0845 688 2526

Minicom: 0845 699 2527

Mobile for SMS: 07851 423 866

**[www.royaldeaf.org.uk](http://www.royaldeaf.org.uk)**

## SCOPE

Scope is a disability organisation in England and Wales. Its focus is people with cerebral palsy.

6 Market Road, London N7 9PW

Phone: 0808 800 3333

Switchboard: 020 7619 7100

Email: [response@scope.org.uk](mailto:response@scope.org.uk)

**[www.scope.org.uk](http://www.scope.org.uk)**

## SENSE

This is the UK's leading organisation working for people with deafblindness and associated disabilities, providing advice, support, information and services for them, their families and professionals working with them.

101 Pentonville Road, London N1 9LG

Phone: 0845 1270060

Textphone: 0845 1270062

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

**[www.sense.org.uk](http://www.sense.org.uk)**

## The Signalong Group

This group offers a communication approach that is a sign-supported system based on British Sign Language (BSL). They have a range of visual communication resources and offer training.

Stratford House, Waterside Court, Rochester, Kent ME2 4NZ

Phone: 0845 4508422

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

**[www.signalong.org.uk](http://www.signalong.org.uk)**

## Signature

Signature is a charity which promotes excellence in communication with deaf people.

Signature is a recognised body offering nationally accredited qualifications that cover the whole range of languages and communication methods used by deaf and deafblind people.

Mersey House, Mandale Business Park, Belmont, Durham DH1 1TH

Phone: 0191 3831155

Textphone: 0191 383 7915

Fax: 0191 383 7914

Email: [durham@signature.org.uk](mailto:durham@signature.org.uk)

**[www.signature.org.uk](http://www.signature.org.uk)**

## Useful websites

British Association of Teachers of the Deaf (BATOD)

**[www.batod.org.uk](http://www.batod.org.uk)**

BEGINNINGS for parents of children who are deaf or hard of hearing (USA)

**[www.ncbegin.org](http://www.ncbegin.org)**

Blissymbolics Communication International

**[www.blissymbolics.org](http://www.blissymbolics.org)**

Boys Town National Research Hospital

**[www.babyhearing.org](http://www.babyhearing.org)**

Bright Minds (toys)

**[www.brightminds.co.uk](http://www.brightminds.co.uk)**

British Deaf Association

**[www.bda.org.uk](http://www.bda.org.uk)** OR **[www.signcommunity.org.uk](http://www.signcommunity.org.uk)**

Deaf Parenting UK

**[www.deafparent.org.uk](http://www.deafparent.org.uk)**

The Deaf Internet Bookstore

**[www.amazon.co.uk/shops/deafbooks](http://www.amazon.co.uk/shops/deafbooks)** or order a catalogue from **[www.deafbooks.com](http://www.deafbooks.com)**

Deafness Research UK

**[www.deafnessresearch.org.uk](http://www.deafnessresearch.org.uk)**

Early Learning Centre (toys)

**[www.elc.co.uk](http://www.elc.co.uk)**

Early Support

**[www.education.gov.uk/childrenandyoungpeople/sen/earlysupport](http://www.education.gov.uk/childrenandyoungpeople/sen/earlysupport)**

Early Years Foundation Stage

**[www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/education/a0068102/early-years-foundation-stage-eyfs](http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/education/a0068102/early-years-foundation-stage-eyfs)**

Family Sign Language

**[www.familysignlanguage.org.uk](http://www.familysignlanguage.org.uk)**

Hands & Voices (USA)

**[www.handsandvoices.org](http://www.handsandvoices.org)**

National Literacy Trust

**[www.literacytrust.org.uk](http://www.literacytrust.org.uk)**

Pyramid Educational Consultants (PECs)

**[www.pecs.org.uk](http://www.pecs.org.uk)**

Raising Deaf Kids

**[www.raisingdeafkids.org](http://www.raisingdeafkids.org)**

Talk To Your Baby

**[www.talktoyourbaby.org.uk](http://www.talktoyourbaby.org.uk)**

Signed Language

**[www.signedlanguage.co.uk](http://www.signedlanguage.co.uk)**

Widgit

**[www.widgit.com](http://www.widgit.com)**

## Some useful publications

**Books and resources below are available from Forest Books [www.forestbooks.com](http://www.forestbooks.com) unless stated otherwise.**

Christiansen, J.B. and Leigh, I.W., *Cochlear Implants In Children: Ethics and choices*, Forest Books Ltd, 2007

Luterman, D. and Brancia Maxon, A., *When Your Child is Deaf, A guide for parents*, (2nd edition), York Press, 2002

Marschark, M., *Raising and Educating A Deaf Child: A comprehensive guide to the choices, controversies, and Decisions Faced by Parents and Educators* (2nd edition), Oxford University Press, USA, 2007

Schwartz, S. (Ed.), *Choices in Deafness: A parents' guide to communication options* (3rd edition), Woodbine House, 2007

Wyman, R., *Making Sense Together: Practical approaches to supporting children who have multisensory impairments*, (2nd edition), Souvenir Press, 2000

*Helping You Choose: Making informed choices for you and your child*, DfES, 2006 (available from [www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources/boo67411/the-early-support-developmental-journals/](http://www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources/boo67411/the-early-support-developmental-journals/))

## Some relevant NDCS resources

*Communication Begins at Home DVD* (for families with a deaf child three years or younger)

*Deaf Children with Additional Needs*

*Helping Your Deaf Child to Learn*

*Starting School*

## Some academic articles/books which may be of interest

### 1) Communication and language

LaSasso, C.J., Lamar Crain, K. and Leybaert, J. (2010) *Cued Speech and Cued Language for Deaf and Hard of Hearing Children*, Plural Publishing

Bodner-Johnson, B. (1991) 'Family conversation style: its effect on the deaf child's participation.' *Exceptional Children*, Vol. 57, p502(8)

Goldin-Meadow, S (2005) *The Resilience of Language: What gesture creation in deaf children can tell us about how all children learn language* Hoboken: Taylor & Francis Ltd

Hart, B. and Risley, T. R. (1995) *Meaningful Differences in the Everyday Experience of Young American Children*, Baltimore, Brookes Publishing

Iverson, J. M. and Goldin-Meadow, S. (2005) Gesture paves the way for language development, *Psychological Science*, 16:5 pp367–371

Mayberry, R. I. (2002) 'Cognitive development in deaf children: The interface of language and perception in neuropsychology' in Segalowitz, S. J. and Rapin, I. (Eds.) *Handbook of Neuropsychology* (2nd edition), Amsterdam, Netherlands, Elsevier Science B.V

McGill University (2007) *Learning Language and Loving It: A guide for promoting children's social, language and literacy development in early childhood settings* Toronto, ON: Hanen Early Language Program

Meadow, K.P. (2005) 'Early Manual Communication in Relation to the Deaf Child's Intellectual, Social and Communicative Functioning', *Journal of Deaf Studies and Deaf Education* 10:4 pp321–329

Prezbindowski, A. K., Adamson, L. B. and Lederberg, A. R. (1998) 'Joint attention in deaf and hearing 22-month-old children and their hearing mothers', *Journal of Applied Developmental Psychology* 19:3 pp377-387

Sarant, J.Z. et al. (2009) 'Spoken Language Development in Oral Preschool Children with Permanent Childhood Deafness', *Journal of Deaf Studies and Deaf Education* 14:2

Tolar, D. et al. (2008) 'The Development of the Ability to Recognise the Meaning of Iconic Signs', *Journal of Deaf Studies and Deaf Education* 13:2

Watson, L. et al. (2008) 'Parents' Views on Changing Communication after Cochlear Implantation'. *Journal of Deaf Studies and Deaf Education* 13:1

Yosinaga-Itano, C., Sedley, A.L., Coulter, D.K., and Mehl, A.L. (1998) 'Language of early and later identified children with hearing loss', *Pediatrics*, Vol. 102 pp1161–1171

## **2) Play**

Brown, P. M., Rickards, F. W. and Bortoli, A. (2001) 'Structures underpinning pretend play and word production in young hearing children and children with hearing loss', *Journal of Deaf Studies and Deaf Education* 6:1

Brown, P.M. (1999) 'Early development in deaf and hard of hearing children: The state of play', *Australian Journal of Education of the Deaf* Vol. 5, pp27–36

Sheridan, M.D., Howard, J. & Alderson, D. *Play in Early Childhood: From birth to six years* 3rd edition, Routledge

## **3) Cognition**

Brownell, CA, & Kopp, CB (2007) *Socioemotional Development in the Toddler Years: Transitions and transformations* New York: Guilford Press

Homer, BD and Tamis-LeMonda, CS (2005) *The Development of Social Cognition and Communication* Mahwah, N.J: Lawrence Erlbaum Associates

Moeller, MP (2007) 'Current state of knowledge: Psychosocial development in children with hearing impairment' *Ear Hear.* 28, 729-739

Moeller, MP and Schick, BS (2006) 'Relations between maternal input and theory of mind understanding in deaf children', *Child Development.* 77, 751-766

Moeller, M.P. and Schick, B. (2007) 'Development of social understanding in children with hearing loss: Implications for audiologists', *Ear and Hearing* 28:6 pp729–739

Nunes, T. et al. (2009) 'Deaf Children's Informal Knowledge of Multiplicative Reasoning' *Journal of Deaf Studies and Deaf Education*, 14:2

Peterson, C. C. and Siegal, M. (1995) 'Deafness, conversation and theory of mind', *Journal of Child Psychology and Psychiatry*, 36:3 pp459–474

## **4) Literacy**

Bradford, H (2009) *Communication, Language and Literacy in the Early Years Foundation Stage* London: Routledge

Desjardin, JL and Ambrose, SE (1 December 2010) *The Importance of the Home Literacy Environment for Developing Literacy Skills in Young Children Who Are Deaf or Hard of Hearing*, *Young Exceptional Children* 13, 5, 28-44

Desjardin, J. L., Ambrose, S. E., & Eisenberg, L. S. (January 01, 2009). Literacy skills in children with cochlear implants: the importance of early oral language and joint storybook reading. *Journal of Deaf Studies and Deaf Education*, 14, 1, 22-43

Harris, M. and Moreno, C. (2004) 'Deaf Children's Use of Phonological Coding: Evidence from reading, spelling, and working memory', *Journal of Deaf Studies and Deaf Education*, 9:3

Mayer, C. and Wells, G. (1996) 'Can the linguistic interdependence theory support a bilingual-bicultural model of literacy education for deaf students?' *Journal of Deaf Studies and Deaf Education*, 1:2

Mayer, C. (2007) 'What Really Matters in the Early Literacy Development of Deaf Children?', *Journal of Deaf Studies and Deaf Education* 12:4

Moeller, MP, Tomblin, JB, Yoshinaga-Itano, C, Connor, CM and Jerger, S (2007) 'Current state of knowledge: Language and literacy of children with hearing impairment'. *Ear Hear* 28, 740-753

Musselman, C. (2000) 'How do children who can't hear read an alphabetic script? A review of the literature of reading and deafness', *Journal of Deaf Studies and Deaf Education*, 5:1 pp9-31

Stobart, C. A. E. (2008). *Home-based literacy experiences of severely to profoundly deaf preschoolers and their hearing parents*

Swanwick, R., & Watson, L. (April 01, 2005). Literacy in the Homes of Young Deaf Children: Common and distinct features of spoken language and sign bilingual environments. *Journal of Early Childhood Literacy*, 5, 1, 53-78

Swanick, R. and Watson, L. (2007) 'Parents Sharing Books with Young Deaf Children in Spoken English and in BSL: The common and diverse features of different language settings', *Journal of Deaf Studies and Deaf Education* 12:3

Williams, C. (2004) 'Emergent Literacy of Deaf Children', *Journal of Deaf Studies and Deaf Education*, 9:4

## **5) Music**

Darrow, A. A., Gfeller, K., Gorsuch, A. and Thomas, K. (2000). 'Music Therapy with Children who are Deaf and Hard of Hearing' in Smith, D.S. (Ed.) *Effectiveness of Music Therapy Procedures* (3rd edition). Silverspring: American Music Therapy Association

Estabrooks, W. and Birkenshaw-Fleming, L. (1994) *Hear and Listen! Talk and Sing!*, NYGH:Toronto, Canada

Gfeller, K. E. (1999) 'Music Therapy in the Treatment of Sensory Disorders' in W. B. Davis, K. E. Gfeller and M. H. Thaut (Eds) *An Introduction to Music Therapy: Theory and Practice*. Boston, McGraw-Hill

McMullen, E. and Saffran, J.R. (2004) 'Music and language: a developmental comparison', *Music Perception* 21:3

Saffran, J.R. and Griepentrog, G.J. (2001) 'Absolute pitch in infant auditory learning: Evidence of developmental reorganisation', *Developmental Psychology* 37:1

Salmon, S (2008) *Hearing, Feeling, Playing: Music and movement with hard of hearing and deaf children* Wiesbaden: Reichert Verlag

## Notes

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**NDCS provides the following services through our membership scheme. Registration is simple, fast and free to parents and carers of deaf children and professionals working with them. Contact the Freephone Helpline (see below) or register through [www.ndcs.org.uk](http://www.ndcs.org.uk)**

- A Freephone Helpline 0808 800 8880 (voice and text) offering clear, balanced information on many issues relating to childhood deafness, including schooling and communication options.
- A range of publications for parents and professionals on areas such as audiology, parenting and financial support.
- A website at [www.ndcs.org.uk](http://www.ndcs.org.uk) with regularly updated information on all aspects of childhood deafness and access to all NDCS publications.
- A team of family officers who provide information and local support for families of deaf children across the UK.
- Specialist information, advice and support (including representation at hearings if needed) from one of our appeals advisers in relation to the following types of tribunal appeals: education (including disability discrimination, special educational needs (SEN) and, in Scotland, Additional Support for Learning (ASL)); and benefits.
- An audiologist and technology team to provide information about deafness and equipment that may help deaf children.
- Technology Test Drive – an equipment loan service that enables deaf children to try out equipment at home or school.
- Family weekends and special events for families of deaf children.
- Sports, arts and outdoor activities for deaf children and young people.
- A quarterly magazine and regular email updates.
- An online forum for parents and carers to share their experiences at [www.ndcs.org.uk/parentplace](http://www.ndcs.org.uk/parentplace).
- A website for deaf children and young people to get information, share their experiences and have fun at [www.buzz.org.uk](http://www.buzz.org.uk).

**NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people.**

**NDCS Freephone Helpline:  
0808 800 8880 (voice and text)**

**Email: [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk)**

**[www.ndcs.org.uk](http://www.ndcs.org.uk)**

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