

Communicating with your deaf child

These factsheets tell you about the following.

- Communicating with your baby
- Tips form effective communication with your baby
- Recognising your baby's communication
- Making choices about communication
- Different communication approaches
 - Auditory – oral approaches
 - Sign bilingualism
 - Total Communication
- Communication methods for deaf children with extra needs
- Language Service Professionals
- A quick guide to good communication

Note: we use the term 'deaf' to mean all types of deafness, including temporary deafness such as glue ear.

Communicating with your baby

Communication between babies and their parents begins from birth. Babies want to communicate with you, and want you to communicate with them. This early communication is the starting point for learning language.

When your child is very young, communication happens when you are cuddling, caring for or playing with them. This can involve using words, sounds, gestures, touches, facial expressions, hugs and games - this is the same for deaf and hearing babies.

It is important that you communicate in a way that feels natural and comfortable for you. Getting started In the early weeks and months of your baby's life, you and your baby will make many discoveries about how to communicate.

Your baby may :

- respond to your facial expressions and voice;
 - kick and move their arms to show excitement; and look into your eyes
- respond to you and watch intently as your facial expressions change.

These are normal and enjoyable parts of being with your baby. They are also the start of learning to communicate with each other. During the first seven to nine months of life, babies are learning how to pay attention to those around them and how to take part in social routines with others. This early development is a main building block for communicating with your deaf child

Some tips to help you to start communicating effectively with your baby

Pay attention to your baby's mood

If your baby is unsettled and agitated, you can respond with a sympathetic face and soothing noises. If your baby is happy and giggly, you can encourage this by responding with an animated face, voice or gestures.

Encourage the baby to look at your face and pay attention to you. The baby will be interested in looking at you if you use various facial expressions. You can also play games that build anticipation – like peek-a-boo. Vary your voice, facial expressions and gestures to encourage the baby to begin to pay attention to you.

Enjoy your baby

Parents of deaf children say that it can sometimes be hard to focus on typical baby routines when they are worrying about the hearing loss. It can really help to talk with other parents and discover the enjoyment they have found as they learn more about having a deaf child.

Deaf Connexions provide opportunities for parents to meet together or share experiences. Contact us for details.

Recognising your baby's communication

All babies start to communicate before they know any words or signs. When your baby is smiling they are saying 'I like that' or 'play that game again'. When your baby is crying they can be saying 'I'm hungry' or 'my nappy needs to be changed'.

From the earliest days, babies pay attention to important voices. They discover their own voices and play with sounds in squeals, grunts, coos and gurgles. Later on, babies discover that they can join sounds together to babble.

Babies can also start to join hand movements together to create hand babble. When babies start to point or reach, these gestures may mean 'I want that' or 'look at me'.

You and the other members of your family can help to get communication started by following simple guidelines

Recognise your baby's attempts to communicate

You are likely to be doing this naturally by being aware of their facial expressions, the way they move their body or the noises they make which may include :

- gestures; • vocal sounds; • body movements (kicking, getting excited); • eye gaze; • reaching; • cries; • smiling; • anticipating (looking excited when they know a game is going to start); • watching; • touching; • facial expressions; and • getting frustrated.

You can respond to these attempts by reacting with appropriate facial expressions, noises, words, gestures or signs.

Take some time to observe your baby

It will help you to communicate well. Some of the questions you can ask yourself are as follows.

- How is my baby communicating without words?
- What do I think the baby means?
- Is my baby asking for attention or help?
- Does my baby want me to look at what they are looking at?
- Does my baby want more of something or want me to stop something?
- Is my baby trying to have fun with me?

Responding to your baby's communication

It is important that you respond to your baby's attempts to communicate. This lets your baby know that you have recognised their attempts to communicate and so can encourage your baby to communicate more.

This helps your baby to realise that different ways of communicating are effective, and will encourage them to use the same method again. Responding to your baby also shows that communication is a two-way process and that it is important to take turns.

Babies love to communicate

Because your deaf baby may find it difficult to hear you, you may have to try some different ways to make sure that communication remains effective.

If your baby is learning to use hearing aids, try to stay close, use a pleasant but clear voice, and talk about what your baby has been communicating to you. You should try to stay where the baby is facing, look at what the baby looks at, match the baby's facial expression, and use simple gestures. The most important point is to be sure that your baby knows that you have responded. This will help your baby to begin to predict that you will.

That makes conversations exciting for both of you. The words, gestures or signs will come in time.

Tiny babies make lots of funny sounds. It is not always clear how to answer. As a parent, you have many ways of showing your baby approval and support. You can :

- maintain eye contact while you communicate with each other
- smile and nod
- let your face show the same feeling that your baby is showing
- speak or sing a song to them
- wait expectantly for more communication
- and use simple gestures. If your baby points to something, you point too, before you try to add to the communication.

Making choices about communication

Some parents have said that they felt under a lot of pressure to make choices about communication. It is important to remember that you do not have to make a choice for life. You may want to change your approach as you learn more about your child's needs and preferences.

The right choice is the one that works best for you and your child. If your child has other disabilities or health problems, check that the communication approach you choose will be fully accessible to them.

The right approach to communication will be the one that works best for you, your family and your child.

The three main options are:

- **auditory-oral approaches**
- **sign bilingualism; and**
- **total communication.**

Some questions that may help you to think about communication choices are as follows

Will the communication approach allow all of your family – including brothers, sisters and the wider family – to communicate with your child?

Will the communication approach you are considering be best for your child? Will it allow them to influence their environment, discuss their feelings and concerns, and share imaginative thoughts? Have you been given good information about the full range of communication approaches that are available?

Have you talked to a variety of people and heard a variety of views on each option?

Will the communication approach help develop your relationships with each other as a family? It should promote enjoyable, meaningful communication among all family members and make your child feel part of your family and know what is going on.

Has the information you have received about communication approaches been unbiased?

Are you looking at your choice of communication approach in terms of what will be best for your child and family or because someone has promised certain benefits of the approach?

Will the approach you use allow your child to communicate with the wider world?

All the approaches have advantages and disadvantages –these will vary depending on the needs of your child and your family. .

Before choosing an approach to try, it is important to get more information and discuss your thoughts with different professionals and other parents.

Some people hold strong views on the best way to communicate with deaf children, so don't be afraid to ask questions.

Auditory-oral approaches

What are they?

Auditory-oral approaches aim to develop speaking and listening skills in deaf children. They emphasise the use of hearing aids, radio aids and cochlear implants to make the best use of any hearing a deaf child has (their 'residual hearing').

Most auditory-oral approaches will also use lipreading to help the child's understanding.

Auditory-oral approaches do not use sign language or fingerspelling to support the understanding of spoken language.

What are the aims?

The main aim of these types of approach is to allow deaf children to develop speech and communication skills that will allow them to communicate and mix with hearing people.

What are the family's responsibilities?

You will be expected to practise the approach as part of your everyday life. You will also need to make sure that your child is making best use of their hearing aids, cochlear implant or radio aid.

You will normally learn how to use this approach with support from a speech and language therapist or teacher of the deaf. This means that you will need to be highly involved with the professionals working with your child. This will allow you to learn the methods and use them at home.

The natural aural approach

The natural aural approach is the most widely used auditory-oral approach. It emphasises the role of the family in helping deaf children to naturally develop spoken language.

The approach aims to achieve this through the normal experiences of childhood and the child consistently using well-maintained hearing aids or cochlear implants. The results expected by people using this approach are that deaf children will achieve good effective speech

The structured oral approach

The structured oral approach is used to encourage deaf children to develop speech and language. This involves using their residual hearing and lipreading with a particular structured teaching system. It often uses written language to help children learn.

The maternal reflective approach

The maternal reflective approach is used with children in education rather than with very young babies. It is based on the way that mothers and other significant role models encourage the development of language in children.

It is 'reflective' because children are encouraged to look back at what was said in a conversation they were involved in. This helps them to understand the structure and rules of the language they are learning. It uses three elements - reading, writing and spoken language.

Auditory verbal therapy

Auditory verbal therapy teaches a child to develop listening skills. This happens through one-to-one therapy and uses the child's residual hearing with hearing aids, cochlear implants or radio aids. No sign language is used and the child is discouraged from relying on visual cues, such as lipreading.

Lipreading

Lipreading is the ability to read words from the lip patterns of the person speaking. Deaf children will naturally try to lipread when they are communicating. It is difficult to measure how much of a

conversation a deaf person understands just by relying on lipreading, as lip patterns vary from person to person.

It is estimated that about 30% to 40% of speech sounds can be lipread under the best conditions.

There are many things that can make lipreading difficult, for example:

- beards and moustaches
- talking while eating
- covering your mouth while talking; and
- poor lighting.

When children are still building up an understanding of the language they may find it difficult to lipread words they are not familiar with. It also relies on a speaker having a clear lip pattern.

An adult, who has a good understanding of the language being spoken, may understand more.

Your child will need a good understanding of the English language to get the most out of lipreading. This means that they will need to know about grammar and how sentences are constructed.

For example, explaining a trip to the dentist will help your child to follow the lip patterns used there more accurately. So explain that the dentist will say 'say ahh'...'open wide'... 'does this hurt?'... 'you will need some fillings'.

Lipreading can be used with other communication approaches such as fingerspelling and gestures. Your child will also watch the facial expression and body language of the speaker to get more clues. The combination of these things makes it possible to understand most of the conversation.

Sign bilingualism

Sign bilingualism uses sign language as the child's first language. The spoken language of the family is learned as a second language. This can be taught through speech, writing or a sign-support system.

In Britain, the two languages used are usually British Sign Language (BSL) and English. If the family uses another language, such as Urdu or Bengali, the child may learn that as the second language, with or without English.

What are the aims?

The aim of using sign bilingualism is to allow the child to communicate in a way that doesn't depend on their hearing. BSL is a totally visual language and so being deaf does not affect a child's ability to learn the language.

When a child has become confident in BSL, they can use this as a way to learn English. BSL will also give them access to other deaf people in the community.

If you use sign bilingualism, you will need to become fluent in BSL to communicate fully with your child. It is also useful for your child to be around other deaf adults and children who use BSL so they can develop this as a first language.

Total communication

Total communication is based on using a combination of methods at the same time to communicate with a deaf child. The idea is to communicate and teach vocabulary and language in any way that works.

The child and their family are encouraged to use :

- sign language system based on the English language, such as Sign Supported English (SSE)
- fingerspelling
- natural gestures
- lipreading
- body language
- speech

and hearing aids, cochlear implants and radio aids.

They may also use other methods of communication within this approach.

What are the aims?

The aim of total communication is to provide an easy method of communication between the deaf child and their family, friends and others that they are in contact with. The child is encouraged to use speech and sign language at the same time and use all other clues to help them communicate effectively.

The sign system you choose should be learnt by at least one member of the family. It is better if all the family learn the system. This will allow your child to communicate fully with you and develop their language skills.

Learning the sign system and the vocabulary is a long-term, ongoing process. As your child's sign language skills develop and become more complex, your family's skills will need to keep pace to provide a stimulating language-learning environment for your child. You will also have to encourage your child to consistently use hearing aids, cochlear implants or radio aids.

You must consistently sign while you speak to your child. Sign language courses are usually offered through the community, local colleges, adult education and so on. Many books and videos are also widely available. To become fluent, signing must be used consistently and become a routine part of communication with your child.

Fingerspelling

Fingerspelling supports sign language. It uses the hands to spell out English words. Each letter of the alphabet is indicated by using the fingers and palm of the hand. It is used for spelling names, places and for words that don't have an established BSL sign.

Sign Supported English

Sign Supported English (SSE) uses signs taken from British Sign Language. Signs are used in the same order as English words, but not every word that is spoken would be signed.

Many hearing parents find this an easier way to become familiar with sign language as it means that you can use signs with your own language. As it uses the same signs as BSL, it can be helpful to both you and your child if you want to develop BSL skills at a later stage.

SSE is not a language in its own right. Signed English Signed English (SE) uses signs to represent English exactly by using a sign for every spoken word. It uses BSL signs, fingerspelling, and specifically developed signs to represent important grammatical information.

Signed English is not a language like BSL, but it has been designed as a teaching tool to be used at the same time as spoken English. Its aim is to develop reading and writing skills.

Cued Speech

Cued Speech is a simple sound-based system that uses eight hand shapes in four different positions (cues), together with natural mouth movement of speech. Some words which sound different to hearing people can look very similar when they are lipread by deaf people (for example, 'pat' and 'bat').

Cued Speech is visual and the cues are placed near the mouth. This helps to make every sound and word clear to a deaf child. It can be used together with sign language or to complement speech.

Communication methods for deaf children with extra needs

Children who have another physical or learning disability may have difficulty using some of the methods detailed previously. The methods listed below are commonly used with children with extra needs.

Deafblind children

Deafblind children have different levels of deafness and sight, and use many different techniques to communicate. If your child is deafblind, you can use some basic techniques to help your child start to understand the world around them, and start to build up their communication skills.

These techniques are for general information only, and you and your child should also be getting professional support from your local services. Watch out for small changes in your child (for example, you might see a difference in their breathing when something is happening around them). You can then react to this communication in a way that they can pick up on.

Trust is important as you and people working with your child have to get close to your child to communicate. Deafblind children may use touch and smell to identify who is with them, as well as any sight or hearing they may have.

You can help your child to learn who is with them by wearing the same piece of jewellery or clothing, or using the same perfume every time. Routines will help your child to begin to understand what is around them and anticipate what will happen next.

For example, getting your child dressed in the same way, at the same time, in the same place every day. Keeping the furniture in the same place and keeping the floor clear will help your child build up their confidence about moving about independently.

You can help your child to explore their surroundings and learn new things. For example, allow them to touch, taste and smell objects or hold their hands in yours when you are putting the toothpaste on the toothbrush.

You can use objects to signal the start of a new activity (for example, an inflatable armband to tell them that they are going swimming).

Your child might have their own way of signalling when they want to finish an activity. Take your time –if you hurry, your child may not be able to pick up enough information to understand what is happening.

There are different communication approaches that a deafblind child may learn. These include British Sign Language (if a child has Usher's syndrome, for example, they might use visual frame BSL signing or hands on BSL signing to understand what someone is saying to them).

They may also use Makaton, Signed English, Sign Supported English or one of the auditory-oral approaches. Deafblind children may also use the manual alphabet or a symbol system.

There are also written communication methods such as Braille or Moon, which use raised dots to indicate letters. For more information, contact SENSE.

SENSE is an organisation that works to support deafblind children, young people and adults. They provide information on communication. They also offer support and advice for families with deafblind children.

SENSE 11- 13 Clifton Terrace Finsbury Park London N4 3SR Phone: 020 7272 7774 Text: 020 7272 9648 Fax: 020 7272 6012 Email: enquiries@sense.org.uk

Signalong

Signalong is a form of Sign Supported English. It is a relatively new signing system devised by professionals for children (and adults) who have language difficulties associated with learning disabilities and autism.

The signs are mostly based on BSL and are used in the same order as spoken English. It can be used with other languages too.

Signalong is intended to support speech and is sometimes used with deaf children who have not developed speech but use some gestures.

Makaton

Makaton is a language programme that uses signs from British Sign Language together with unique Makaton symbols to provide basic communication to develop language and teach literacy skills.

Grammatical signs are taken from signed English. Makaton is not a language but was designed as a tool for teaching children with severe communication and learning disabilities.

Makaton is made up of a main vocabulary of 450 concepts. It also has a larger resource vocabulary of approximately 7,000 concepts (for example for animals, food, growth and development and many others). Concepts are visual images that are illustrated with signs and symbols.

Language Service Professionals

This section tells you about the people that give communication support to deaf children and young people in a variety of situations. They were commonly called 'human aids to communication'. They all require a certain level of training.

British Sign Language interpreters

Sign language interpreting is a highly skilled profession that involves working in a variety of environments and situations, such as in schools, colleges, courts and theatres. It takes several years to become skilled in sign language and to train as an interpreter. There are several different levels of interpreters. BSL/English interpreters can be registered with CACDP. This means that they have achieved a professional qualification. They have also agreed to follow CACDP's Code of Ethics and Practice and Complaints and Disciplinary Procedure. Phone the NDCS Freephone helpline on 0800 800 8880 (voice and text) between 10am and 5pm, Monday to Friday 21

Lipspeakers

A lipspeaker is a person trained to accurately convey information from a speaker to a deaf lipreader using silent speech, clear lip patterns, facial expressions and gestures. They can be useful to deaf young people who use speech rather than sign to communicate.

Lipspeakers are often helpful in environments where there might be too much background noise, or perhaps where the person speaking does not have clear lip patterns. Deaf young people use lipspeakers in further or higher education, at job interviews or at meetings.

Lipspeakers also work in the same settings as sign language interpreters. Lipspeakers can be registered with CACDP. This means that they have achieved a professional qualification. They have also

agreed to follow CACDP's Code of Ethics and Practice and Complaints and Disciplinary Procedure.

Communication support workers

Communication support workers (CSWs) support deaf children and young people in schools and colleges, working closely with other professionals such as teachers and interpreters. A CSW is trained in communication skills, and also in teaching methods and deaf-related issues. They work with children and young people with a range of communication needs. A CSW should have, or be working towards, a Level 2 Certificate in BSL. There is also a Professional Development Award called Communication Support Worker with Deaf Students.

Communicator guides and deafblind interpreters

Communicator guides work with deaf-blind young people. They are trained in communication skills, the DeafBlind Manual alphabet, and have specialist skills in guiding deaf-blind people.

Deafblind interpreters interpret speech for deaf-blind young people, and also relay supporting information such as other people's reactions to what has been said, and people's movements around the room. Deafblind interpreters can be registered with CACDP. This means that they have achieved a professional qualification. They have also agreed to follow CACDP's Code of Ethics and Practice and Complaints and Disciplinary Procedure.

Notetakers

Many deaf students in further and higher education have the support of a notetaker, as it is important that they have full notes, especially for revision purposes.

Notetakers are expected to be skilled in taking notes, in handwritten English, to be directly passed onto students. They must also be aware of deaf issues. Some notetakers also use laptop computers. The notes are stored on a disk to be given to the student at the end of the lecture.

Speech-to-text reporters

A speech-to-text reporter provides a computerised word-for-word record of what is spoken. Text is viewed instantly on a monitor, laptop screen or on a projector screen. This is often used in meetings or at conferences. Speech-to-text reporters can be registered with CACDP. This means that they have achieved a professional qualification. They have also agreed to follow CACDP's Code of Ethics and Practice and Complaints and Disciplinary Procedure.

A quick guide to good communication

As your child grows, it will be important to use good communication with them, and with the deaf adults you meet. The following tips for good communication can be used with deaf children, young people and adults who use either speech or sign language (such as British Sign Language) and with those children who use a combination of both speech and signing.

- Make sure that you have your child's attention before starting a conversation.
- Make sure you are facing your child and maintaining good eye contact. Try to be on the same level as them and allow some space for signing or lipreading. (So, keep a distance of about one to two metres between you and your child).
- Use a well-lit room and don't have your back to a window, as this creates a shadow and makes it difficult to read facial expressions or lipread.
- Speak clearly, naturally and at a normal pace. Don't shout, as it can appear to your child that you are angry and it also distorts lip patterns.
- Try to make sure that background noise is kept to a minimum. Children with hearing aids, cochlear implants or those children with mild or unilateral deafness who do not use hearing aids may find it particularly difficult to pick out what is being said. A room that is carpeted or curtained will help to cut down the effects of noise in a room.
- If your child does not use sign language, it is still helpful to use your hands and facial expressions to gesture and support what you are saying.
- Don't eat, smoke, or block the view of your face while you are speaking. If you have a beard or moustache, keep it trimmed. Also remember that glasses and sunglasses can make it difficult to maintain eye contact.

- When in a group, speak one at a time. It is helpful if the speaker raises their hand before talking so that your child knows who is speaking.
- Make sure you let your child know when there is a new topic of conversation.
- If a word or sign is not easily understood, use a more common word or sign with the same meaning. Be wary of using unusual words.
- Pause between sentences and check that your child has understood you, and that you have understood them. Encourage them to stop you if they don't understand what the conversation is about.

Deaf Connexions produces a range of information sheets covering all aspects of hearing loss and deafness. If you would like further information contact :

Deaf Connexions

Unit 14 Capitol House, 2-4 Heigham Street, Norwich, NR2 4TE

Telephone/fax : 01603 660889
Minicom : 01603 661113
E mail : deafconnexions@btconnect.com
Website : www.deafconnexions.org.uk