

## **Living in interesting times**

Sue Gregory reveals how a series of accidents has led to a fascinating career focusing on language and communication for deaf children

To begin at the beginning. This means I need to go to a time before BATOD to explain how I came to be working in the area of deaf education. It was never planned to be that way.

In the late 1960s I was carrying out research into the early development of language and communication of hearing children. It was an interesting time to be working in this area as there had been developments in the study of language acquisition. Instead of looking at how children developed language from the words they heard, there was a new focus on the contribution of early communication to language development. This involved looking at interactions between parents and their infants, made possible through the use of video, a new research tool. I will refrain from a lengthy description of how cumbersome the equipment was then, and how if you were recording in homes, you needed to take a hairdryer to get rid of condensation on the recorder before filming!

As this research came to an end, the psychology department where I was a researcher was invited by the NDCS to carry out a study of deaf young children and their families. This too was innovative as prior to this most research on deaf children focussed on the role of professionals, rather than the family. I was uncertain, but on reflection it seemed it would be a different way of looking at early communication. I was appointed, but assumed that after the three years I would return to the language and communication of hearing infants.

The study, begun in 1969, was interesting in many ways and some of the findings might be a surprise to current readers of this magazine. Diagnosis of deafness was later than now with over one quarter of deaf children in the study not being diagnosed until after the age of two years. Often mothers suspected their child was deaf long before they obtained a diagnosis with one in ten waiting over a year before getting confirmation. Of those children attending school, fewer than one in ten went to a mainstream school with a further quarter attending partially hearing units. One in seven was at boarding schools, some boarding from the age of three.

The thing that struck me the most, however, was the emphasis on speech to the exclusion of other ways of communicating. Natural gesture was frowned upon to the extent that parents would be advised to sit on their hands rather than give clues through gesture. Signing was dismissed as not being a language and standing in the way of children developing speech. An authority on deaf children wrote 'If you persist in using gesture or pantomime he will not trouble to learn to talk' (Ling, 1968).

Many parents found this stressful and two thirds were unable to resist using some gestures even though they felt guilty about it. A mother of a deaf three-year-old explained 'Yes we gesture because I can't tell when she's thirsty and that. I mean if she wants a drink she's got to tell me somehow'. I began to reflect on the way nonverbal communication was being encouraged with hearing children but denied to deaf children.

When I had finished this research I took a break from paid employment. During this time, I wrote a book on the findings of the research but I continued to visit schools and deaf clubs and meet with professionals working with deaf children. My interest in language and communication in deaf children grew although at the time I was not sure what direction this would take.

In 1976, the Psychology Department at Nottingham University applied for and received funding to set up a Deaf Research Group, headed by Dave Wood, looking at deaf pupils at school. I was asked to join and develop a focus on young deaf children of hearing parents. This was exactly the opportunity I needed and, with Kay Mogford, I was able to set up a study of early communication between deaf children and their parents.

I was, however, still uncertain about what would happen if gestures were used with very young deaf children. In conversation with the director of a local deaf club, I asked about how deaf mothers communicated with their babies. He offered to introduce me and we visited a deaf mother with a deaf baby who was four months old. For me it was an amazing experience — all the things I had observed in the communication of hearing babies and their mothers were happening here: turn taking, attention to the face and imitation of expressions. I was delighted to be able to video record them for the next two years, and I learnt a great deal. My research within the Deaf Research Group also developed from looking at deaf children with hearing parents to looking at those with deaf parents too.

It was around this time that more questions began to be asked about signing. These concerned whether it could properly be considered a language and the potential place of sign language in education. Following research in the USA, Mary Brennan published a significant paper in 1976 looking at the sign language used in the UK entitled 'Can deaf children acquire language?' This was seminal as there were then two arguments against signing with young deaf children, particularly in education. Firstly, that if children used any conventional form of signing they would not learn to speak, and

secondly that signing did not meet the criteria for a language and thus was inappropriate for education. Brennan's paper provided evidence about the linguistic properties of British Sign Language. There was also now research evidence showing that deaf children of deaf parents outperform those of hearing parents with the implication that sign language assisted or at the very least did not impede development, a finding which some of my own research confirmed.

The climate was changing. Around that time a number of conferences considering communication were held eg the RNID conference on 'Methods of communication in the education of deaf children' in 1976 and the Lancaster conference (1980) on 'Perspectives on British Sign Language and Deafness'. The organisation LASER (Language of Sign as an Educational Resource) was founded in 1983 and its regular one day conferences explored many of the issues involved in the use of sign language in deaf education.

For me personally there were also other influences. From 1979 the Royal School for the Deaf, Derby had developed a programme using signs for their special needs secondary group to prepare them for leaving school. From 1984 they offered sign language courses to parents and in that year had the foresight to appoint Wendy Daunt, a deaf woman, to the staff. I was involved informally at first but later joined the new Communication Centre Advisory committee. In addition, in 1981 Miranda Pickersgill came to Nottingham and developed a special class for deaf pupils using sign language at Derrymount School. Both these were small scale initiatives but explored the possibilities for signing with deaf pupils, and also emphasised the need for the involvement of deaf people. It was very useful to be involved in the practicalities as well as the theory.

For some time, concern had been developing about the achievements of deaf pupils, based on the finding reported in Conrad's book 'The Deaf School Child' who, among other findings found reading ages of a median of 9 years in school leavers for the sample as a whole, but half of those with a hearing loss of 86dB+, were effectively illiterate. Also the ability of these deaf school leavers to lip read was no greater than that of hearing children. Should sign language be introduced into education?

But research groups do not go on for ever. After ten years the Nottingham Deaf Research Group came to an end – and I was looking for another position. A post was advertised at the Open University for someone to develop a course for training social workers with deaf people. This may not seem an obvious task for me with no experience as a social worker, but I liked the ethos of the OU and I had been a tutor there for several years. I had experience with social workers with deaf people whom I knew appreciated sign language and saw it as significant for deaf people. And last but not least, family commitments meant I was limited geographically in where I could go. Fortunately, I got the post.

It was decided to divide the training for social workers into two parts, an open access course on deafness that came to be known as 'Issues in deafness' and a further limited access course for people wishing to specialise in social work. Because courses at the OU attracted large numbers (the 'Issues in deafness' course had over 2500 students in its six years of presentation) courses were well resourced in terms of course teams and consultants. Our course team included a wide range of people, deaf and hearing, academics with knowledge of deafness and some without, people with experience of special needs education or social policy and so on. It made for a lively group with many exciting discussions, but at times almost impossible to chair!

It was at this time that ideas about the Deaf community and Deaf identity were coming to the fore. These asserted that Deaf people should be considered, not as disabled but as a minority group with its own language and customs. Our Deaf colleagues on the course team were very positive about this way of thinking and the team came to see it as central to the course.

Alongside my post at the OU, I continued to be involved with ideas around the possibilities for the development of a bilingual approach in deaf education. I continued to be involved at RSD Derby, becoming a Governor and then Chair of Governors. Over the years more deaf people had joined the staff, and encouragement was given for deaf people to train as teachers. Miranda Pickersgill had moved to Leeds and she too was working with a group of teachers actively considering this.

In the 1990s a few schools and services adopted the sign bilingual approach. This was not without its problems. At RSD Derby the first mistake we made was to have a hearing speaking person teaching the group in the morning and a deaf BSL user in the afternoon. It did not work and was soon changed.

Implementation of the approach raised many questions

- Were the languages equal, or should one be developed before the other?
- Was there a role for Sign Supported English?
- How was literacy to be taught?
- How were families to be involved?

I was fortunate in getting a research grant to study the implementation of the sign bilingual approach which provided an important forum for the discussion of ideas including how pupils should be assessed, both in their attainments and their BSL skills. Unfortunately, the period of the grant, two years, was not long enough to establish robust findings, although we did obtain evidence that children in the bilingual programme had a developed sense of their Deaf identity.

I often think, if the history of deaf education comes to be written, the period 1991-1993 or somewhere around there will be significant. In 1991 the first sign bilingual programmes were set up in schools and in 1993 the first cochlear implant of a born deaf child was carried out in

## 40 years of BATOD

the UK. Cochlear implants could be seen as making a direct challenge to sign bilingual education with their emphasis on hearing and speech. Initially it did not seem so as when they were first introduced they met with a great deal of hostility. The idea of operating on babies and children, when it was an elective procedure and not medically necessary, was an anathema to some. They also seemed expensive: £51,000 was quoted at a time to cover the operation and support up to the age of 12 years at a time when special education needed better funding. Major deaf organisations, the BDA and NDCS, made statements opposing paediatric implantation. Cochlear implant conferences faced hostility with one having 'death to those who kill our deaf children' daubed on its walls. Those endorsing the notion of a Deaf identity saw implants as a denial of this.

Cochlear implants were not helped by two factors. One was media publicity which endorsed the notion they were a cure for deafness; they were not. Also implant operations happened in a medical context with an emphasis on evidence-based practice. Research was necessary to show they had benefits. The obvious things to measure were hearing and speech emphasising spoken language at the expense of sign.

As implants became more widespread and the value for many children was apparent, attitudes began to change. Together with newborn screening it has become an accepted procedure with deaf infants. For a long time, I found these two competing perspectives difficult to resolve, but an account of these issues would require a few thousand more words.

I was fortunate in this period to meet Sue Archbold, then Director of the Cochlear Implant Programme in Nottingham. Over the next few years we had many conversations, discussions, arguments and I feel came to a greater understanding of issues involved from both points of view. While I now sense a greater tolerance and openness in general in such discussions, one thing that still depresses me is to hear parents have been advised or even forbidden to sign with their child who has an implant.

And so to a relatively peaceful period at Birmingham University, where I was involved in the course training Teachers of the Deaf. I then took early retirement and now coordinate the deaf history section of the BATOD website.

I always find it interesting that when one talks about one's career or prepares a CV it looks as if a purposive plan has operated throughout, but in my case this was not so; it has been a series of accidents. In this article I have tried to present a coherent account to give an impression of the various developments and make it readable. However, in doing this, I have been deceptive. The events I describe did not follow in a logical way one after the other and neither were they the result of particular ambitions or careful planning. Rather they were a series of accidents; an interest in language development finding a home in deaf education and posts coming available at the right time, with the need for work to be fitted around family (or family fitted around work) and a period of serious illness. Despite the fact it has been a series of accidents, it has been an immensely interesting, engaging and positive experience. I am very grateful to all the families, pupils and professionals with whom I have come into contact, too many to mention here - I have been extremely fortunate.

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