BATOD

British Association of Teachers of
Deaf Children and Young People

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Specialist placement

Sign language storybooks collaboration

Preparing for the world of work

Supporting deaf multilingual children

Join BATOD to get THE Magazine for professionals in deaf education (0-25)

Working together for a strong and stable future – one year down, one to go!

Sue Denny captures an essence of the recent work of the Association

I find it hard to believe that it is only a year since I wrote my 'inaugural' 800 words, wondering what would happen and how it would feel to be at the forefront of BATOD! A lot has happened, but sadly it has not been the easiest of years for the Association as you will appreciate. I am as always extremely grateful to the members of Steering Group and of the National Executive Council (NEC), who have supported me in my first year as President.

Nevertheless, what a year of achievements it has been! The website has had many updates and BATOD has been involved in co-working with several other organisations in producing new resources. Have you been using the fantastic Audiology Refreshers resource, launched last year, which is available on the BATOD website? For any of you who – like me – are not experts in the finer points of audiology, or for help to support non-specialist colleagues, these are a great resource and will be constantly updated to keep abreast of changes and any new innovations in technology!

There was great excitement and widespread relief when the announcement came from the Department for Education (DfE) just before Christmas of the introduction of British Sign Language (BSL) as a General Certificate of Secondary Education (GCSE), following a lengthy consultation on the course content. Martine Monksfield, our Past President, has been a long-standing representative in the stakeholder group that has worked on the BSL GCSE curriculum; however, the work does not stop here. For the BSL GCSE to become a reality, much has still to be established including who will be available to teach it, and with this in mind Signature, in collaboration with the British Deaf Association (BDA), National Deaf Children's Society (NDCS), Association of British Sign Language Teachers and Assessors (ABSLTA) and BATOD, has introduced the BSL Teacher Directory. The aim of the Directory is to allow teachers of BSL to promote themselves and their skills and to provide a reference point for schools and settings looking to recruit a BSL teacher. BATOD is particularly happy to endorse this work and is keen to continue to work with the partner organisations, including ABSLTA which featured in our 'Meet' feature in the December Magazine.

Looking to the future and to my second year in office, there is much to anticipate! The joint Specialist Deaf Curriculum Framework will be launched at a webinar in February, joining the Audiology Refreshers as an online open access resource on the BATOD website. As a UK-wide resource aimed at all professionals in deaf education, this will be yet another excellent addition to your Qualified Teacher of Deaf Children and Young People (QToD) Tool Kit. Then on 26th and 27th April, the BATOD, Federation of Associations of Teachers of the Deaf (FEAPDA) and National Council for Special Education (NCSE) joint Congress will be held in Dublin with the theme 'Diversity in deaf education'. Already an exciting and wide-ranging number of contributors have come forward to present on 'Exploring the diversity of deaf learners in their many lives: Implications for our knowledge and practice' and we are very much looking forward to seeing many of you there! The full report on the Congress will be in the 'Conference'-themed BATOD Magazine edition in September!

On the subject of the Magazine, this edition's contributions on the theme of 'Specialist placement' looks at a range of provision and support available across a range of settings and also, some of the different interventions on offer. There are also updates from some of the mandatory qualification service providers on their courses and a glimpse at what the future may hold.

The BATOD publication 'Articulating the specialism' is an important document for members to support discussions with other professionals to understand the specialist role supporting children in education settings. The publication was developed in response to requests from members for a clear and concise summary and is updated annually. We welcome feedback and any comments on how you have used it and what the outcomes have been. (Contact: email batod_aneo@icloud.com).

If you enjoy reading the Magazine and feel inspired by the articles, why not consider writing one yourself – future topics will include 'Careers in deaf education', 'Partnership working', 'Inclusive environments' and 'Deaf identity'. All contributions are welcomed.

Finally, I am delighted to welcome Claire Jacks as President Elect and look forward greatly to working with her! We have a shared background in BATOD North. This year, BATOD aims to strengthen our focus in key topics across the regions and nations with the BATOD Special Interest Groups (SIGs) for 'Resource provisions' and for 'Deaf and additional needs', which will launch later this academic year.

From your editor

This edition presents a range of articles linked to the 'Specialist placement' theme, updates from the five mandatory qualification course providers, contributions from young people, international contacts, researchers and partner associations. One of the international articles captures the birth to adulthood journey within the American education system, through the parent's perspective, providing insight to their considerations about education placement, communication options and family deaf-friendly activities.

A new resource for deaf education professionals supporting across the age range was recently published on the BATOD website. The Specialist deaf curriculum framework (SDCF) supports deaf babies, children, young people, and their families develop their knowledge so they can make the important, informed and independent decisions about their deafness, from identification through to adulthood. Professionals can find information on good practice, suggestions for interventions and links to useful resources on all aspects of deafness and development including mental health, preparation for adulthood and deaf identity. Jointly funded and steered by BATOD and NDCS, the SDCF resource is a live resource and ideas for new content are welcomed via deafframework@batod.org.uk

The latest BATOD news, announced at the annual general meeting on 2nd March, is the renaming of the BATOD Mentoring scheme to the Paul Simpson Mentoring scheme, a legacy to Paul's committment to BATOD and deaf education. Paul, our beloved colleague and dearly missed leader in deaf education, is also remembered in an article by Sue Archbold. Readers may recall BATOD is creating a memory book for Paul which will be published on the BATOD website. BATOD has extended the deadline to 6th April 2024 and we welcome readers sharing photos, reflections and memories via batod_aneo@icloud.com

TQuail

Future issues will focus on:

June	Careers in deaf education
September	Conference
December	Partnership working
March 2025	Inclusive environments
June	Deaf identity
September	Conference

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Teresa Quail
via: **exec@batod.org.uk**

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Paul Simpson – a leader in deaf education

Sue Archbold, Leo De Raeve and **Brian Lamb** share some recollections of a great man, who contributed so much and left the world a better place

Many words have already been written about Paul, but it is a privilege to have been asked to write this piece about him. Looking back we were working together at BATOD at a period of key changes which have lasted to this day.

I got to know Paul when I became the Coordinator of Nottingham Paediatric Cochlear Implant (CI) Programme in 1989, having been the Qualified Teacher of the Deaf (QToD) of the first child to have an implant. This was a time of great scepticism about cochlear implantation and a challenging time for parents and teachers alike. Paul was one of the QToDs who were interested in this new development and hugely supportive of the holistic approach we were trying to take in Nottingham. He was very happy to be involved in multi-professional team working, and ensuring that the links between the cochlear implant team and parents and teachers were collaborative and effective. Getting to know this highly professional, caring man I didn't know we were to have a much closer relationship for many years!

Paul was already then a leading light in BATOD and also on the wider stage – as a member of the council of FEAPDA (European Federation of Associations of Teachers of the Deaf) in Europe. From 1985 he had supported FEAPDA as a volunteer and interpreter, English to French, using his love of the French language. He supported BATOD in becoming a member of FEAPDA and became Vice President with Guido Lichtert (Belgium) as President. Then in 2003, Paul became President and Guido Vice President and they were a strong team! Many thanks to Guido for some of these pictures!


Paul representing BATOD as NEO

Together, Paul and Guido presided over the delivery of many FEAPDA Congresses and also supported many European projects, promoting the work of teachers and other professionals working with deaf children and young people.


Paul Simpson, Sue Archbold and Karen Taylor in Slovenia for FEAPDA

Paul and I got to know each other better when we were together on the BATOD Committee during the 1990s: a period of great change in deaf education. In parallel with the development of technology, including newborn hearing screening, there was the increasing recognition of British Sign


Paul Simpson and Guido Lichtert in 1985 in Essen, Germany

Language and its role. When I joined the National Executive Committee as President Elect, Paul was Secretary and highly professional and committed in the role, but as a volunteer he was frustrated with the time he could spend on it! Deciding that BATOD had great people and a real role in deaf education, which was becoming more important rather than less, we also decided that its potential for growth wouldn't happen without some dedicated time by the right person.

With the Executive Committee, we made the case for a paid secretary, and finally the proposal to members that increasing the membership fees by the price of a weekly Mars bar was a reasonable one was accepted! The job description was drawn up, advertised, and candidates interviewed, and Paul was able to be offered the part-time position as secretary. This made a huge difference in what he was able to achieve, and of course, proved excellent value for money! His attention to detail, love of language, and outstanding memory made him ideal for this post, along with being an ideal Magazine Editor. It is thanks to Paul that BATOD was able to be influential in policy matters at a time of great change, ensuring that BATOD was able to have a 'seat at the table' and that he was able to use that seat professionally. It was always a pleasure to meet up with Paul at these meetings, and plan our strategy; his wise comments and the twinkle in his eye could be very persuasive!

One of the ways in which Paul represented BATOD was when the National Sensory Impairment Partnership was established in 2013. He brought a calm and considerate voice to the sector through these meetings. He always strove to increase the involvement of the specialist workforce, improving partnership working and ensuring that the contribution and importance of QToDs were recognised in improving outcomes for children and young people. This was a really useful forum in which to ensure that our specialisms were valued.

We also developed the Journal into a key professional publication for deaf education, taking the opportunity when Whurr Publishers closed to move it to the umbrella publishers for such professional publications, ensuring that deaf education had a recognised and reputable journal of its own. Paul was very aware through these political meetings that it was necessary to publish research but also to collect data in order to influence policy and was key to the development of Consortium for Research in Deaf Education (CRIDE), whose reports are unique in the world as a source of information.

Paul at FEAPDA checking equipment

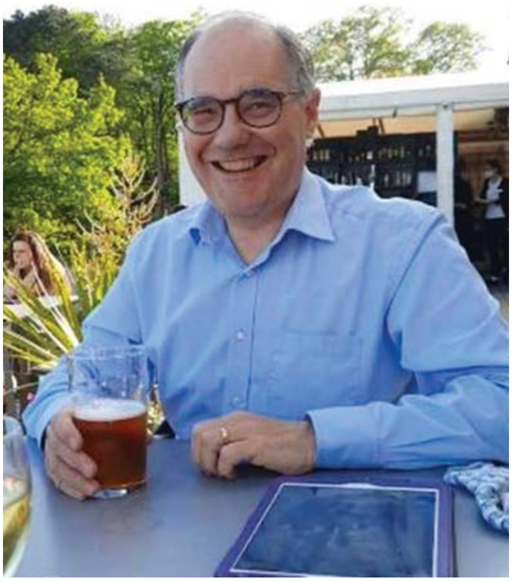
His prodigious memory ensured that the BATOD case was made within the appropriate context, and opportunities were well used … and names remembered – a huge help to me! I am sure every President since has been thankful to Paul for these skills so wisely and generously offered: he never minded the 'stupid' question, or giving up his time to explain – and in his turn would listen. Working together was truly collaborative.

With all these meetings and work, he made sure that the membership always knew what was going on through the developing Magazine, and by supporting the impressive development of the website with publications and information so readily available in a unique way. I am always recommending people internationally to look at the BATOD website and the resources available and to be inspired – and they are!

As President, I sat alongside Paul for many Saturday executive meetings, and on many evenings, Brian, my husband, would call –

Paul Simpson at one of the BATOD Magazine meetings

Cardiff 2003: Paul became President of FEAPDA



Paul Simpson enjoying some welcome relaxation

"It's Paul of BATOD for you" … which was how Paul always introduced himself, and I can hear his voice and laugh now. It was a pleasure to work with him – and to see the changes he brought to the effectiveness of BATOD, working so closely with so many others to do so over many years.

Paul was a personal friend to many of us and he was always proud of his children, his wife, and recently also his grandchildren. We shared interests in music and, as my husband is a church organist, in church music, singing in choirs, and the work of his wife, Susie, ordained in the Church of England. Paul was behind a key change in my life – my becoming an early adopter of online grocery shopping! As I moaned one Saturday after a full day of BATOD meetings about having to go to a supermarket on the way home, he told me in no uncertain terms that I should go online and have it delivered … which we have done ever since – so thank you Paul!

It was typical of Paul to continue to work as long as possible and to stay close to BATOD, and it is testament to the man that so many of us miss him. Unable to get to his service In Rochester Cathedral, it was moving to be able to listen and to know that Paul would have so enjoyed the music.

Sue Denny put it all so well in her last editorial: "Rest in peace Paul, knowing you are sorely missed. It was an honour and privilege to have known and worked with you and you most certainly left the world in a better place. We all have a responsibility to take forward the mission he left with us ... to continue to make the world a better place for deaf children and their families.
And there is plenty to do!" ■

Sue Archbold was BATOD President from 1999 to 2002

The benefits of a specialist setting whilst learning to listen

Julie Hughes, Chief Executive, describes the offer available from The Elizabeth Foundation

At the time of identification of deafness, many parents are overwhelmed with the breadth and depth of information they need to learn and absorb in order to make an informed decision on behalf of their deaf child, and indeed, their family. Information about their new baby's hearing levels, types of technology, forms of communication, and types of support available are just a few of the topics that can quickly overwhelm parents at this very early stage in their baby's life. Parents, understandably, want to learn as much as they can, as quickly as they can – and the support they receive at this time has a profound effect on them and their family.

The impact of early support from the time of identification for deaf children and their families is well documented, and the types of support that families benefit from will vary across the country. The Elizabeth Foundation was created by parents of a deaf child. Shirley and Dave Metherell, our founders, wanted to establish a haven for parents and families, right from the time of identification of deafness, as they navigate their way through their child's early years. They wanted to provide a specialist programme that would prepare young deaf children for school entry and empower parents to make informed decisions on behalf of their deaf child. They also wanted to tie together early identification of deafness, improved technology, and early intervention to provide wrap-around care for deaf children and their families.

Tailored services

As we know, there is no 'one-size-fits-all' approach to deafness. Parents need to make informed decisions about an approach and a programme that is right for their family, and every family is different. The Elizabeth Foundation supports communication development for each deaf child and their family using a multi-sensory oral/aural approach to meet their unique learning needs in fun and child-centred ways. Children learn to listen through their hearing technologies and to talk clearly and confidently. Our skilled team of teachers, speech and language therapists, specialist nursery assistants, and volunteers also provide emotional, educational, and practical support to parents throughout the preschool years. Our 'outstanding' Ofsted-rated nursery services comprise weekly baby, toddler, and preschool groups, with speech and language therapy services as well as monthly 'Listen' groups for children with mild deafness, chronic conductive deafness, and/or children with severe/complex needs. In addition, we have a national online programme and a one-week intensive summer programme for families who live further afield.

Building a team of support

All of our services build on the support that families receive from their local team. It is absolutely crucial that families have a strong local support network, and we are an addition to that support. We have no catchment area and parents travel from across the south of England to attend our face-to-face services. Children attend our programme for one or two sessions per week, and many also attend their mainstream local groups for weekly sessions. In the specialist setting, they receive support through small class-size, acoustically-treated rooms; crescent-shaped tables that facilitate lipreading, soundfield systems and FM (frequency modulation) technology; and specialist input from Qualified Teachers of Deaf Children and Young People (QToDs), specialist speech and language therapists, specialist nursery assistants, and/or a specialist educational psychologist. Each child has an individual education plan and receives both group and 1:1 input. And whilst this is a fantastic environment to learn skills, build communication, and develop confidence, it is not the 'real world'. The 'real world' is often a busy environment in a noisy, echoey room, with noise levels that can range from 62 to 85 dB (decibels) during playtimes, and staff who are doing a great job but are new to deafness and still learning themselves. This balanced approach allows each child to learn new skills, practise them, and build confidence to use them in a specialist setting so that when they are in their mainstream setting, they have the necessary ability to use their skills confidently.

Structured vs unstructured learning opportunities

The large majority of learning in the preschool years for all children is picked up vicariously – meaning they are playing in their space but listening and learning to what is going on around them. Obviously, this is a very difficult skill for deaf children, who are new to hearing technology, listening skills, and noise! All our nursery programmes have a balance of structured vs unstructured time. All children benefit from exploring their world, organising their space, making choices, and learning from the consequences. And it is certainly important that children in our nursery services have time and space for this. But equally, deaf children need to learn how to sit, focus, attend, and watch in order to learn. Our specialist nursery setting uses an approach that is fun, natural and multi-sensory, and this benefits young deaf children whilst their listening and language skills aren't mature enough to benefit fully from their mainstream setting.

Early start

Parents can attend our baby group right from the time of identification of deafness, often as young as five weeks old. The sessions focus on information and support for parents as well as small, natural 'tweaks' to everyday life to encourage their baby's communication development. Parents benefit enormously from the parent-to-parent support they get in the sessions. They stay with their baby throughout the session, taking part in discussions, group activities, and play times, whilst creating strong support networks and building firm foundations for their child's communication.

For local families who come under Portsmouth Hospitals University NHS Trust Audiology and Ear, Nose and Throat (ENT) services, families benefit from having their audiology and ENT services on-site for earmoulds, testing, consultations, etc. Additionally, if a child is referred to the University of Southampton Auditory Implant Service, they provide satellite services on-site, allowing for joined up care between the cochlear implant team, audiology service, ENT service, and The Elizabeth Foundation support services. Additionally, with so many fields of expertise in the building, there are tremendous opportunities for peer-to-peer training among the staff.

Little explorers

The toddler programme encourages continued communication growth and development. Each session allows toddlers to investigate their world while also learning to focus and pay attention for longer periods of time, laying strong foundations for language learning. Parents stay with their child and have group activities with the nursery leader (herself the mother of a deaf child) and our specialist speech and language therapist. Again, there is a balance of structured learning and unstructured exploration and play. And while the toddlers enjoy exploring their world, parents are becoming more confident with strategies, games, and ideas to enhance communication and learning.

School readiness

When children move into our preschool programme, they continue to develop all areas of their communication and learning through the Early Years Foundation Stage Curriculum. In our toddler and preschool programmes, each child is supported with one-to-one speech and language therapy input for their communication development. With a mixture of observation, assessment, and therapy, these sessions help to track progress, support development, and contribute to each child's individual education programme. We currently have 'Specialist Accreditation' from Speech and Language UK, the highest level of accreditation for a communication programme.

Children attend the preschool once or twice a week for a five-hour session, while also attending their local mainstream setting. Differentiated teaching strategies for deaf children empower the children to access sound, embrace hearing technologies, and develop strong spoken language and communication skills. As well as a balance of structured activities with unstructured learning opportunities, the children benefit from a variety of intervention approaches that are highlighted through observation, and informal and formal assessments. Our QToDs, speech and language therapists and specialist nursery assistants work with parents to develop individual learning plans for each child in each session.

Parent partnership

Parents are at the heart of all that we do and they make up a crucial part of our programme. In baby and toddler sessions, they stay with their child, benefitting from information, advice, and guidance as well as practical activities that support communication development. In the preschool programme, they have a designated space to come together to support each other. Our parent room is a hub of activity and the positive impact of parent-to-parent support has been highlighted continuously in feedback. Additionally, all of our teaching areas have one-way observation windows and speakers, so that parents can observe throughout the session. We have an open-door policy and parents can feel free to watch their child in a session at any time. We recently added 'work-stations' and Wi-Fi in our parent room, so that parents can 'work-from-home' during their time at The Elizabeth Foundation while their child is benefitting from the preschool nursery sessions.

Support networks

The support that parents receive from each other has already been stated. And this support network lasts well beyond their time at The Elizabeth Foundation. The children, as well, create a deaf peer group that will often last well into adulthood. For them, it is reassuring to see other children wearing hearing aids and cochlear implants. As many of the children who leave the services at The Elizabeth Foundation go on to mainstream settings, this deaf peer group becomes a valuable support mechanism for many years ahead.

Good communication

Of course, with so many professionals involved with each family, communication amongst each family's 'team of support' is absolutely critical. This can be very difficult when you have 12 counties represented, with each family having numerous types of support within their county. We firmly believe in the value of partnerships and work hard to strengthen relationships with all the 'local teams' that are represented by our families. We have face-to-face meetings with teams that are more local to us, virtual discussions with those that are further afield, and link meetings with authorities and services where one person can come and spend a morning with us discussing mutual children within a service as well as getting updates about services.

Responding to families

The most recent addition to our programme is the offer of a British Sign Language (BSL) Level 1 course for those parents who would like to learn sign language. As an oral/aural programme, we are not teaching signing in our nursery sessions. Our multi-sensory teaching strategies are very complementary to the use of signs as they highlight focus, attention, visual cues, lipreading, facial expression, body language, and tone of voice. However, we recognise that many parents would like to use sign language as part of their family methodology but are struggling to have access to classes. Approximately 50% of the children who attend our nursery services are also learning sign language, and so we searched for ways that we could support families to get access to sign language instruction. Through grant-funding, we can now offer the opportunity for 12 families per year to enrol on a BSL Level 1 sign programme, specifically for parents who attend The Elizabeth Foundation.

Meeting changing needs

The services at The Elizabeth Foundation continue to evolve as the world around us changes over time. The needs of families change with the changing times, and our programme needs to reflect the current world and the current challenges that parents face. Our specialist programme prepares children for school – regardless of the type of programme a child is moving into: a mainstream setting, a resource unit within a mainstream setting, or specialist placement. We continue to reflect on the support we provide, responding to feedback from parents and external evaluation so that we can give current best practice to all the children and families that we support.

Julie Hughes is the Chief Executive at The Elizabeth Foundation.

A broad and balanced curriculum

Leanne Chorekdjian-Jojaghaian, QToD, describes teaching deaf awareness and British Sign Language (BSL) lessons to key stage 1 (KS1) mainstream classes

Kingsbury Green Primary School is a community school for children aged 3–11. We serve a diverse, multi-cultural community, valuing the richness our local area brings to the school.

We put learning at the heart of everything we do to ensure our children gain both the academic and social skills to become global citizens. Our children love to learn in many ways and show this through their impeccable learning behaviour, and willingness to take risks and take on responsibility and leadership roles.

We have specialist provision for deaf children, where they are taught core lessons in the resource base and integrated into mainstream classes with specialist support provided by Qualified Teachers of the Deaf and specialist teaching assistants through a mixture of total communication and BSL. Our base previously had 18 places for deaf children, but this academic year, these have increased to 30! Deaf children are appreciated by peers, developing good friendships with each other, and are valued members of our school community. Our deaf children love immersing themselves into everyday school life such as playing on the school's football team, being a member of the school choir, playing musical instruments for school concerts, playing for the basketball team, being an Eco-Champion or member of the School Council regardless of their Deafness or any additional special educational needs.

We have always celebrated our deaf children through half-termly deaf awareness assemblies, visits from Deaf authors, and by celebrating Deaf Awareness Week. We've also delivered BSL classes as an afterschool enrichment club to staff, pupils, and parents, but last year we decided that in order to deliver a full and rich curriculum to all students, it was important to have a weekly slot on the timetable to explore deaf awareness further and on a deeper level. We decided to do this through sessions that covered reading texts written by Deaf authors and those featuring Deaf characters, visits from Deaf role models, learning BSL at a comparable BSL Level 1 from a Deaf adult. We have open discussions with children about matters relating to Deaf history, culture, identity, and communication to support young mainstream children (KS1) in developing a real understanding of what deafness is, strategies to support children in the classroom, and to equip them with the skills to communicate in BSL. We wanted our school community (teachers, parents, and children) to not only learn BSL but to share a love and understanding of the wonderful history and culture of our deaf children with the whole school community. These lessons provide the basis for all children to have the potential to communicate in BSL and to support future societies to be more empathetic, inclusive, and understanding of deaf children and of BSL.

This dedicated time on the timetable supports inclusion because:

- deaf children are valued members of their mainstream classes, and their history and culture is being actively taught to all children not just Deaf children in isolation
- mainstream peers gain a deeper understanding of Deafness and BSL (beyond the basic level) and have the opportunity to learn these in a more in-depth and personal level, with Deaf adults responding to questions and queries in real time, breaking down stereotypes, and clarifying misconceptions.

Starting in KS1 supports the children to form positive relationships with their deaf peers so that as they progress through the school their friendships and relationships continue to thrive from the solid foundation that was developed in Years 1 and 2. Deaf friends also have the opportunity to bring mainstream friends into the base at break and lunchtime to develop their friendships through board games and other games in a relaxed and quiet environment. We also have three BSL sign boards in the playground (donated to us by Chloe and Sophie's Special Ears Fund), which also supports communication between children when outside.

Here is what the children think about the lessons:

Deaf Year 1 child: "I like learning BSL with all my friends. I feel proud."

Deaf Year 1 child: "My mainstream friends know about how to keep their talking low and can sign to me. I like to see the deaf stories in Year 1."

Deaf Year 2 child: "Learn BSL like (thumbs up)."

Deaf Year 2 child: "Sign me good, understand (smiles)."

Mainstream Year 1 child: "I like learning to sign so I can talk with my deaf friends in the playground."

Mainstream Year 1 child: "I enjoy when Ms Michelle comes to my classroom to teach me about BSL. She's funny and I like her."

Mainstream Year 2 child: "I like reading the stories about deaf characters'; they are really exciting. I like practising my signs as well."

Mainstream Year 2 child: "I like having special visitors because I get to practise sign language with them."

We are only in the second year of trialling these lessons, but based on the feedback from children and staff we can see how impactful they are to deaf and hearing children alike. Future plans include developing sessions for key stage 2 (KS2) to build on this foundation and to also support children with gaining a recognised qualification in BSL upon leaving Year 6. We hope that in the future, all schools take up learning BSL in any capacity so that we can work towards a world where there are no barriers for deaf children and that they can interact with society in their native language and be understood by all. ■

Leanne Chorekdjian-Jojaghaian is the Lead Qualified Teacher of Deaf Children and Young People at Kingsbury Green Primary School, Brent, London.

Staff self-confidence survey

Jo Rutkowska, QToD, summarises a resource used within her setting

Currently, I work as a Qualified Teacher of Deaf Children and Young People (QToD), leading a unit for deaf children who have varying degrees of hearing loss within a one-form entry mainstream school. Luckily, I have always been supported by the Sensory Impairment Service and the Educational Audiologists Yvonne Allen and Gary Webster. As I strongly believe that triangulation is a vital pillar to ensure a solid and thorough moderation of the effectiveness of all specialist educational needs and disability (SEND) provision, I sought advice from other experts in the field and was fortunate enough to work with Pauline Grant, who is an independent consultant within the area of deaf education. Pauline's advice with the ongoing support from the Educational Audiologists and the evaluation (using the Quality Standards for the Resource Provision for Deaf children in mainstream) were used to consolidate a long-term plan to improve the service for our Deaf children and their families.

The next step was to establish where the areas of development were in my own setting, by gauging the confidence levels of mainstream staff to enable us to inform priorities for further training, and to upskill them in supporting our deaf pupils. When I struggled to find a questionnaire that fit the purpose of what we wanted to achieve, I compiled this Staff Self-Confidence Survey using information and questions from different sources. The use of the questionnaire was effective as staff were able to remain anonymous and it was easy to access, which meant it was a quick and effective way of gathering the information we needed. Finally, I added my findings and evaluated them alongside classroom observations and teacher conversations, to create a plan for future training that would be purposeful and meaningful, using staff voices to drive improvements.

Based on all the above, the school leadership team decided to collaborate with Pauline to ensure that training was targeted for our specific cohort and was based on expert knowledge and up-to-date research.

Staff Self-Confidence Survey

Please answer the questions regarding your confidence and current practice with our deaf learners.

This survey will gather your views to allow us to organise the appropriate training for our September inset day, which will be delivered by a Specialist Educational Consultant for Hearing Loss and Auditory Processing Disorder and a member of the British Association of Teachers of the Deaf.

1: I am aware of the individual needs of the deaf child(ren) in my class

Strongly agree	Agree	Disagree	Strongly disagree

2: I feel confident in meeting the needs of the deaf child(ren) in my class

Strongly agree	Agree	Disagree	Strongly disagree

3: I understand the system/processes for when a deaf child(ren) is experiencing difficulties in the classroom

Strongly agree	Agree	Disagree	Strongly disagree

4: I understand the different roles and responsibilities of all the adults involved with the deaf child(ren)

Strongly agree	Agree	Disagree	Strongly disagree

5: I would like further support in knowing how to work with the 1:1 specialist teaching assistant effectively, utilising support to inform planning to ensure optimal outcomes for the deaf child(ren)

Strongly agree	Agree	Disagree	Strongly disagree

6: I am confident in assessing the deaf child(ren)'s academic attainment

Strongly agree	Agree	Disagree	Strongly disagree

7: Overall, I feel confident communicating with my deaf learner(s) (either 1:1 or through a communicator)

Strongly agree	Agree	Disagree	Strongly disagree

8. I feel confident with the different aspects of deaf awareness (e.g., lighting, positioning, background noise, repeating questions etc.)

9: Please tick one box in each category below:

Strongly agree	Agree	Disagree	Strongly disagree

How challenging do you find the following aspects of having a deaf child in your class?

1 being extremely challenging and 5 being not challenging. *Please rank.*

	1	2	3	4	5	N/A
Managing audiological equipment – radio aid						
Communication						
Planning and differentiation						
Assessment						
Liaising with support staff						
Social inclusion for the deaf child						
Other (please specify)						

10. What is the biggest challenge for you professionally in having a deaf child(ren) in your class/school?

11. Would you like the opportunity to gain a Level 1 BSL qualification?

12. Please provide any further information on specific needs that you feel you require more training/support with or would like CPD on:

Jo Rutkowska is a Qualified Teacher of Deaf Children and Young People based in Vernon Terrace Primary School, Northampton.

Deafness & Education International

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'Me and my deaf brother or sister'

A resource for siblings from the National Deaf Children's Society

'Me and my deaf brother or sister' is an activity booklet to help hearing siblings learn about deafness and what it's like to be deaf. It includes lots of fun activities and stories to help hearing siblings of deaf children to explore and express their emotions.

The booklet was written following focus groups held with hearing siblings of deaf children and includes perspectives from several of the children. Two versions of the booklet are available – one for children under the age of 5, and one for children aged 6 and over.

National Deaf Children's Society

If you have any feedback about this booklet or other NDCS resources, please take our short survey: https://nationaldeafchildrenssociety.typeform.com/to/AlpWYMhu

Wireless Group Aid Listening Technology

Lynn Gambles, Head of Audiology at Mary Hare School, discusses the new wireless Group Aid and its impact on the learning environment for both students and staff within the classroom

Mary Hare School uses Group Aid hearing technology to support the students' learning and their access to sound in the classroom. English language and literacy play a central role in the education that is provided at Mary Hare. The Group Aid allows students to hear the teacher and each other and gives greater access to peer-to-peer learning and an inclusive learning environment.

This Group Aid has recently seen a significant upgrade with the addition of infrared (IR) microphones and proprietary streaming technology, which enable students to access the system wirelessly.

Introduction

The Group Aid has been part of Mary Hare School's approach to learning along with the acoustically treated classrooms, horseshoe seating arrangement, and class teachers being Teachers of the Deaf for over 30 years. This unique Group Aid was developed by the school audiology department. It was based on Ross' (1973) ethos of utilising amplification systems in the educational environment for deaf children. He felt that children being able to hear their own utterances was essential to enable them to develop optimal speech. To achieve this, a favourable speech-to-noise ratio was essential.

Students attend Mary Hare from all over the UK, with differing levels of deafness and personal amplification; thus, the Wireless Group Aid System (WGAS) needs to ensure access for all, flexibility to adapt to future models of personal amplification, ease of use for staff and students, and must be robust and affordable.

Changes to the Group Aid

While the wired Group Aid enabled all students to hear their peers in the classroom, it involved wired connections. With technological advances in students' personal amplification (hearing aids, cochlear implants, and bone anchored hearing aids [BAHAs]), which included the removal of direct input sockets, adaptations to the Group Aid were needed to ensure all students could connect.

The wireless Group Aid needed to meet our current students' needs as well as future technological advances. It was vital to also continue incorporating the school's ethos of all students being able to hear their peers, themselves, and the teacher, in a language-enriched environment.

Many different configurations were investigated and prototypes were developed before the decision was made to use a neutral platform in the form of the Frontrow Juno.

A neutral platform enables maximum connectivity and reduces the chance of a signal delay. With many of our students relying on lipreading, the audio needs to match the lip patterns. The benefit of including a soundfield system into the Group Aid is that the teaching staff can access the system, hear how loud they are and have an awareness of the sound quality being transmitted to the students. For example, if there is noise on the system, everyone hears it and it can be quickly addressed.

The proprietary wireless devices, using the licence-free 2.4GHz to stream, work directly with the user's personal amplification and wireless Juno student microphones were chosen after much consideration.

Each manufacturer has their own proprietary device (streamer) which streams to its technology. To ensure they all worked optimally within the Group Aid, the streamers were all run through the FP35 Test Box to balance them in the same way a radio aid would.

Mary Hare now has over 50 wireless Group Aids within the teaching spaces of the primary and secondary schools. This has almost doubled the number of teaching spaces using the Group Aid and one of the greatest advantages is that practical subjects can now use the Group Aid effectively as well.

Wireless Group Aid organisation

Students connect in each classroom to the streamers the first time they use that room. Once the connection is made, it is remembered by their personal amplification. Therefore, when a student returns to a room, they do not need to re-pair the connection. Instead, they will either connect directly or will need to press a/both buttons on their personal amplification for a few seconds. As the streamers are proprietary, each one connects slightly differently. Instructions for connecting are placed beside each Group Aid and staff and students have received training and support.

The microphones are situated in each classroom. Teachers have them placed on the tables for use in the lessons. When a student speaks, they pick the microphone up. There is the option to wear a neck strap if the student needs or prefers. Students have commented that they like the microphones as they help them to know who is speaking. Feedback from teaching assistants (TAs) was also that, "It helps pupils and adults to see who is talking" as well as being much clearer.

User involvement

The views of staff and pupils have been invaluable to the development of the Wireless Group Aid. Despite Mary Hare's Group Aid being over 30 years old, there has been minimal research specifically on Group Aids. Over a quarter of teachers, TAs, and students participated in this project, which has provided different perspectives of the impact of the wireless Group Aid technology on learners and staff in the classroom. The dissertation study captured many positive points as well as areas for development and solutions.

Impact of WGAS adaptations

Ease of use

One student explained how, "It is a lot easier to use and is not so heavy" when comparing the Wireless Group Aid to the previous system. Students also liked how easily they can connect and that they no longer have to wear the student interface box around their necks.

Increased user engagement

Deaf TAs reflected on their experiences to illustrate how they benefitted. Increased engagement, quicker messages, and greater understanding were included. One TA concluded that "it is good amplification". Another shared his realisation that being able to hear better directly correlated with lesson engagement.

Supporting listening fatigue

The majority of students (89.29%) found streaming a positive experience. Both students and deaf staff emphasised how they were less tired when their personal amplification was connected to the Group Aid. Deaf staff can now access the Group Aid in the same way as the students. One hearing TA shared how talking to a deaf TA helped her understand the benefits of the Group Aid for listening and engagement in lessons. A deaf TA highlighted that while the Group Aid does not restore normal hearing, it does help them have access and reduces listening fatigue. Eberts (2019) explained that "when less brain energy is used for physically hearing the information, more of it can be committed to memory".

Valuing student voice

Students have shared that they like the microphones as they enable them to know who is talking as well as hearing what is said more clearly. One student said, "I liked my teacher being able to hear my voice". Similarly, staff stated how much easier it was for them to hear student responses, particularly the quieter, more softly spoken students. One teacher noted that the microphones "allow everyone in the group to benefit from enhanced sound, even in a horseshoe". One TA shared how "When reading aloud or having discussions, everyone can hear clearly what is said".

Reduced vocal strain

Every classroom has a soundfield system as part of the wireless Group Aid. Thus, the teacher's voice is projected, heard more clearly by all and vocal strain reduced. One teacher explained that "personally, [the Group Aid] helps my voice and I feel more confident that what I am saying is going directly to the students". Previously, staff couldn't hear themselves on the Group Aid. Bellinger (2004) highlighted how "considerations should be given to improvements which educate teachers on the effects of elevated voice levels". Teachers being able to hear themselves through the Group Aid soundfield speaker has helped them regulate their voice. This helps with reducing vocal strain and stress, supporting the access of deaf staff and creating a quieter, calmer classroom for all.

Hearing their peers

One student explained how without the microphones, their own and their peers' voices are quieter and less intelligible. These findings have also been identified by deaf TAs using the streamers. She shared that with the streamers she can hear who is talking and highlighted the background noise being blocked out as a benefit. Cole (2020) describes our ears as "the doorway to the brain". Thus, it is essential that students get the greatest access to sound to enable their brain to interpret it and each student having a microphone ensures this.

Group Aid for all

Teachers are also able to access the Group Aid as listeners as well as speakers and this has had multiple benefits. The soundfield speaker enhances access to the lesson as it gives a surround sound effect that benefits everyone in the room, including staff. Teachers can hear their voices, which helps them to talk more quietly and let the Juno do the projecting. This protects their voices, softens body language, and reduces stress levels. Similarly, behaviour management is supported through a quieter, calmer classroom.

Deaf staff are also able to connect to the Group Aid with their personal amplification and use a microphone.

Benefits of the wireless adaptations for students and staff

The benefits to students and deaf staff include the retained connection and pairing of their personal amplification with the streamers. There is less wiring in the classroom. All the streamers and microphones remain in each classroom and means the students will always be able to access the technology in their lessons.

Challenges of the wireless Group Aid

With all new systems come challenges, especially when there are fundamental changes on such a large scale. However, much work has been done to troubleshoot and solve issues either before they arise or in trial groups.

Staff have also received training to support them in learning how the Group Aid has changed. Giving time to embed and evolve the system has been important. One TA highlighted, "the more I troubleshoot in classrooms, the more confident I am getting".

The varying speed that students' personal amplifications were upgraded was a challenge and for a time, a hybrid of wired and wireless systems was needed to ensure everyone could connect. Close working with audiology departments and implant teams as well as school audiology was essential during this time.

Technical support from the manufacturers (Phonak, Oticon, Cochlear, Advanced Bionics, Med-EL) along with Mark Jowett (Sound-Ideas) and Paul Harris (Ewing Foundation) has helped with the development of the project and alleviated issues. Staff have also been patient and their feedback as part of the MSc (Master of Science) dissertation has been invaluable.

Through moving to a wireless system, teachers have missed the visual representation of students connected to the teacher control unit. However, through work in the classroom with both staff and students, other ways of checking have been identified, for example, listening checks and visual checks of the lights on personal amplification as well as observing and talking to pupils. Use of student phones in the sixth form has also been a valuable resource, not only to help students connect but also to allow teachers to see that they have connected. Thus, there are ways to see and TAs have highlighted examples of body language, increased concentration, and greater access as evidence of connection.

Continuing development

Through using a neutral platform of the Juno soundfield speaker with the amplifier, additional streaming devices can be added to the Group Aid. This will enable our Group Aid to develop as technology advances; thus, continuing to meet the needs of all students within the school and adapt to meet all curriculum needs. Teachers already enjoy the flexibility of students being able to move around the classroom, use the interactive board, and break into small groups.

Creatively, through the use of portable soundfields (Frontrow ToGos), which are waterproof, outside areas of the school and the swimming pool, have received amplification, as well as in vocational subjects like carpentry and animal care. One teacher explained, "X can hear us in the pool; he has a VI [visual impairment] and would not have followed before."

Our next project will be to enhance the boarding facilities with the streaming technologies to enable students greater access to the TV and other media, as well as leisure activities and outside speakers.

Summary

In the Group Aid updates article that was published in the BATOD Magazine by Viv Ogg (January 2019), a hope was shared that in the future, we would be able to develop a complete WGAS. We are now proud to have achieved that goal of transforming the Group Aid into a wireless system that has access for all, its aim being to enable all students to hear their peers as well as the teacher and to make

▶ *Continued at bottom of page opposite*

The mental health of deaf children: 'Inclusion' or 'equality of experience'?

Sharon Blunsum, QToD, poses a question to the QToD profession

Deaf children face many obstacles as they grow up. Instrumental to their success is the early development of self-confidence, esteem, identity, and acceptance. It is a worrying statistic that deaf children are 30% to 50% more likely to experience mental health challenges compared to hearing children (SignHealth, 2024). As Qualified Teachers of Deaf Children and Young People (QToDs), it is our responsibility to ensure that opportunities are provided that build and develop such self-esteem, confidence, and identity. Just as vital is the need to detect and address any occurrences that may hinder this development.

Many deaf children are educated within a mainstream setting. At the forefront of this is the term 'inclusion'. Feeling a sense of belonging is individual to each child and needs careful consideration. Simply interpreting the term inclusion as "physically including deaf children in all aspects of school life" may not be the way to promote a sense of belonging. Developing and protecting a deaf child's self-esteem among a sea of hearing children is a tricky business. Could it be possible that there are times when participating in certain lessons or school events can actually be detrimental to the emotional development of our deaf children? Is it time to re-think the term 'inclusion' and replace this with 'equality of experience'?

Most lessons would include some form of discussion, questioning, or group work. The aim of these important teaching strategies is to promote skills in collaboration, team work, turn-taking, and to build confidence. A deaf child within a hearing classroom may find it extremely challenging to exercise these. The only skills that are actually being exercised and developed are how to overcome a communication barrier. This itself can lead to deaf children taking a back seat and being less involved.

As an alternative, removing the communication barrier by ensuring deaf children are carrying out these lessons together as a group, will help promote a sense of equality. In this way, the key skills to be practised can be exercised in line with hearing peers. Here, being withdrawn proves to be a positive action.

This is just one example where the term 'inclusion' needs re-thinking. The question that needs to be considered by all QToDs, as well as those who are responsible for mainstream settings, is 'Are our children having a positive experience within the mainstream classroom and are they receiving the same experience as their hearing peers?' Is it time to re-think the term 'inclusion' and say 'equality of experience' instead?

If you would like to share your thoughts on this question, contact BATOD via batod_aneo@icloud.com

Sharon Blunsum is a QToD at Roding Primary School with Deaf Provision in Redbridge.

Continued from bottom of previous page

listening in the classroom easier. Plus, through enabling students to access wireless technologies within the classroom, they can be extended to home use. We also hope this will improve students' confidence to use assistive technology after their time at Mary Hare. Mary Hare Audiology continues to disseminate developments in technology to staff and expand audiological access across all areas of the school and into Care.

There will be an opportunity to see the Group Aid in action at Mary Hare's conference on Saturday 29th June.

Further details can be found on the Mary Hare website www.maryhare.org.uk

Lynn Gambles is the Head of Audiology at Mary Hare School.

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Outstanding grading

Sue McQueenie provides an overview of Rolle House's achievement

Specialist residential care for young Deaf people with additional needs is provided in a warm, homely, and caring environment at Rolle House in the Devon seaside town of Exmouth.

Rolle House, which is owned by the Deaf Academy, is a registered children's home that specialises in caring for children and young people aged between 5 and 17 years who are Deaf and have complex needs.

And its high standards of care have been rewarded with a recent Ofsted grading of 'Outstanding'.

The specialist therapeutic children's home, which opened in 2020, caters for Deaf young people who have learning disabilities, autism, physical disabilities, and/or additional needs such as behavioural, emotional, or social challenges. In addition, it is equipped with specialist equipment to meet individual needs.

To ensure its high standard of specialist care, it offers four placements at any one time. Each placement is assessed with a focus on the best possible outcomes for all of the young people who live there. The home is rich in British Sign Language (BSL) ensuring that Deaf or hearing-impaired young people can understand and be understood by those around them.

Following the Ofsted inspection in November last year, the overall experiences and progress of children and young people at the home were judged to be 'Outstanding', with grades of 'Good' for how well the young people are helped and protected, and for the effectiveness of leaders and managers.

The Ofsted inspectors said: "The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care."

The report goes on to state: "The home is warm, welcoming, and tailored well to the needs of deaf children. For example, the manager has sourced special furniture which meets children's sensory needs. This includes a booth which provides an excellent study or play space for children.

"Children's bedrooms are personalised and decorated to a high standard. They are inviting places for children to call their own. Children are making significant progress from their starting points. Children who have previously struggled with their environments due to their complex needs and limited communication are now thriving. They are supported to achieve and to enjoy just being children.

"Children are also supported to develop and maintain important relationships with family members. Children feel like they belong in the home and are nurtured and cared for to a high standard. Children are being parented well. Boundaries and expectations for children are consistent and are promoted with warmth and care. This is greatly helping children to settle and thrive.

"Children's views are sought on a regular basis and are intrinsic to care planning. The manager has linked with other parents to help promote friendships and usual childhood experiences. For example, children have friends home for tea and go on trips with them. These are not one-off activities but are regular occurrences. The home is now a social hub with regular visitors and a lively atmosphere.

Sensory room Rolle House

"The manager's positive parenting style is having a significant impact on children's progress and well-being. One child previously struggled to attend school. They are now attending on a regular basis and running to school in the morning. This child is also achieving well.

"One child stayed at the home for a limited time. This was planned so that they would be able to return home to their parents' care. This went well and the child has now returned home. A new child is due to move into the home in the coming months and the preparation for their move is excellent. They have been spending time at the home and will be having an enjoyable trip with adults over the Christmas period."

James Heaver, Assistant Principal for Residential Care and Safeguarding at the Deaf Academy, said: "We were absolutely delighted to have been graded 'Outstanding'. It is really important that our children's home should feel as safe, warm, and secure as a family home and we are pleased this was recognised by the Ofsted inspectors.

"At the Deaf Academy we are dedicated to providing high quality care and education for Deaf young people, the majority of whom have additional needs. At Rolle House, we provide a home for children with some of the most complex of needs and the therapeutic parenting approach of the manager, Sarah Harding, has truly made a difference to the children's lives."

James added, "At Rolle House we aim to provide emotional stability, greater independence, integration, and help our young people to become active members of their own communities.

"We provide our young people opportunities to be involved and be part of the wider community regardless of their hearing impairment. We also promote independence and confidence, helping them to achieve their hopes and ambitions."

Young people living at Rolle House are supported to achieve progress in a wide variety of areas including:

- Behavioural and emotional skills
- Academic abilities
- Social skills
- Life and independence skills.

Rolle House has an experienced team of both Deaf and hearing staff and its care staff are qualified BSL users up to BSL Level 6. All of its care staff are trained in or working towards a Residential Child Care Level 3 Diploma and they all follow mandatory training in safeguarding, fire safety, non-abusive psychological and physical intervention, child sexual exploitation, childhood bereavement, lesbian, gay, bisexual, and transgender (LGBT), and Playfulness, Acceptance, Curiosity and Empathy.

Rolle House Manager Sarah Harding

Doorway to Rolle House

As well as being in attractive grounds, the home offers so much to its young people with opportunities to explore the beautiful east Devon countryside, as well as being only a five-minute walk to the beach. Transport links are also good, with the M5 and Exeter Airport both a 20-minute drive away, a train station, and regular bus services.

The Deaf Academy, which is a long-established school for the Deaf and a charity, has been based in Devon for 190 years. A wide range of specialist services are also based in the surrounding area, and bespoke packages can be tailored for the young person.

For more information about the Deaf Academy, visit www.thedeafacademy.ac.uk

Sue McQueenie is the Communications Director at McQueenie Mulholland.

Developing specialists in a specialist setting

Caireen Sutherland and **Michelle Jones** describe a new course offer

If you're reading this article, then you likely do not need convincing of the need for specialist teachers (as well as other specialists) to work with and support children/young people with sensory impairment. That this need has been recognised by the Department for Education's (DfE's) decision to commission another course in the mandatory qualification (MQ) in multi-sensory impairment (MSI) can only be positive news for the sector.

Seashell and a partner university have been awarded an MQ in MSI and excitingly, the course will begin in September 2024.

Within the sector, the need for specialists is undisputed and reinforced by the legal Special Educational Needs and Disability (SEND) framework in England, in Section 6.61, page 103 of the Code of Practice, which helps.

> *"Specialist … including specialist teachers with a mandatory qualification for children with hearing and vision impairment, including multi-sensory impairment … classes of children with sensory impairment must hold an appropriate qualification"*[1].

Perhaps more powerfully, the situation is further evidenced from information gathered regularly across the sector. We know from the Royal National Institute of Blind People (RNIB) Freedom of Information report, 2023[2] that caseloads of children with vision impairment (VI) show an increase of 6% in just one year. The CRIDE report[3] shows numbers of deaf children remaining constant at over 45,000, but with reducing numbers of Qualified Teachers of Deaf Children and Young People (QToDs) the impact is similar. In the MSI sector, from the Sense report, 2022, analysis shows.

"Just over half (52%) of local authorities do not currently employ any MSI teachers"[4].

Some (outside of the sensory impairment sector) may argue that children with MSI are low incidence, high need, so the demand for qualified teachers of MSIs (QTMSIs) is accordingly low. However, those working in this specific area of sensory impairment could counter this by saying that poor identification of children with MSI is due to the low number of MSI specialists.

No matter which comes first, the addition of a new MQ course to support young people with MSI is to be welcomed in the sector.

Seashell and its partner university will be offering a course heavily focused on the practical application of the MQ standards. The course will be a distance-learning course, with the theory reinforced by very practical application of the learning, relevant to the day-to-day role of QTMSIs. Having the course based in a specialist setting, Seashell is uniquely well placed to offer a range of experiences and opportunities to support the development of excellent QTMSIs.

Seashell is a UK leading specialist in supporting children and young adults with complex learning and communication needs including those with MSI (deafblindness). This expertise has been harnessed to develop a range of external services in addition to those offered at the 'state of the art' campus in Cheadle Hulme seashelltrust.org.uk/education-external-services/ Increasing demand for those external services reflects the 'gap' in provision that exists for MSI children and young adults nationally.

The course will be developed and led by experienced QTMSIs, with input from skilled professionals across the sector.

If you or someone you know is interested in finding out more about training to be a QTMSI at Seashell, please contact: outreach@seashelltrust.org.uk

Caireen Sutherland is a qualified teacher of multi-sensory and vision impairment and has been working in the field of SEND for over 20 years.

She has worked with children with MSI aged 0–25 in a variety of settings and across local authority (LA) advisory and charitable services and will be Programme Lead and Senior Lecturer on the MQ MSI at Seashell.

Michelle Jones is Head of Seashell Sensory Support. She is a senior Deafblind (MSI) advisory teacher with 25 years' experience working in the field of Deafblindness (MSI) and complex needs across a range of settings including LA-maintained schools, LA sensory services, universities, and independent and charitable organisations.

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Responding to the needs of busy practitioners

Dr Emmanouela Terlektsi and **Angie Wootten** provide an overview of the PGDip/MA University of Birmingham course

The University of Birmingham has been offering the Teacher of Deaf Children and Young People programme since 1989 and it is one of the largest in the country.

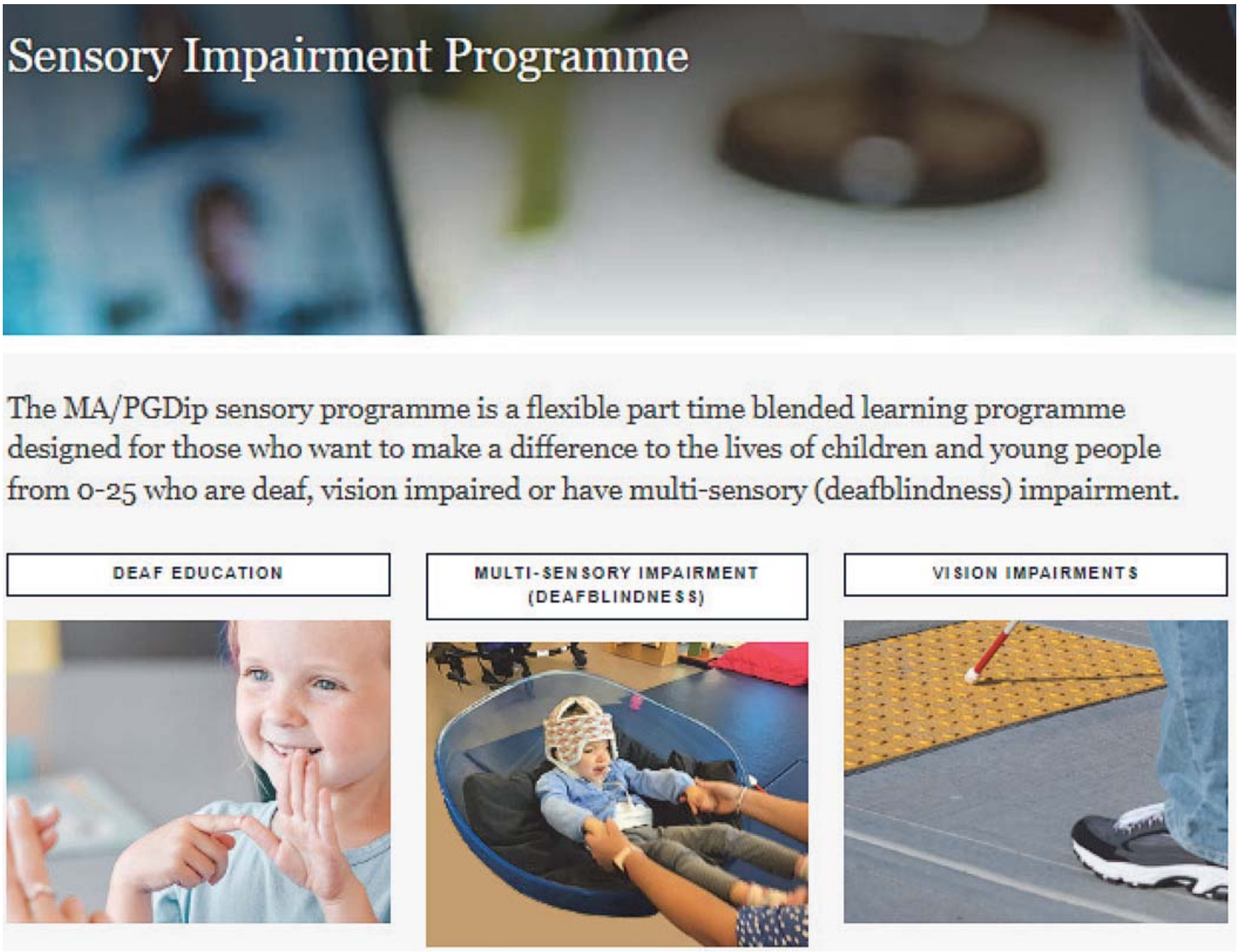
Receiving the new mandate from the Department for Education (DfE) has provided an opportunity to re-imagine the course in line with feedback that students have provided over the years. Mindful of students as busy practitioners, we have introduced changes that are designed to both recognise the value of study time, and which utilise the real, day-to-day activities around the life of the learner.

The course is delivered using a blended learning approach:

- distance-based approaches (students can study from any part of England/the UK and abroad)
- online interactive materials (including self-directed flexible learning)
- synchronous and asynchronous group activities/tutorials
- activities based upon application to and reflection upon work-based practice
- face-to-face elements (ie study days)
- direct assessment of work-based practice.

Three sensory pathways – Unique in the UK

The course has recently been re-accredited by the DfE to offer training to qualified teachers who would like to further qualify to teach deaf learners in England from 0–25 (Mandatory Qualification Award). The University of Birmingham, Department of Disability Inclusion and Special Needs (DISN) is currently the only provider in England (and the UK and Europe) in all three sensory fields (deaf education, multi-sensory impairment, and vision impairment). Thus, one of the strongest aspects of our provision from September 2023 is the consistency and coherence of the structure and delivery of the three fields, consisting of one programme with three separate and distinct pathways delivering training to specialist teachers.

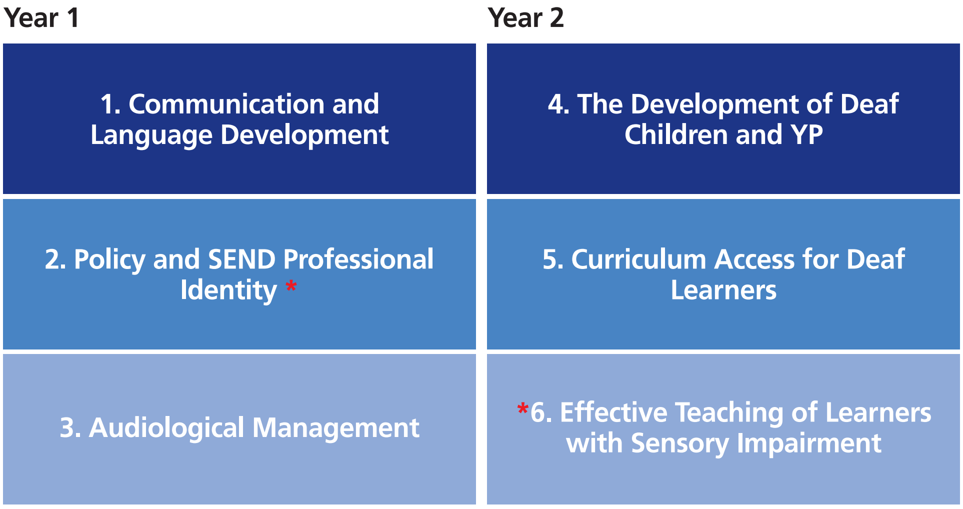


Sensory Impairment Programme

The MA/PGDip sensory programme is a flexible part time blended learning programme designed for those who want to make a difference to the lives of children and young people from 0-25 who are deaf, vision impaired or have multi-sensory (deafblindness) impairment.

PGDip/MA Deaf Education

Since September 2023 we have been able to offer, in addition to the Postgraduate Diploma (PGDip) Mandatory Qualification in Deaf Education, a Master of Arts (MA) Mandatory Qualification in Deaf Education. We hope that the addition of the MA route will enable students to gain funding more easily for a more widely recognised qualification. Students on the PGDip route will complete six 20-credited modules, whilst students on the MA will complete the same modules and a dissertation in deaf education. In addition, we also offer an MA in Deaf Education to teachers (as well as other professionals with appropriate qualifications) working with deaf children who do not wish, or are not eligible, to obtain Qualified Teacher of Deaf Children and Young People status.



Year 1	Year 2
1. Communication and Language Development	4. The Development of Deaf Children and YP
2. Policy and SEND Professional Identity *	5. Curriculum Access for Deaf Learners
3. Audiological Management	*6. Effective Teaching of Learners with Sensory Impairment

Figure 1: Structure of the PGDip/MA Mandatory Qualification in Deaf Education

Structure of the course

The course comprises six modules spread into three terms a year (Figure 1). The modules below are delivered to students studying the PGDip/MA mandatory qualification. Students on the MA in Deaf Education course study the same first five modules appearing below except for Module 6. The sixth module for those in the non-mandatory qualification route is titled 'Universal and specialist approaches'. The modules taught in each year for the mandatory qualification route, are presented in the diagram below.

The module delivered in Term 2 titled 'Policy and professional identity' and the module delivered in Term 3 in the second year titled 'Effective teaching of learners with sensory impairment' are shared modules across the three pathways with specific content for the respective specialism.

Each module comprises 11 units, online workshops, and online small group tutorials (approximately groups of eight) led by practitioner tutors. In summary, our virtual learning environment (VLE) offers:

- online units (arranged in a 'Read-Watch-Do' structure that provides clear guidance for students about how to interact with the module)
- interactive elements within the online units allowing students to discuss between themselves eg video clips
- discussion boards/forums
- direct contact with practitioner tutors and tutor groups
- online marking
- online (synchronous and asynchronous) lectures, workshops, and tutorials.

The last module of the second year of the programme focuses on practical skills across all standards and includes a teaching placement. The aim of this module is to enable the student to meet outcomes that can only be acquired, developed, and demonstrated within the classroom. To harmonise with the two other pathways of the sensory impairment programme and to ensure that the outcomes are focused, just one external teaching practice of 15 days is required as part of this module. A portfolio comprising activities that demonstrate competence in a range of relevant professional skills, eg working with families or training staff, forms the other major component of this module. Activities focus on the day-to-day activities of the busy practitioner and utilise the opportunities they present as evidence of competence. These are key changes to the original teaching placement module. Assessments of teaching practice and the contents of the portfolio form the culmination of the course.

Another change to the programme is the time and type of delivery of the face-to-face provision. Traditionally, students were required to come to the University to attend a range of lectures and workshops for a week at the beginning of January. In the new programme, students are required to attend face-to-face workshops during two weekends (either Friday/Saturday or Saturday/Sunday) a year (one in October/November and one in April/May). This change results from students' feedback and the need to focus only on hands-on activities and practical skills when the students are on campus. Lectures and activities that do not require face-to-face tuition are delivered online.

Our revised teaching provision and our established commitment to postgraduate study in deaf education continues to ensure that our students are:

- appropriately inducted into postgraduate study
- offered explicit guidance and support with key academic tasks
- taught by expert practitioners and well-established researchers in the field
- offered academic and pastoral support to ensure they progress through their studies and achieve their potential.

Research at the University of Birmingham

One of the research projects that we are currently working on is commissioned work by the National Deaf Children's Society (NDCS). The project will evaluate the impact of peripatetic Qualified Teachers of Deaf Children and Young People (QToDs) on deaf children's outcomes within a participatory research approach employing mixed methods design. This project is a co-production with the sensory support team from one local authority. We are in the second year of the project, and we are currently working on collection and analysis of questionnaires and interviews of parents, QToDs, and professionals working with QToDs to explore the perceived impact that the work of the latter has. Analysis of annual reports and intervention plans of children in the early years is currently taking place to evaluate the targets set in the annual review process against the support and intervention plans put in place by the peripatetic QToDs.

Since October 2023 we have also started another exciting and much needed piece of research funded by the British Academy. We are exploring how the inclusion of children with a dual diagnosis of deafness and autism is facilitated and supported in mainstream settings and the proposed study aims to bridge this gap. The study will consist of two phases and build on the methodology used by Powers et al (1999, 2001) in the review of good practice in deaf education employing a non-randomised sampling strategy. This is a two-year project that will not only identify excellent practice in supporting inclusion of children with deafness and autism but will also empower stakeholders to have a voice in research.

Our revamped teaching provision and our continuous passion for rigorous and robust research in deaf education demonstrates that it has never been a better time to study with us at the University of Birmingham! ■

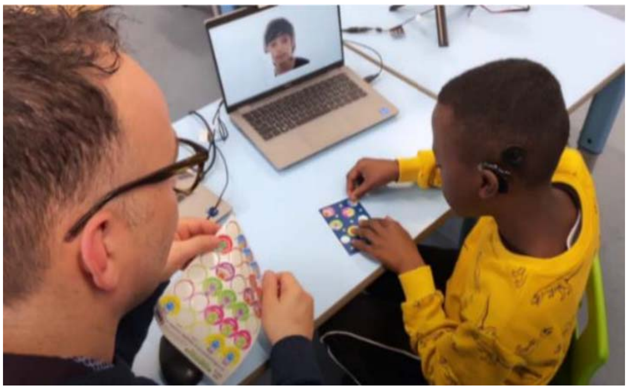
Dr Emmanouela Terlektsi is an Associate Professor in the Disability Inclusion and Special Needs Department (DISN) and the Programme co-coordinator of the Deaf Education course at the School of Education, University of Birmingham.

Angie Wootten is Assistant Course Coordinator, Module Lead, and a Teaching Fellow in the same department.

UCL

Looking for deaf children starting Reception in September 2024!

This includes all deaf children who communicate using either spoken English, British Sign Language or both



The Visual Communication and Reading Development Project

Working with deaf children from the age of 4 to 7 years old, this project will allow us to follow their progress in order to better understand reading development. We aim to establish which visual language skills (fingerspelling, lipreading and sign language) are important to reading development and how this differs across deaf children as they learn.

We are looking for another 50 children to complete our project and we need your help!

YOU can be an important part of this exciting research by:

- helping us recruit more children for this important project
- sharing this information with teachers and parents of deaf children
- encouraging them to sign up!

We are looking for deaf children who:

- will be starting Reception in September 2024 (approx. 4yrs old)
- have been identified as severely or profoundly deaf before 3yrs old
- have lived in the UK for at least 6 months
- are able to focus for 10-15mins on a game/ task

For further information – in English and in BSL – including a draft email to send to parents click on this link [Visual Communication Reading Development Project](), scan the QR code below or e-mail us at visualcr@ucl.ac.uk

DCAL Deafness, Cognition and Language Research Centre

wellcome

What is happening at the University of Leeds

Helen Niemiec, Lecturer in Deaf Education on the PGDip/MA in Deaf Education (QToD) course provides an insight to a fresh look

The introduction of the updated Mandatory Qualification (MQ) for Teachers of the Deaf (ToDs) has provided us with a fantastic opportunity to refresh our programme. Working in conjunction with our past and current students, and a range of stakeholders including regional tutors and school-based colleagues, we have responded to the increasing workplace demands on students to build a sustainable and active learning community both online and face to face.

The programme now includes:

- more recorded lecture material to support the readings
- more group activities to complement the face-to-face sessions, support the development of community, and peer support
- online study groups
- embedded and bespoke academic study skills and assessment support for all students throughout the programme
- revised, minimised, and varied assessments that:
  - include authentic assessments ie related to the role of the ToD
  - allow some autonomy in the content, where appropriate, to support and inform work-based practice
  - include presentation(s) and the opportunity to present in British Sign Language
- require only one assessed placement for students (depending on experience and meeting the MQ competencies) including a peripatetic option.

At Leeds, we believe that the MQ training is just the beginning of an individual's professional journey in deaf education. We support and promote students' continued involvement with research and professional development and aim to facilitate the growth of a community of practice in deaf education. We encourage students to consider themselves as future leaders in the field and agents of change. To this end, we are actively involved in the development of post-professional continued professional development (CPD) programmes and research networks, and we are developing a programme of online sessions to support deaf education professionals to enliven and stimulate professional dialogue and the growth of a critical and dynamic profession.

Supporting future ToDs – The Regional Tutor role at the University of Leeds

For the majority of QToDs, at the point that we finish our training we are very much ready to focus on the job and leave the books behind. However, a few years on, as highly specialist teachers, we have abundant skills and experience that ToDs of the future would significantly benefit from. There are a number of complementary roles that QToDs can take on to support ToDs in training, including acting as work-based mentors, teaching placement mentors, or, as Caroline and Keegan explain below, as tutors on ToD training courses.

Caroline

We all know the importance of the MQ and having well-trained ToDs coming into the profession. It has been a long time since I trained myself, having graduated in 1985 from the former four-year course at Manchester. The idea of a dedicated undergraduate degree course now seems like a luxury. Teachers training as ToDs now are in a much more challenging position, as they are typically trying to learn alongside demanding jobs. They may not have many experienced ToDs around them for support, particularly if they are not already working with a school or service.

The Leeds QToD Postgraduate diploma (PGDip)/ Master of Arts (MA) course has an approach that includes Regional Tutors. Regional Tutors are qualified and experienced QToDs who provide students with another form of support (and challenge!) alongside their work-based mentors. I have been working as a Regional Tutor for the course for nearly ten years now, and it is an extremely rewarding role. Teachers starting the course are assigned a Regional Tutor, which provides them with a small group of (usually) nearby people to get to know. For each module we arrange a tutorial where the group comes together, and the content provided helps stimulate discussion and develops a wider understanding of the material. Participants take turns hosting the tutorials, which is a wonderful opportunity for students to visit other settings.

As a Regional Tutor, it is a great privilege to see how knowledge and skills develop across the two years of the course, particularly when acting as the external mentor for teaching practices. The role also comes with a wealth of benefits for me and for my 'day job', before I recently retired. As a Head of Service, I was able to see what other authorities were doing, visit a wide range of settings and contexts, and make contacts that benefited my Service! There is also the added extra of having access to the university teaching materials and the academic library.

Keegan

Along with Caroline, I am a tutor on the Leeds ToD MA/PGDip training course. As qualified teachers, students work in our hectic modern education system, usually with a full-time teaching schedule. Studying for the qualification alongside juggling work and life can be challenging. Having an experienced QToD as a Regional Tutor within your geographical area whom you can call

2023-2024 cohort

upon for support and guidance is integral to the trainee experience.

As an ex-Leeds student, I understand the challenges that come with being a ToD. I was once in the same position back in the early 2000s, approaching the start of my career and working in a small primary resource provision. I had to attain the necessary MQ to understand the role I was doing and ensure I could remain in the post I had. At Leeds, we believe that being qualified is a prerequisite to holding down a position as a ToD. As your regional tutor, I can empathise with my students and share honest stories of my own student days and how I succeeded through the course. One major difference these days is that instead of large lever arch files and ring binders dropping through your letterbox each semester, you have a digital online-based platform to surf around during your study days.

As a tutor for six years at Leeds, I have gained so much from all the students I have worked with. I believe that all learning should be reciprocal, and I am glad that several students have also made full use of the roles I have had to expand their working knowledge of deaf education. Students have visited my settings and others have joined me and colleagues for their teaching placements, resulting in mutual benefits for all involved, both training and qualified.

Being a tutor at Leeds offers so much for my career and my role in much as I can offer something of what I have gained to my tutees. One thing I find incredible about this role is the opportunity to return to the course with the ‘on the job’ experience, giving me a fresh perspective on the academic side and a chance to reflect on my own practice. It is also amazing to see that one of my now colleagues was my regional tutor all those years ago, and I now work alongside them as a colleague and a peer. As they say, “life is a circle” and for me, the role of regional tutor has brought me back ‘home’ in a wonderful career-affirming way.

As Head of Service in Newham, East London, I have found being a Regional Tutor invaluable. Working alongside other experienced QToDs who themselves are or have been Heads of Schools for the Deaf or Leads of other Regional Sensory Services gives me CPD opportunities, an instant peer group to bounce ideas off, and a tangible network to compare my service’s development and success with. Being an outward-looking senior leader is crucial in providing the best support and progress for our deaf learners.

Another added benefit is the opportunity for me to revisit deaf education academically and have access to contemporary research in our highly specialist and ever-changing field, as well as direct links to some of the leading researchers. This has enabled my own Newham team of QToDs and specialist staff to update their working knowledge, refresh their academic understanding, revisit their own MQ standards, and even have bespoke training delivered by the programme lead. The possibilities of what my service gains by my second role here are endless. Beyond all these benefits, the opportunities for me to tutor trainees keep my practice and skills up to date.

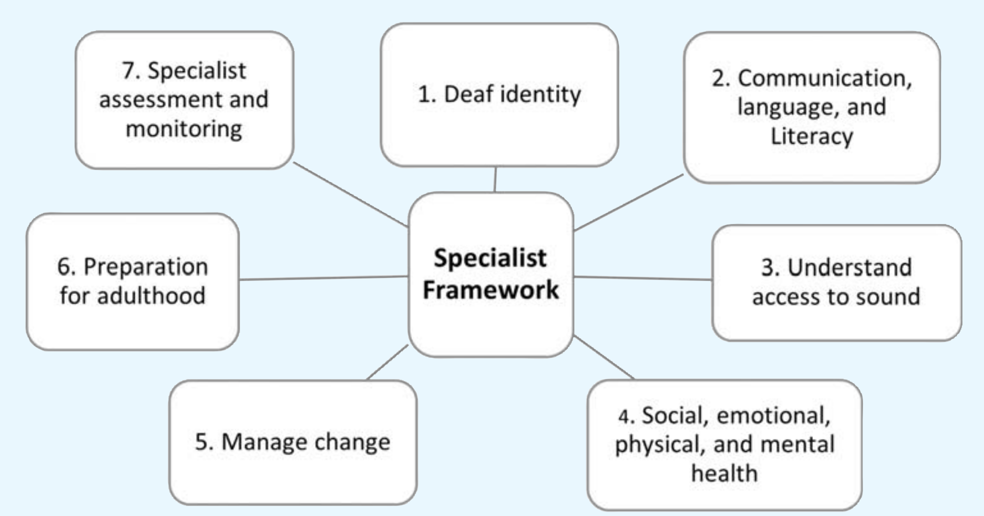
In short, being a tutor on the Leeds PGDip/MA QToD course has brought great value to my life, both personally and professionally. I would highly recommend the role to any other skilled and experienced QToD colleague out there who is looking for a new way to "spice up their life" as a famous girl band once sang. Also, if you are a budding ToD of the future, I hope we get to meet you when you begin the fabulous journey to QToD status. ■

Jackie Salter, Helen Niemiec, Caroline Chettleburgh and Keegan Hall-Browne are members of the PGDip/MA Deaf Education (QToD) Team at the University of Leeds.

Specialist deaf curriculum framework (SDCF)

The Specialist deaf curriculum framework (SDCF) was launched on 22 February 2024, to attendees from across the UK countries, Ireland, Europe and other international countries, by the British Association of Teachers of Deaf Children and Young People (BATOD) and the National Deaf Children's Society (NDCS).

The SDCF supports deaf babies, children, young people, and their families develop their knowledge so they can make the important, informed and independent decisions about their deafness, from identification through to adulthood. Professionals can find information on good practice, suggestions for interventions and links to useful resources on all aspects of deafness and development including mental health, preparation for adulthood and deaf identity.



A hub and spoke model illustrates how the specialist curriculum is structured

It was a privilege to have NDCS's CEO, Susan Daniels, open the webinar. Other presenters included past NDCS Youth Advisory Board member, Sarah Humphreys, who shared her own personal journey to a positive deaf identity, and contributions from professionals currently working with the framework, sharing valuable learning and insight.

This SDCF project began in February 2021 as an initiative from a NatSIP training event and has been jointly funded and steered by BATOD and NDCS.
The launch marked the culmination of a period of consultations and of contributions from a wide range of individuals, services and organisations.
The SDCF is a free-to-access resource available on the BATOD website
www.batod.org.uk/resources-category/specialist-deaf-curriculum-framework

National Deaf Children's Society

BATOD
British Association of Teachers of Deaf Children and Young People

Manchester Deaf Education 2023

Dr Helen Chilton and **Dr Lindsey Jones** provide a summary of the offer from The University of Manchester

It is important that Newly Qualified Teachers of Deaf Children and Young People (NQToDs) are to enter the profession with a sound understanding of the needs of deaf children and are highly skilled to meet those needs. NQToDs also need to be resilient, flexible, and able to problem solve, staying solution-focused but empathetic. To achieve this at The University of Manchester (UoM), we involve our learners in a wide and varied curriculum, applying the latest research to practice. We spend time laying the foundations, and then build upon this to provide opportunities for the students to apply their knowledge to real life contexts using role-play and simulated tasks such as troubleshooting in audiology and report writing from language assessment data and case-studies.

We house exceptional facilities that are accessible to on-campus and e-blended learners. These help us to offer a strong practical component to our teaching, mapping to the mandatory competencies and the most up-to-date research in the field as well as across disciplines. Our teaching room has soundfield technology; we have a fully equipped audiology laboratory as well as a specialist space for speech discrimination testing. The lab is equipped with a range of hearing aids and assistive listening devices that our students work with using both the FP35 and the Auricle HiT. We motivate our students to become experts in the field and disseminate knowledge to support the continued professional development of colleagues working in the field. The programme team works closely with colleagues in Speech and Language Therapy and Audiology, which gives learners unrivalled access to expertise from our related disciplines through guest lectures and tailored resources.

Modes of study, flexibility by design, and exit routes

We have two postgraduate exit routes, both of which qualify students as a Teacher of Deaf Children and Young People. Students can exit with a Postgraduate Diploma (PGDip) in Deaf Education or can continue to Master of Science (MSc) by completing a dissertation. Students can study with us full time or part time on campus or on a fully e-blended (distance) route. This provides flexible and accessible learning pathways that allow students to learn in a way that fits with their work and life commitments.

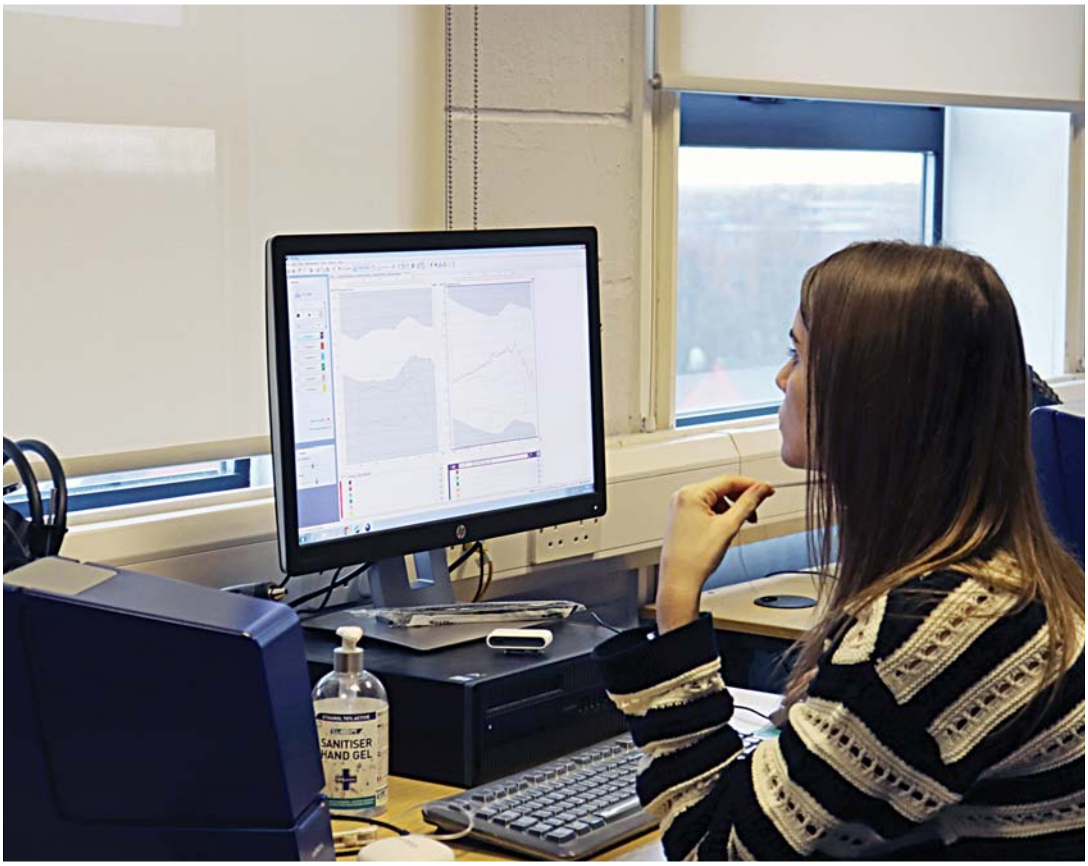
Across all routes to study, we build in many opportunities for our learners to come together, network, and build relationships. Feeling part of Team Manchester is important to us and this extends across all our learners and alumni. Whilst our full-time and part-time on-campus students are with us each week on campus, our e-blended

learners join us on campus twice a year (in both years of study) and make the most of our facilities during their on-campus workshops. In year 1 we invite our e-blended and on-campus first years to get together at our e-conference where we host national and international speakers to share their research and practice with us, many of whom are Manchester alumni as well as friends of Manchester who extend across the world.

Our excellent relationships with schools and services for D/deaf children and young people (CYP) continue to grow and our partners welcome students to complete their teaching placements with them. At Manchester our students do two 20-day placements over the duration of their study with us. Our understanding of the complexity of the role in 2024 and our work with the UoM Stakeholder Group (which some readers will be a member of) shows us that this is vital. We consider this to be the minimum preparation that learners need to broach the diversity of the needs of D/deaf CYP across the 0–25 age range, taking into consideration communication choices, educational settings, and multi-disciplinary approaches that are required to secure outcomes in language and learning. We want our learners to be able to demonstrate increasing confidence and understanding of the role and feel that this prepares them for working in the field. The new mandatory qualification (MQ) endorsed by the Department for Education (DfE) is clear that this qualification must be firmly embedded in practice and for this, the opportunities to do so in training are vital to ensure sufficient skills and knowledge in the profession.

Placements

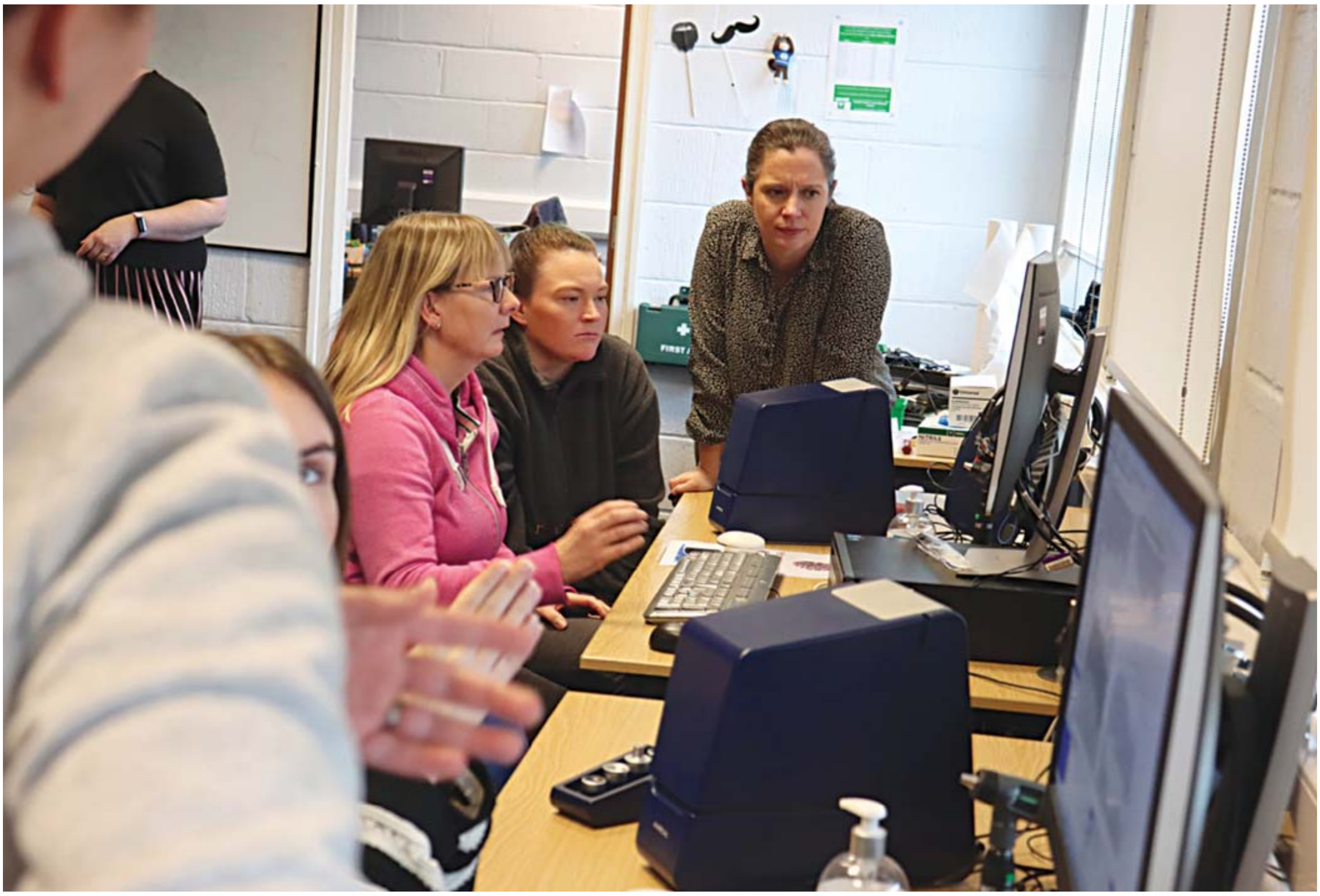
We arrange our placements for learners based on their learning needs and local availability. We try to ensure that placements give contrasting experiences wherever possible. Regular readers of the BATOD Magazine or those connected to our programmes via their supervisory roles will know that the first placement is assessed by physical visits to schools from supervisors. For their qualifying placement, learners are assessed by their supervisors using Swivl technology. This small, remote camera enables supervisors to access the lesson remotely and develops reflective practice, a vital skill for our learners to take forward into their role as an NQToD. Whilst remote supervision clearly helped us to overcome the challenges of Covid, it is important to remember that this was added to our programme nine years ago, long before the impact of Covid bubbles and visitor restrictions. The use of this technology along with our adaptive approach to teaching and learning has seen the Deaf Education team at Manchester acknowledged with a teaching excellence award and continues to see us leading the way in ensuring learners have high levels of reflective practice. Swivl also allows the opportunity to quality-assure learners, irrespective of where they are placed in the country, so that we can be sure that they meet the requirements of the qualification and role.



Our students' achievements

Our learners continue to make us proud through their work with us and through their continued commitment to contribute to the profession.

- We have been able to continue to offer bursaries to self-funded students who are not currently working with D/deaf children. We work hard to support our students into employment, and many of our learners are snapped up after having outstanding teaching placements.
- This year we have had excellent feedback from employers on the quality of our graduates. Our learners have shown themselves to be knowledgeable and well equipped to meet the needs of D/deaf CYP and their families across peri services, resource-based provision and in schools for D/deaf CYP.



- A number of our recently graduated alumni have taken on roles within regional BATOD committees and have shown continued commitment to ongoing continuous professional development (CPD) in the profession. We were delighted to see Rebecca Shewell and Sara Marais presenting their work at BATOD North in November 2023, showcasing their work submitted to us as part of our Policy and Practice unit, with several other students also contributing to the very popular BATOD North ToD Talk series from their Policy and Practice work with us. This great work shows the quality of our graduates who continue to add expertise and value to the profession year upon year, and it's a very proud moment for us to see our students out there continuing to challenge expectations for D/deaf children and working to secure the best possible outcomes for the children and families they serve.

Bursaries to study at Manchester

We welcome applications to our programme and can offer bursaries for those who are self-funding and who are not currently employed as a ToD.

Our Birkdale Bursary is entering its second year in 2024 and awards up to four students per year who can show a commitment to raising standards in deaf education. We continue to offer the Lawrence Werth bursary to two students per year who can demonstrate exceptional classroom practice. Students can apply for bursaries via our website and we are accepting applications now. If you're reading this and can think of a mainstream teacher who would make a great QToD, let them know about us and our bursaries.

Get in touch!

We have never been prouder of our Team Manchester students and alumni who work tirelessly for deaf children and their families, and we love to talk about our programme. If you have any questions about our course and whether it's right for you or your potential trainee, please get in touch with us:
Helen.Chilton@manchester.ac.uk or
Lindsey.Jones@manchester.ac.uk

If you'd like to learn more about our programme from our learners and the experience that students get at Manchester, take a look at our blogs, they might inspire someone you know to think about training!

Deaf education – Biology, Medicine and Health Student Blog (wordpress.com)
https://manchesterbmhstudents.wordpress.com/tag/deaf-education/

Affiliation: Division of Psychology, Communication and Human Neuroscience, University of Manchester

Dr Helen Chilton is a Senior Lecturer in Deaf Education.

Dr Lindsey Jones is a Lecturer in Deaf Education.

Study at Mary Hare to help 'secure the future for deaf children and young people'

The Courses team members outline their offer and the new opportunities on the horizon

At Mary Hare, the MA (Master of Arts)/MSc (Master of Sciences) Deaf Education Studies (Teacher of the Deaf and Educational Audiology) programme and the BTEC (Business and Technology Education Council) for Teaching Assistants Working with Sensory Impaired Children and Young People are vibrant courses bustling with energy and going from strength to strength. The Teacher of the Deaf (ToD) course is the only one in the South and the only one hosted at a Special School for deaf children and young people. The Educational Audiology (Ed Aud) course is the only one in the UK and has focus options for early years. The BTEC is also the only course of its type in the UK.

Our ToD course trains qualified teachers to be able to meet the needs of deaf children and young people from 0–25 years old in a variety of settings (mainstream, resource units, and special schools) and using a full range of communication modes. The curriculum teaches to the competencies of the Mandatory Qualification.

Our Educational Audiology course trains clinicians or qualified ToDs to form a liaison bridge between school, home, clinic, and other professionals, especially in regards to technology and functional hearing. The content is in accordance with the roles and competencies set out by the British Association of Educational Audiologists, and professional registration is available to graduates with the Academy for Healthcare Science. It has the advantage of stand-alone modules allowing students to 'dip their toe in the water' before deciding to study the full PGDip (postgraduate diploma). An Early Years focus is offered via options for students on each of the Ed Aud modules. Intake is every two years, and the 2024 intake will be the last intake for the current configuration of the course before undergoing changes for new validation.

Practical skill development

Courses Team: Jack Bennett, Sarah Davis, Sarah McDevitt, Max Smith, Lorna Gravenstede, Penny Viney, Joy Rosenberg. Not pictured: Imran Mulla, Lisa Bull

Both courses are accomplished by blended learning with four to five residential study weekends per year. Students regularly commend the value of this configuration with opportunities to revisit material asynchronously online, and the research-based benefit of peer-to-peer networking with fellow professionals at the residential weekends. These courses provide evidence-based lectures and a strong practical aspect including work-based placements that students find are a very beneficial opportunity for consolidating learning.

Our Research Methods and Dissertation module saw nine new dissertations completed in the past year, several of which will be

Interactive lecture session

featured as posters at upcoming conferences or magazine articles. These covered such timely and relevant topics as the Ling-Madell-Hewitt test, Speech in Noise Testing setups, and Early Years interventions. Students may transfer to this module from our own programme or from other universities within five years of PGDip training.

Our BTEC for Teaching Assistants course is offered in collaboration with the Berkshire Sensory Consortium Service and is 100% distance learning with five units delivered over ten afternoon sessions. Our accreditation was recently renewed with Pearson to offer this one-of-a-kind training into the future.

Recent events

We have welcomed Ewing Foundation and National Deaf Children Society (NDCS) visitors to the course who commended the breadth and depth of our offer. Our incoming student induction moved from taking place at the first face-to-face weekend to an earlier online session, allowing students a smoother transition into postgraduate studies, and we will host an online open day on 19 March 2024.

Having consulted on BATOD's upcoming Deaf Studies modules, we continue to invite participation of a number of qualified and skilled deaf session leaders and module leaders where possible, as well as continuing to enrol deaf students in each cohort to further embed deaf perspectives into the curriculum.

We are currently in the midst of conversations about an exciting opportunity for partnership with a new university. Having enjoyed an exceptionally effective and successful partnership with the University of Hertfordshire, 2024 will mark our last intake with them as we look forward to apprenticeships with a new university partner. Whilst apprenticeship is awaited, we cannot emphasise enough the importance of continuing to use existing PGDip courses to train QToDs and Ed Auds in the 2024 intake in order to continue to supply deaf children and young people, and their families with the qualified and skilled support they deserve.

At Mary Hare we deliver excellent professional education and training, and robust research in deaf education and audiology, to secure the future for deaf children and young people. ■

Dr Joy F Rosenberg is the Director of Courses.

Sarah Davis is a Course Lecturer and BTEC Course Leader

Social learning and networking

Studying to become a Qualified Teacher of Deaf Children and Young People

Rachel O'Neill, at the University of Edinburgh, provides a synopsis of the only mandatory qualification course in Scotland

The programme at the University of Edinburgh (UoE) is called the Postgraduate Diploma in Inclusive Education (Deaf learners pathway). Students study for 120 credits at master's level, and if they wish can continue to top up their diploma to a Master of Science (MSc) in Inclusive Education with a 60-credit dissertation.

Although the majority of students come from Scotland, the deaf education pathway regularly also attracts students from other parts of the UK.

Policy from the rest of the UK is included and compared with Scottish policy. For example, in Scotland we don't have a local offer on show in every council area, or Education, Health, and Care (EHCP) plans. There are Co-ordinated Support Plans, but far fewer deaf children gain this level of specified support than in the rest of the UK. Scotland does have a British Sign Language (BSL) Act (2015) so each local authority has their own BSL Action plans. Students find these policy differences interesting, and they help them to think critically about what laws and policies can do in our field.

The diploma can be gained in two years starting from September 2024 and running to the end of June 2026. Applications are taken up to the end of June each year. The UoE course is not registered with the Department for Education in England, but graduates from the rest of the UK work to their own set of competencies and don't have problems in receiving the pay increment. Teachers of Deaf Children and Young People don't have an increment.

Of the 120 diploma credits, 90 are directly about deaf education, 10 credits relate to understanding research at master's level and 20 is a free option course. Students usually choose an online course from the core inclusive education ones, but actually, a case can be made by students for any master's level course in the university that relates to their interest and role. The MSc Inclusive Education programme itself has a very wide range of options.

Students attend Moray House at UoE in blocks for the deaf education courses, made up of three days and two days separated by a few weeks for the 20-credit courses. The other courses are available online. Students report that they make strong friendships through these campus-based sessions, which last into their professional lives as Qualified Teachers of Deaf Children and Young People (QToDs).

We introduce here the lecturers and their subjects:

Dr Imran Mulla teaches the Audiology and Audiometry course every year in late August to September. The Moray House School of Education and Sport has recently invested in completely new equipment for the audiology course. Imran has an in-depth knowledge of educational audiology practices. Imran's research has included young deaf children using radio aids and he most recently led the BATOD Audiology refresher materials.

Dr Audrey Cameron OBE teaches the Deaf Studies course every year in the summer term. This is a popular course that teaches students about the huge diversity of deaf people. Audrey is a deaf BSL user, so students on the course learn about working with BSL interpreters. Audrey is also the academic cohort lead for the pathway, supporting students with academic literacies and social events. Audrey's own research relates to science learning in BSL, drawing on the Scottish Sensory Centre's BSL Glossary, which she leads.

Students on the audiology course looking over Arthur's Seat

Rachel O'Neill teaches the Language and Communication, and Promoting Achievement and Curriculum Access for Deaf Learners courses. She also supervises the internal and external placement courses. Rachel's long experience as a QToD informs the way she links practice and theory on these courses. Her current research is about ethics and professional issues for QToDs and a separate project about live subtitling and post-lesson summary notes for deaf pupils in secondary classrooms.

All three academics in the team are available for MSc and Doctorate of Philosophy (PhD) supervision, which can be at a distance. Note that both Audrey and Rachel can supervise in

British Sign Language (BSL), and Audrey also in International Sign.

The placement team is made up of five QToDs who are very experienced in their roles and can go anywhere to observe. Remote observations are possible, as we used through Covid. We prefer face to face now because it allows a more holistic view of relationships and the teacher's place in their own service, or in the external host service or school. The internal placement is four weeks and the external is three weeks; both have support of a QToD mentor within the service and normally one visiting university tutor visit for each placement.

The deaf education pathway has a Student Support Officer, Alison Hendry, who is a deaf BSL user and a cochlear implant user. Alison provides support to signpost students to services across the university and advises them about how to gain concessions if they are going through difficult circumstances.

It is important for applicants to already have made a start on learning BSL. The Centre for Open Learning at the university now offers BSL at an undergraduate level. However, this only suits students who are near Edinburgh. Local authorities often start new ToDs off on Level 1 BSL before they start the diploma and continue funding to Level 2 and beyond after they finish.

It is a challenging undertaking for teachers to study at master's level while working, usually full time, and often having childcare responsibilities. At Edinburgh we listen carefully to students and employers. For example, at present we are investigating a new 10-credit course to replace the school-wide research methods course, with something more like an initial access to master's study course for students on the deaf education and visual impairment pathways.

To find out more about the deaf education pathway through the Inclusive Education programme at the UoE, please contact Rachel O'Neill on Rachel.oneill@ed.ac.uk

Home pages of the academic team can be found here:
Rachel O'Neill www.ed.ac.uk/profile/rachel-o-neill
Audrey Cameron www.ed.ac.uk/profile/audrey-cameron
Imran Mulla www.ed.ac.uk/profile/imran-mulla

Audrey Cameron

Imran Mulla

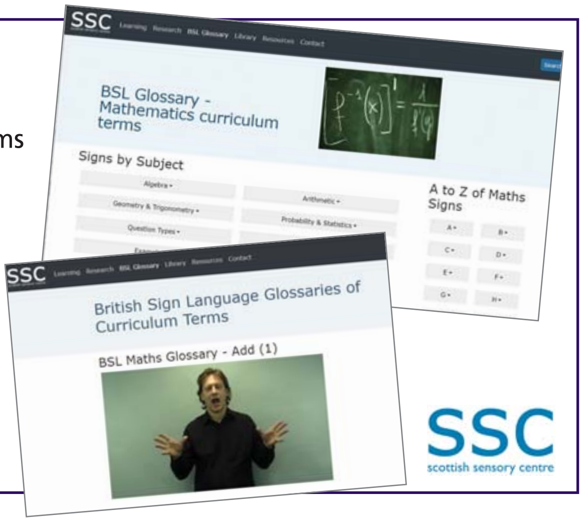
Rachel O'Neill is a senior lecturer in deaf education at the University of Edinburgh where she teaches on the Postgraduate Diploma to qualify teachers of deaf children. Her research interests include language policies, literacies and bilingual education.

British Sign Language Glossaries of Curriculum Terms

With the BSL Glossary project, the Scottish Sensory Centre aims to develop lists of subject-specific terms (called a glossary) in British Sign Language.

"Teams of BSL linguists and subject specialists have created this resource by gathering any existing terms and creating new terms in BSL for those that do not. The glossary terms are supported by signed definitions, lab experiments and examples."

The glossary includes Mathematics curriculum terms as well as a range of other topics. Visit the website for further information www.ssc.education.ed.ac.uk/BSL/maths.html



BSL Glossary - Mathematics curriculum terms

Signs by Subject

A to Z of Maths Signs

British Sign Language Glossaries of Curriculum Terms

BSL Maths Glossary - Add (1)

Preparing for the world of work

Jasper, a deaf young person, shares his journey on preparation for employment

I'm a deaf 16-year-old student, and thanks to early and effective support, I'm getting ready for the world of work.

My name is Jasper. My twin brother and I were born six weeks prematurely, and I spent my first six weeks in the neo-natal unit with meningitis and jaundice.

I failed my newborn hearing screening and my parents, at first, were told not to worry, but after many follow up tests there was still no diagnosis. It wasn't until I was two and a half years old that my parents were told I was profoundly deaf in both ears. In addition to my hearing loss, I also had auditory neuropathy spectrum disorder (ANSD).

My family had no experience of deafness; both my parents and my twin brother are hearing, and once they had the diagnosis, they decided that they wanted me to be able to listen and speak. My mum did lots of research into the options available and met another family who had two deaf children – they recommended Auditory Verbal UK (AVUK) where their daughter was having Auditory Verbal therapy.

Even before my implant surgery – I received bi-lateral cochlear implants at three and a half – I had already been attending the charity's family programme with my parents to learn how to listen and talk, and after three years I graduated with age-appropriate spoken language.

I was able to attend mainstream primary school with my twin brother who is hearing. I'm grateful that I had the support of my teaching assistant and my Qualified Teacher of the Deaf who supported me as I started school.

After primary school I started at secondary school, where I am now in Year 11. Here I feel really comfortable and have grown in confidence with other young deaf people and the support of great staff and teachers.

Now, as I look ahead thinking about my potential career and job opportunities, I have been exploring placements and work experience. A few months ago I was lucky enough to spend a week back with AVUK – who supported me so much as a young child – on work experience and the week has been amazing.

I worked with all the different teams in the charity – from information technology (IT) and communications to the clinical and training teams – and it has been especially interesting working with the Auditory Verbal Therapists and meeting other deaf children like me. I've been part of therapy sessions and really think the children liked to see someone older than them who is deaf and has hearing devices like theirs – one young boy didn't seem that keen to take part in his session on that day, but soon joined in when I showed him my cochlear implant and began talking to him about it. A couple of the parents I met were also really happy to talk to me and see older deaf children who were supported by Auditory Verbal therapy and what they are achieving now.

During the week, I also found out about the training programme that AVUK runs supporting professionals, like QToDs, to become certified Auditory Verbal Therapists. I attended an online Clinical Excellence Network meeting for speech and language therapists working in deafness and was able to share my own experiences of learning to listen and talk with Auditory Verbal therapy. The response to sharing my story was great and it made me feel proud to show how the support I have had from professionals has made such a difference to my life.

At school I am currently studying computer science, triple science, history, and French with the aim of going to university and maybe eventually working in the gaming industry. But to spend a week in the working world has really given me confidence to achieve whatever I set my mind to, and an idea about what work is really like.

I know that people still aren't aware that deaf children and young people can do the same things as their hearing peers. In fact, the National Deaf Children's Society reported last year that almost half of people questioned, don't think deaf people can be doctors or nurses. But this is not the case and I feel it is really important to challenge these beliefs. I'm so proud of what I have already achieved, and with the support I received when I was younger, I'm confident I can achieve my dreams.

I want to thank my school and teachers at Mary Hare School and AVUK for helping me and making this work placement possible. I hope that other deaf young people also have the opportunity to have work experience. It has been a really valuable experience for me and has reinforced my belief that I can achieve anything my hearing friends can. ■

Jasper Loten is a deaf 16-year-old student.

An item I cannot live without

A deaf young person shares an honest and beautiful personal writing piece for the Unit 4 GCSE English exam

We all have that one item or thing that we cannot live without. Whether it's a sport, random object, or food. When other people hear this question, they would automatically think of their phone. But no, mine is way different. In fact, the item that I cannot live without is something many people don't even have or need.

The personal item that I cannot live without physically is my hearing aids. Why, may you ask. It is a very simple reason – it helps me to hear. You may think that an item you cannot live without, you would love it so much. Mine is slightly different. I hated my hearing aids when I was younger. In fact, I hated them so much that I would hide them from my parents. In my drawers, in my shoes, even in the dishwasher! Unfortunately for my parents, they only found them after they put the dishwasher on. I despised them so much, the big, ugly, metal looking things in my ears. I would rip them out of my ears any chance I got. It got so far that my parents had to start making me a headband so I didn't take them out.

However, over the years I learnt to get used to them. I even got them upgraded so I no longer had to wear the ugly, peach, sandy-like colour ones. Soon, it turned into wearing my hearing aids every day. It became my accessory that never came off, like a welded-on necklace. I could never live without my hearing aids.

First off, I would not be able to stand not listening to my favourite artist. I mean, how could anyone survive not listening to music! My hearing aids have many benefits, for example, turning them off. You may think, but why would you want to hear nothing? Trust me, there is always someone whose voice always bothers you. Their screeching voice that makes your brain rattle. Well, that problem is solved with just a small switch on my hearing aids. That loud, booming voice vanishes. The calming peaceful sensation of hearing absolutely nothing! But then the ringing noise in your ear vibrating to your brain appears because it's too quiet. So, I turn my hearing aids back on, but that booming voice is still there. And that is another thing I could not live without, being able to turn the volume up and down. It is like turning the TV up and down, but only in real life.

I would not be able to survive without my hearing aids. The freedom of being able to control the volume of what I hear. Another benefit is your ears always being warm. They are like my personal earmuffs. No more worries about going outside and the wind making your ears cold, or even a bug flying into your ears. And that is why I could never live without my hearing aids.

I am a 15 year old, Year 12 student at a grammar school in Northern Ireland. I have a severe hearing loss and I have been wearing hearing aids since I was a few months old.

I am sporty. I enjoy climbing and throwing javelin. I came 5th in the Ulster finals for javelin after attaining two gold medals in the regional and district heats. That was my first major competition. I go climbing with my dad. I have climbed Fairhead and the climbing wall in the Foyle Arena. I also enjoy paddle-boarding and body-boarding with my friends, despite not being able to wear my hearing aids.

In school, my favourite subjects are Geography and Art. I got one of the highest scores in Geography GCSE unit 3 last year, only dropping half a mark. I have already attained A grades in all of the GCSE modules that I completed in Year 11.

Deafness and me: A toolkit for early years practitioners

Deafness and me

A toolkit for early years practitioners to support the mental health and wellbeing of deaf children.

The National Deaf Children's Society have recently collaborated with Anna Freud on a new resource for the early years. 'Deafness and me' is a toolkit for early years practitioners to support the mental health and wellbeing of deaf children.

Produced as part of Anna Freuds' 'Early Years in Mind' series, the guide aims to help early years practitioners to understand the barriers that deaf children may experience and provides information and activities to build positive mental health.

The information and activities are based around three key areas:

- Building a sense of belonging and deaf identity
- Forming relationships and being social
- Understanding feelings and emotions.

The toolkit is designed to be accessible to any early years practitioner, including those with little or no previous experience of working with deaf children. The activities can be enjoyed by both deaf children and their hearing peers, creating a foundation for positive self-esteem among deaf children and strong deaf awareness among hearing children.

You can download the toolkit via Anna Freud's website www.annafreud.org/resources/under-fives-wellbeing/deafness-and-me. A list of the downloadable resources referenced in the resource is available at www.ndcs.org.uk/deafness-and-me.

If you have any feedback about this toolkit or other NDCS resources, please take our short survey.

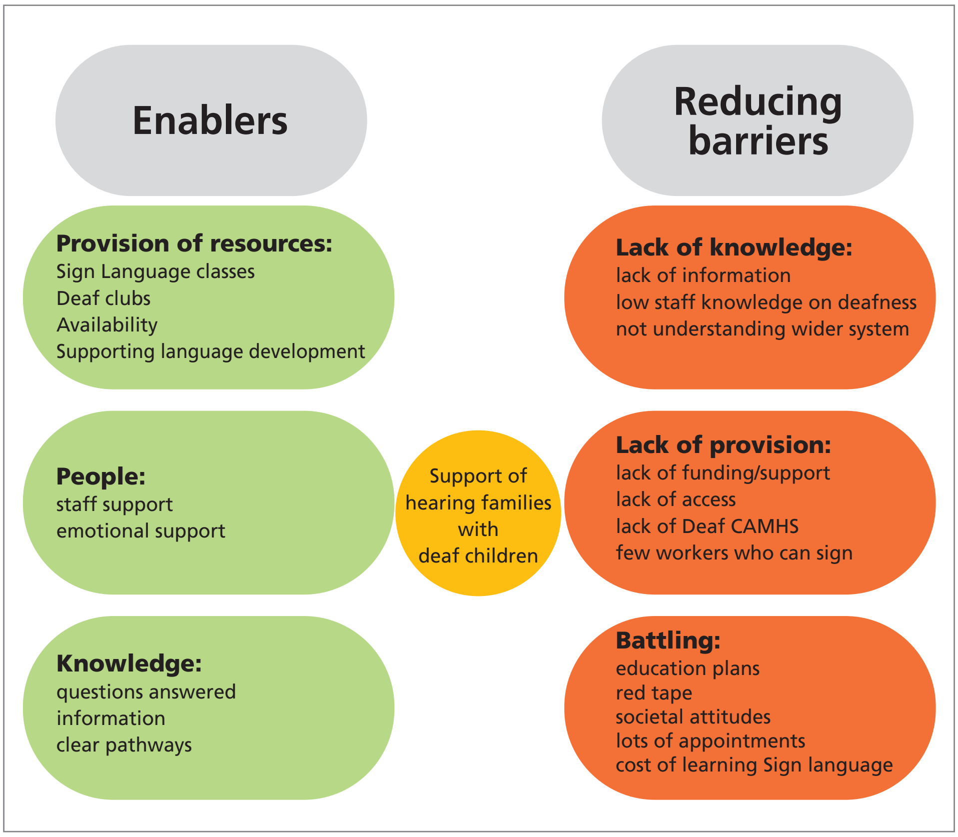
What supports hearing parents raising children who are deaf?

Dr Julia Terry shares an overview of her research study based on deaf children in Wales

We are all interested in what supports children who are deaf to fulfil their potential in life. This means we are interested in the environments they are raised in, the places and communities where they live, and the lives they lead. The phrase 'it takes a village to raise a child' (believed to be from an old African proverb) suggests that it takes many individuals to provide a safe, healthy environment so children can develop and flourish. We know the community surrounding a deaf child will include their immediate and extended family, friends and neighbours, school staff, Qualified Teachers of Deaf Children and Young People (QToDs), youth workers, primary care staff, and key organisations in the places where they live.

As a mental health nurse who has worked in Child and Adolescent Mental Health Services (CAMHS) in England and Wales, I know too well the different environments that our children live in, and how these can impact on them in the short and long term. Now I work in a university as a researcher, and I became interested in why people who are deaf experience twice the mental health problems compared to hearing people. Deaf communities have explained to me clearly about the isolation, the barriers in society, and the ongoing challenges they have experienced both as children and adults. These descriptions have challenged me and set me on a journey to work with Deaf communities and people who live and work with deaf children and adults to see what we can do to work together to make improvements. For me the big statistic that 96% of deaf children are born to hearing families with little knowledge about deafness was a good place to start.

I was successful in getting research funding for a two-year project to know what supports hearing families with deaf children who are under 13 years old and live in Wales, United Kingdom (UK). As Wales is the only UK country without a Deaf mental health service, and the funder was Welsh, the focus was to be on Wales. We started by developing a steering group that met regularly on zoom made up of QToDs, Deaf lay members, parents of deaf children, hearing screeners, youth workers, and Deaf professionals and staff working for Deaf charities. The funded project involved interviews with ten parents of deaf children and ten people who work with deaf children across Wales, to learn more about what supports families with deaf children. It took around one year to complete all the interviews as during Covid, people were coping with all kinds of challenges! Interviewing people using Zoom or Microsoft Teams has its advantages as people don't need to travel and slots could fit in with other aspects of people's lives. People gave their time willingly and were assured that what they said would remain anonymous.



After analysing all the interviews, the data was analysed with two main overall themes: enablers and barriers. Parents spoke about their determination to do the best for their deaf child, and how glad they were of the support and information that they had received. Having questions answered about deafness as well as getting together with other parents of deaf children, they said, was so important. Families were interested in deaf-friendly resources (like dolls with hearing aids and books about deaf children). Many families spoke about the support and information they had received from Deaf clubs. Those keen on learning British Sign Language (BSL) had sometimes found funded classes locally.

"Our teacher of the deaf came out … within the first couple of weeks, and she was amazing because she just spoke to us about … the normality of deafness and what life would look like, what education would look like. She was really encouraging … to do with the support in the county, and so I think, where we live has got a huge amount of support for deaf children and that's what we've experienced. And I feel that people have gone above and beyond, to accommodate what we wanted as a family."

"I go to the parenting club and that really helps me because I was so scared from the surgery … and there was some parents that helped me go through that, they just give me their experience like they told me … what's happening with their children, and I can be in touch with them. I can see their children speaking and that was a big relief for me because I was scared."

"For hearing families, you know, I try and talk to them about [Deaf clubs] all this out there that you can access, you know, which might be a really good support network for you, but also for you to start to understand a bit more about deafness and Deaf culture and the challenges your child may face there, without that exposure to Deaf community or Deaf culture, you just wouldn't know or understand."

Parents and staff also spoke about the barriers they regularly experienced. People commented on the plethora of appointments their deaf child needed, how support often felt like a postcode lottery, and if people lived in rural areas, that there seemed to be little support available for them. People noted that they felt there was a lot of bureaucracy involved in getting the help they needed and that it was hard to understand the wider systems in education and health services. Parents said they often felt they were battling red tape.

Another area parents found challenging was the negative attitudes they experienced from others about their child being deaf; sometimes they felt this was due to workers having no deaf awareness training. For example, one mother's health visitor was unsure about weighing her baby with or without hearing aids in, and parents felt there was more awkwardness at appointments than was necessary.

Parents were aware before their child was born that most parents are always expecting a fully healthy baby and felt there was no preparation for any kind of deaf diagnosis. Many parents talked about the 'Oh, I'm sorry, your child is deaf' experience, and said they came across many workers in education and health where they wanted much more information.

"All the parents that I work with love their children, but they don't know how to act as advocates for them because they don't know what to ask for."

"We still didn't know what he was really entitled to because everybody that we spoke to … it came down to funding, and so everybody was very quickly kind of passing the buck."

"One thing that does happen in our life all the time is horrible, [it's] people coming up to us … and commenting on [child's] hearing aids … making these comments that have to do with shame and it happens … hundreds of times. And that's like a really difficult thing, especially when you've got an older child that's going to absorb those comments that was something shameful about the situation … something I need to learn … is how to respond in a way that's helpful … for my children … not confrontational."

As parents and workers spoke about the challenges and barriers that parents of deaf children in Wales experienced, results were developed into a framework that may be useful in guiding training, advising service providers and policy makers of important areas for consideration. The framework on the previous page shows what people reported were important areas in enabling parents, as well as areas where they really wanted barriers to be reduced.

Julia Terry is an Associate Professor at Swansea University. Her specialist area is mental health, particularly mental health promotion and early intervention.

A.R.R.O.W. programme

Colin Lane, QToD, describes a self-voice teaching system and shares an overview of a recent case study example

The school/college based deaf child (DC) can have basic literacy skill deficits including word attack and spelling. These weaknesses negatively affect learning performances. A small opportunity sample of mainstream primary/secondary DC showed such reading/spelling problems. Using prescribed A.R.R.O.W. (Aural-Read-Respond-Oral-Write) Self-Voice (SV) teaching systems, positive rapid results were achieved offering insight and encouragement to DC and their teachers.

A.R.R.O.W.: An introduction

A student's own recorded/replayed voice, and associated text, can prove central for improving learning skills. Qualified Teachers of the Deaf (QToDs) and speech and language therapists (SLTs) were amongst the first to recognise the potential of the SV to develop listening, speech, and language (Jones, 1986; Cooper, 1987; Rowe, 1987; Crewdson, 1996; Lane, 2018).

Findings of early SV work with DC:

- DC recognised and preferred their own recorded voice to other children/adult voices.
- DC sometimes silently mouthed to their replayed voice, revealing links to internalising processes.
- Listening skills improved markedly, negating previous auditory training schedules. Within weeks some DC voluntarily lowered the amplitude of recorded/replayed material by 20 decibels (dB).
- DC and adults showed listening in noise improvements after 30 minutes dedicated training.
- The replayed SV proved a central learning tool for improving verbal/non-verbal auditory discrimination, comprehension, vocalisation, and memory tasks.
- The DC worked on A.R.R.O.W. independently within designated areas.

Originally using Connevans two-track tape recorders, A.R.R.O.W. SV work has become a multi-sensory IT based program allowing individual learning and/or one-to-one tuition. Children from seven years plus now use the approach with minimal supervision and self-mark their work. Populations helped include deaf, special educational needs and disability (SEND), dyslexic, vision impaired, autistic, English as an additional language (EAL), and average and above average learners.

Immediacy of feedback/feed forward learning and facilities

A.R.R.O.W. gives the learner instantaneous 5/6 correct multi-sensory SV presentations for each text item. On-screen features include text colour and enlargement, highlighting when recording/replaying, background noise/colour selection, typing, and movie sequences.

Literacy skill improvement for mainstream A.R.R.O.W. learners

Since early formative A.R.R.O.W. work with DC, independent studies with over 1,000 hearing mainstream learners have shown A.R.R.O.W is a leading strategy for rapidly improving literacy skills, including phonological awareness, word recognition, comprehension, and spelling. Various interventions show rapid speed of progress up to 14 times faster than normal (Raspin et al, 2019; Lane, 2018; Brooks, 2016; Nugent, 2012; Pumfrey and Elliot, 1990).

Literacy skill improvement with deaf mainstream children

Recent evidence using SV with a small opportunity sample of mainstream DC shows that:

- basic literacy problems, word recognition, and spelling difficulties persist for some deaf students throughout school/adult years
- DC, when using SV techniques, achieve rapid reading/spelling improvements.

Literacy improvement programmes

Literacy work is personalised to each child's needs based upon:

- individual spelling error patterns
- graded reading-age topic material
- time taken per lesson: 30–50 minutes; total intervention: 4–8 hours. Repeat interventions optional.

Speech/language

Newly developed speech/language programmes identify:

- each child's individual speech/articulation needs
- their use within itemised or running speech
- face/lipreading practice
- voice comparisons of learner and tutor voice
- optimised headphone voice matching during recording/playback.

Case study

During late 2020 a very personable deafblind girl, Sally, who was over ten years old, undertook SV work whilst attending her mainstream primary school during Covid. Her response was most encouraging.

Hearing loss and sensory support

Sally was identified as deaf at three years of age. She has a bilateral hearing loss with moderate right ear middle range hearing between 1–3K and sharp ski-slope losses below/above this range. Left ear hearing loss is excessive across all frequencies, and on clinical advice of her advisory hearing service is not aided. When first meeting Sally as a nine-year-old, she was not wearing her hearing aid at home but has since become a consistent home/school hearing aid user. School staff receive termly visits from the Hearing Sensory Support Service.

- Advice was given to teachers/assistants on strategies to employ when working within the classroom/or peer groups.
- A Roger Touch Radio system, for which she was personally responsible, was used by her in school.

Despite obvious speech signal/background noise advantages, Sally stated she did not like the attention from radio aid usage at school.

Vision impairment

Sally has retinal colobomas, which markedly restrict her field of vision. Although she used them in the early years, clinicians felt spectacles were unnecessary and are no longer worn. Printed text is best visible for her when raising her head. On the A.R.R.O.W. computer program, Sally chose white print against black background or black print against yellow background formats, including enlarged text facilities.

Additional support at school

From Years 1 to 4, Sally received 30 minutes daily teaching assistant support for phonics, reading, and communication skills.

A.R.R.O.W. training

Sally's computer-based SV training first began in Year 5 in groups of five SEND children supervised by trained tutor(s). The children worked independently for a maximum of ten 30-minute lessons per term for six terms (usually, schools only apply one or two interventions. For the final weeks at primary school, Sally was able to access SV four times a week meeting a dedicated speech program with positive effects.

Socialisation

Sally presented herself as a lively young deaf learner but preferred the company of teachers or other adults when at school. School staff felt classroom friendships were limited, possibly as a result of her deafness, speech, and placement outside her local catchment area. Staff reported Sally as having socialisation/behavioural problems during her early years in school caused by:

- frustration at being unable to freely communicate through speech
- lack of learning skills.
- A later assessment showed Sally to have mid-level self-esteem.

Speech

As a nine-year-old child, Sally was unable to access further specialised speech/language support. She was, however, helped by sensitively timed correction from teachers/assistants during conversational speech.

To an uninitiated listener, her speech proved difficult to follow without face reading and contextual clues. Major faults observed during both conversation and speech profile assessment:

- speech delivery was overly loud and rapid
- inappropriate tongue positioning for some words, phrases, or sentences
- omissions of sibilant and plosive unvoiced consonants 's',' k' and 't' and their voiced counterparts 'z', 'g' and 'd', particularly in the mid/her closed position within words/sentences
- misplaced and overuse of glottal voiced 'g'.

Literacy skills

Sally has no history of deafness or dyslexia within the family. A selection of assessments was given to establish:

- baseline work programme levels for reading and spellings
- progress using norm-related tests pre- and post-interventions.

Reading and spelling tests pre- and post-intervention

When first tested, Sally showed deficits of 18 months for reading and 17 months for spelling after four years of schooling.

Sally's work programme

1. Personal spelling profile initial level

Sally was given a maximum of two word families per lesson based on those initially misspelt by her.

- "It really helped me with how to spell words. I sound out the word like a-pple then I write it down. I pause for a couple of seconds then remember it. I look at it. My brain reminds me. I hear my own voice."

2. Topic material

Various reading ability graded passages were used in which Sally undertook the listening, reading, writing, and self-checking exercises.

- "I like it [Topics] because it's interesting and there's lots of information on there and it's fun."

3. Free field

Under tutor guidance Sally composed and undertook dictation from 'free field' items based upon personal experiences and curriculum material using 'cut and stick' from documents. Sally was enthusiastic about this aspect of SV work.

- "I like getting a free field and writing my own sentences."

Summary of SV Results (Table 1 overleaf)

- Reading scores moved from 22 to 44, an improvement of 20 months – 100% upward shift.
- Spelling scores rose from 26 to 42 an improvement of 19 months – 61% upward shift.
- An average of one month's progress for each hour's A.R.R.O.W. SV work.
- Sally made greater score shifts than any other member of her SEND group of mainstream hearing children.
- Sally's basic reading/spelling improvements equal those documented with over 1,000 hearing mainstream students both pre, during, and following Covid.

Teachers reported marked improvements in her previous oral frustration and attitude to learning.

4. SV work: Sally's response

On a 5-point Likert scale ranking liking/effectiveness from 5 'like a lot' to 1 'dislike a lot', Sally gave reading (5),

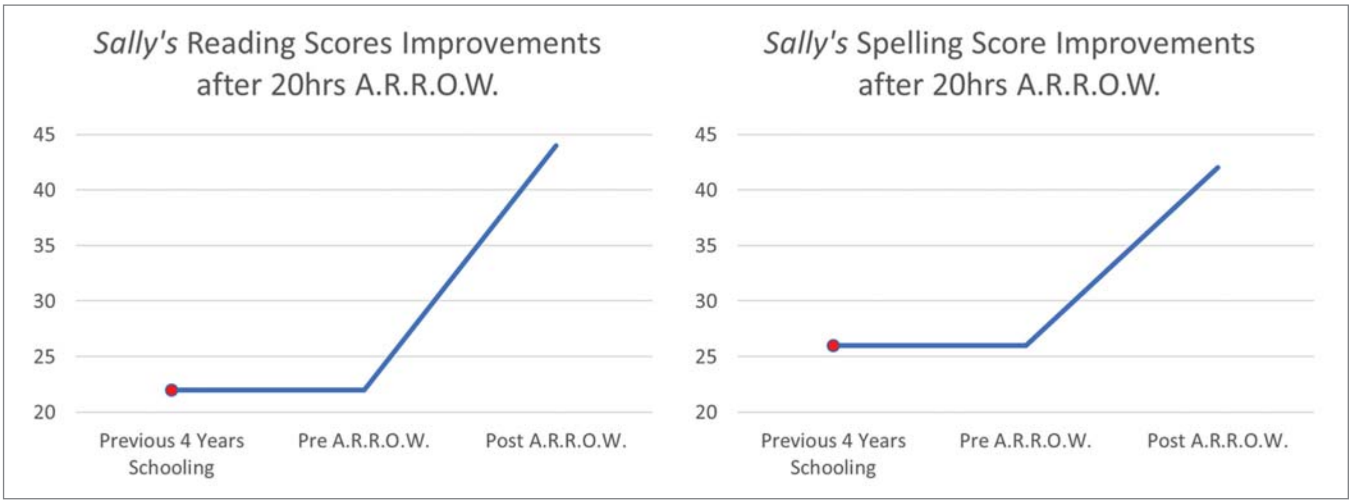


Table 1

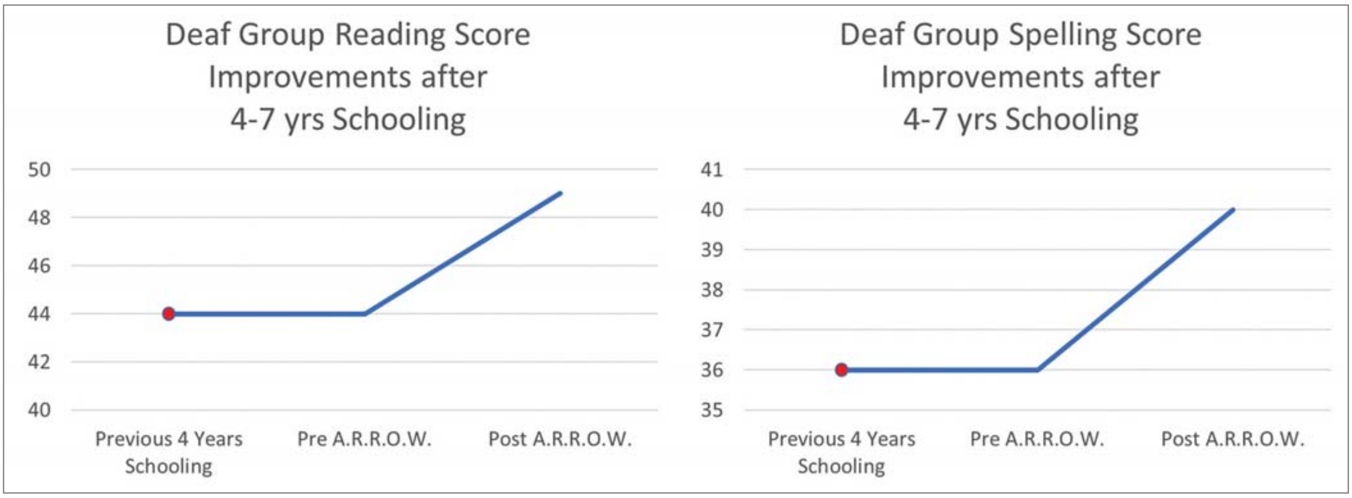


Table 2

spelling (4), recording (5), writing (5) and marking her work (4). These ratings are amongst the higher assessment rankings for learners undertaking the assessment.

- When asked, “What don’t you like about A.R.R.O.W.?”, she replied, “Nothing I don’t like.”

5. Additional support speech work

During her final weeks at primary school, Sally met poem(s) recorded by Irish children in Co. Kildare.

Sally copied an Irish child’s ‘tutor’ voice and unprompted followed the rising Kildare intonation pattern “…and runs everywhere…”. It was also noticeable that she moved away from her overfast conversational speech. The early copying of the rhythmic ‘tutor’ voice pattern was first observed amongst deaf children/adults undertaking A.R.R.O.W. many years ago. On listening back to her own recording, Sally happily stated, “I didn’t know I had an Irish voice.”

SV work in progress

Sally trialled and benefitted from the new personalised speech improvement programme.

The programme involves as-you-go speech assessment of all the English phonemes presented in isolation, individual words, and/or sentences.

- A movie sequence shows the production of the sound, short phrases, or sentences.
- There's a brief explanation of the manner/place of production.
- The child looks, listens, reads and records the sound/word/sentence, and on playback can compare both the original ‘master’ and their own recording.
- Lipreading practice from the movie can be undertaken by muting the sound.

Speech intervention: Effects

- Sally gave consistent indications of her awareness to self-check before speaking.
- Mother reported an improvement in Sally’s speech at home.

Literacy skill improvements with DC (Table 2)

A small opportunity sample of DC (n=4) from various schools has met A.R.R.O.W. One primary aged mainstream pupil, one primary aged pupil home schooling, and two secondary-aged mainstream pupils. Average chronological age deficit for the group showed a reading and spelling shortfall of over 2 years.

Reference to this small sample of deaf children shows:

- below anticipated levels for basic reading and spelling skills

- a marked shift in reading/spelling after over six hours of A.R.R.O.W.

It is clear that SV work holds enormous potential for improving deaf childrens' basic literacy skills.

- DC from this and other studies have a basic reading/spelling problem.
- Deaf learners can greatly benefit from over six hours of SV work.

Deaf awareness

As a former resource provision QToD and current mainstream teacher trainer, the author and other A.R.R.O.W. tutors observe:

- DC provision unfortunately has great regional variations in the UK (NDCS report, 2022).
- There appears to be a lack of specialised listening training for most DC.
- Mainstream teachers can be unaware of the basic needs of DC within their schools (Pilsen, 2022).

Conclusion

The socio-economic challenges facing QToDs and DC and the implications of the SV concept are fully recognised. Given these circumstances, A.R.R.O.W. welcomes contact from interested parties.

An electronic copy of the book Self-Voice: A Major Rethink is available gratis from: office@arrowtuition.co.uk
Mark requests for the attention of Dr Colin Lane.

Colin Lane is a qualified Teacher of Deaf Children and Young People who, for 17 years, headed a Somerset middle school resource provision for deaf students. During this time, he was awarded his doctorate. He is currently involved in mainstream teacher training in the UK, Eire, South Africa, and the West Indies.

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Young deaf children receiving cochlear implants: quality standards for their rehabilitation

Leo De Raeve, Director of ONafhankelijk Informatiecentrum over Cochleaire Implantatie (ONICI/Independent Information Centre for Cochlear Implantation), explains the process involved with creating the quality standards. This article was first published in the Cochlear Implanted Children's Support Group (CICS) Bits and pieces September 2023 edition

Introduction

With the introduction of universal neonatal hearing screening in many countries, hearing loss in children is being identified earlier in life than ever before. Also, more and more children with severe to profound hearing loss are receiving cochlear implants (CIs) to improve their hearing abilities. Research provides strong evidence of the benefits of early identification, early intervention, and early implantation on the development of expressive and receptive language, on auditory and reading skills, and on social emotional development, which results in an increase of deaf children in mainstream education.

There are many variables that can influence the outcomes: age at implantation, additional needs, parental support, surgery, fitting of the device, etc, and the quality of the support and rehabilitation (Percy-Smith et al, 2012). Because of the huge differences in service delivery models and intervention between countries, and even within the same country between CI teams, quality standards for rehabilitation of young deaf children receiving CIs have been created as part of the European KA202 Erasmus+ 'VOICE' project (Vocational education and training for speech and language therapists and parents on rehabilitation of young deaf children with cochlear implant on how to speak, Ref. no.: 2020-1-RO01-KA202-080059. Seven partners from four European countries were involved in this project (*see Note A*), which began in December 2020 and will end on 31 May 2023.

Interviewing local experts

To develop quality standards on the rehabilitation of young CI children, the first step was interviewing 12 local experts in rehabilitation of young CI children. Each of the six partners interviewed two local experts, in person or online, resulting in 12 experts from four countries (Belgium, the Netherlands, Portugal, and Romania) (*see Note B*). Sadly, we lost one expert because of personal reasons. To have a standardized interview across the partners, we created eight open-ended questions:

- What is your experience in the rehabilitation of young deaf children with CIs learning to speak and to develop spoken language?
- Who (what kind of professionals/parents) should be involved in the (re)habilitation process after CI implantation in young deaf children?
- What should be the role for the CI team and what should we expect from local professionals? Who is doing what?
- What are important domains to focus on during the rehabilitation process?
- Should we involve the parents/family in the rehabilitation process? If so, why, how, and how often?
- Do you prefer a specific rehabilitation program or approach for therapy? Which resources (books, publications, etc) do you suggest for other therapists to increase their competences?
- Do we have to monitor the listening, speech, and language development of these young CI children? If so, why and how often?
- What frequency of therapy sessions do you suggest for these young CI children and their families? How often? For how long? For how many months/years?

We used a thematic analysis to analyze and structure the content and focused on common answers between the local experts. The group of local experts consisted of ten speech and language therapists (SLTs) and one otolaryngologist, with an average experience of 13 years in the field of paediatric cochlear implantation. All mentioned that the CI team should be a multi-disciplinary team that consists of a minimum of an otolaryngologist, audiologist and SLT, and preferably, there should also be a psychologist, social worker, Teacher of the Deaf, physical or occupational therapist included in the team or working in liaison with the CI team. Parents should be seen as equal partners, and nearly all experts (8/11) suggested using a family-centred approach.

The local experts also suggested that the CI team should be the coordinator of the child's rehabilitation/after care and that there should be good liaison with the local support team. The most important domains to focus on during the rehabilitation process are audition/hearing/wearing devices, communication/speech/spoken language (11/11), parent (care) support/coaching (8/11), cognitive development (7/11), social-emotional development (6/11), reading/school performance (4/11), motor skills/planning (4/11), and self-advocacy/identity (3/11).

Auditory Verbal Therapy (AVT) was mentioned by 7 out of 11 experts as the approach best suited to most of the children and their families, but on the other hand, the same experts also stated there is not one approach that fits all.

Most local experts (9/11) also mentioned that during the rehabilitation process, all steps in the development of the child should be monitored regularly, especially hearing, speech, and spoken language development. There was huge variability between the experts regarding the frequency of therapy, but ideally, most of the experts (6/11) suggested one session of one hour on a weekly basis and that parents should be involved. The progress of the child will determine the duration.

It was also mentioned that the frequency of rehabilitation will depend on the child, the family, the distance from the implant centre (although rehabilitation can also take place online), and the availability of support services.

Systematic review

To have input from latest scientific research, we also did a systematic review on the rehabilitation of young children receiving CIs. All studies at all levels of evidence were included, from randomized controlled studies to descriptions of good practice and case studies. The articles had to have been published in peer-reviewed journals or books, in English, between 2000 and 31 May 2021. They also had to have focused on CI children under the age of 6 with bilateral hearing loss. The literature search was conducted between 31 May and 31 August 2021 by using a four-word search (cochlear implant + children + rehabilitation + education) through six databases: PubMed, Eric, Cochrane, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Scopus, and PsychInfo. The quality of the studies was evaluated using the classification of the levels of evidence by Lebwohl et al (2010): level A, double-blind study; level B, clinical trial > 20 subjects; level C, clinical trial < 20 subjects; level D, Series > 5 subjects; and level E, case reports.

In total, 848 publications were identified, but after removing the duplicates and those which didn't fall within the inclusion criteria, only 150 publications were included in the qualitative synthesis. Most of the 150 publications had a poor level of evidence (C, D, or E scores). Only two publications received an A-score and 64 a B-score, which illustrates how weak the level of evidence is in general on studies related to the rehabilitation of young children receiving CIs.

Delphi study consulting international experts

The further development of the quality standards involved a modified Delphi consensus process that was informed by the outcome of the interviews of the local experts and the systematic review of the literature. Based on all this information, we created a list of 32 quality standards over four domains related to rehabilitation: (1) general quality standards, (2) quality standards on fitting, (3) quality standards on rehabilitation, (4) quality standards for professionals.

An international group of clinical experts in the field of rehabilitation of young children with CIs and a lot of scientific experience on paediatric cochlear implantation was brought together to form a Delphi consensus panel. All six partners suggested a top three of international experts (*see Note C*) in the field of rehabilitation of young CI children, to contact to review the quality standards.

Further on, we carried out a two-step Delphi consensus method, which was modified to include two rounds of email questionnaires. In the first round, we asked the 18 international experts to give their comments and suggestions concerning the 32 quality standards. After adapting the quality standards following their comments and suggestions, we went back to the experts asking them to agree or not agree with each quality standard.

The final list of quality standards will propose the optimal level of experience and expertise necessary for their staff and describe important facilities and resources that CI teams should possess or have access to. Based on the comments of the international experts during the first round, we updated the quality standards and came to a new list of 29 quality standards. We then asked the same international experts to agree or not agree on these quality standards. Finally, above 90% of the international experts agreed on 28 quality standards over four domains: (1) general quality standards, (2) quality standards on fitting, (3) quality standards on (re)habilitation, (4) quality standards for staff, and most of them contained several subcategories.

This set of quality standards for the rehabilitation of young children receiving CIs can help healthcare systems, and more specifically the CI teams and everyone involved in the rehabilitation of young CI children, provide comprehensive and state-of-the-art post-operative care for these children. We're absolutely convinced that by using these quality standards, CI teams and local professionals will be able to improve their quality service provision, which will result in better outcomes.

Quality standards for the rehabilitation of young children receiving CIs

These quality standards for the rehabilitation of young deaf children receiving CIs can be downloaded as a pdf-file from the project website: https://voice-erasmus.eu/ci-standards/

Conclusion

More and more children with severe to profound hearing loss are receiving CIs at an early age to improve their hearing and listening abilities, speech recognition, speech intelligibility, and other aspects of spoken language development. Despite this, the rehabilitation outcomes can be very heterogeneous in this population not only because of issues related to surgery, fitting, or specific characteristics of the child with his/her additional disabilities, but also because of huge differences in the quality of the support and rehabilitation offered by the therapist and the family.

To develop quality standards for the rehabilitation of deaf children receiving CIs, we used the input from the interviews of 11 local rehabilitation experts on CIs from the four partner countries involved in the VOICE project and the outcomes of a systematic review of 848 publications related to the theme retrieved from six databases. The Delphi method approach was used by 18 international rehabilitation specialists in CI intervention to discuss and agree on these quality standards. Finally, over 90% of the international experts agreed on 28 quality standards, most of which contain some subcategories.

Further research is needed to address the issue of rehabilitation of young deaf children receiving CIs. Studies involving larger samples, matched groups, and well-controlled interventions are essential to isolate the intervention factor and be able to generalize findings. Meanwhile, we have to focus on good practice, which takes into consideration the specific needs of the child, family, and their environment.

We believe that the guidelines for good practices presented here can act as a lever for the necessary studies as they already indicate the conceptual field where future studies should take place, and therefore they help in the creation of evidence-informed approaches. ■

Leo De Raeve is the Director of ONafhankelijk Informatiecentrum over Cochleaire Implantatie (ONICI/Independent Information Centre for Cochlear Implantation), Chair of Cochlear Implant International Community of Action (CIICA), President of The European Federation of Associations of Teachers of the Deaf (FEAPDA) and Scientific Advisor for the European Association of Cochlear Implant Users (EURO-CIU).

Note A

Spitalul Clinic de Recuperare Iasi, Romania; Societatea de Otologie Si Implant Cochlear (SOIC), Romania; Universitatea Alexandru Ioan Cuza din Iasi, Romania; Fundatia EuroEd, Romania; Independent Information & Research Centre on Cochlear Implants (ONICI), Belgium; Universidade de Aveiro, Portugal; and Zuyd University of Applied Sciences, the Netherlands.

Note B

(1) Local experts: Martine de Smit (Belgium), Marlies Oyen (Belgium), Kirsten Gennotte (the Netherlands), Pedro Brás da Silva (Portugal), João Eloi Moura (Portugal), Camelia Oana Radu (Romania), Ady Cristian Mihailov (Romania), Crăescu Adina (Romania), Elena Macovei (Romania), Mariana Pop (Romania), Theodor Sirbuletu (Romania).

Note C

(2) International experts: Cheryl Dickson (Australia), Diana Zegg (Austria), Mila de Melo (Canada), Uwe Martin (Germany), Shirly Kaplan (Israel), Anneke Vermeulen (the Netherlands), Camelia Rusu (Romania), Mihaela Alexandru (Romania), Gal Katalina (Romania), Ion Mihaela (Romania), Theodor Sirbuletu (Romania), Mariana Pop (Romania), Luciana Frumos (Romania), Mihaela Fotescu Zamfir (Romania), Louise Ashton (South Africa), Manuel Manrique (Spain), Teresa Amat (Spain), Tricia Kemp (UK).

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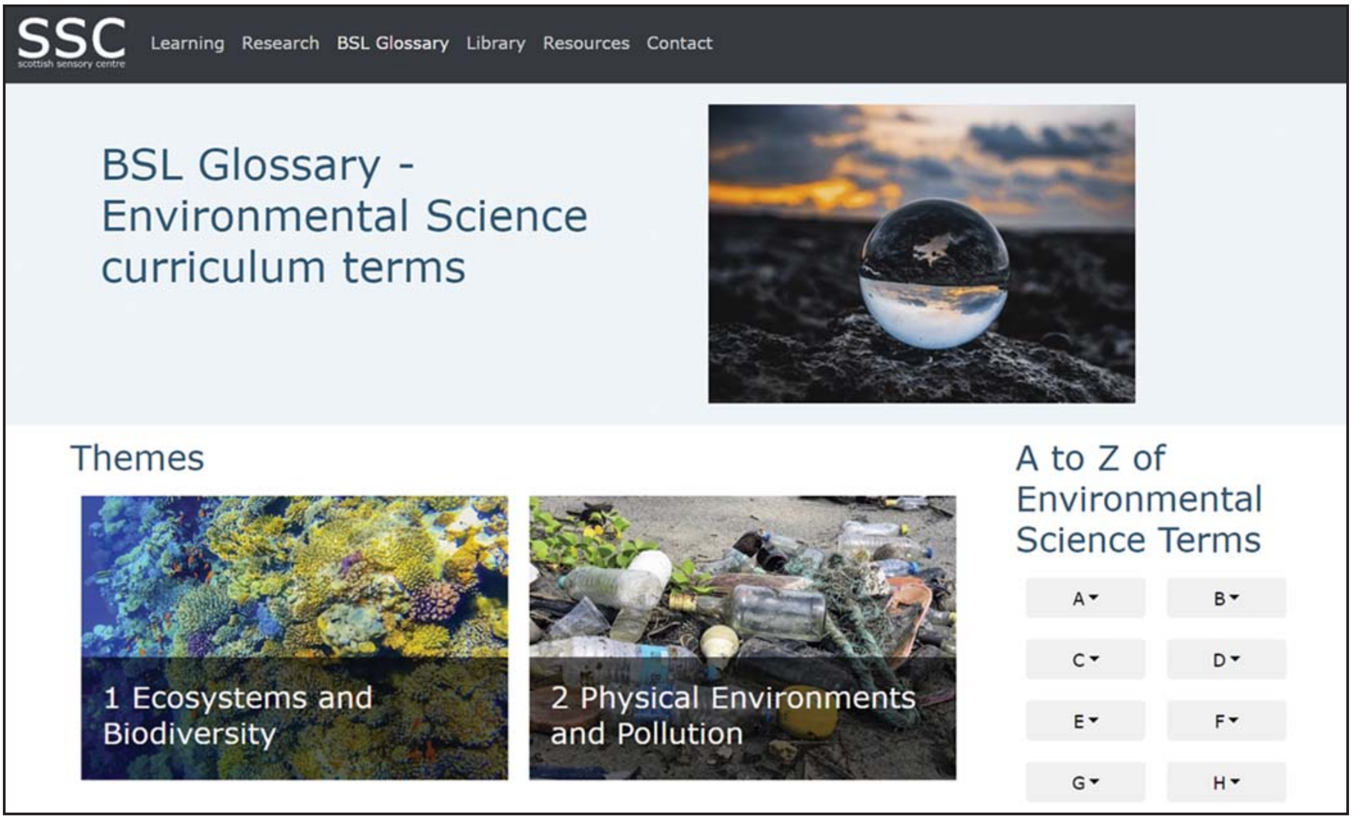


BSL Glossary - Environmental Science curriculum terms

Themes

1 Ecosystems and Biodiversity

2 Physical Environments and Pollution

A to Z of Environmental Science Terms

Advice for professionals

The National Deaf Children's Society's Helpline team provide an overview of their service

The National Deaf Children's Society's Helpline team primarily provides guidance to parents and deaf young people around all aspects of childhood hearing loss. These conversations often involve providing information on our range of services and events, or referring families and deaf young people to one of our experts for specialist support. The advice the team provides spans a wide variety of issues, including:

- Disability benefits (entitlements, applications, and how to challenge a decision)
- Education (including early years)
- Special Educational Needs (SEN), Additional Support Needs (Scotland) and Additional Learning Needs (Wales)
- Further and higher education (including options after leaving school)
- Communication options and choosing an approach
- Technology and equipment to support deafness
- Disability discrimination issues
- Finding local support.

National Deaf Children's Society

We'll typically ask for some background information before exploring different options and next steps. We have a team of Advice and Guidance Officers (AGOs), appeals specialists, and an audiology adviser, to whom we can refer families if they're in need of additional support.

Our work with professionals

While providing guidance and support directly to families makes up the lion's share of our work, another important aspect of our remit is to support professionals too.

The professionals who contact us work with deaf children, young people, and their families in various capacities and include Qualified Teachers of Deaf Children and Young People (QToDs), audiologists, and speech and language therapists.

Professionals consult the Helpline requesting guidance on a variety of issues. Families who need support with accessing welfare benefits, such as Disability Living Allowance (DLA) or Personal Independence Payment (PIP), for their child are often referred to the team. Queries arising from the need for educational support are also commonplace, such as ensuring a deaf child's support needs are being met through an Education, Health, and Care Plan (EHCP) or its equivalent in Scotland, Wales, and Northern Ireland. We also receive referrals in cases where a deaf child or young person may have been discriminated against, such as not being given extra time during exams, not having access to appropriate communication support, or where local authorities are refusing to fund hearing devices such as radio aids at school.

Things we can't help with

There are some issues that the National Deaf Children's Society Helpline can't help enquirers with. These are:

- Deaf adults over 25
- Queries from deaf parents with hearing children
- Housing questions
- Immigration questions
- Deaf children and young people who live outside the UK
- People with auditory processing disorder (APD)
- Fundraising enquiries or general enquiries.

In addition to professionals working in the field, the Helpline team also talks to carers and support staff, who may have little experience of working with deaf children and are looking for information and advice.

The referral process

Professionals can refer families of deaf children and young people (0–25) in need of support directly to us via our online referral form on our Helpline page. The consent of the family concerned is of course required in order to make a referral. Once consent is secured and the referral form received, a member of our Helpline team will contact the family within three working days. When the family has been contacted, the referrer is then informed via email.

One recent referral was received from a paediatric audiologist on behalf of the parent of a baby with a bilateral severe to profound hearing loss. The baby had just been fitted with hearing aids and the parent was looking for guidance and support around services they could access as a family. We contacted the family to discuss support options and were able to signpost the charity's 'New to Hearing Loss' and 'Happy Hands' services.

In another case, a QToD referred a family that recently arrived from Pakistan. The family had secured a local nursery placement for their three-year-old daughter but were unaware of the need to apply for a school place. We contacted the family with an Urdu interpreter to assess what types of support might help. A referral was then made to an AGO for support with finding a suitable school placement, and to ensure the family were aware of their options, so they could make an informed choice.

About the National Deaf Children's Society Helpline

The National Deaf Children's Society Helpline is open from Monday to Thursday from 9 am to 5 pm and Friday from 9 am to 12.30 pm. The Helpline is available by telephone and via LiveChat, email, British Sign Language (BSL) video, or email. Please visit our Contact Us page for more information.

Where English isn't a family's first language, we can contact them via a language interpreter. We also have Helpline Officers who can contact Deaf families in BSL via video, as well as a Welsh-speaker.

☎ Freephone Helpline
0808 800 8880

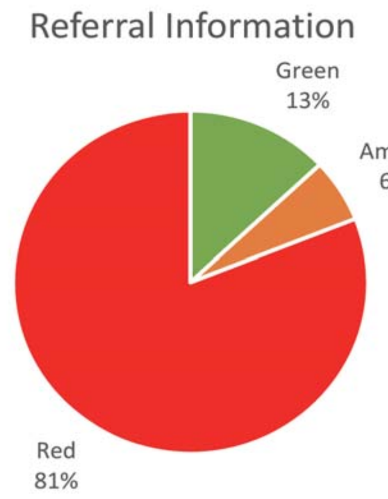
Supporting deaf multilingual children

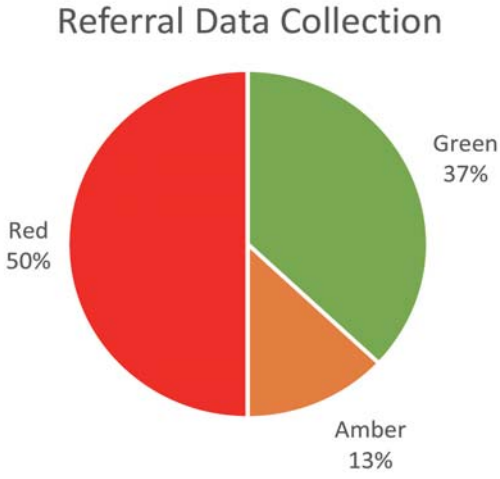
Beth Kilmartin, Highly Specialist Speech and Language Therapist (Deafness), outlines an 'Audit of Teachers of the Deaf and Speech and Language Therapists'

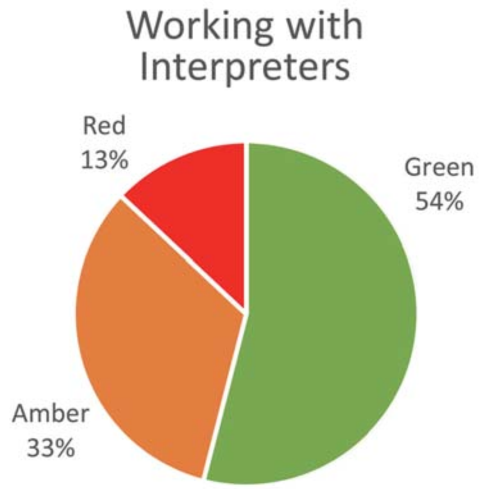
At the 2023 British Cochlear Implant Group meeting in Cambridge, I was pleased to present a poster sharing the findings of my recent audit of professionals' practice with deaf multilingual children. The audit was conducted as part of my National Institute of Health Research, Applied Research Collaboration Pre-Doctoral Fellowship. I work as a Highly Specialist Speech and Language Therapist (Deafness) in Oldham and Rochdale, Greater Manchester and many of the families I work with speak languages such as Urdu, Punjabi, Mirpuri, Bengali, Polish or Roma at home.

The term deaf multilingual (DML) is used to describe deaf children who are learning more than one spoken language. The annual survey conducted by The Consortium for Research in Deaf Education (CRIDE) reports that 14% of deaf children use a spoken language other than English at home (CRIDE, 2021). In England and other English speaking countries, however, the number of DML children is increasing (Canon and Guardino, 2022).

There are specific challenges facing DML children, but they may also benefit from the potential social, educational and wellbeing advantages of being bi-/ multi-lingual. Currently, DML children tend to perform less well academically and may have poorer mental health than their hearing counterparts (NDCS, 2019; Kvam et al. 2007; Novakova, 2020). A significant challenge for deaf children can occur when languages are not shared between family members (signed or spoken language) (e.g., Brown and Cornes 2015). Additionally, Pert & Shah (2021) highlight that there is a high risk of home-language loss when communication support is provided exclusively or predominantly in English.







Teachers of the Deaf (ToDs) and Speech and Language Therapists (SaLTs) play a key role in supporting the parents of DML children when they are making language decisions (Wright et al, 2022). Practitioners strive to provide the best care possible but are challenged by limited empirical evidence and resources. To date no audit has been published detailing how ToDs and SLTs manage the care for DML children.

Audit Aims

The purpose of auditing ToD and SaLT practice was to

1. Identify service delivery practices of the professionals working with DML children.
2. Measure these against best practice guidelines, identifying areas of good practice and areas for improvement.

Identifying Best Practice Guidelines

The Royal College of Speech and Language Therapists have published a guide for professionals when working with bi- /multi-lingual children. The Essential Foundations for Working Successfully with Bilingual Children Experiencing Speech Language and Communication Needs and their Families was used as a benchmarking tool for this audit (Pert & Shah, 2021). This document outlines a range of best practice guidance for practitioners when working with bilingual families and ensures that practitioners work towards achieving language outcomes in the family's home language and English. The following essential steps included in the guidance have informed the questions that were asked as part of this audit.

- Referral forms include a list of languages spoken in the local area.
- information about the service is provided in languages other than English.
- Professionals will telephone the family (using an interpreter where necessary) to check the languages used within the family before the first appointment.
- During the initial assessment is a record is made of the languages used by the child, family, and community.
- Language assessment occurs in all languages used by the child / family.
- Professionals recommend providing intervention in the home language and English.
- Professional interpreters are booked for each session with the family.
- A briefing session is booked with the interpreter before each appointment.
- Professionals acquire training in working with bi- and multi-lingual children.

Methodology

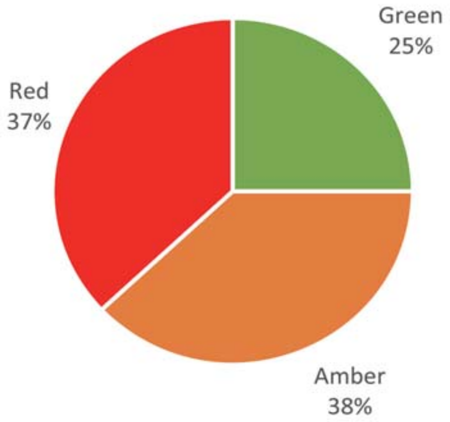
A series of multiple choice and free text questions were compiled using the MS Forms application. The questionnaire was sent to ToD and SaLT services in England and Wales and shared on social media. Questions covered the following lines of enquiry.

- Referral Information
- Referral data collection
- Assessment
- Intervention
- Information Sharing
- Working with interpreters
- Professional development

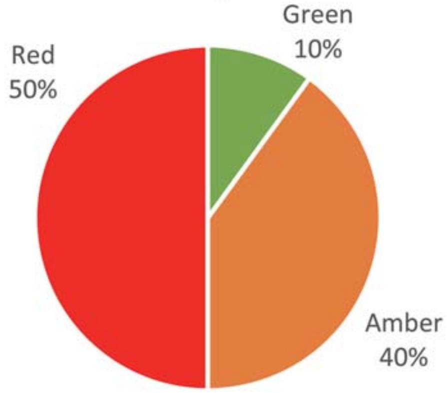
Audit Results

Teacher of the Deaf and Speech and Language Therapy services from fourteen geographic areas in England and Wales participated in the audit. The responses were RAG (Red / Amber /Green) rated according to how well they adhered to the RCSLT guidelines.

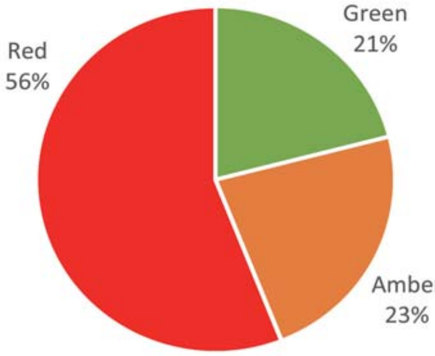
Intervention



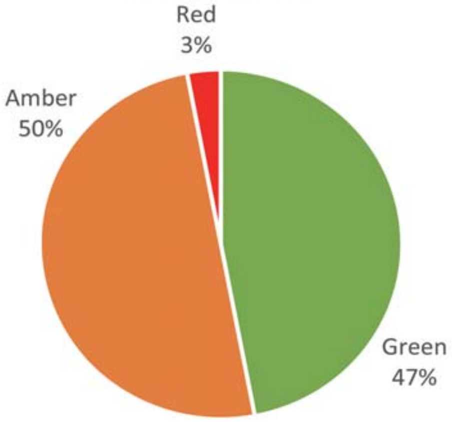
Professional Development



Information Sharing



Assessment



The charts opposite provide the response ratings for each line of enquiry.

Conclusions and Recommendations

The results of the audit indicate that professional practice varies depending upon which service DML children access. This variability could reflect geographical differences in service resourcing and availability, coupled with the lack of empirical evidence and standardised guidelines for this population of children.

Services may benefit from standardised data collection and a more regulated approach towards professional development. In an effort to be more equitable and inclusive, services could also employ self-audit tools to identify where they are performing well and any gaps or areas for improvement.

Practitioners can support the families of DML children by spending time with parents to better understand parents' beliefs and attitudes about bilingualism. It is important to explore what language outcomes parents would like for their deaf child and the implications of their choices on family relationships and social wellbeing, as well as academic achievement. Tools such as the Language Exposure and Attitude questionnaire (Pert, 2022) are available to support and guide practitioners during these discussions. Practitioners have a key role in supporting parents' positive attitudes towards bilingualism, and the belief that they are active agents in their child's bilingual language development (De Houwer, 1999).

Terminology

In this article the terms deaf and deafness have been used to describe children with all types of hearing loss and who may use a range of listening amplification devices.

This audit focused on spoken language multilingualism. Deaf children may use sign language, spoken languages or a combination of both.

This audit was performed under the guidance of my supervisors Dr Jan Owens and Dr Paul Conroy (University of Manchester) as part of my NIHR ARC-GM Pre-doctoral fellowship.

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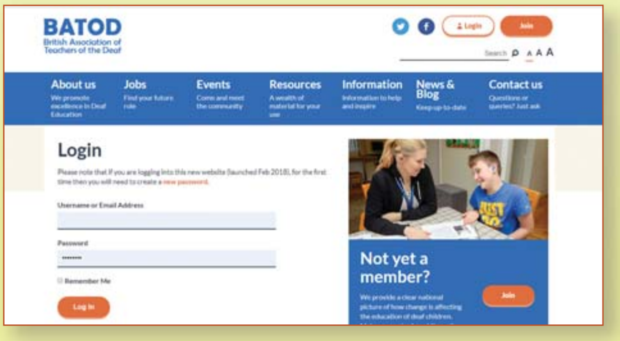
Have you registered yet?

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



Login

Please note that if you are logging into this new website (launched Feb 2018), for the first time then you will need to create a new password.

Not yet a member?

We provide a clear national picture of how change is affecting the education of deaf children.

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

news ♦ events ♦ resources ♦ jobs

Explore the fantastic resource that is

www.batod.org.uk

Are you out there?

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

How many QToDs are working with this age group?

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

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

Please contact Teresa Quail, BATOD National Executive Officer via batod_aneo@icloud.com

BAEA 2023

British Association of Educational Audiology (BAEA) summarise the webinar event for their 2023 annual general meeting

BAEA continued to be active throughout 2023 at a national and localised level across the four United Kingdom nations and Ireland.

At the last year's annual general meeting in June, the membership learnt from Karen Wright about her Master of Science in Educational Audiology and it was looking at exploring the impact of classroom acoustic measurements and follow up acoustic adaptations for learners and staff in the classroom. Karen explained the impact in relation to acoustics through her membership with her local authority's disability access group. The disability access group is aiming to promote schools access over time, and it includes, as well as educational audiology, representatives for pupils with physical disabilities and complex needs, building surveyor team, and the strategic asset managers. Within that group there is an annual focus on classrooms that would be welcoming deaf pupils with significant levels of deafness. Karen discussed the feedback from teachers via interviews, and pupils via questionnaires, who experienced the classroom space pre and post acoustical panel-fitting treatment. Karen shared that most of the teachers noticed a significant difference. They recognised that there was less echo or reverberation in the classroom and the noise felt like it had been dampened.

We look forward to seeing the outcomes of Karen's next considerations regarding acoustics programmes to promote the benefits of listening conditions and the highlighting of the information for schools of acoustic accessibility toolkit through the existing NDCS resources and the Deaf Education Acoustics MESHGuide.

Campbell Associates, supplier of noise, vibration, and air quality monitors, has a long term history of working with local authorities and schools. It provides equipment to be able to measure and quantify the noise as well as softwares that can help us predict noise, look at and see noise in the environment or within buildings. During the presentation, Anthony discussed the Norsonic products and highlighted literature that BAEA has been allowed to share on our website. Anthony explained Campbells was building a new support website from which you can get access to the videos, PDFs, etc, which would all be free to download.

Anthony highlighted the need to be careful with new laptops when conducting room acoustics because they have a lot of sound software to make the listening experience better for bass music. He emphasised the need to make sure that the sound settings are set to default, that the equaliser equalisation is flat, and to make sure the files that you're playing are in an uncompressed format. That is, playing the audio in a MP3 format affects the quality of the sound. The files on Campbell's website are in an uncompressed version, ie a wave version.

Ruth Crosby Stewart, an Educational Audiologist and Head of Sensory Support Service spoke about improving room acoustics on a budget, recognising the school's limited financial resources to meet their responsibilities in terms of the Special Educational Needs and Disabilities (SEND) Code of Practice and Equality Act and the Building Bulletin (BB) 93. Within Ruth's service, all their learners are provided with a pupil profile that contains information and guidance for teachers and low cost ways to reduce and manage classroom noise. Alongside training sessions, an environmental audit is offered, and learners are empowered to manage their own noise. Ruth explained that with her current project to improve the room acoustics for all children and young people with SEND: she presents a layperson's version of what psychoacoustics are; the auditory scene in a visible way; introduces quote research, eg Hart and Ridley's three million word gap for the so called disadvantage cohort; explains the auditory system when in poor acoustics, and discusses room acoustics. Ruth shared she has created an accessibility audit tool that brings schools to thinking about topics including room acoustics. Ruth also noted their schools are encouraged to reach out to acoustics specialists and find out for themselves what state the buildings are in and what they plan to do about it over the years. Ruth concluded that whilst every child benefits from improved room acoustics, in terms of educational audiology, not only children with deafness benefit from access to an educational audiologist but every child benefits.

Emma Greenland, Anderson's Acoustics, discussed acoustic design for inclusion focusing on mainstream classrooms, new research as a result of the study for Department for Education (DfE) on all types of listening needs, and an update on the BB93 regarding an aim to get the reasonably adjusted A grade in classroom acoustics that works for all. Emma explained her background with her PhD research with Bridget Shield, how she co-authored the 2015 update to BB93, and was involved with the DfE research project. Emma discussed the analysis of the latest research papers to outline what has to be considered and how one can reasonably adjust acoustics to ensure that the design does not place people with disabilities at a disadvantage. Emma signposted a 2019 White Paper within which she and colleagues summarised some conference papers that they did. Emma noted she has new conference papers to add, therefore an update is needed. The BB93 is an

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anticipatory duty that all schools must fulfil. Emma indicated a range of questions and aspects that had to be considered, ie who are the people with disabilities? From the definition in BB93, this will cover a range of needs, eg deafness, speech, language, and communication needs, attention deficit hyperactivity disorder (ADHD), autism, or auditory processing disorder. Emma highlighted that equality in terms of age has to be considered for cohorts of children as age is a protected group. Younger children are more severely affected by the effects of poor acoustics on speech and perception. Also to be considered is English as an additional language. Since BB93, social, emotional, and mental health needs (SEMH) must be considered. In addition, the effects of noise and acoustic noise, not just visual noise on dyslexia, developmental language disorder (DLD), and specific language impairment. How many are there in a mainstream environment? How do you quantify that disadvantage?

The DfE research used 2021 statistics with a focus on mainstream sector nursery, primary, and secondary. Emma talked through prevalence rates comparisons over the last four years for a range of needs and disabilities, acknowledging the challenge of acoustic standards that remain unregulated in early years settings, except in nursery school settings that operated as part of a school. In addition, the findings from research relating to reverberation time across the education stages and control at low frequency, which Emma emphasised does not get talked about enough. To answer the natural question "If inclusion is such an important issue, can't we just apply that gold standard to all mainstream classrooms?" Emma articulated some architecture and design challenges:

- The need for concrete soffits for thermal cooling strategies which negates a straightforward suspended ceiling and that the suspended absorbers do not absorb base frequencies well.
- It is recognised wall panels are effective, but the design teams need to also follow the classroom practitioners' need for teaching walls and display area.
- The financial challenge presented with a Victorian classroom with tall rooms refurbishment as each 100 mm above a certain room height means more wall sound absorption is needed.
- The presence of 30 children in a classroom space generates 40 dB even if the children are on their best behaviour quietly engaged in silent reading.
- For settings with larger rooms, some reverberation is needed to support the teacher's voice reaching the student positioned 8 m away.

Emma shared that for her research to quantify this disadvantage, she reviewed 50 years of experimental speech perception studies where they looked at varied acoustic conditions and used a new way of reporting by looking at the listening gap. She noted that if they looked at non-ideal acoustic conditions, the listening gap would grow. For a BB93 compliant classroom like a secondary classroom, having even minimal deafness or English as an additional language, the disadvantage will double. She reflected these findings and indicated something needs to be done beyond minimum BB93 standards. Emma and her colleagues expanded their research to include active babbly classrooms with a nominal 0 dB signal-to-noise ratio, 60 dB noise, 60 dB signal and found that it is not just deaf listeners who are severely disadvantaged in the active class.

Emma explained that in order to reduce this disadvantage, more can be done to achieve a bit more of a reasonable adjustment, in that for the A secondary classroom, instead of the one-second reverberation time (RT) (because that's what's written down in BB93), a reasonable adjustment is 0.5 seconds with either type of ceiling or absorber design. This can achieve a balance of making sure that the teacher's voice isn't under strain when communicating 8 metres away with 30 children in that mainstream classroom. Emma shared that for the DfE project, she worked with Adrian James, an acoustic consultant, Jack Harvey Clark, and Bridget Shield. Emma noted that as part of that work, Bridget Shield had presented from her secondary school work which included data linked to lesson noise level and ambient levels, indicating in classes of 20 or more to keep the occupied activity noise levels well below those known to affect performance of pupils and learning that 35 dBA and 0.5 seconds RT combination was what works. Also, in the evidence from children with with autism, that 0.5 seconds also keeps the activity noise levels below the limit that is known to affect pupils in terms of repetitive behaviours. So, in terms of listening aids, we can boost the signal-to-noise ratio by about 5 dB and we can achieve those ideal conditions if we are not able to in the room. Emma reflected that if we are able to achieve 0.4 seconds that would very much be the ideal.

Emma ended by discussing her last piece of research, a literature review of the impact of personal listening aids. She highlighted the work of Gary Rance in Australia. From her literature review, in the active classroom, deaf students have a major disadvantage, but that reduces to 14%, ie on a par with the inherent gap, which shows the benefit of listening aids.

The webinar highlighted the multiagency shared learning and impact potential when acousticians and architects alongside educational audiologists can achieve in school designs when they account for active babbly noisy multi-learning spaces occurring in the true school day, eg five different phonics group and peer-to-peer pupil-based teaching and learning.

HAMILTON LODGE SCHOOL & COLLEGE

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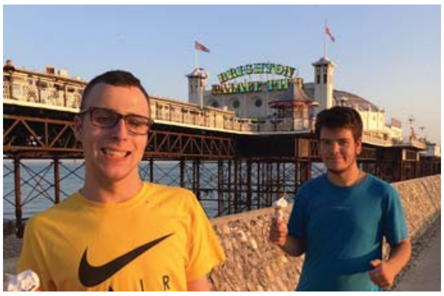

Hamilton Lodge is a special residential school for learners from 5 to 19 years of age with significant expertise in meeting an identified primary need of Deafness (Mild, Moderate, Severe or Profound).

Our Specialist Team includes:

- Qualified Teachers of the Deaf and subject specialists
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- Emotional and Mental Health support (supervised by National Deaf CAMHS)
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Duncan’s journey

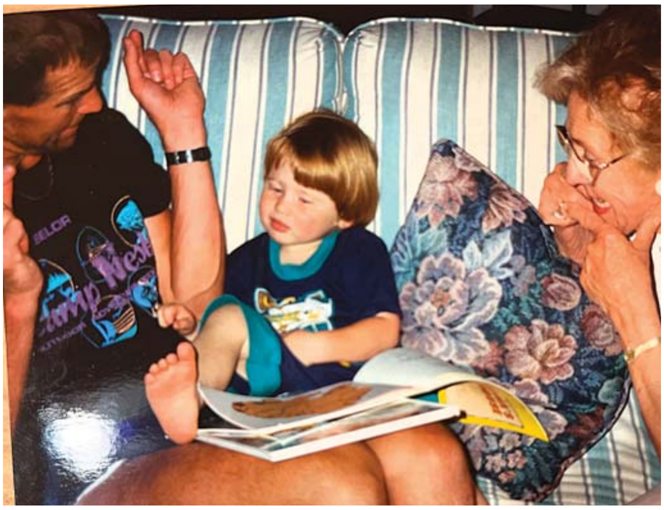
Alison Lindberg, after an unplanned visit to a school for the deaf in Rwanda, reflects on her own son’s experiences in America

Connections through DeafReach

We (Scott and I) were particularly attracted to St Gabriel’s, Butare, Rwanda, and the charity, DeafReach, given the appreciated mix of support to sign language, audiology, and parent outreach. Without having given our background when we first met, Bizoza, the onsite teacher specializing in audiology, told me they used Total Communication at his school – at that juncture, we knew we wanted to support him in some small way. The school clearly was striving to be inclusive (deaf and hearing integrated). I struggled with finding a legitimate way to provide this support and did much online research and outreach into charities.

At that time, I had no knowledge of Teresa’s prior involvement with the school, but coincidentally, I found DeafReach thanks to Google and was introduced to Teresa, Trustee of DeafReach. Yeahhhh! I give many continuing thanks for the outcome of this meeting due to her dedicated leadership and guidance on the project. I also appreciated DeafReach’s desire to broaden the African support network, even across regions and countries, and to seek out policies and opportunities that created a standard approach to deaf education and early intervention, to provide technical mentorship, and hence, empower the local communities to be sustainable and self-sufficient (to the degree possible). Rod, DeafReach Chair, of course, helped me through the hoops of international funding, which was all new to me.

So why does this particular philanthropy interest me? Because the United States (US), United Kingdom (UK) and Europe, in general, have broad access, communication avenues, and resources for Deaf/hard of hearing (HoH) individuals of which Africa has very little, in some cases none. And given the many other plights that Global South countries face (besides just African nations), Deaf/HoH and visually impaired people will always be the last to be considered. More than any other community, they need better access just to survive.



Dad and grandma signing a book with Duncan, age 4

Learning words through house play, age 3

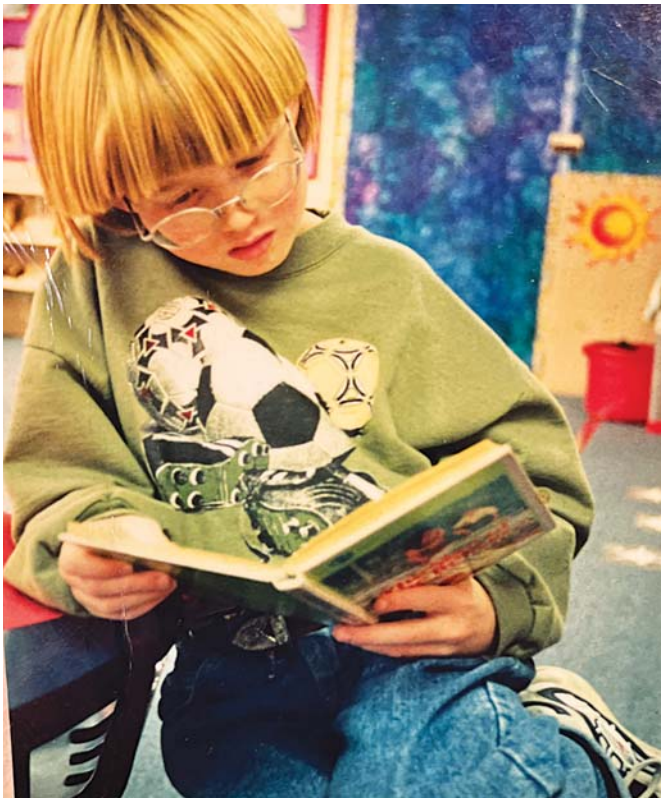
Every human should have that basic right. The inability to hear or see should not have to be a stamp of future failure, depression, or sorrow. Deaf/HoH people in Global South countries are usually the poorest of the poorest, and no doubt either ostracized or abused. Rather, Deaf/HoH people should be celebrated for their fortitude, innate and heightened instincts, insights, and compassions. The blessing of having my son, Duncan, has taught me this.

Duncan's diagnosis

My son, Duncan, now 32, was diagnosed with profound sensorineural loss in both ears (congenitally deaf). His diagnosis was not until he was two and a half years of age, so he was language delayed. This is something that isn’t uncommon, I'm sure, in Global South countries, and obviously not even in the US; hence my special interest in Deaf communities.

The day of Duncan’s diagnosis and in tears, I immediately let a Deaf co-worker (who I barely understood at the time) know about my ‘misfortune’. His response was “Yeah! Congratulations! I am so happy for you!” “What?”, I thought to myself. Confused by this response of unrecognized support and not really knowing what to do next, I spent the next year learning about life’s struggles and joys as a Deaf adult. He became a wonderful and compassionate friend I’d all but sadly ignored prior. Engaging a deaf person for the first time was frightening and unsettling to me (a not uncommon reaction). I dove into researching our options for a deaf or oral school, and a number of confusing communication avenues; no doctor was helping with this. So, my grandmother introduced me to a well-respected author and pioneer Deaf educator in Los Angeles, Virginia McKinney. Duncan was three years old at this point. My world was about to change.

My husband and I sat at a table at Virginia’s school for Deaf adult education in Los Angeles. With Virginia directly facing



Duncan reading,age 6

us, we were amazed (or rather confounded) by her flurry of combined verbal and sign usage throughout our conversation. "What is this?" we asked ourselves in minor distraction. I asked her for her opinion on what to do next. We had come to the crux of making a decision on Duncan's educational path. He would be entering kindergarten sooner rather than later. She said, "Give him everything!" Paraphrased further, "Don't focus on one method. He will naturally adapt and use all of the tools that you give him. He will use the tools that work best for him. It may be a combination. But he will find his best path." Her focus was on the child's future, innate ability to navigate and discern their needs. But to do so, the child needs a complete, not a limited toolbox.

And you know what? She was 100% right.

This is where I end my story for this particular introduction and another begins. It's the actual journey Duncan took for language and knowledge acquisition up through to his current adult life. It includes home play and learning strategies, cochlear implants, schooling options (oral versus deaf/American Sign Language (ASL) versus public school), therapies and results, growing up in a hearing world, mobile devices and current technology, and Duncan's view on it all. An important take-away on Duncan's growth was the incorporation of extensive writing. This would be a defining feature in his future academic success and ability to communicate well with the hearing community.

Signing Exact English

We immediately obtained videos to practice Signing Exact English (SEE) and obtained related books, dictionaries, etc. We read about Total Communication methods. We posted picture flash cards all over the house and would speak and sign the English word on the flash card for each encounter with Duncan. We played with physical toys as we signed in playful imagination a variety of stories to match airplane travel, car travel, places, farms, animals, nature, things, etc. We read and signed picture books every night. We bought books for Duncan that had pictures of sign language gestures that accompanied the written story. As he got older, I took walks with Duncan in the forest to collect plants, affix them to a book, and name each one with fingerspelling and writing. We had Duncan watch signed cartoons and child entertainment videos with captioning. We never watched a video or TV without captions. We never used speech or sign singularly, nor rarely did the audiologist or speech therapist unless it was a listening session. It most always was both. Language acquisition was critical and foremost. When we had his sister (when he was two and a half), we did the exact same with her. She learned signs as a baby and communicated this way before she ever spoke! She is now prolific in sign and has a solid and supportive relationship with Duncan. Her own communication skills are exceptional and she is successfully pursuing a PhD (self-supporting).

Early schooling

Duncan was educated via a Total Communication program, using SEE, in the California public school system, and despite his odds, he is considered quite the success story by many professionals.

After Duncan's diagnosis, we did visit and consider both private deaf and oral schools. Both were too severe. Both required residency away from home. A deaf school told us we would never, ever really know our son and that he must be raised with ASL as a first language. He would not be a part of the hearing community. He would not be a part of the family as we would expect. He would forever be translating ASL to English (which isn't really possible without missing all the grammar). He was not disabled, he was deaf with a capital 'D' (I came to always respect and understand the latter). The oral school, on the other hand, told us our son would never succeed in the hearing world if he couldn't

Learning language through play, age 6

speak or 'hear'. He would not be taught sign language as it was "forbidden". He was disabled. He must integrate. Neither of these options felt right, especially after reflecting on Virginia's heartfelt advice. He was going to be forcibly limited in accessible tools. Both schools had no diversity and limited social avenues. So, we picked the public school system. We never regretted our choice.

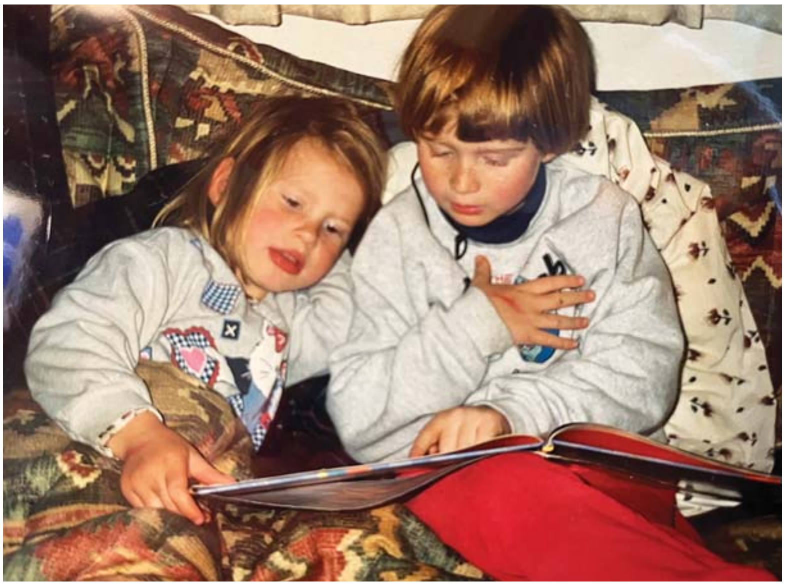
Upon entering grammar school, Duncan had early intervention in public schooling and therapy, including SEE, speech, lipreading, and significant auditory input. All of these therapies were essential, but when Duncan looks back on them as an adult, he rolls his eyes. He hated going to therapy but for one provider. Speech was excruciating for him, auditory testing an annoyance and a boring task. Listening/auditory input was his favorite.

This 'training' was always executed as a game. Always a fun task. Encouragement, support, rewards. The therapist would use sign language with discrimination, used when communication was needed to explain a game, clarify an instruction, or speak when Duncan was in the room with us.

In the selected public-school setting, Duncan only had six female peers in his classes along with only a couple of very much younger males in different grade-level classes. The school provided fun, family, post-school activities and parent training for sign language as well. This was very supportive for us as parents, and much needed. It kept us motivated and provided a group we could socialize with, utilize our newly evolving sign skills, and include Duncan. The school also provided an after-school daycare program with assistants who knew basic sign language. This allowed for both myself and my husband to continue working. Two incomes were necessary to follow through with private therapy services.

Higher Education

After high school, Duncan was accepted to the Rochester Institute of Technology (RIT), New York, with scholarships for his bachelor's degree. This is the second of two available private universities in the US that have dedicated services for the Deaf and with a large community of Deaf people, the other being Gallaudet. He earned money tutoring physics and math. During this period, he was immersed in ASL, and knowledgeable interpreters were able to work with him in his transition from SEE. This transition to ASL was not difficult (as some had claimed it would be), and gave him the ability to successfully pursue advanced topics. SEE was far too clumsy and slow for complex science topics, as one example. This transition also boosted his socialization considerably as many of the Deaf students were ASL literate. As a result of this positive experience and subsequent language advancement, Duncan made the necessary grades for acceptance to a master's degree program at a state public university in California, Cal State San Luis Obispo (Cal Poly). Here, services for Deaf people were much harder to obtain, but at least ASL was a standard interpreter service. Unfortunately, Duncan was the only Deaf student in a very large public school, unlike RIT. It bore heavily on him to lose his social connections and to experience isolation he'd not had since high school. But periods of depression were mitigated with frequent visits from family and 'meetup' opportunities with friends in nearby cities.



This is Duncan, age 7, with his sister. He is signing a book to her. Mariah's language acquisition (especially her vocabulary) was accelerated significantly due to the family's use of sign combined with oral speech since her birth

Availability of higher education options with quality interpretive services for Deaf/HH people is a blessing in itself, but the trades – technical/industry-based self-learning – or on-the-job opportunities were still a viable option for many of his Deaf friends who, due to academic standing or cost, could not attend a university. But success in either college or university, or trade settings coupled with interpretive services, are critical to this community. Without such services, Deaf/HoH people are placed at a large disadvantage. The learning doesn't stop at grade school. A two-way exchange conducted with a beautifully visual and rich language is essential to achieve higher learning and more satisfying career opportunities. But this experience must not be a one-way conduit consisting of misconfigured signs, a scrunchy face, over-exaggerated lips, muffled sounds, clumsy and insincere nods (you say you understand, but you don't; they say they understand, but they don't), and ridiculously short two-syllable word sentences. The latter approach of 'listening', vague auditory cues, and lipreading relies on the Deaf/HoH adult to bear an unbalanced load that breeds dropped stories, frustration, dangerous work/task situations, stress, and sadly, discourses of scant content and little intelligence. Forty percent or even sixty percent of maximum understanding without sign language is not one hundred. The standard approach is to extensively train the Deaf/HoH individual to achieve successful adaptation using three foreign skill sets (auditory, speech, and lipreading]. But this is accomplished only through very hard work in order to satisfy the hearing world, but not the Deaf individual's well-being. And in the meantime, all these learned adaptations (an hour here, an hour there, and an hour after) require the sacrifice of both social opportunities (or 'fun' time) and the actual experience, breath, thrill, satisfaction, richness, and integrity of critical learning and knowledge transfer. There are ways to lighten this load, of course,so in my story of Duncan's journey, I next expand on auditory/listening strategies that worked for Duncan ("fun", in his own words). But in all cases, if one were to remove the interpreter (how sad is that?), the work, the journey would be even harder. Why add to their given burden? But I diverge.

Early play strategies

Another level of expression and learning was cultivated through play acting.

During Duncan's pre-school and early elementary days, I worked on language acquisition through play, as I mentioned earlier with flash cards and toys. But we took one step in 'play' in order to help both deaf and hearing children integrate, learn (reading and games), and just play with one another without any language barriers.

Scott signing and speaking "crusade" instructions to find and destroy the monster in the riverbed that was protected by a dragon! Oh my!!! Horses were essential, of course. The play had a complete story and book I had authored to accompany the scenes we created.

On Duncan's birthdays, we would go camping for two days in our nearby Redwood Forest State Park. I'd invite the parents to participate in a story-telling drama/play that I would script. I would have the parents come in costume for their drama role or provide them with a costume. The children would also come in a simple costume to match the story theme, and I would provide them with an accessory. The planning was initiated well in advance to the day and 'invitation'. We would have a morning meeting with just the parents, long enough to explain their role and give them their script. During this meeting, the children had independent play at the campsite. Then, a quick lunch for all and off we would go! We'd effectively act out (physical and visual engagement with signs – some parents actually took the time to learn ASL or SEE) a story that both the hearing and deaf children could directly participate in. The parents were the actors. I had 'scenes' that I set up at various locations in the forest, and we would take the children to each of these "decorated" stages. Each story/play included a little home-printed book I produced and handed to the children so they could easily follow along by reading the dialog for each scene. Oftentimes, especially as the children matured, a scene had some sort of surprise or game included for strategic thinking and a positive outdoor experience. We did this every year from ages 4 to 14. The group comprised about 12–15, including children.

Example themes:

- Peter Pan
- Wizard of Oz
- Crocodile Hunter
- Pirates
- Fairies, knights, and monsters
- Scooby Doo
- themes based on some more stories I wrote and for which I made mini-illustrated books.

Writing strategies

One of the key take-aways from Duncan's early education was frequent writing. He kept handmade books with photo pictures glued inside of the pages telling an accompanying story. He maintained a journal entry nearly every day, but particularly when we were away (we would have a care provider from his daycare who knew basic sign language); or if he was at a summer camp, such as a Lions Club camp for the Deaf, or family trips. The educators, audiologists, and after-school care provider also used this technique to facilitate his communication skills. He would keep another book of new words he learned while reading. So the 'yes' writing was huge. The incorporation of extensive writing

Parents dressed up as Knights, witches, paupers, ladies, and a king – a medieval fantasy would be a defining feature in his future academic success. I still have some of these journals and can track his increasing level of self-expression. To this day, his writing skills are exemplary, with the exception of missing definite and indefinite articles (eg the/a that even my hearing daughter misses!)

Family and Inclusion

By the second grade, Duncan was able to be mainstreamed into hearing student classes on the same 'Oster' elementary school campus, San Jose, that provided his early intervention services, deaf educators, and therapists. However, his deaf educators still played an important role in his life as sponsors of a parent group that had started earlier on. The group of parents met after school in a classroom and discussed strategies, challenges, and organized group field trips or fun overnight weekends together with their deaf children and siblings. This teacher/parent support group was invaluable and helped all of us parents learn to be advocates for our children, to hone our SEE signing skills, and to develop new friendships.Some of these were in the group that attended the birthday parties. In addition, the Oster Elementary school provided an after school day-care service at a minimal cost that had assistants capable of signing. This allowed us to be dual-working parents, while at the same time providing Duncan with contiguous opportunities for language acquisition and integrated socialization. His sister went to the same school and day-care, so Duncan's deaf friends became her friends, hence strengthening their sibling bond.

Instead of TV, which had no captioning at that time, we purchased DVD entertainment videos that either had interpreters (signing) captioned into the video at top of the display, actors that actually signed, or simple captioning (cartoons in example)

While at home, we always ensured that captioning was turned on for the TV. We provided Duncan and his sister specialized entertainment videos that had sign captioning. We even pursued children's summer music and drama programs that encouraged Duncan to sign, speak, and listen. Our family bond and ability to communicate together in sign was strengthened even further with outings to public events such as a baseball game, the circus, State or National Park interpretive hikes, or city musical or drama productions. While we would interpret the sporting events for Duncan, for all of the other events, we arranged to go when ASL interpretive services could be provided or were part of the production. This required pre-planning and sometimes direct advocacy, but this fun and inclusive environment provided for a strong family base, exposure to ASL, and language visualization through drama. This emphasis on access was made possible due to the American Disabilities Act (ADA) and organizations for Deaf people (ie Deaf performance groups) which increased opportunities for Duncan that otherwise would have been meaningless.

Duncan's cochlear implant

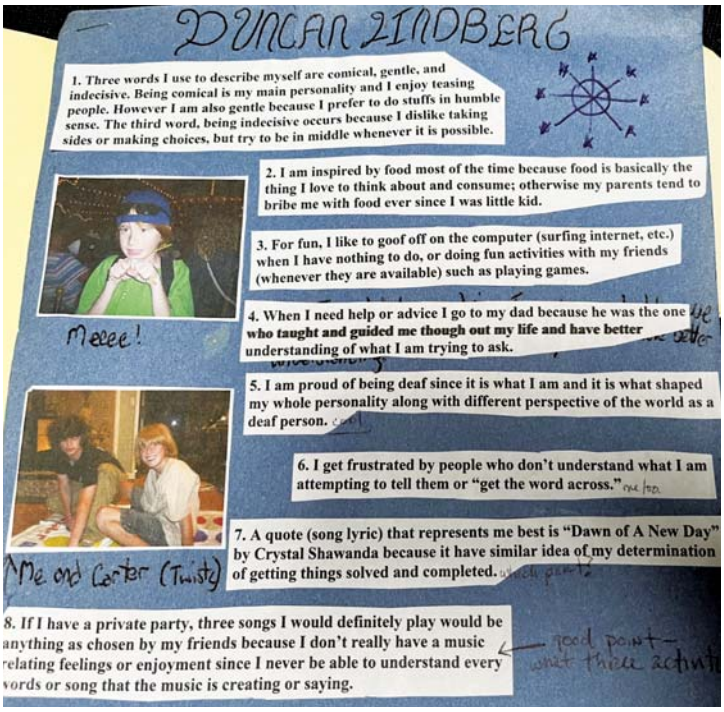
At the age of 14, when he could best analyze and understand his own personal decisions, we gave Duncan a choice on whether he wanted a cochlear implant (CI). He was subsequently implanted in one ear. The experience was not without pain. He had severe headaches among other post-operative incidents. While a CI will not make a Deaf individual 'hear' speech in the way we do as hearing people, its value is clear, and Duncan has no regrets at having the surgery. The apparatus embarrassed him in middle school, so his hair was longer, but as his identity awareness and self-respect increased, this lessened (as did his long hair haha!) The CI gave Duncan important situational and environmental awareness (ie sounds of a dog bark, bird, someone behind him, his name being called). Of particular interest, he could 'hear' his own voice. The latter significantly helped improve his speech.

Without his CI, his speech always falters. At some point, a second surgery will be required to replace his implant. In the meantime, he has had three upgrades which we were fortunate to have covered through our employers' health insurance. This is not the norm for many individuals and certainly not in low-income countries. The question, then, is the efficacy of implanting. Will Deaf individuals be able to afford upgrades? Will Duncan be able to afford a new implant? The likelihood is 'no'. What then? Sure, Duncan can speak a little better and he is less at risk, but does this produce a better quality of life?

Socialization challenges

Middle school and high school were the hardest for Duncan, despite efforts by all at inclusion. Duncan still had the same Deaf peers, but a much larger school environment. There were more social challenges and non-intentional, but obvious discrimination. We got him involved in sports and in Boy Scouts, but the challenges of interacting in team sports with hearing boys was admittedly difficult for Duncan and us. We had to be available to sign for Duncan at every practice and game. Duncan was pretty much left out of most social engagements between the boys. We simply could not be available for these kinds of private interactions, obviously, nor did Duncan want us there.

This is when he realized he was truly different, and the word 'disabled' entered his vocabulary. That said, all the love and support he received from adults and a few kind children helped him to persevere. And he did enjoy sports.



DUNCAN LINDBERG

1. Three words I use to describe myself are comical, gentle, and indecisive. Being comical is my main personality and I enjoy teasing people. However I am also gentle because I prefer to do stuffs in humble sense. The third word, being indecisive occurs because I dislike taking sides or making choices, but try to be in middle whenever it is possible.

2. I am inspired by food most of the time because food is basically the thing I love to think about and consume; otherwise my parents tend to bribe me with food ever since I was little kid.

3. For fun, I like to goof off on the computer (surfing internet, etc.) when I have nothing to do, or doing fun activities with my friends (whenever they are available) such as playing games.

Meeee!

4. When I need help or advice I go to my dad because he was the one who taught and guided me though out my life and have better understanding of what I am trying to ask.

5. I am proud of being deaf since it is what I am and it is what shaped my whole personality along with different perspective of the world as a deaf person. cool

6. I get frustrated by people who don't understand what I am attempting to tell them or "get the word across." me too.

Me and Carter (Twister)

7. A quote (song lyric) that represents me best is "Dawn of A New Day" by Crystal Shawanda because it have similar idea of my determination of getting things solved and completed. which point?

8. If I have a private party, three songs I would definitely play would be anything as chosen by my friends because I don't really have a music relating feelings or enjoyment since I never be able to understand every words or song that the music is creating or saying.

good point – what three activit

Autobiography he did when older and in middle school

On occasion (maybe three or four), a hearing peer would be kind and befriend him … and at least try to learn to sign in order to augment what Duncan could never understand. Hearing kids speak too fast, have no filters, nor do they know communication etiquette for interacting with Deaf/HoH individuals. As a result, for Boy Scouts, I led a merit badge opportunity for 'Communication' and incorporated etiquette and sign language. Otherwise, all interactions were purely physical. For Boy Scouts (and later, outdoor field jobs where he was on-site), the joys of night-time campfires and stories were not in his grasp, and being a fan of camping and the outdoors, this hurt him emotionally; we had to intercede to help him past some resultant experiences with depression. But in the end, Duncan did achieve his Eagle Scout lifetime award.

Self-identify blossoming

After Duncan graduated from high school, he literally blossomed once he attended RIT university. As mentioned earlier, here he had full access to ASL interpreters and met a wide breadth of Deaf peers. That being said, his academic success flourished due in part to the exemplary writing skills he had acquired through his former public school education that consisted of speech, audiology, listening, and SEE. While SEE would be mostly abandoned as an adult, it gave him the ability to understand the grammatical structure of English; this was something that other Deaf students among his Deaf friends (excluding HoH students) raised purely with ASL or purely in oral environments were not able to achieve as effectively. We noticed that too many grammatical pieces were missed when Deaf students were only relying on auditory cues and lipreading, or had been raised with only ASL as their primary language.

Lastly, 'love' and support were contributors to his blossoming years. Of course, Duncan had our (his parents) support, but I can't say enough for the dedication and support of his many ASL and/or SEE interpreters. As parents, we always ensured the availability of interpreters at public events. For sports and private family or other events, my husband or I interpreted with our SEE. But interpreters made his advanced education possible. Their dedication was similarly out of love. This is when Duncan learned ASL. This is when Duncan found his home and identity with the Deaf community. I'd never seen him happier.

Finally, after he completed all his schooling and established friendships with the local Deaf community, he fell in love with a hard-of-hearing woman (now nearly deaf with her continuing loss) who he married this October. She was raised in a Deaf school that taught only ASL as a first language (ASL to English interpretation; the opposite of Duncan's education). She can verbalize better, obviously, and has some limited hearing with hearing aids, but adding her input and their diverse friendship ring (all HoH and Deaf peers), Duncan's speech and self-esteem have got even better! This was pure motivation (to please her, haha!) coupled with her ability to coach him auditorily as a trusted friend (versus an educator or parent).

Impact of new technologies

My last comment derives from the advent of new technologies. As mobile phones have improved by providing more applications to support disabilities, so have Duncan's career (and social) opportunities improved. He uses his phone for exchanges with hearing people since he can now text in gigantic word/character displays for hearing readers (and himself) during one-on-one conversations. I also spoke of writing earlier, but good email and reporting communication with employers and clients is important when you are Deaf (being really the primary mode of communication with most hearing people). So, I'll just mention that Duncan (and my daughter) use a program called 'Grammarly'. It's been a definite asset to both of them, but I'm not sure about its international availability (grammarly.com). Thankfully, it's not an artificial intelligence (AI) generator. It's strictly instruction focused.

So, you see, our story is a Total Communication story. Deaf individuals cannot acquire speech or auditory awareness through one avenue. And for the social and emotional well-being of a Deaf individual, being part of a Deaf community that uses their own natural sign language to communicate is essential. Therefore, both Deaf and HoH children must be exposed to and learn their native sign language as part of their language and intervention program/education. In the ideal world, of course (which this is not), we would all commit to learning sign language so as not to place all of the burden of communication onto the Deaf/HoH individual. Not to acknowledge this right is discriminatory and non-inclusive. It's a two-way street, not a one-way one. To me, these are factual declarations. "Give them everything!

Now retired, Alison worked in information technology for the University of California specializing in server/storage infrastructure and high performance computing. She lives with her husband of 35 years in Santa Cruz, California enjoying pottery and outdoor travel/sports.

Sign language storybooks collaboration

Dr Patrick Graham, Rochester Institute of Technology National Technical Institute for the Deaf (RIT/NTID) and **Erin Anderson Williams** provide an overview of the recently published standards for sign language storybook production and the World Around You (WAY) platform

Deaf education has been fraught with many different challenges, such as developmental delays, gaps in educational resources, multiple disabilities, language deprivation, and most of all, literacy acquisition. The World Health Organization (WHO) reported in February 2023 that there are 430 million people all over the world who live with hearing loss. Thirty-four million of these people are children under the age of 18. The WHO goes on to predict that by 2050, over 700 million people will have hearing loss. The National Geographic Encyclopedia states there are over 300 different sign languages used by 70 million people all over the world. However, literacy and language acquisition remain at low-achieving rates all over the world. Currently, 80% of deaf and hard of hearing children do not receive full access to educational materials that are fully accessible. Research shows that when deaf and hard of hearing children receive full access to language and social participation, it positively impacts their future potential.

SBLA Philippines staff and boy

"Look! The smoke is coming out of the jar! How did she do that?! Wow! Look at that rocket go up!". This comment was made by six-year-old Joseph from Manila, the Philippines. Joseph and his parents were attendees at the science exploration event at the Mind Museum in Manila, the Philippines. This activity was one of several activities given under Project TREE (Transforming Reading in Early Education). This project was one of the programs that were made possible through an innovative collaboration between All Children Reading: A Grand Challenge for Development (ACR GRD) and the Rochester Institute of Technology's National Technical Institute for the Deaf (RIT/NTID).

Over 12 years ago, a vision was set to create a partnership that could address some of the most complex global challenges in education. The result was ACR GCD, a partnership of the United States Agency for International Development (USAID), World Vision, and the Australian Government. ACR GCD's mission was to advance innovation and research in education technology (EdTech) to improve reading outcomes for marginalized children in

DBS Staff with deaf students at Jagna Philippines

Student with puzzle game on tablet Boho

low-resource contexts. Children with Disabilities was one of several focus areas in which ACR GCD allocated funding and designed competitions to source innovations and identify subject matter experts best suited to harness EdTech innovation that could impact learning outcomes for children with disabilities.

Children who are born with hearing loss are at a greater risk of delays in language, communication, and literacy. In 2017, Dr Wyatte Hall wrote an article about language deprivation, in which he says when a child is deprived of a fully accessible language, it can have future implications in many areas, such as communication, social interaction, mental health, and literacy. Deafness has often been called a socially isolated disability because of the difficulties in communication. The National Institute of Health discovered that 65% of children with hearing loss experienced this type of social isolation. These statistics show that people with disabilities, especially hearing disabilities, are in need of more resources in order to improve their quality of life.

There is a global concern of the lack of resources for children who are deaf and hard of hearing, especially in their national sign languages. When there is a lack of literacy, it impacts schooling, employment, and the overall quality of life. Luckner (2006) explains that literacy skills are needed for students to be active participants in the classroom. Reading materials in a student's first language are often non-existent or in short supply, creating a global book gap[1] felt by many children around the world, and particularly for children with disabilities. To address this, ACR GCD designed a competition to address the book gap and worked with RIT/NTID to address this disparity in literacy resources.

RIT/NTID successfully won three different competitions over the course of five years and built an innovation ecosystem that continued to scale a series of EdTech resources designed for Deaf children by Deaf subject matter experts, grounded in the latest research in the field on how Deaf children learn to read. The team at RIT/NTID also created regional hubs composed of local partners who were uniquely positioned to develop sign language storybooks in local sign languages for their communities. Drawing from local folktales and legends, these community leaders also created new stories that incorporated Deaf characters and experiences, ensuring children could see themselves represented, improve their reading skills, and also develop a passion for reading in the process. The experience gained through the book creation process also led to a follow-on award received by the Philippines regional team[2] led by Michael Vea, which enabled them to introduce these books to students in schools in Bohol and National Capital Region (NCR) Manila through a series of reading camps and in-school reading activities.

"See, look! There is the monkey, there is the turtle!", four-year-old Esther excitedly signs to her mother. "Monkey and Turtle happy!". This was one of the interactions made possible by this collaboration in which a child is showing her reading skills to her mother. The storybook Turtle and Monkey go to the River[3] was one of the books written by Debbie Golos, Leala Holcomb, Christopher Kurz, and Patrick Graham to support targeted vocabulary words (feelings, emotions, food, and weather), and visual repetition for emphasis. These visual strategies are doubly important because they provide guidance for parents and teachers on how to read in visual ways and to provide students with internalizing decoding of reading. Additionally, targeted vocabulary words can assist children in communicating important concepts early with their parents, such as feelings, emotions, and action verbs.

Louie and Deaf Students at Jagna Philippines

This collaboration resulted in over 250 books created in six local sign languages and written languages for children in the Philippines, Indonesia, Fiji, Samoa, Papua New Guinea, and Somalia and represented the first set of sign language storybooks ever created for children in most of these locales. These book collections also presented an opportunity for hearing parents to develop sign language skills, support their child's reading journey, and deepen communication and intra-family relationships.

Though sign language storybooks can be developed by anyone in any context, the quality of the books is dependent on ensuring book creators have the necessary tools and skills to undertake this process. The innovators at RIT/NTID addressed this by pulling together subject matter experts to create on demand training modules[4] presented in American Sign Language (ASL) and an accompanying guide, Standards for Sign Language Storybook Production[5], geared towards those fluent in ASL and English. To ensure these resources were more fully available on a global level, RIT/NTID also produced a Visual Reference Guide[6] in International Sign (IS) that could be viewed and used by a wider audience. All resources are also Creative Commons licensed, or open source, meaning that they can be adapted, translated, and re-used freely by anyone who would like to adapt these resources into other sign languages or written languages.

Using ACR GCD funding, RIT/NTID also envisioned an online platform and library where global contributors could create sign language storybooks and where Deaf children, their families, and teachers could access books in their local sign languages. The World Around You (WAY)[7] platform now hosts library content in over 13 local sign languages and is growing. Local organizations of disabled persons (OPDs) can access this platform to build storybooks to supplement school curriculums and provide visual learning opportunities for Deaf children in schools and in homes and to bridge the funding, remote learning, and sign language resource gaps that many Ministries of Education experience globally.

In RIT's news, Dr Christopher Kurz, a professor at RIT/NTID and creator of the WAY platform encourages people to think of the WAY as a reinforcer for the growth of global literacy for deaf and hard of hearing children and more documentation of sign language resources. We encourage British Sign Language (BSL) resources to be added to the WAY platform through Creative Commons licensing. This approach will ensure community accountability and provide Deaf people in Britain and other countries the opportunity to provide storybooks and other resources in BSL. Through our collaboration, we have stressed the urgent need of providing more resources in sign language for literacy to developing countries, such as Papua New Guinea, the Fiji Islands, Samoa, and Somalia. The illiteracy rate in Deaf children who live in these countries still remains at high, and resources such as the WAY[8] and Pre-College Education Network (P-CEN[9]) are available, but there needs to be more resources and support in order to support our Deaf children all over the globe. We appreciate the support of USAID, the Australian Government, and World Vision for providing critical funding to create resources that will increase future opportunities for young Deaf children. Nonetheless, the fight is not yet over. We still need to create more resources and allocate the appropriate funding required to prevent language deprivation and increase educational opportunities for all children, including those with disabilities.

Student with puzzle game on tablet Boho

Patrick J. Graham is the department chair of the Master of Science in Secondary Education for the Deaf and Hard of Hearing, a teacher preparation program at the Rochester Institute of Technology's National Technical Institute for the Deaf.

Erin Anderson Williams managed ACR GCD grants and prize awards to innovators for EdTech programming in the Caribbean, Africa, Middle East, Southeast Asia, and Oceania for over ten years, specializing in Inclusive Education, Accessible Publishing, and Quality Assurance.

Links

1 www.globalbookalliance.org/the-book-gap
2 www.facebook.com/SLBAPH/?locale=hi_IN&paipv=0&eav=AfaePx8_TpqgsmGhdgpOrYrvjgy7x99WmvPXZ0BHV9l1zhCD6R0VL5skRLCStHRwT3Y&_rdr
3 deafworldaroundyou.org/View?id=459
4 https://www.youtube.com/playlist?app=desktop&list=PLHaqlhVjsOYwk-uWwxYU_jReoy7OH2pUS&cbrd=1
5 allchildrenreading.org/solution/standards-for-sign-language-storybooks/
6 www.youtube.com/watch?app=desktop&v=WTYE06yor1I&list=PLRvPfNBwKrg-wyYUkEBunw95R813tUjl_&index=6
7 deafworldaroundyou.org
8 deafworldaroundyou.org
9 www.rit.edu/ntid/pcen/about/strategy/index.php

Is there a role for the Manchester Junior word list?

Peter Keen, Educational Audiologist, and member of the British Association of Educational Audiologists (BAEA), offered this response to the following questions: "With the use of nonsense words in primary education, is there a role for the Manchester Junior Word Lists in the Educational Audiology Toolkit?"

Manchester Junior Word Lists

The Manchester Junior Word Lists were developed by TJ Watson in 1957 for six-year-olds and upwards. While this test was a step forward in 1957, there are serious flaws that make it non-scientific and therefore likely to be inaccurate. In any discrimination test, the result for each list should be able to be compared with the other lists from the test, and also with lists from other tests.

The test is scored with one point for each word copied exactly, but that would only work fairly if all the words were in the same format – usually consonant/vowel/consonant (CVC, like the AB word lists). CVC words give the testee the assistance of transitions from the initial consonant to the vowel, then again from the vowel to the final consonant.

As the mouth/tongue etc change from producing one sound to the next, the sound frequencies continue to be made and 'glide' towards the next sound, producing an audible 'transition of sound'.

A phoneme (lay name 'speech sound') is the smallest unit of sound, which when combined with other phonemes, constitutes a word, as in the 3 phonemes t/a/p = tap.

By age six, all single consonants used locally are likely to be present in a hearing child's spontaneous speech. Two consonants together, for example, 'br' or 'sn', are sometimes known as consonantal blends and require both single consonants to be present in the child's speech before they can be combined over time. For example, an immature 'sk' might be pronounced 'st' – as in 'sturt' for skirt'. Blends are still emerging in the child's speech some time after age six so should not be present in this test, as a child might get a low score because they have not yet developed that particular blend even though they can hear it.

In this test, blends are sometimes used a different number of times in each list; some word lists have 3, 4, or even 5 phonemes in the words.

List 1

- 7 CVC words: 3 phonemes
- 2 words have 4 phonemes – Sweet (CCVC) and Pond (CVCC; no transitions between the consonants)
- 1 word has a blend of 2 consonants – Snow (CCV-blend followed by a diphthong). This only gives one transition from consonant to vowel

List 2

- 9 words have 3 CVC phonemes
- Gold has a blend of consonants after the vowel (CVCC), so only one transition.

List 3

- 8 words have 3 CVC phonemes
- Plant has 5 phonemes (CCVCC, blend vowel blend; no transitions between the consonants)
- Smoke has CCVC (Blend vowel consonant; no transitions between the consonants)

List 4

- 6 words have 3 CVC phonemes
- Dress, Green, and Brick (CCVC, blend vowel consonant)
- Lost (CVCC, consonant vowel blend)

List 5

- 6 words have 3 CVC phonemes
- Spin, Front, Drive, and Start (CCVC, blend vowel consonant)

List 6

- 6 words have 3 CVC phonemes
- Cold and Tent have 4 phonemes each (CVCC)
- Sky has CCV
- End has VCC

List 7

- 8 words have 3 CVC phonemes
- Stick has 4 phonemes (CCVC)
- Blue has CCV

List 8

- 6 words have 3 CVC phonemes
- Spoon and Queen have 4 phonemes each (CCVC)
- Milk and Salt have 4 phonemes each (CVCC)

As for age-appropriateness of the words used, the Manchester University Audiology Department used the AB words lists with a Turkish youngster (who was visiting a local family) who spoke no English at all. He scored over 90% for every word! Not a deep scientific analysis but food for thought...

Peter Keen is a Consultant Educational Audiologist and Chief Executive Officer of Keenhearing
peter.keenhearing@btinternet.com

BATOD was there representing you...

Between the NEC meetings, members of BATOD attend various meetings that are of particular interest to Qualified Teachers of Deaf Children and Young People (QToD). This list is not exhaustive. Your representatives at the meetings listed (as known at the time of writing) included: Sarah Angove, Ruth Crosby-Stewart, Sibel Djemal, Sue Denny, Steph Halder, Amanda McNamara, Martine Monksfield, Tiffany Moorcroft and Teresa Quail.

Date	External participants	Venue
January		
11	Consultative Committee meeting	University of Birmingham
17	Cross Party Group Deafness (Scotland)	Zoom
17	National Special Educational Needs and Disability forum (NSEND)	Teams
19	National Sensory Impairment Partnership (NatSIP) Steering group	Zoom
22	Visual communication and reading research project (UCL) reference group	Zoom
31	Discussion meeting - BATOD/BAEA/Phonak	Zoom
February		
8	NatSIP training event	Teams
12	Speech, Language, and Communication Alliance meeting	Zoom
20	CRIDE survey drop-in hosted by NatSIP	Teams
22	NDCS Scotland working group	Zoom
23	Scottish Collaborative care symposium	CrossHouse Cochlear Implant Centre
23	James Lind Alliance Priority Setting Partnership (PSP)	Zoom
26	Royal College of Speech and Language Therapists (RCSLT) working group	Zoom
March		
6th	Consortium for Research into Deaf Education (CRIDE) reference group meeting	Zoom
12	Assistive Listening Technology Working Group	Teams
14	BATOD/NDCS regular meeting	Zoom
18	British Deaf Association's parliamentary reception	House of Commons
20	SENDInTheSpecialists whole coalition meeting	Teams
28	NSEND	Teams

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

BATOD National 2024

Sold out

BATOD
British Association of Teachers of Deaf Children and Young People

The 27th Federation of Associations of Teachers of the Deaf (FEAPDA) Congress is in partnership with British Association of Teachers of Deaf Children and Young People (BATOD), with support from BATOD Northern Ireland, and National Council for Special Education (NCSE).

Dates: 26 April – 27 April 2024
Place: The Grand Hotel, Malahide, Co. Dublin, Ireland

Congress languages: English (interpretation will be provided into International Sign, Irish Sign and British Sign Language)

Theme: **Diversity in deaf education**

Exploring the diversity of deaf learners in their many lives: implications for our knowledge and practice

Each deaf child or young person brings a unique experience to their education. The combination of their varying home cultures, their additional needs and their perspectives on their own lived experience raises questions about how to shape practice and monitor outcomes.

BATOD membership

BATOD Membership fees 2024-5

The BATOD AGM on Saturday 2nd March approved NEC's proposal to increase BATOD Membership fees for 2024-25, to support the significant increase in the running costs of the association.

The new charges will be implemented for all new memberships and renewals with effect from 1st August 2024.

The new membership fees are as follows:	**Annual**	**Quarterly**
Full/associate	£90	£23
Retired/Special	£45	£11.50
BATOD portion for joint membership	£50	
Online overseas	£55	
Full overseas	£120	

Arrangements for student discounts will remain the same.
Invoiced members as now to be charged additional £5 per member.

BATOD Members whose membership renews automatically need take no action. The direct debit/payment card payments will be adjusted to reflect these changes for the new BATOD financial year (from 1st August 2024).

Invoices will reflect the changes for membership renewals/new memberships as of 1st August 2024

If you require any further information about how membership fees are allocated and contribute to the running costs of the association, please see the 'What do I get for my membership fee?' article on the website.

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