

Conference



Assessment and deaf learners

Personal Understanding of Deafness (PUD) updated

National Deaf CAMHS deaf autism assessment

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



Progress is built on collaboration

Claire Jacks highlights the importance of continuing professional development (CPD), along with the wide range of training opportunities, events, and resources on offer from the Association for members wanting to advance or update their skills and knowledge in deaf education

Hello everyone, is it me or has this year gone very quickly? Throughout the year your Association has been focused on continued professional development (CPD). One of BATOD's key constitutional aims is to support members in our CPD journeys. I know many of you will agree that the BATOD National Conference is a must in all our calendars as it provides superb opportunities to develop professional knowledge, skills, and understanding. Our fabulous Regional/National Committees work hard to bring you training opportunities within your own geographical area. Plus, BATOD provides online webinars, some which are hosted by BATOD, some in collaboration with our partners. If you go to the Events page on the website there are details of a range of events and webinars across all four nations – some are hosted independently of BATOD, such as the 135th anniversary British Deaf Association Conference – that may be of interest to you.

BATOD is delighted to have been asked to host the National Deaf Children's Society (NDCS) webinars about informed choice: one for Scotland and one that is UK wide. At these events, Gwen Carr, an independent consultant in early hearing detection and intervention, will present the findings from her recent research that was funded by the NDCS. The research investigates how families in Scotland experience informed choice: the positive impact of much of the support families received, and the challenges that arise from unconscious bias and assumptions that may limit the information that families receive from professionals. Some of you may have seen the advert in this magazine from University College London, 'A natural history study in individuals with otoferlin (OTOF) gene-mediated hearing loss'. This research has been through the rigorous ethics pathway and will form part of the evidence-based, peer-reviewed research that adds to the knowledge base within deaf education. BATOD aims to keep its members as up to date as possible with information for your practitioner toolkits, so that you can both inform and respond to queries from families and deaf children and young people (CYP).

If you are currently engaged in an action research project, have something you are currently writing up as a case study, or know of some really interesting research that is going on, please do look out in the autumn term for the call for abstracts for our 50th Anniversary Conference. Evidence-based research exists to influence, innovate, and support practice. BATOD is valued as an efficient way to cascade information to you, the professionals working in the field. The 50th Anniversary Conference will take place on 24th and 25th April 2026 at the Arlington Centre, Mary Hare School. It will be a fantastic

opportunity to showcase your research.

We are heading rapidly towards the end of another academic year. What have you achieved? What have you learnt? How would you like to strengthen your professional practice next year? Yes, I am leading you to think about appraisal season. Have you considered the BATOD Accredited Language Modifiers (BALM) courses? Tier 1 and 2 courses are available to BATOD and BATOD non-members. On successful completion of both tiers, BATOD members are invited to join the team of BALMs who work with a number of awarding bodies, which would be a fantastic target for your appraisal. For those more seasoned amongst us, why not consider this as a way to continue to use your exceptional skills in your retirement?

Continuing with ideas for your CPD targets, two of the Deaf Education MESHGuides hosted and managed by BATOD have recently been updated in conjunction with the Assistive Listening Technology Working Group. The 'Acoustics: Hearing, listening and learning' MESHGuide addresses the wide range of issues associated with classroom acoustics and the impact of the quality of speech intelligibility on deaf CYP's learning. It is a really informative document. The MESHGuide 'Assistive listening devices (ALDs) – radio aids and proprietary remote microphone systems – optimising listening opportunities' has also just been updated. It focuses on personal remote microphone technology as an access tool for deaf CYP and the issues regarding their use. This document is packed with useful insights. Who else is finding the Audiology Refreshers a brilliant resource? These are on a rolling programme of updates to ensure revisions are made accurately and promptly. A comprehensive and informative resource.

And, of course, we have the BATOD NDCS Specialist Deaf Curriculum Framework (SDCF). A UK wide resource that is fast providing a shared language about deafness, which supports communication and purpose with all stakeholders. The SDCF has been designed to support deaf babies and CYP, and their families to develop knowledge and make informed and independent decisions about their deafness, from identification through to adulthood. Look out for the 'Community of practice mini meets' each term, which will be linked to an area of the SDCF.

When you take a moment to reflect, BATOD generates an incredible wealth of resources. Each one is thoughtfully designed to empower you, the professionals, in delivering equitable access and inclusive support for deaf babies and CYP, and their families. BATOD's commitment is rooted in ensuring that every CYP has the opportunity to thrive, academically and socially.



From your editor

We all know the importance of continuing professional development (CPD) in furthering and updating our skills so that all deaf babies, children, and young people have optimal access to the world around them, including social relationships, education, and in

developing a strong self-identity. This June edition highlights how our members are going the extra mile with their CPD. First up comes our Conference-themed articles featuring the second part of the bumper report on the 27th FEAPDA Joint Congress with BATOD and National Council for Special education (NCSE), followed by one of the presentations from the recent collaborative BATOD and British Association of Educational Audiologists (BAEA) Conference on 22nd March (more reports to come in the September edition). We also hear back from our members about the BATOD North and BATOD South West study days.

The recent 'Volunteer week' from 2nd to 6th June not only raised awareness about the crucial roles that volunteers provide but also highlighted how it can help in developing volunteers' CPD. As a member-led organisation, BATOD relies on its members volunteering, and our featured Spotlight article updates us on volunteering as a BATOD proofreader with details on how to get involved in this or other voluntary roles within BATOD and further your own CPD. Also check out the regular BATOD newsletter for more upcoming opportunities.

Accessibility for younger and older deaf people is also featured in this edition with reports from two Deaf student-led projects from the Deaf Academy in Exmouth, England, research into accessibility for Deaf parents in safeguarding/child protection procedures and National Deaf Child and Adolescent Mental Health Service (CAMHS) assessments, and an in-service training (INSET) day in Bristol on improving classroom acoustics. We also continue with our mini-series of reprints from the AIMS Journal, this time highlighting accessibility for Deaf women in maternity services.

As always, BATOD welcomes any feedback on this and past editions, as well as author submissions for any of the future themes listed below (please email me at magazine@batod.org.uk for more information).

Future issues will focus on:

September	Family centred early intervention
December	Deaf identity
March 2026	Resourced provisions
June	50th anniversary

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Talk to National Executive Officer
Teresa Quail
via: exec@batod.org.uk

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Looking back at the 27th FEAPDA Congress, 2024

Madeline Hickey and John Culhane share the second part of their report on the 27th FEAPDA Congress Joint Congress in 2024 with BATOD and NCSE

Focus on literacy and language development

Project Tree: Transformative reading for early education in multiple countries for deaf children, 'World Around You Deaf Literacy' program

Professor Chris Kurz and Dr Patrick Graham discussed the World Around You Deaf Literacy (WADL) program, a literacy initiative designed to foster reading and writing skills among deaf and hard-of-hearing (DHH) students using culturally relevant, accessible materials. The program employs storytelling, visual aids, and family engagement activities that encourage bilingual literacy in American Sign Language (ASL) and written language. Storybooks used in WADL are designed to be culturally representative and visually engaging, empowering DHH students to explore language through immersive, bilingual experiences.

The storybooks, using different languages and representing deaf characters, can be read at the individual's pace, are designed similar to a library platform, are free of charge, and anyone can use them. International Sign (IS) was initially used and it was then translated into six other languages.

Key components of the program

- Visual learning: The program emphasises the use of visual aids and ASL.
- Experiential learning: Incorporating real-world experiences and hands-on activities is a core aspect.
- Cultural relevance: The curriculum includes content that is culturally relevant to the deaf community.
- Technology integration: It utilises technology, such as interactive software and multimedia resources.
- Collaborative learning: There is a shared reading strategies module, with family interactive reading.
- Rhythm and rhyme: There is a sign language rhythm and rhyme module that includes facial expressions.

The goals of the program are to improve literacy skills, promote bilingualism, support holistic development, and to address not just academic needs but also the social and emotional development of children and young people (CYP).

Diverse pathways to reading: Exploring the role of signed language phonological awareness instruction on sign and print word learning for Deaf dual language learners

Lynn McQuarrie from the University of Alberta highlighted the role of bilingual ASL-English instruction in developing literacy among DHH students. By focusing on sign phonological awareness, they demonstrated that sign literacy can enhance reading fluency in English. Their

findings suggested that ASL literacy not only supports English acquisition but also strengthens cognitive abilities associated with visual and auditory language processing, providing a comprehensive bilingual foundation for DHH learners.

Their key messages include the fact that language development is unique to each child. Good language skills lay the foundation for good reading skills. Visual perception of speech and sign has implications for strategies to learning. Reading skills are 'cultivated' through instruction: explicit instruction targeting signed language phonological awareness facilitates sign vocabulary learning. Phonological awareness, supported by strong sign language skills, supports strong reading skills. The study highlights that there are multiple pathways and more than one way to accomplish the same result.

Shared book reading with deaf and hard-of-hearing children within diverse families

Nora Eisinger's study (Ludwig Maximilian University, Munich) examined how shared book reading (SBR) practices impact language development and parent-child bonding in DHH households. Findings indicated that SBR fosters significant gains in language skills, while also enhancing socio-emotional bonds. Parents in the study expressed a desire for guidance on how to integrate sign



Shared Book Reading with Deaf and Hard of Hearing Children within Diverse Family Contexts (Nora Eisinger)

language into SBR, suggesting that training programs could empower parents to use SBR strategies effectively. Eisinger recommended digital and print resources to support bilingual literacy at home and address the challenges faced by parents with limited sign language proficiency. The website (www.projekt.readi.de) is most likely to reach parents who are already committed to SBR. The next step is therefore to ensure that the website is made available as widely and is as easily accessible as possible.

In addition, Lillian Siebert, (Ludwig Maximilian University, Munich) presented a poster on 'SBR within the family context: Needs, challenges and preferences from the perspective of deaf and hard-of-hearing children'. The results can expand the development of training programs for parents regarding SBR with DHH children as well as the development of children's e-books in sign and spoken languages from the perspective of DHH children on SBR.

However, parents of DHH children should be made aware of potential barriers during SBR as 46% of DHH children, regardless of their preferred form of communication, encounter barriers such as background noise and language comprehension problems during SBR.

How Teachers of the Deaf (ToDs) use representational gesture to promote deaf children's lexical learning

In this presentation, Associate Professor Merle Mahon and Dr Juliette Corrin, University College London looked at the interaction between qualified ToDs and deaf children as a way of investigating how deaf children learn language and extend their utterances from single to multi-word. She found that QToDs working in an oral setting use gesture as a skilful way to extend utterances. Communication with



Poster presentation – The experiences and perceptions of multilingual low-income families with late diagnosed deaf children (Hatice Yazar)

young people is multi-modal; gestures are used with the intention to support spoken language.

Deictic gestures (eg pointing) perform a variety of roles including the following:

- complete words
- clarify where there is misunderstanding
- highlight speech as a complimentary resource to speech and gesture combined.

During conversational analysis assessments, deficiencies can be highlighted which provide a model and help extend utterances. Lexical work shifts from repeat to repair; thus, repeat invites repair helping to extend to multi-word utterances combining speech and gesture.

Focus on sign language

Insight from Norwegian signing units in mainstream schools

This was provided by Eli Raanes and Sigrid Slettebakk Berge from the Norwegian University of Science and Technology (NTNU). DHH children's education in Norway is provided in mainstream schools. The study presents data from three mainstream schools, providing education for DHH pupils in 'sign language units'. The teachers (d/Deaf and hearing) in these classes are fluent in Norwegian Sign Language (NSL), with experience in multi-modal and bilingual teaching. The groups of children in such mainstream units are quite small, and there is diversity among the learners, according to language, cultural background, and cognitive assumptions for learning.

The diversity is recognised by the teachers, as they adapt the learning material for each individual, also establishing a bilingual and bimodal language practice among the learners, and if relevant, towards hearing classmates. The presenters illustrated how the teachers handle the diversity in the learner's life and implications between leadership, school models, team co-operation, and multi-modal bilingual teaching practices. This relates to the pupils' experiences of academic learning and feelings of



Insight from Norwegian signing units in mainstream schools (Sigrid Slettebakk Berge)

belonging and acceptance. The presenters reflected on how to shape inclusive practices and the future outcomes.

Background to deaf education, legislation, and the status of NSL was provided:

- The arrangement of Special Classes for the Deaf is dotted around the main cities in Norway.
- Five Deaf schools closed due to declining numbers and there has been a move to be educated in a mainstream setting closer to home.
- The status of NSL includes a national curriculum in the Norwegian Education Act (1998) and Norwegian Language Act (2022). The right to interpreting services was enacted in 1980.
- There is strong discussion in educational circles within Norway on what is the best educational placement for deaf students. The discussions are fuelled by developments such as an increased status of NSL in society, improved hearing technology such as cochlear implants, the diversity within the DHH student population, the visions for bilingual education, and the right for all to have access to Deaf culture.
- The population within Norway is becoming more diverse with an increased number of migrants entering the country. NSL is visible on national television broadcasts.
- As a result of this legislation, students have the right to access education through sign language and that all subject teaching should be accessible in sign language.
- It is worth noting that the preference in Norway is that the students have teachers that can communicate directly with the student without the need for interpreters.
- There is a 40-week sign language course available to parents and siblings of deaf children. There are also two courses for teachers to develop sign language.

The presenters posed the question: 'What do teachers consider as important for achieving academic and social inclusion when providing bilingual education for DHH within mainstream?'



Insight from Norwegian signing units in mainstream schools (Eli Raanes)

Two days were spent observing and gathering qualitative data in each school. There was a variety of experiences of bilingual/bimodal education within the classes. Observations took place involving 12 classrooms with 53 pupils aged from six to sixteen.

The data was coded into topics for further exploration. These included:

- The organisation of the school (location of 'signing units', timetabling, curriculum, teaching teams). Support and understanding from administrative staff on the unique challenges faced by the teachers planning in the 'signing units' was identified.
- Lessons to be adapted also for students who use NSL as their first language. Huge diversity was noted in age, cultural background, and additional needs within the sample.
- Unlike Ireland, there is a flexible admissions policy to the 'signing units'. Some parents choose to start their children in the local school and move them to a 'signing unit' later in their educational journey. Other students are enrolled on a part-time basis.
- Within the interviews with students, a common theme was social isolation: "I love my school, but most of all, I would like to have a friend".

The researchers concluded that these 'signing units' have the potential to be "resilient language environments" for bilingual and bimodal children. The researchers are combining their experience in Norway to explore the educational settings within Sweden, Iceland, Finland, and Denmark in a Nordic Project 2022–2025.

Be aware of the grammar of sign languages (BAG-Sign) – promoting meta-linguistic awareness of DHH children through web-based pedagogical grammar

This was presented by Maria Wolf and Fabienne Schwartz from Humboldt Universität Berlin. The 'BAG-Sign' project commenced in December 2022 and carries on to December 2025. The project covers German, Swiss German, Austrian, French, and Italian sign languages. It aims to develop a pedagogical grammar to support 10 to

15-year-old DHH children to acquire knowledge about the structures of sign languages, by providing material for complex topics of sign language grammar with corresponding technical terms.

Meta-linguistic awareness is the ability to focus on language as an object in itself or to think abstractly about language, and consequently, to play or manipulate language. It involves understanding and analysing language structures, rules, and functions as well as being able to manipulate and use language in a conscious and deliberate way. It is important to instil meta-linguistic awareness in all children, including DHH children who use spoken language or sign language. It is shown by children when they recognise and name linguistic units (how language is structured; playing with language, eg inventing riddles or word/signing games; applying rules to new



Sponsor – Cloism

words/signs or sentences, and correcting themselves or others in spoken/sign languages).

Exploring English language learning among German deaf students: What significance does English and a foreign sign language hold for deaf students?

Melanie Kellner presented on behalf of Kristin Gross and Katherine Urbann. The presentation focused on two pieces of interconnected research, both ongoing.

1 Learning English as a foreign language through the eyes of deaf students

Research project: 'Sign language in the foreign language classroom (SiLC)' focuses on the study of the acquisition and the development of competent didactics of English in a bimodal-bilingual classroom.

The research highlighted that language used depended exclusively on teacher proficiency, knowledge, and cultural exposure. A confusing mix of German signs with English patterns was found to be the dominant form of communication. Participant responses highlighted confusion, inaccessibility, and de-motivation. Research highlighted the negative impact of code switching. Language blending was reported as deleterious. Outcomes and access were dependent on teachers' competencies. Positive student responses were noted on the use of ASL in the teaching of English as a foreign language (EFL). When ASL was introduced to teach English in schools, students felt it had kudos and the vernacular of social media. German deaf students were motivated to acquire ASL to learn English as a stepping stone for travel, opportunities for tertiary studies at Gallaudet University, and international communications. Teaching EFL via ASL was considered a motivating and positive development.

2 SpreadTheSign.com

Kellner outlined the development of the ASL/German Sign Language (DGS) online dictionary. Sign terms were filmed by native signers. Developing a coherent, national, reliable repository of ASL signs is the aim and is a work in progress. Kellner's aim is to ensure accuracy and accessibility, and to raise standards in pedagogy. Teacher

education needs to include ASL and specific didactics. Kellner's research suggested that schools for the deaf need to standardise EFL concepts and methodologies, including sign-based exams. The need for upskilling, standardisation, and teacher resources was highlighted. The aim is to build a bank of teaching materials and offer online training. The focus of SpreadTheSign is to create a network of practitioners and researchers building core skills and linguistic competencies, ensuring better outcomes for sign-dependent students.

Understanding the diverse psycholinguistic needs of bimodal-bilingual deaf/hard-of-hearing students: Mental health implications

According to Tsz Lui Lau and Lan-Sze Pang (Hong Kong), a dominant view of deafness in a

hearing society is how clear a DHH person can speak, while a Deaf community emphasises how proficient one can sign. In the DHH community, the needs of students who are visibly deaf (ie use sign language) have been identified and addressed. However, the lived experience of students with invisible deafness (ie use both spoken and sign languages) is often marginalised in both the hearing and deaf communities.

The researchers' study aimed to fill the research gap. Two female bimodal-bilingual DHH students (aged 19 and 21), who had graduated from the Sign Bilingualism and Co-enrolment Programme (SLCO) in Hong Kong, completed a two-hour, in-depth individual interview and a ten-minute demographic and linguistic background questionnaire. The interview was conducted by the hearing primary researcher equipped with proficient Hong Kong Sign Language (HKSL) and Deaf awareness.

A central theme shared between participants revolved around the tension of living between two worlds, which was revealed in the interview process. Even though both participants indicated preferring Cantonese as the medium for the interview, they displayed code-blending as the interview proceeded. Both also began to share genuine thoughts about their preference for HKSL in daily life. Due to their linguistic lived experience in school and home environments, they use Cantonese and HKSL to achieve social and psychological purposes, respectively.

Communication is the key to education

Communication is the key to education, according to Markus Fertig, Uta Benner and Johannes Hennies from the Department of Sign Language Interpreting, University of Education, Heidelberg.

The presentation sought to bring together the perspectives of the deaf community, the standards of sign language interpreters, and the methods of bimodal-bilingual education on the educational needs of deaf learners in an inclusive school setting, with the aim of addressing current obstacles and finding new solutions to reduce barriers in education.

Key messages:

- In Germany, there have only been isolated reports about deaf students with sign interpreters since 2009.
- With the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), German courts have ordered the authorities to pay for sign language interpretation for deaf children who wish to attend mainstream schools.
- The reported number of deaf children with interpreters has multiplied several times from 35 in 2014, although exact figures remain unknown.
- Sign language interpreters face different working environments in schools.
- Research has identified a range of reported problems including the format of instruction for the deaf child, the social integration of the deaf child, and the scope of additional tasks that interpreters might be willing to accept.
- Not all interpreters come from an educational background and are unable to offer further assistance outside of the specific role of interpreting spoken messages given by the teacher.
- Specific codes of conducts for educational interpreting have not been formally adopted.
- Ethical questions were raised about the boundaries of a sign interpreter within a classroom, eg do they intervene if another student is breaking the rules, etc.
- The presenters discussed the shifting sentiment from seeing educational interpreting as a 'quick fix' and the need to acknowledge educational interpreting as a highly complex and severely underdeveloped field of deaf education.
- They also explored how sign language interpreters could contribute to the inclusion of deaf students with their present skill set and asked what else is needed to expand on this support.



Sponsor presentation – Caption Connect

- Consensus between various stakeholders was essential – students, parents, the Deaf community, teachers with experience in bimodal education, interpreters, and mainstream teachers.
- This consensus would need to fit into existing, extensive legal frameworks such as the Universal Declaration of Human Rights and United Nations Convention on Rights of the Child.
- Children should be given equal access to education for their future participation in society. The child needs access to hearing and deaf peers, including those that use sign language.
- The presenters highlight the fact that sign interpretation for children is different from interpretation for adults as there are different needs and rights for each age group.

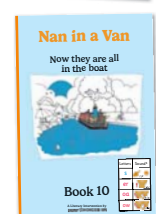
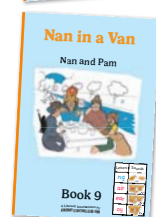
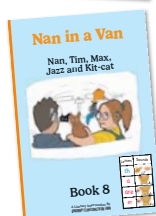
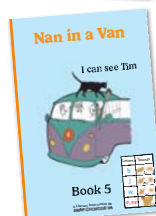
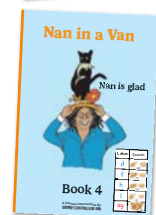
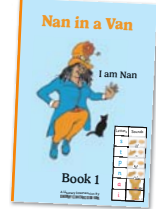
“Communication is key” and the process must be transparent with all the stakeholders listed above, with the child’s needs as the central focus both in education and also in life thereafter.



The interpreter team

SLI@school – How inclusive are interpreter-mediated classrooms for deaf children?

Dr Vera Kolbe, University of Education Freiburg, Germany; Prof Dr Sigrid Slettebakk Berge, NTNU, Norway; and Prof Lorraine Leeson and Martina Farren, Trinity College Dublin, Ireland presented this workshop. They stressed that there is limited practical experience with interpreters in primary schools but extensive experience in higher education where interpreting has been practised for over 30 years. This expertise is transferable, but it cannot be assumed that any interpreter can work in any setting without appropriate qualifications and training. The Common European Framework of Reference



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To find out more: www.deafchoicesuk.com/nan-in-a-van





Sponsor – Connevens

for Languages (CEFR) now includes descriptors for sign languages, which are essential for assessing language competencies. Interpreters in primary schools need additional educational knowledge to be effective.

This study emphasises that while interpreters provide essential support, they often face challenges in maintaining professional boundaries and adapting to educational needs. Ethical considerations include ensuring that interpreters do not unintentionally limit students' agency by interpreting classroom interactions too literally, or intervening in ways that affect social integration. The researchers recommended establishing standards for educational interpreting that empower DHH students to engage directly with their teachers and peers wherever possible.

In Germany, as of 2022, there are 51 special schools for DHH students, with 10,000 pupils in special schools and 11,000 in mainstream. Most mainstreamed pupils follow spoken language in classrooms. Since 2007 parents have been active in advocating for interpreters, with significant lawsuits influencing education policy. Inclusion in mainstream schools often involves one DHH child per classroom, supported by a language mediator or a team-teaching approach where the teacher is teaching, and the interpreter is signing.

Norway has a strong tradition of using interpreters. Interpreting education has become more accessible, driven by societal inclusion values and improved hearing equipment. Most DHH students are in local schools with bilingual education signing units. Interpreting services are often provided by two teachers or a teacher and an interpreter, with variations in provision depending on location. Challenges include funding, availability, and adequate hours for interpreters. The inclusion of interpreters in classrooms must be carefully managed to avoid the 'illusion of inclusion' where presence alone does not guarantee

effective communication and education.

Focus on deafblindness

Building expertise with parents of people with deafblindness (Keynote 2)

Saskia Damen, Groningen University, the Netherlands, is an expert in the field of deafblindness (DB) and has conducted significant research on the role of parents in the lives of individuals with DB, highlighting the invaluable knowledge and insights parents possess regarding their children's needs. She works on innovative communication strategies to enhance the interaction and engagement of individuals with DB, including the use of tactile signing and other adapted communication methods.

The presentation focused on the unique and invaluable knowledge that parents possess.

Experiential knowledge: Parents develop a deep understanding of their child's specific needs and communication methods through daily interactions and experiences.

- Advocacy and empowerment: Parents often become strong advocates for their children.
- Individualised communication: Parents are adept at creating and using individualised communication methods that work best for their child, such as tactile signing.
- Holistic understanding: The expertise of parents encompasses not only the child's sensory impairments but also their personality, preferences, and emotional needs.
- Collaboration with professionals: Effective collaboration between parents and professionals is crucial. Parents' insights can significantly enhance the development of intervention plans.



BATOD Hub – Marianne Haylett, Conference committee member with Deafness and Education International journals

- Emotional and social support: Parents often form support networks with other families.
- Challenges and resilience: Challenges parents face include social isolation, stress, and navigating complex service systems. It also highlights resilience and adaptability of families.

A study was also presented of three young people with DB and their caregivers in different settings, and in how there can be misunderstandings between people with DB and their parents and professionals.

- Due to complex communication needs, it can appear that they understand very little communicative effort. However, they can learn and develop throughout their lives.
- A main message is that DB students can communicate but their mode of communication needs to be modified. With these young people, partners "co-create" the dialogue.
- The DB student can be a silent partner in communication and can be misunderstood, and there can be an attempt to control them. The effects of this directive communication style are a lack of self-efficacy, low-quality relationships, and stress, which contribute to behavioural problems.
- Communication strategies: The communication interaction needs to be adapted and stimulate the use of expressions. The DB student needs to feel understood.
- The study used a video 'Sensory-enhanced interactive storytelling'. Parents and teachers learned to use communication strategies to facilitate communication with deafblind students.

Supporting children who are deaf/hard of hearing with additional visual impairments

Deirdre Leech and Sorcha Nallen (Multi-sensory Impairment Specialists, Anne Sullivan Centre, Dublin) presented this workshop.

DB refers to any combination of hearing and vision impairments, making it challenging for the senses to compensate for each other. DB includes both congenital and acquired forms and is a unique condition. Distant senses (hearing/vision) are crucial for accessing information, while near senses (taste, touch, smell) are limited in compensating for these.

Deirdre and Sorcha's workshop focused on the distinct challenges faced by DHH students with visual impairments, who often require specialised multi-sensory learning approaches. The presenters highlighted that traditional visual and auditory resources may not fully support these students. To address this, they recommended "holistic multi-sensory assessments" that account for tactile, auditory, and residual visual abilities, as well as modified environments that reduce visual and auditory clutter, creating spaces conducive to learning for multi-sensory-impaired students. Assessments focus on individuals' access to sensory information and creating effective communication systems.

Teachers need to consider:

- communication
- literacy
- environment/technology
- social/emotional development
- home support.

Deirdre and Sorcha also prepared a poster entitled 'You can stand under my umbrella'. The term 'deafblindness' has been used since the 1990s. Previously, it was referred to as 'deaf and blind' or 'deaf-blind', which do not reflect multiplicative effects that a person experiences. It's not just $1+1=2$.

They identified deafblind individuals who have been successful in their fields.

Laura Bridgman was the first deafblind person to be formally educated.

Helen Keller was a famous deafblind person. She was the first deafblind person to receive a bachelor's degree, and she was an author, activist, and lecturer. She was educated by Anne Sullivan.

Kevin Frost is a world champion speed skater, activist, and author who has Usher syndrome.

Haben Girma is the first deafblind person to graduate from Harvard Law School and is also an author and disability rights advocate.

The use of digital technology to functionally assess and aid planning for supporting children with multi-sensory impairment (MSI)

Caireen Sutherland (Royal National Institute of Blind People (RNIB)) shared her in-depth expertise on utilising digital technology to evaluate and support children with MSI. She began by focusing on the substantial cost associated with digital technology. Her talk centred on using everyday digital technology that is available in homes and schools effectively to assess CYP with MSI.

Caireen explained that the goal of assessment is to improve the outcomes of the child with MSI. She emphasised that a clinical diagnosis is very hard to achieve. The presentation also focused on the many difficulties CYP with MSI experience, some of which include communicating with others, moving around their environment, and finding out information.

She then discussed how to assess:

- It must be functional, for example, an everyday bag of random objects.
- Begin by observation – children will tell you so much without the need for anything else, eg 'What information are you getting when the child moves?'
- She emphasised that assessment is a tool, not the goal.

Caireen presented an illustration of a hearing assessment:

- How is the child functioning with their hearing?
- Utilise various apps that produce different sounds to observe their reaction
- A Bluetooth speaker can be utilised for assessment.

She discussed using vision in terms of technology. Eye-gaze is a very expensive technology. A number of apps endorsed by Caireen, include *Joy Doodle*, *Draw with stars*, *VNC Viewer*, *TapTapSee*, *DocScan*, HD Music apps, *Finger Drums*, *Sound Meter*, and *Xylophone*. Apps must be accessible and interactive.

Focus on technology

Encouraging non-SI specialist educators to improve room acoustics in listening environments

Ruth Crosby-Stewart (Head of Service, Sensory Teaching Advisory and Resources Service (STARS)) outlined a personal approach to helping non-sensory impairment specialist staff understand the detrimental effect inadequate room acoustics have on learning for children with special educational needs and disabilities (SEND) and indeed, all learners. By adopting a personalised approach to support educators in addressing hearing-related challenges, such initiatives become invaluable when enhancing learning outcomes. Understanding the psychological impacts of sound and the importance of classroom acoustics on cognitive processes is crucial for improved learning outcomes. Teachers need to understand the implications of poor acoustics on student engagement and academic performance, ensuring inclusivity and effective learning experiences for all students. All learners need to develop an effective auditory system. They need to learn to listen so they can listen to learn.

Poor room acoustics can adversely affect the development of the auditory system. Understanding the complexities of psychoacoustics, and how sound all around us has physiological effects at all times, sheds light on the profound effects of sound on human cognition and behaviour. The impact of sound on our daily lives cannot be overstated. The strain on teachers is palpable as teachers raise their voices to overcome noise, stress levels are elevated, which contributes to potential health risks such as heart attacks. Recognising the impact of classroom noise on academic attainment necessitates practical solutions. Investing in effective sound management strategies is an investment in the future success of all learners.



Radio aid overview (Tony Murphy, Phonak)

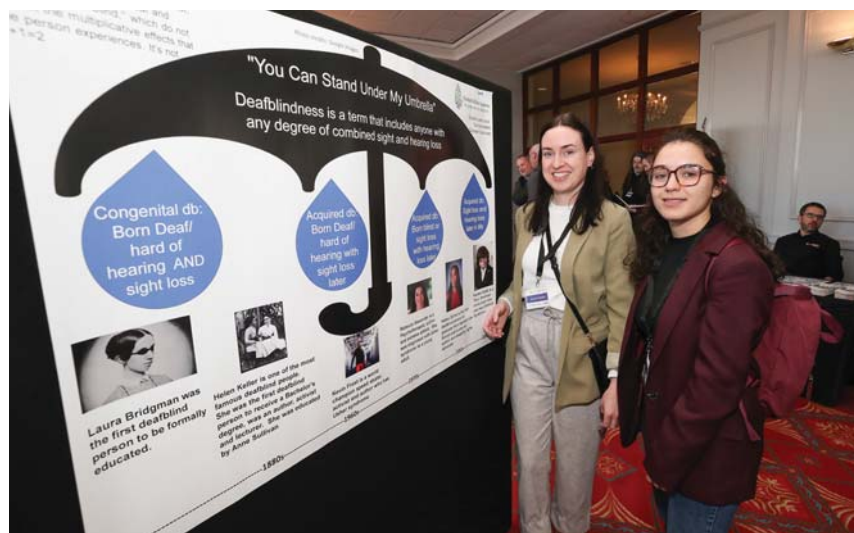
Evaluate the efficacy of a radio aid

Tony Murphy (Phonak) demonstrated how radio aids enhance classroom acoustics by improving the signal-to-noise ratio (SNR), a critical factor for DHH students using hearing aids. He illustrated the challenges DHH students face in noisy environments and showed that radio aids can significantly amplify teacher instructions without background interference, facilitating better engagement and comprehension. The use of remote microphone technology creates a 'close microphone' situation, where the distance of the speaker from the hearing aid and the consequent reduction in input level to the hearing aid is overcome.

Tony completed an experiment during the workshop. He made a recording which enabled attendees or delegates to hear sound through a hearing aid. He introduced different levels of background noise and moved some distance from the microphone so that we could get an indication of how distance from the speaker and presence of background noise impact a student with hearing aids. Attendees were shocked at how much the background noise was amplified through the hearing aid. Tony then added in the radio aid

and demonstrated how the speaker's voice maintained the positive SNR and could continue to be heard clearly from various distances, and we also felt that even though the level of background noise introduced was the same, the use of a radio aid prevented the hearing aid from picking up as much of the background noise. Tony played the completed experiment on the second morning of the Congress for all present to experience the value of radio aids systems for DHH students.

Tony also briefly referred to the future of radio aids using Auracast, a new generation of Bluetooth technology that will allow for a greater variety of broadcasting functions.



Poster presentation – "You can stand under my umbrella (Anne Sullivan Foundation)



BEARS research – Bhavisha Parmar

BEARS: Using virtual reality to improve hearing abilities for children with bilateral cochlear implants

Bhavisha Parmar and Merle Mahon presented this topic. Bhavisha is part of the multi-care BEARS (Both EARS) study funded by the National Institute for Health Research (NIHR) Programme Grant. Her role in the BEARS study has included the development of the speech tests and virtual reality games and how she provides clinical support to BEARS clinic sites. Merle is an Associate Professor in Language and Cognition at University College London (UCL) and is the UCL Lead for the multi-centre BEARS study.

Older children and teenagers with bilateral cochlear implants often have poor spatial hearing because they cannot fuse sounds from the two ears. This deficit jeopardises speech and language development, education, and social wellbeing. The lack of protocols in fitting bilateral cochlear implants and resources for spatial-hearing training contribute to these difficulties.

The goal of the work was to develop a package of virtual reality games to train spatial hearing in young people (8–16 years old) with bilateral cochlear implants using an action-research protocol.

The participants helped to co-create games to train speech in the three domains (localisation, spatial speech in noise, and spatial music) to focus on elements they considered important.

The main areas of modification were: the variety of immersive scenarios to cover the age range and interests, the number of levels of complexity to ensure small improvements are measurable, feedback and a rewards scheme to ensure positive reinforcement, and the addition of an iPad for those with difficulties with a headset.

Demonstrating the benefits of assistive listening devices with central auditory processing disorder

Stuart Whyte (University of Southampton) presented findings on the efficacy of assistive listening devices (ALDs) for individuals with central auditory processing disorder

(CAPD). Deafness is common following aneurysmal subarachnoid haemorrhage (aSAH). CAPD plays an integral role in this hearing impairment. CAPD involves the central nervous system rather than the auditory nerve or outer/middle/inner ear. CAPD can occur in the presence of normal peripheral hearing and classically presents as a hearing difficulty in the presence of background noise. While hearing aids do not help people suffering CAPD, ALDs can be used as a treatment for CAPD.

The study included 14 aSAH patients and a comparison group of control patients. The ALD

significantly improved the Bamford-Kowal-Bench (BKB) speech test scores, improving performance in the presence of background noise. The test simulated background noise at 60 dBA and 65 dBA. The average score for the 14 participants with aSAH, on the BKB speech test without the ALD at 60 dBA was 25%. This score increased to 99% with an ALD. The average score at 65 dBA was 1% which increased to 97% with an ALD.

Stuart advocated for integrating ALDs more widely in schools, especially in large, acoustically challenging environments, to support DHH students who struggle with auditory processing.

Ready players: some accessible gaming for the deaf and hard of hearing

David Watkins, QToD, is a non-deaf gamer who has been playing computer and video games since the early 90s, and who has been a contributing writer for *PlayStation Magazine UK* and the Metacritic-linked gaming review site *Digitally downloaded*.

David shared insights into the challenges faced by deaf CYP in gaming. A few years ago, a mother approached him with concerns about her deaf child's difficulty in hearing friends while gaming due to inadequate headset design and discomfort. This highlighted the importance of gaming in the social lives of deaf individuals. Despite the significant value of the UK gaming market and widespread gaming among CYP, accessing games poses challenges for deaf CYP. The absence of audio cues in games can impact gameplay, such as situational awareness and communication in online matches. David recognises and emphasises the need for improved accessibility options for deaf gamers based on his experiences with deaf children struggling to access gaming technology.

Some key messages include:

- Accessibility in gaming in its most basic form is concerned with making games available to as many people as possible.
- Deaf gamers often struggle to access important audio cues in games, which can impact their gaming

Introducing BeHeard by MED-EL: An Innovative Counselling Service to Support Adults and Families on Their Journey to Hearing

MED-EL UK & Ireland is excited to announce BeHeard by MED-EL, a complimentary counselling service dedicated to supporting those on their journey to hearing

As a leading hearing implant manufacturer providing a comprehensive range of hearing solutions for every type of hearing loss, MED-EL understands that the journey to hearing extends beyond the implant itself. BeHeard by MED-EL reinforces our commitment to improving the lives of those we serve - before, during, and after implantation.

This new service further supports MED-EL's patient centred approach, offering unique services and technologies designed to achieve the best possible hearing outcomes. These include candidate support through the Hearpeers volunteer programme, pre-operative assessment tools like OTOPLAN, precision tools for surgery, post-operative tools such as Anatomy-Based Fitting, and a wide range of rehabilitation resources, including the ReDi app. With BeHeard by MED-EL, we take this dedication even further by offering vital emotional and psychological support to eligible candidates, helping them continue their journey to hearing with confidence.

The counselling service is designed to provide comprehensive support to adults and families with the help of an accredited therapist. This includes:

- An initial online assessment to determine individual needs.
- Group or one-to-one counselling sessions.
- Online tools and resources that explore various themes to support their wellbeing.

With the help of an accredited therapist, those enrolled in the service will receive personalised support designed to

alleviate concerns such as depression, anxiety, shame, grief, parenting challenges, and relationship stresses—all of which may be amplified by the experience of hearing loss.

Key Features of BeHeard by MED-EL:

- **Get Support Tailored to You:** Our comprehensive online application ensures we understand your unique needs and challenges, so that you receive personalised support, whether that's through group counselling or one-to-one sessions.
- **Access to Expert Tools and Resources:** Explore a range of trusted online resources that address key mental health themes, helping you develop self-awareness, manage emotions, and create a resilient mindset on your journey to hearing.
- **Life-Long Support:** MED-EL recipients are never alone. Users can request counselling whenever they need it, no matter if it's before, during, or after implantation.

"I'm really proud to be leading this new initiative," said Stuart McNaughton, MED-EL's Community Enhancement Manager and Accredited Therapist. "As someone with nearly fifty years of lived experience with hearing loss, I wish a service like this had existed when I was going through my journey to hearing."



BeHeard by MED-EL is now available throughout the UK & Ireland, offering free support to MED-EL users, and adults and families navigating their journey to hearing. To learn more about the BeHeard by MED-EL, visit www.beheardbymedel.com

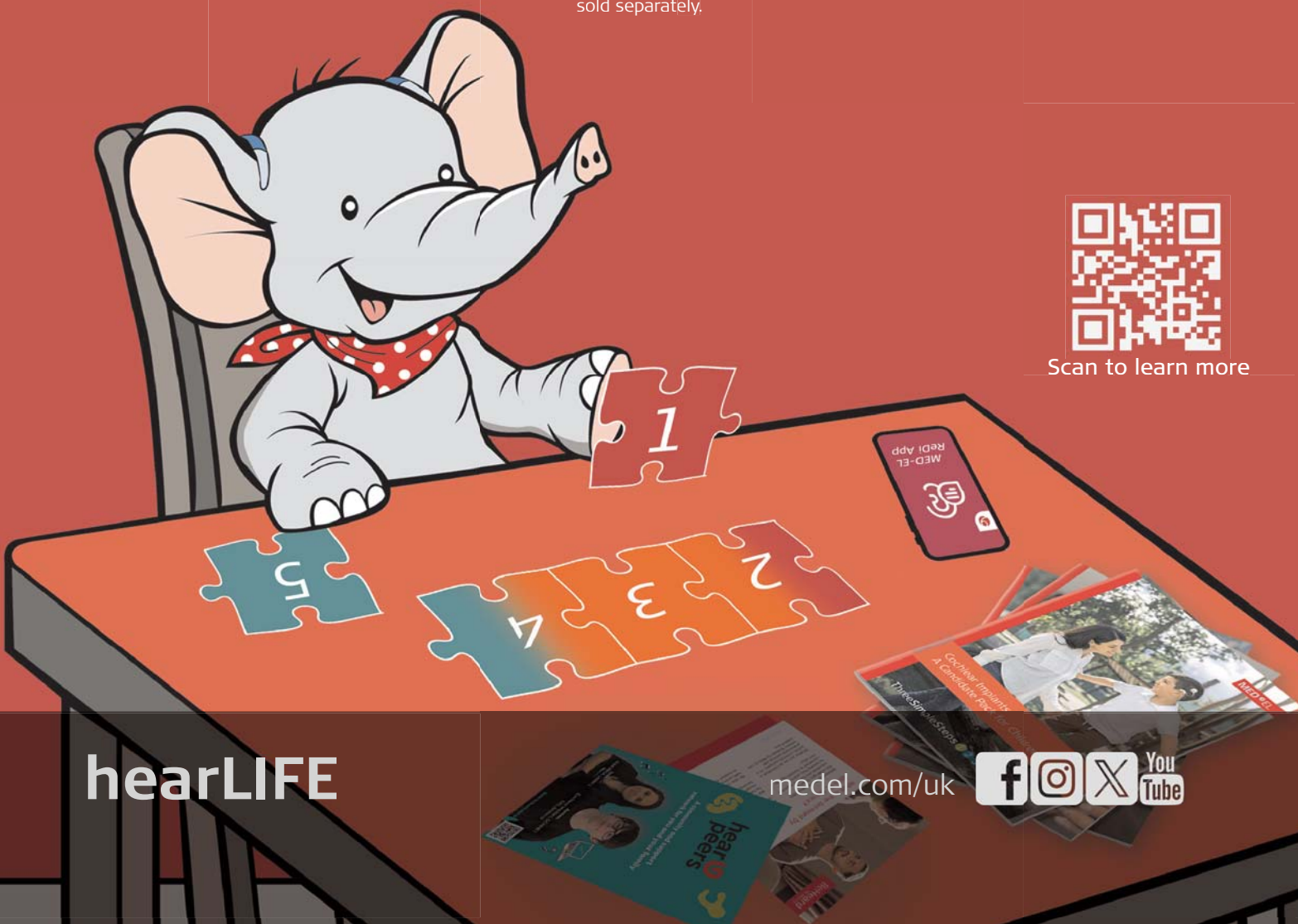
MED-EL's Patient-Centred Pathway for Best Hearing Outcomes



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experience and competitive performance.

- Game developers have started implementing accessibility features such as subtitles, visualised sound effects, and sign language support to improve the gaming experience for deaf players.
- Games like *The Last of Us Part II* and *God of War: Ragnarök* have introduced specific accessibility settings tailored for deaf gamers, such as larger subtitles and directional indicators for sound.
- These accessibility improvements not only benefit deaf gamers but also enhance the overall gaming experience for all players by providing more inclusive and customisable options.
- There are advancements in headsets that allow adjustment of sound frequencies and settings to accommodate different types of deafness. Additionally, major hearing aid and cochlear implant manufacturers provide solutions for connecting their devices to consoles, either through proprietary equipment or Bluetooth adapters, enhancing accessibility for gamers who are deaf.

Despite progress, there are still challenges and technical issues related to accessibility in gaming, such as the inconsistency in subtitles and the limitations of written language in conveying the nuances of sign language. David suggests that there is room for further improvements in accessibility, such as expanding sign language support and addressing technical barriers to enhance the gaming experience for deaf individuals.

Current trends and implications for education and habilitation of deaf learners

Leo De Raeve (Belgium and then-President of the FEAPDA) presented on the major changes in the DHH population in countries where they have:

- universal newborn hearing screening
- early intervention (parents/child)
- digital hearing aids (paediatric audiology)
- (bilateral) cochlear implants.

Leo outlined the research, which concluded that with early screening and intervention, cochlear implantation in deaf children can lead to:

- better auditory performance (speech perception/auditory feedback)
- speech intelligibility and spoken (expressive and receptive) language development close to hearing children
- increasing number of CYP with cochlear implants in mainstream education reaching higher levels of school performance: reading, writing, and maths
- less social-emotional problems (better language/interaction with their hearing parents).

He concluded that:

- We now have the highest level of school performance of deaf CYP students ever.
- Especially young bilaterally implanted deaf children have the possibility to come to school performances close to their typical hearing peers.
- Current trends in deaf education show the importance of binaural hearing, incidental learning, theory of mind (ToM) development, and the higher cognitive functions (executive functions).
- But the outcomes are still very heterogeneous: a lot of variables are influencing outcomes.
- Parents and professionals supporting and educating children with a hearing loss need up-to-date knowledge to increase their nurturing and teaching skills.
- There is not one approach that fits all.

Exploring the impact of wireless group aid system (WGAS) technology on learners in classrooms

This poster was presented by Joy Rosenberg (Mary Hare School with the University of Hertfordshire).

The study's intention was to explore the wireless technology adaptations (streamers and microphones) to Mary Hare's WGAS, a previously wired system in a school for deaf children. It focuses on how infrared (IR) microphones and proprietary streaming technology can enhance the learning environment for both students and staff within the classroom.

Participant voices informed the research, enabling concerns to be raised, reflected, and solved within the research. Staff benefitting from hearing student voices more easily, in addition to students finding the microphones useful to cue them in to listen, were unexpected benefits.

Furthermore, the wireless adaptations to WGAS were conclusively successful in enhancing pupil auditory access in the classrooms. Everyone – students, teachers, and teaching assistants – found WGAS overall to be positive.. They particularly benefitted from wireless



Diverse pathways to reading: Exploring the role of signed language phonological awareness instruction on sign and print word learning for Deaf dual language learners. (Lynn McQuarrie)

streaming and microphone connectivity. Improved sound quality and greater access to sound were highlighted as benefits of WGAS streaming, including how students were more attentive and engaged when connected wirelessly.

Dual language educational apps: A co-design project with deaf children

This poster was presented by Lynn McQuarrie (University of Alberta, Canada). There is growing evidence that instruction and practice targeting sub-lexical abilities (ie signed language phonological awareness) increases the sign lexicon and facilitates written-word learning for young Deaf dual-language learners.

Although there are numerous educational software products available both at home and at school to support and enhance the influence of spoken language skills on learning, there are few accessible interactive learning technologies to support and enhance the influence of signed language skills on learning. To address this gap, the team embarked on an innovative design process bringing together deaf children (ages 6–13), ToDs, research scientists, media developers, and graphic artists – the result was the development of a suite of interactive skill-building dual language (ASL–English) vocabulary apps designed to support, improve, and/or augment young deaf children's language and literacy learning. Each app embeds signed language phonological awareness and print skills practice within a technology-enhanced digital games environment.

Current plans include adaptation of the apps for use with other world signed languages.

Focus on spoken language contexts

Speech and language therapy outcomes for deaf children and young people from Tower Hamlets: An exploration of the demographics and outcome measures data from an ethnically, economically, and linguistically diverse population in East London

Lauren Newman, (National Health Service (NHS) Barts Health Trust) presented this poster. They support deaf and young CYP aged 0–19 living in Tower Hamlets that has:

- the second highest number (470) of deaf CYP in London (Consortium for Research in Deaf Education (CRIDE), 2023)
- the highest child poverty rate in the UK (Stone, 2022)
- the fourth smallest White British population and the largest Bangladeshi population in England and Wales (Tower Hamlets, 2021). A recent service evaluation exploring the demographics of deaf CYP with cochlear implants on caseloads found that:
 - 98% were from ethnic minority backgrounds
 - 64% accessed an additional language to English at home
 - 45% received free school meals
 - 52% had a communication difference in addition to their deafness.

Historically, research on speech and language therapy (SLT) for deaf CYP has excluded participants from diverse backgrounds, which limits current evidence on the effectiveness of existing SLT interventions.

Research questions (Tower Hamlets) Research questions (Phase 1b):

1 Does a DC&YP's level of deafness impact:	<ul style="list-style-type: none"> ● Their functional communication skills ● Their participation in their environment ● Their emotional wellbeing
2 Does a DC&YP's functional communication skills impact: 1	<ul style="list-style-type: none"> ● Their participation in their environment ● Their emotional wellbeing
3 Does a DC&YP's ability to wear/manage their listening devices impact:	<ul style="list-style-type: none"> ● Their functional communication skills

The discussion provided valuable insights as follows: :

Research question 1	<ul style="list-style-type: none"> ● Having a high level of 'impairment' is not associated with a low level of functional communication, participation, or wellbeing ● DC&YP with severe/profound deafness can have good functional outcomes ● This also shows that the DC&YP who need high levels of SLT support are not always those with the most severe/profound levels of deafness ● SLT support needs to also focus on DC&YP with lower levels of deafness but with lower levels of communication skills, and social, emotional, and mental health
Research question 211	<ul style="list-style-type: none"> ● Having difficulties with functional communication skills does impact on a DC&YP's ability to participate in their environment and on their emotional wellbeing
Research question 3	<ul style="list-style-type: none"> ● DC&YP who wear their hearing aids/cochlear implants more consistently seem to have higher levels of functional communication

The design and implementation of a bespoke language and communication tracker for secondary deaf special educational needs (SEN) students

This was presented by Becky Fenton-Ree (Oak Lodge). This resource was designed by Katherine O'Grady-Bray and Becky Fenton-Ree over several years of accumulation of observational data and trialling. Oak Lodge has 103 students aged 11–19 in a residential setting, predominantly deaf, with additional language/communication needs. The majority of students have some language deprivation.

Rationale for tracking tool:

- flexibility
- learning outcomes that are meaningful and relevant
- identify and teach pupils' gaps
- attainment statements broken down into small, meaningful steps
- inform planning and next steps and set SMART (specific, measurable, achievable, relevant, and time-bound) targets with examples to avoid ambiguity
- nature of pupils is constantly changing
- nothing currently available for deaf pupils to see language development holistically
- nothing aligned to pupils' qualifications
- mainstream targets not appropriate for some students
- some students make very little progress over time.

Reporting of progress:

- tool allows for all class data overview
- shows progress in terms of: emerging, developing, secure
- if < 25% – target
- 25–49% – partly achieved
- 20–74% – mostly achieved
- > 75% – consolidated
- allows for early language framework (ELF)
- might be a spiky profile but shows the student is still making progress
- subjects are colour coded
- progress is tracked termly
- 850 ability statements across communication.

Who is the tracker for?

- QToDs, SaLTs, communication support workers (CSWs), BSL tutors working with Deaf students
- QToDs working with BSL/Sign Supported English (SSE) students as their main form of communication
- Stakeholders to demonstrate evidence of pupil progress over a specific timeframe.

Deaf children in heritage language immersion education programmes

This was presented by Elizabeth Mathews and Sinead Andrews (Dublin City University). The presentation sought to highlight and explore a unique and emerging phenomenon in the Irish education system: the enrolment of DHH children in Irish immersion settings. The study distinguishes between Gaeltacht schools where Irish is both the language of instruction in schools and the

language widely used within the family and wider community, and Gaelscoileanna or Irish-medium (IM) schools where Irish is not necessarily the language used at home. IM schools are defined as schools where students acquire Irish through immersion in the language and that competent Irish speakers are produced without causing disadvantage to first or home-language development.

The methodology employed used a case study approach. Interviews were conducted with parents and teachers of a small sample of four deaf children enrolled in primary Gaelscoileanna. The collected data was analysed using the following themes:

- Language: the means through which we assign power through conveying social messages, eg communication tool versus language
- Language: also a product of power dynamics, eg the resourcing and status given to Irish (Gaeilge) versus Irish Sign Language (ISL).

Findings with specific relevance to deaf education include:

- Often the decision to enrol deaf children was a tentative one with the understanding that Gaelscoil enrolment did not have to be a fixed placement.
- There was a perception of a one-way track through educational settings from Gaelscoil → mainstream → Deaf education setting with no option for moving from Gaelscoil ← mainstream ← deaf education setting. This has implications for how we understand inclusion within our educational setting.
- Not all bilingualism is viewed as equal: Irish is viewed as an *additive* language vs ISL which is perceived as a *subtractive* language. Spoken bilingualism has greater status than bimodal bilingualism in our educational system and has received greater funding and resources.
- The study advocates a counter narrative: Gaelscoil enrolment further adds to the justification for conceptualising language use in deaf children as one of *repertoires* (Swanwick, 2017) rather than binaries, with emphasis on developing the underlying language proficiency of the student and expanding their capacity to understand and use language in different ways and forms.
- The study considers the myth that has existed in deaf education of the deaf child as a monolingual learner. Mathews argues that DHH students should have opportunities to learn other languages. She identifies a need for further research in this area.

TRAP UP is an Erasmus+ project: Transnational professional upgrading project

Ulla Henriksen Carl and Jeannette Fjordgaard (Danish Institution Hearing Counselling – Children and Young People) presented on the TRAP Up project that ran from 2020 to 2023 and was an Erasmus+ project with partners from Denmark, Slovenia, Finland, and Germany. While each education system is different, the aim was to create the best school life for children with hearing loss.

The TRAP UP project created multilingual resources for teachers, focusing on classroom design, inclusion, and distance teaching to enhance learning outcomes for DHH students.



Robin – hearing dog for deaf people

The materials produced included classroom design, teaching materials, distance teaching, and e-learning courses on the inclusion of pupils with hearing loss, and all these materials/resources can be translated into other languages. The TRAP UP web page has a link to all these resources. These include some excellent resources on classroom design, looking at room acoustics, hearing technology, and seating arrangements. It also provides a checklist that can be used to ensure that classroom conditions are optimal.

The e-learning course on inclusion of deaf pupils has three modules. Each module has a short video(s) and there are guidelines on how to add subtitles in your desired language. The teaching materials 'Do you understand me 1' includes a teacher and student book. There is a QR code which gives access to signed video. The distance teaching guidance is to support teachers of students whose ability to receive the education they need in a local school is partially or fully prevented. It provides a collection of instructional videos and other materials about modelling a distance teaching session. Additional resources:

<https://trapup.eu>

Focus on autism

Considering complexity: Deafness, autism, and sensory integration

Amy Stephens, Consultant Speech and Language Therapist and Advanced Practitioner in Ayres Sensory Integration, discussed sensory challenges that autistic DHH students encounter, advocating for *sensory integration techniques* such as low-frequency vibration, proprioceptive activities, and structured routines to support engagement and focus. She emphasised that tailored sensory strategies allow students to navigate both their auditory and sensory needs more effectively.

The key messages relating to autism, deafness, and sensory integration included:

- Practical strategies – to change lives and opportunities of autistic students who are DHH
- Medical advances – children born prematurely tend to have a more complex profile

- Sensory integration – there are only four occupational therapists (OTs) who work in deafness in England
- Sensory integration is a specialism, it's not part of regular occupational therapy
- Discrimination – making sense of the stimuli
- Motor skills and co-ordination – managing my body and objects around me and responding to new challenges in my environment.

Short-term strategies for CYPs:

- low-frequency vibration (tooth grinding, leaning head against you, head against speaker)
- slow linear vestibular input (rocking or swaying) and deep pressure input (massage, squeeze)

- proprioceptive input – any input from your muscles and joints (pull, push, stretch, reach, carry)
- familiar/highly predictable routines

School strategies related to the environment:

- sensory goggles, looking at things to identify individual needs: what can you adapt easily?
- visual processing is a demand
- reasonable adaptations, eg reducing time the person needs to be in a challenging environment
- hyper vs hypo responsivity vs discrimination.

Teaching strategies:

- reduce the demand
- scaffold the task
- sensory exploration opportunities
- reconsider risk/benefit of all steps of the protocol.

To what extent do DHH children from Ethnically Diverse (ED) backgrounds receive a late diagnosis of ASD compared to children from White British (WB) backgrounds?

Raz Sajid's University of Leeds master's research identified that culturally diverse families often face delayed autism diagnoses due to cultural and language barriers. The study called for culturally competent assessment tools and improved outreach to ensure timely and accurate autism diagnoses.

There is very limited research in this area as ED families are often not included in studies. This was a small study (seven families only). Some explanations were:

- structural racism and discrimination in public services
- educational attainment of parents

Factors contributing to delayed diagnosis:

- cultural barriers within ED communities
- lack of cultural competence among professionals
- gender – girls are better at masking so are diagnosed later than boys.

Autism in deaf children:

- deafness and autism overshadow each other, so it can be hard to differentiate

- 2011/12 studies – deaf children are three times more likely to be diagnosed with autism.

General Child and Adolescent Mental Health Services (CAMHS) compared to Deaf CAMHS:

- the majority of parents were dismissed by general CAMHS
- professionals preferred to wait and see
- lack of knowledge about how deafness impacts behaviours
- Deaf CAMHS is better at diagnosing autism than general CAMHS. Deaf CAMHS has a specialist assessment tool that identifies social communication difficulties in deaf children.

Unlocking school readiness: Beyond ABCs and colours: Navigating executive function and theory of mind for deaf children's education

Lyndsey Allen and Rosie Gardner's (Auditory Verbal UK Therapists) session explored how executive function (EF) and ToM shape a child's school readiness beyond academic skills. Strategies included teaching self-regulation and social problem-solving to foster a strong cognitive foundation for DHH children.

- Provide opportunities for experiences which build the foundations of EF and ToM during a child's pre-school years.
- Share stories and books, play tricks and games, talk about thoughts and feelings, "make the implicit explicit" (talk through scenarios and social situations with children/'narrate' on what is happening/model appropriate social skills/tone of voice, etc).
- Use mental state language (things that you're thinking in your head) such as 'I think', 'I like', 'I wonder', etc to assist with perspective building skills.
- Provide the child with strategies/phrases to help them function effectively, eg 'Could I have a few minutes to think about that please?', 'Could you repeat that please?'.



Theory of Mind: Getting deaf children to participate in the social world (Anke van der Meijde)



Sponsor – Deaf Academy

Theory of mind: Getting deaf children to participate in the social world

This training emphasised the importance of incidental learning and role-playing for social integration, noting that ToM development in DHH children differs significantly from that of their hearing peers.

Anke van der Meijde and Evelie Wesselink (Pento Zwolle, the Netherlands) work with DHH children and their parents to explore explicit social learning moments, thereby recognising feelings, thoughts, and intentions; increasing the child's intentional behaviour, and increasing their enjoyment in life.

There are numerous incidental learning moments (overhearing conversations), and moments to learn about motivations and considerations, all of which can be explored to develop ToM in DHH children.

ToM development is different in DHH children compared to their hearing peers. This is the case even for children with mild deafness. The presenters provide training for DHH children and their parents. This involves a child group programme and in parallel, a parent programme. The aim of group therapy is for children to role play in the social world. The aim for the parent sessions is to discuss their child's social and emotional development, and guide parents in ways to develop ToM further through interactions at home.

Focus on professionals working in deaf education

The establishment of a deaf specialist multidisciplinary team for children and young people in Ireland: An emerging specialism

Aidan Corr, Aoife Dempsey, Michelle McNulty, and Una O'Brien (Chime) presented on the establishment of a specialised Deaf multidisciplinary team to provide culturally attuned support to DHH youth in Ireland, facilitating assessment and intervention for complex cases.

It is a national service which supports local Health Service Executive (HSE) services and has a specialism in deafness. The team is made up of a SaLT, a psychologist, an OT, an administrator, and an ISL interpreter. They work with Chime's existing Family Support Team, including social workers. The team engaged and liaised with specialists in the UK and Northern Ireland who were experienced in assessing the Deaf population. They also engaged with the Irish Deaf Society, Parents of Deaf Children, the National Hearing Implant and Research Centre, Beaumont, and HSE Community Audiology.

The rationale for setting up the service was that they felt that the clinicians in local services do not also have linguistic and cultural barriers in society that can impact on DHH parents' experiences of accessing services for their DHH children.

The service model:

- A fully accessible, linguistically, and culturally appropriate service for the DHH community
- Interpreter embedded in the team and Deaf professionals supporting the team
- Specialist knowledge and skills regarding the strengths
- Assessment and intervention approaches consider the role of the environment. There is access to specialist tools for the assessment – eg a deaf-adapted Autism Diagnostic Observation Schedule (ADOS) 3 assessment.

The team accepts referrals of CYP from birth up until their 25th birthday. In order for a referral to be accepted, a CYP must have bilateral deafness in the moderate to profound range and present with additional needs as a direct result of being deaf, which cannot be met by their local team.

Educational needs of deaf and hard-of-hearing students: An analysis of English teachers

Inmaculada Garrote Camarena (Universidad Rey Juan Carlos, Madrid) presented on the Spanish Educational

System, which has a single education system with two modalities: special education and mainstream education.

She did an analysis and explored the perspectives of DHH individuals regarding their learning experiences with English teachers.

There were four emerging categories:

- 1 First contact with the English language
- 2 Use of spoken language in the English subject
- 3 Use of sign language in the English subject
- 4 Emotional aspects.

Inmaculada concluded that:

- English teachers need to check and ensure that information is accessible and communication is possible.
- English teachers need to show complete understanding of deafness.
- English teachers need to have knowledge of the national sign language and implement it as a methodological aspect.
- Participants related most adversities with the lack of adaptation and understanding in the educational environment.
- The presence of obstacles and barriers can cause a lack of motivation in the process of learning the English language.

Poster: Effective collaborative working to ensure best outcomes for diverse families

Rachael Blowes, QToD at the Royal National Ear, Nose, Throat (RNENT) and Eastman Dental Hospital, London, presented one effective collaborative working between the NHS Auditory Implant Service and the local specialist services, and how it is imperative when working with families whose needs may be more complex. It is essential to work flexibly to ensure best outcomes for families by adapting input to meet individual needs. London based services involve working with a highly diverse population with high levels of poverty and possible additional difficulties. This makes the role of the QToD increasingly challenging and essential. This poster demonstrated the adaptations made to the assessment protocols within the service at RNENT, taking two families as case studies.

Family 1: New arrival to the UK in 2022, aged four. Deafness was late identified. Fitted with hearing aids abroad at the age of three years. Began attending specialist education placement September 2023. Bilaterally implanted seven months later (December 2023).

Family 2: New arrival to the UK in spring 2023 to join parents, having previously lived with grandparents. Deafness identified and fitted with hearing aids in June 2023. Started specialist education provision in September 2023. No formal language was established prior to their education placement in the UK where they are now beginning to use signs to communicate. Family prefers to use spoken communication at home.

Navigating executive function

Adaptations made to information session:

- Face-to-face interpreter rather than remote. Difficulties



NCSE hub staff



Ethics and morality: should a code of practice be developed for ToDs? (Rachel O'Neill and Rob Wilks)

securing correct dialect – a challenge.

- Extra time allocated for information session clinics – time needed to explore background (which may be distressing), culture, and coming to terms with their identification of deafness.
- Less text and more visuals on presentations used in clinic, such as pictures, models, and videos.
- Higher level of liaison with the local team to understand the family context, eg housing, education.

QToD/SLT assessment – additional sessions/resources required.

Outcome meeting where decision made about implantation – maximising support and accessibility:

- Additional time for outcome meeting with face-to-face interpreter
- Duplication of appointments needed as partners may not be available (work commitments)
- Counselling may be needed for further emotional support
- Feedback to local QToD/SaLT and the report was circulated.

POPPI (post operative preparation pre-implant) and device choice – adaptations made:

- Changes made to POPPI presentation – less text more visuals
- Greater emphasis around communication and listening development
- Additional time for face-to-face interpreting
- Possible breakdown in communication resulted in appointments missed.

Conclusion

The two families demonstrated the need for extra time and appointments during the whole implant process. Accessibility was key. The need for clear information via the interpreter was crucial and the availability of the interpreters played a huge role in this process. Most of the

speech perception battery resources could only be used via the interpreter or via the parent in their native language. Successful partnership working with the local team was fundamental to a successful outcome.

To provide the most optimal support for families, the following would be recommended:

- Outcome reports to be translated into the native language.
- Continuity of the same interpreter to be allocated to the family wherever possible.
- Nursery/home visits to gain information and understanding about how the child is functioning.

Ethics and morality: Should a code of practice be developed for ToDs? – Rachel O'Neill, University of Edinburgh

The aim of the project was to research the ethical dilemmas ToDs have experienced and continue to experience and provide recommendations regarding a code of ethics or practice for ToDs.

The study seeks to answer to the following research questions:

- What is the role of ToDs from the perspective of both the ToD profession and families of deaf children?
- How has the role of ToDs evolved over time in relation to work with parents and families?
- What is the scope and nature of the relationship between ToDs and medical professionals?
- What ethical dilemmas do ToDs face, especially in their work with families, and what guidance is currently available to address these challenges?
- What are the views of parents/guardians of deaf children regarding the above issues?

The literature review resulted in the emergence of the following themes: history of the ToD role, recent changes

Continued on page 24 ►



Deaf children in Heritage Language Immersion Education Programmes (Dr Elizabeth S. Mathews)

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Importance of good acoustics for learning and wellbeing

Research tells us that we need to address classroom acoustics to ensure schools support children's performance and wellbeing. Learn how children are impacted by noise and discover five tips for improving classroom acoustics.

Background noise and reverberation are important factors when designing a classroom environment. It's intuitive that good classroom acoustics are conducive to learning, but what does the research say?

Various studies have been done to see how background noise and reverberation in the classroom affect speech intelligibility, memory, and the wellbeing of students.

Children are more susceptible to noise effects

Speech intelligibility has been found to be affected more by signal-to-noise ratio than by reverberation time.¹ Furthermore, how well a student performs in background noise is dependent on their age, with children under 13 more susceptible to noise.¹

The maturation of the auditory pathway is not complete in young children, and their phonological processing skills are still developing, which means that they have more difficulty processing degraded speech.¹

Studies have been done that show the degradation of speech intelligibility as a function of age. Children aged 14–15 performed almost as well as their adult counterparts. However, the younger the child, the worse they fared in noise.¹

For example, with a signal-to-noise ratio of 10 dB, adults and children over 14 have shown speech intelligibility scores above 90%, while children aged 6–7 scored just below 80%. At 0 dB SNR, adults and older children, when compared to the 6–7-year-olds, showed speech intelligibility scores of approximately 80% and 60%, respectively.¹

This information should be considered when designing classroom layouts or learning activities – what may work for an eighth-grade class may not necessarily be appropriate for a group of first-grade students.

Group work might be more challenging

Several studies, including a 2002 study by Professor Emily Elliot, looked at the ability to recall a sequence of visually presented verbal items in the presence of noise.² A significant impairment was found when the children were exposed to "irrelevant sound", especially when the sound had a changing-state characteristic (e.g., background speech, as opposed to steady-state white noise).²

An example of this in practical terms would be the high levels of noise present when students are involved in group work (irrelevant sound), which could be said to have a greater effect on memory than the background noise of a fan (steady-state sound). Once again, age was associated with poorer results. When visually presented with digits, recall performance dropped by 39% in the presence of noise (relative to quiet) in the second graders, compared to only 11% in adults.²

Noisy classrooms might result in 'less happy' children

In 2019, Professor Astolfi and her colleagues wanted to study how noise affected the wellbeing and perceived disturbance of first graders. In total, 326 students were involved in this study across 10 different schools in Italy.³ Room acoustics of the various classrooms were measured, and the socioeconomic status of the children was factored in.³

Questionnaires were given to the students in the last month of school to determine their state of wellbeing and perceived disturbance. Students were then divided into groups of "happy" and "unhappy" children based on their answers.³ Happy students reported disturbance in classrooms with bad acoustics. However, the complaints from unhappy students in the same acoustic conditions related to feelings about themselves, such as whether they felt they fitted in at school.³ Furthermore, it was determined that higher noise and reverberation levels reduced the children's perception of having fun and being happy with themselves.³





Five tips for improving classroom acoustics

1. Acoustical tiles are one of the best ways to reduce reverberation and noise. Even when wall space is at a premium, the tiles can be installed on the ceiling. The most commonly used are those made of fibreglass, and while they may be more expensive than foam, they are highly effective and fire-safe.⁵
2. When the noise originates from outdoors, it is important to check the seal of the windows. An inexpensive foam seal can be added around each window. If the sound is transmitted through the glass, a second panel of glass could be considered.⁵
3. Similarly, if sound is passing through a door, for example from an adjacent classroom, a seal could be added around the door or a drop seal at the bottom.⁵
4. Another effortless way to sound treat is to consider the location of noisy equipment, such as a computer fan. It has been observed that many classrooms have the central processing unit located against a wall or under a desk surrounded by hard surfaces. Adding acoustical panels next to the equipment would help absorb some of the noise.⁵
5. Finally, the tried-and- tested method of placing tennis balls on the bottom of chair legs would reduce the noise produced when children are moving or leaving their seats.

There is much evidence to suggest that background noise and reverberation affect children in the classroom, with negative impacts on speech intelligibility, memory, and wellbeing. However, with proper sound treatment of the classroom, we can make meaningful improvements to a child's school experience.

Guidelines for classroom acoustics

Different organisations have recommendations for background noise and reverberation times in classrooms.

The World Health Organization has the following guidelines:⁴

Location	Noise level (db Laeq)	Reverberation time (seconds)
Classrooms	35	0.6
Halls & cafeterias	NA	<1
Outdoor playgrounds	55	NA

The American National Standards Institute (ANSI) specifies noise standards for optimal classroom acoustics based on the volume of space in the classroom, rather than the type of room:⁴

Volume of Space	Background Noise (db Laeq)	Reverberation time (seconds)
< 283 m ²	35	0.6
< 283 m ² and ≤ 566 m ²	35	0.7
> 566 m ²	55	NA

This leads us to the question: what can we do to improve acoustics in the classroom?

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► Continued from page 20

in health and education, home visits, duty of candour, moral commitment and ableism, and the relationship between health and ToDs.

Preliminary findings from interviews elicited the following responses:

- What was their outlook? Audiology-framed solutions and relationships.
- How have relationships with audiology changed? GDPR (General Data Protection Regulation) and in some areas much less information from Health.
- Were they aware of deaf culture, positive language? Responses varied.
- Were they aware of reasons for language deprivation? Responses mostly 'no'.
- Did they want a code of practice? No. A few thought that it would help explain the ToD role better. ToDs are aware of the danger of over-supporting deaf children.
- Did they sometimes challenge decisions? Not much.

Concluding thoughts from the researcher:

- The research in the area is still ongoing.
- The researcher is still looking for ToDs to interview and there is also a survey for parents.
- The researcher hopes that the discussion will support better preparation for ToDs in working with health

Pre- and post-information session clinic questions:

- 1 I am aware of the difference between typical hearing and hearing with a cochlear implant.
- 2 I understand how cochlear implants are different from hearing aids
- 3 I understand where the implant is placed on my child's head
- 4 I am aware of the potential outcomes for my child if they have a cochlear implant.
- 5 I understand the assessment process.

professionals and with parents.

Additional resources:

- Special issue on 'Ethics and professionalism' in *Deafness & Education International*, January 2025.

Focus on emerging research

This section of the conference report highlights emerging research in the field of deaf education, focusing on innovative approaches and critical areas of concern for the education of deaf CYP. The studies discussed provide valuable insights into the challenges and opportunities faced by educators, parents, and deaf learners.

Together, these research efforts offer practical recommendations and springboards for

further inquiry, emphasising the need for innovative strategies and continued collaboration in deaf education.

Use of digital apps for bilingual literacy – McQuarrie Lam and Yong, University of Alberta

This co-design project with DHH students developed interactive apps for learning vocabulary in both ASL and English. Games such as *Hungry penguins* reinforced visual language patterns, enhancing early literacy and phonological skills.

Improving accessibility in gaming for deaf gamers – David Watkins

Watkins discussed gaming accessibility, advocating for sign language support, visualised sound effects, and inclusive design in popular video games.

Diversity in deaf education research including works from deaf learners/researchers – Poster Mary Hare

The ToD course at Mary Hare/University of Hertfordshire produces projects with findings relevant to practice. A sample of recent master's dissertations from ToD researchers included the following.

Conversational turns

Lowther and Gravenstede investigated how frequently deaf children initiate and engage in conversational turns in early years' settings in comparison to hearing peers.

This study investigated the number of conversational turns experienced by d/Deaf children and hearing children matched for age, gender, and SEN over ten hours of observations in an early years mainstream setting. Each participant undertook a receptive vocabulary assessment. The results evidenced that in the early years, d/Deaf children experience statistically fewer successful conversational turns than hearing children and statistically more failed attempts at conversational turns than hearing children.

For both d/Deaf and hearing children, receptive attainment levels correlated strongly positive with successful conversational turns, and strongly negative with failed conversational turns. This study provides evidence that successful conversational turns play an important role for



Theory of Mind: Getting deaf children to participate in the social world (Evelie Wesselink)

d/Deaf children in developing language skills and achieving academic attainment. Results suggest that future research into this area is important. Recommendations were made based on this research to influence future practice in how the interactions of deaf children are supported.

Early intervention

Millar and Rosenberg investigated the experiences and perspectives of parents engaging in early intervention for 0–3-year-old deaf children in Northern Ireland (NI). It is recognised that delays in the acquisition of language impact across a range of developmental areas, and that family-centred early intervention is the most effective method of improving outcomes for deaf children. Crucial to the success of this process are parents, who are acknowledged as the main influencers on their children's progress. This study provides insight into early intervention for deaf children (0–3) in NI through an investigation of the experiences and perspectives of parents.

The aim of the research was to identify the needs of parents and whether there was a deficit between these and the provision offered. Interviews were analysed and the results were organised into themes. The findings of the study suggested that parents were broadly satisfied with the support they were receiving. However, concerns were raised with regards to the early stages of identification of deafness and the use of monitoring and assessment tools. Parents stressed the need for more easily accessible information about deafness to enable them to support their children. The role of the QToD offering guidance, practical strategies, and emotional support was found to be of benefit to parents. Parent-to-parent support was identified by most parents as being essential in providing the emotional support they needed. The need for young deaf children and their families to have access to sign language alongside oral language was also raised.

The study demonstrated the importance of supporting

parents as this is the best way to ensure deaf children's overall development. It provided insights into the needs of parents, as identified by them, and made recommendations as to how these needs could be met.

Improving writing skills

Bailey and Gravenstede's research examined the efficacy of the SHAPE CODING™ system on the writing abilities and writing confidence of eight primary school-aged children, all with severe to profound hearing loss and delayed or disordered language. The SHAPE CODING™ system (Ebbels, 2007) is a visual coding system that teaches spoken and written grammar rules through the use of colours, shapes, and lines. It was first developed for children with developmental language disorder (DLD). There has as yet been no published research on the use of the SHAPE CODING™ system with children who are deaf (CWAD).

This study aimed to explore the hypothesis that the use of the system has a positive effect on CWAD writing and on confidence to write. The study was an action-research project involving multiple case studies of children between 6 and 11 years old, all attending a primary school with a resource base for deaf students.

The findings of this study were that all participant CWAD made statistically significant progress in writing, with post-intervention writing samples showing that they were able to write at greater length, using a wider range of correct grammatical structures, and with improvement in narrative skills. The results of staff and pupil voice surveys also indicated that CWAD identified that the system was helpful. It can be concluded that the SHAPE CODING™ system is a useful tool for professionals to use with primary school-aged CWAD when teaching writing.

Reading engagement and comprehension

Welstead and Nelson considered a multiple case study. Using 'Thinking maps and thinking hats' to promote engagement and improve comprehension with the reading



Delegate at sponsor's 'Outside the box' stand



Evening entertainment – Irish dancer and Ceilidh

of children who are severely and profoundly d/Deaf in primary school. The intervention used a number of metacognitive strategies to support children who are d/Deaf with reading comprehension and to encourage engagement and enjoyment with reading. The York Assessment of Reading Comprehension was used both pre- and post-assessment as a means of measuring the impact of the intervention.

The intervention was delivered for nine months across an academic year with resources designed by the researcher. Observations were made and responses from the children were gathered and analysed in a multiple case study approach.

Overall, findings for each of these pieces of action-research provide valuable implications for knowledge and practice for teachers of deaf CYP.

Conclusions and policy implications

The 27th FEAPDA Congress underscored the importance of an inclusive, adaptable approach to deaf education. The discussions highlighted that DHH learners benefit from education policies and practices that not only recognise their unique cultural and linguistic identities but also provide equitable opportunities for social, academic, and emotional development. Key takeaways included:

Commitment to inclusive education policies: Congress participants advocated for policies that respect and accommodate the linguistic and cultural needs of DHH students. Expanding bilingual and bimodal education models, increasing sign language (country specific) resources, and training for professionals in deaf education are seen as critical steps toward true inclusivity.

Prioritising social-emotional development: The Congress highlighted the social and emotional challenges DHH students face, emphasising the need for peer mentorship programmes, social capital-building activities, and mental health support systems specifically tailored to DHH youth. Addressing these needs

helps foster resilience, confidence, and a sense of belonging.

Expanding access to technology: The role of technology in DHH education, including radio aids, virtual reality tools, and hearing devices, was a major focus. These technologies improve classroom participation and engagement for DHH learners. Equipping teachers and students with the latest tools, alongside providing necessary training ensures classrooms remain accessible and inclusive.

Enhanced professional development: Programmes like the Erasmus+ TRAP UP project and the Audiology Refreshers initiative underscore the need for ongoing training for educators in deaf education. These resources equip teachers with the knowledge to accommodate DHH learners effectively and keep pace with technological advancements.

Focus on early intervention for autism and diverse needs: Presentations on autism in DHH learners revealed gaps in early intervention and culturally sensitive diagnostic tools, particularly for students from ED backgrounds. Early, culturally competent assessment and intervention are essential to supporting DHH children's development in both linguistic and social domains.

The Congress culminated in a collective call to action for policymakers, educators, and advocates to continue working toward a more inclusive, supportive, and adaptable education system for DHH students. By acknowledging and addressing the varied needs of deaf learners, educational institutions can better support DHH students' academic, emotional, and social development, paving the way for a more equitable future in deaf education.



Madeline Hickey and John Culhane lead the Sensory Inclusion Team in the National Council for Special Education (NCSE) in Ireland.

Madeline is the Specialist Lead (Sensory) and John is the National Development Lead (Sensory).

DELTA: The Language of the Home: using technology

DELTA (Deaf Education through Listening and Talking) is a small charity run by professionals, parents, and deaf adults who are passionate about giving deaf children and their families the information and skills they need to ensure that they have the best possible start in life. DELTA believes that the majority of deaf children can learn to speak the language of the home, with appropriate amplification and support, and is committed to helping the families and the professionals who work with them.

The 2025 joint BATOD and BAEA conference highlighted the importance of technology for deaf children and their families. The developments in technology have brought huge opportunities for deaf children, not just in the setting and maintenance of hearing aids but also in the ever-growing variety of equipment and its uses at home, and in educational and social settings. This conference offered professionals continued opportunities to share and enhance their knowledge.

The breadth and rate of change in technological advances can be daunting as well as exciting if children are to maximise their potential through individual use of appropriate technology. Qualified Teachers of Deaf Children and Young People (QToDs) will be well versed in supporting families with the basic routines essential for establishing listening skills, as well as ensuring careful tracking so that necessary changes are quickly made if families notice changes in response.

Families are the experts with the skills and tools to develop their children's spoken language within everyday family life, but the QToD is the vital support for their understanding of the increasingly complex technology. This support now has the capability to alleviate many of the difficulties deaf children face in education and wider society, but only if:

- it is working optimally
- professionals and families are working together to ensure that the best equipment is being used appropriately at each age and phase
- education and other settings are part of this partnership
- technology is not seen as sufficient on its own but is used alongside the other prerequisites to the development of spoken language skills, and the achievement of educational and social potential for deaf children and young people.

DELTA provides a variety of support including literature, online sessions, opportunities for face-to-face events for families, and bi-monthly free continuing professional development (CPD) sessions for professionals.

For more information visit the DELTA website: www.deafeducation.org.uk/cpd



Liz Rothwell



Cate Statham



**Deaf Education through
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- Every second month on third Thursday at 3.30pm
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- Deaf awareness presentations for your network

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Education Authority Northern Ireland Speech to Text Captioning initiative

Conor Mervyn and **Anne Marie Kerrigan** discuss their presentation 'An innovative project designed to assist deaf and/or hard of hearing young people is currently being piloted by the Education Authority in five schools'

Enhancing accessibility: The EA NI Captioning Pilot Project

The Education Authority (EA) Northern Ireland (NI) has embarked on a significant initiative aimed at supporting deaf children and young people through the implementation of a Speech to Text Captioning Project. This project, part of the EA Sensory Service and ICT (Information and Communication Technology) Projects for Northern Ireland, commenced for the academic year 2024–2025. The project's key aim was to enhance the learning experience for deaf students by providing real-time captions during lessons with Caption Connect.

Caption Connect is a cloud-based software developed by Oncall Language Services, which was first discovered by the EA Sensory Service in 2024. It aims to minimise concentration and listening fatigue, thereby enhancing the educational experiences of children who are deaf and/or hard of hearing.

Key team members

The success of the project hinges on the expertise and dedication of two primary teams: the EA Sensory Service Team and the EA ICT Projects Team. The Sensory Service Team includes Anne Marie Kerrigan, an Educational Audiologist and Qualified Teacher of Deaf Children and Young People (QToD), and Conor Mervyn, a deaf QToD. The ICT Projects Team is led by Victoria Noble, Technical Project Manager, and Ciara Duffy, Senior Project Manager. The key to the project's setup and implementation was the collaborative work between the educational audiologist and QToD, and the skills of the ICT project team. They combined their knowledge and skills to drive the project forward.

Project background and initial steps

The project's foundation was laid during the Covid-19 pandemic when the EA Sensory Service conducted research on accessibility issues with learning platforms and captioning software. This research was presented to the Scottish Sensory Service in May 2021. Following this, various captioning tools were trialled and a business case was jointly submitted with the ICT Projects team in March 2023. The project also underwent equality screening and data governance processes. A webinar in June 2024 introduced the project to a broader audience.

Funding information

The funding for the EANI Captioning Pilot Project was secured through a joint submission of a business case by the EA Sensory Service and the ICT Projects Team in March 2023 to an ICT budget stream, which covered the cost of the Caption Connect software provision. The Service collaborated with radio aid manufacturers, including Phonak and Oticon, to find solutions to meet the needs of the deaf and hard of hearing learners. We are thankful for

their ongoing support and input to the Speech to Text Software Pilot. The project also received support from the EA Equality Unit and Legal Team to ensure compliance with Data Governance and Processing Agreements before it was initiated in schools. Each pilot school had to sign a Data Protection Agreement between the EA and Caption Connect, and it had to be approved at Senior School Management level and Board of Governor level.

Progress in term 1

The first term of the project saw significant progress. Captioning training was conducted across five post-primary schools and support training materials were provided. Questions and information about the captioning project were made available on the EA Sensory Service website. Baseline questionnaires such as the LIFE Questionnaire, the Listening and Concentration Fatigue Questionnaire (Vanderbilt), and in house pre-captioning use questionnaires, with follow-up mid-pilot questionnaires distributed to pupils, parents, and school staff.

The project was also featured at the EA Tech Fusion Conference 2024. This was an event where various projects and initiatives within the EA were presented. This allowed the Speech to Text Pilot to be showcased wider within the EA and showed the collaboration between the Sensory Service and ICT teams, and increasing awareness about the role of QToDs and the Sensory Service. This meant we reached a new audience outside the traditional deaf education audience, increasing the knowledge and understanding of EA professionals and how they could support the learning journey of deaf and hard of hearing pupils. Post conference, this created a lot of excitement amongst the EA ICT teams and they felt empowered to support the project further. Following the Tech Fusion event, the Project Team were invited to showcase the Speech to Text Pilot to the EA Executive Board Meeting as the EA Executive Board has overall responsibility for the business of the EA in NI. Further collaboration with the software provider led to the development of a summarisation tool.

Current and upcoming activities

Looking ahead, the project has gained approval to extend to ten additional schools for the 2025–2026 academic year. There is also an expression of interest to support English as an Additional Language (EAL) learners. The Sensory Service collaborated with the EA Intercultural and Education Service (IES) about how the pilot could support pupils from EAL backgrounds. The IES provided best practice feedback from an IES perspective on working with pupils with EAL accessing the captioning software. Training and support materials will be refined, and mid-project feedback will be gathered to inform future practices. Training will be provided for QToDs, colleagues, and pilot school staff. Additionally, the project will investigate hardware

compatibility with other manufacturers and pupils without hearing aid technology and assistive listening devices (ALDs).

Key learnings

The project has yielded several key learnings, including the importance of engaging with various organisational departments such as ICT support, legal advice, and data governance. Preparation and lead-in time are crucial, and starting small and building gradually is recommended. In-school support, particularly having a 'champion' for captioning, is vital. Consistent engagement with schools helps refine and improve the captioning experience for pupils and staff. Positive stories should be used to raise the profile of the service and the needs of deaf children and young people. If teams have deaf staff members, they can shape the captioning experience and help inform good practice with collaborative partners and schools, as the deaf staff have the lived experience of using captioning and can demonstrate the benefits of the software.

Feedback

Feedback from both pupils and teachers has been overwhelmingly positive. One pupil shared, "The captions make it so much easier to follow along in class. I don't feel left out anymore, and I can keep up with everything the teacher says."

A teacher highlighted the impact of the summarisation tool, stating, "The summarisation tool is incredible – it breaks down full lessons into clear bullet points. My pupil now has a structured way to follow along, even when struggling to maintain eye contact with the teacher."

The EA Chief Executive, Richard Pengelly, also praised the project, noting, "I was delighted to have had the opportunity to visit a pilot school to learn more about the Education Authority's Captioning pilot which will improve access for deaf and hard of hearing children in our schools. We had the pleasure of seeing how this captioning facility worked in the classroom and saw first-hand the positive impact it had on children in the classroom, an inclusive learning environment."

He further expressed his gratitude, saying, "My sincere thanks to the entire staff team – both teaching and non-teaching – for their dedication to creating such a positive learning environment for all children."

Statistics on the project's impact

The project's impact has been significant, with several key statistics highlighting its success:

Pilot schools: The project is currently being piloted in five schools, with plans to extend to ten additional schools in

the next academic year.

Training sessions: Captioning training has been conducted across five post-primary schools.

Feedback surveys: Mid-pilot surveys have been distributed to pupils, parents, and school staff to gather feedback and inform future practices.

Summarisation tool: Collaboration with a software provider led to the development of a summarisation tool with three different literacy levels (easy, medium, and detailed), which has been positively received by teachers.

Software feedback: On-going collaboration with the software provider to suggest ideas for enhancing the captioning experience to support learning.

Positive feedback: Feedback from pupils and teachers has been overwhelmingly positive, with many noting the ease of following along in class and the structured way to follow lessons.

Project timeline

The timeline for the EA NI Captioning Pilot Project is as follows:

March 2023: Joint submission of the business case by the EA Sensory Service and ICT Projects team.

June 2024: Webinar introducing the project.

Term 1 (2024–2025): Conducted captioning training across five post-primary schools, provided support training materials, developed baseline questionnaires, featured at the EA Tech Fusion event and EA Executive Board Meeting, and collaborated on the summarisation tool.

2024–2025 academic year: Approval to extend the project to ten additional schools, expression of interest to support EAL learners, refinement of training and support materials, gathering mid-project feedback, training for ToD colleagues and pilot school staff, and investigation of hardware compatibility.

British Data Awards: The project was shortlisted for the British Data Awards, which took place in London on 14th May.

Contact information

For more information about the project, you can reach out to Conor Mervyn at conor.mervyn@eani.org.uk and Anne Marie Kerrigan at annemarie.kerrigan@eani.org.uk or alternatively, you can access the pilot webpage: [Caption Connect Captioning Pilot | SEND Plan](#)

[Education Authority team pilots 'Speech to Text' software | Education Authority Northern Ireland](#)



Conor Mervyn is a QToD currently working with the EA Sensory Service, NI. Conor's personal interests include assistive technology and captioning in the classroom. Conor has worked as a peripatetic QToD in Glasgow and London, served as the NI Chair of BATOD, and was part of the organising committee for the 2024 joint BATOD and FEAPDA Congress. Previously, Conor was also a National Executive Council member of BATOD and a member of the D/deaf Teachers of the Deaf UK group.

Anne Marie Kerrigan has been a dedicated QToD for over 20 years. Throughout this time, Anne Marie has worked with children and young people of all ages and in various educational settings. In 2013, Anne Marie qualified as an Educational Audiologist, a role that is currently enjoyed within the Sensory Service of the EANI.

BATOD North Study Day – ‘In your hands’

Kim Davis, Lead QToD for the Leeds Sensory Service, reports on the on the 2024 BATOD North Study Day

As always, the BATOD North committee had secured a varied and exciting selection of workshops this year. We planned time at the start of the day for delegates to meet and greet, enjoy refreshments, and catch up with colleagues from across ‘the North’. To start the day with a fantastic presentation, we invited Debbie Cartlidge and Bobs Blackwell from Deaf Village to be our keynote speakers.

Deaf Village (Debbie Cartlidge and Bobs Blackwell)

Debbie Cartlidge is deaf and dyslexic and spent most of her school years not accepting her deafness, not fitting in, and feeling like a failure. She was introduced to sign language at 26, when a whole new world of Deaf culture opened up for her. Realising the importance of Deaf culture in deaf children and young people’s lives, Debbie set about creating Deaf Village – “a magical world-within-a-world where two worlds, hearing and deaf, come together in unity and oneness towards a shared endeavour”.

Debbie’s colleague, Bobs Blackwell, spoke about the 16–18-year-olds who arrive at Deaf Village with low self-esteem, low aspirations, and a negative view of their deafness as it is deafness that makes them different. She spoke passionately about the importance of Deaf culture and the need to view difference as okay.

Deaf youngsters often feel isolated because they are surrounded by hearing culture and hearing culture is not neutral – all their lives they have been told that they are different and not perfect. The descriptions of deafness, eg hearing impaired or hard of hearing, reinforce this notion of not measuring up to a person with perfect hearing.

At Deaf Village, all thoughts about not measuring up are removed; the focus of any activity or discussion is based on what the young people are good at.

Bobs felt that sign language is the pathway to Deaf culture and asked the delegates, being cultural allies of deaf children and young people, to reflect on their own beingness and to aim to empower young deaf people to become the experts.

After this fascinating and really insightful introduction to the day we headed off for a break to regroup, reflect, and enjoy some more refreshments with friends ... new and old (old reflecting our time as professionals and not necessarily our age!)

Delegates then moved off into their pre-booked workshops. The Eventbrite booking system worked like a dream this year, and with BATOD North committee members stationed in each room, we were able to guide everyone to their workshop choices with ease.

The morning workshop choices were ‘Campaigning for



captions’, ‘CYP living with Usher syndrome’, ‘Deaf children with additional needs’, and the ‘Manchester alumni’ dissertation presentations.

How to support and empower children, young people, and families living with Usher syndrome (Chloe Joyner)

This was a very personal presentation from Chloe Joyner, who founded Usher Kids following the diagnosis of her own child and found that there was little advice or support available.

She began with sharing some stark statistics: unemployment is up to 80% in the adult Usher syndrome community; the suicide rate is up to six times higher, and teens are leaving university as inadequate support is in place for them.

Chloe took us through her journey following her daughter’s diagnosis offering a guide of the rare genetic condition and the types of ways it can affect hearing, vision, and balance. Chloe offered practical advice and a link to videos and resources that could prove invaluable to families such as walking barefoot and allowing children to access a wide range of activities to strengthen their core, and also the ‘mushroom floating’ technique, which every child should learn.

Chloe urged us to share the resources on the Usher Kids website with families. They are hints and tips that have been gathered from families and children and offer practical help: from reduced night vision causing problems



going out trick or treating in the dark to micro frustrations that can build throughout the day, chipping away at a child's confidence.

Chloe also stated that the role of the Qualified Teacher of Deaf Children and Young People (QToD) can't be underestimated as it is likely that they will be the professional who is involved at the earliest stage. It is important for us to be more aware of the implications of a diagnosis and how we can support the family. Introducing them to Usher Kids UK would be a great start.

Manchester alumni (Claire Allison)

Claire Allison spoke about the support QToDs can give to childminders who are providing childcare to deaf children. Claire encouraged us to consider how QToDs can provide childminders with training and guidance on a range of topics, including the provision of a language-rich environment and acoustically friendly space. She talked about tapping into networks of childminders through play groups in order to establish relationships with childminders in your service areas, building the foundations to then offer more formalised coaching if the childminders are willing. Claire explored what good coaching with childminders would look like, suggesting strategies like modelling or joint planning. Claire's presentation prompted discussion and questions, with delegates commenting that childminders are possibly an undervalued resource that QToDs can work more closely with.

Carly Humphries then presented her research on hearing technology used by services for deaf children. Carly explained the aims of her research project and briefly described her methodology. Carly shared the findings of the qualitative and quantitative branches of her research, delving into the key themes that her research has highlighted. Delegates were interested in some of the outcomes that Carly's research uncovered, asking for details about the breakdown of the data, and its implications for decision making within services. Carly's research has been selected for publication, and

therefore specific details of the findings cannot be shared at this time.

Deaf children with additional needs (Wendy Pallant)

Wendy is a semi-retired QToD and teacher of deafblind children and young people, she is also a regional tutor for the Deaf Education Postgraduate Diploma (PGDip) at the University of Leeds.

Wendy began by asking the delegates what additional needs they were seeing and working with in their roles; the list was long and included many syndromes, cerebral palsy, global development delay, autism, visual impairment, and physical

disabilities. According to the Consortium for Research into Deaf Education (CRIDE) report 2023, 25% of deaf children have recognised additional needs – although the actual number may be higher due to some reporting of only the 'primary need' – and it is important to look at each child individually to gain an understanding of all their needs and how they may impact on each other.

A full functional sensory assessment is needed in order to then focus on how best to support each child. This assessment should include not only hearing, vision, smell, touch, and taste but also vestibular (sense of movement) and proprioception (sense of body position).

As 40% of children with sensori-neural hearing losses also experience eye difficulties, QToDs must be aware of the impacts – loss of clear facial expressions, lip patterns, and handshapes, along with the loss of shared gaze – and factor these things in when planning activities.

Wendy finished her presentation with many useful video clips and ideas for the delegates to take away and use in their own teaching.

The morning sessions flew by, and it was time for lunch. We listened and responded to feedback from last year and timetabled a longer lunch. This allowed time to chat with colleagues, to browse across the fantastic exhibitor stands, chatting with the sponsors and learning about the new and exciting changes and developments within the world of deaf education... and beyond!

We promptly began the afternoon session by hearing from our sponsors and moved smoothly into the Annual General Meeting (AGM). Here we were treated to a rousing delivery from our BATOD President, Sue Denny, and National Executive Officer, Teresa Quail. Teresa shared her exciting news about her upcoming Doctor of Philosophy (PhD) work, leaving a huge temporary hole in the BATOD family – applicants were welcomed!

The afternoon workshop choices were



'Supporting children with mental health needs', 'Deaf Child and Adolescent Mental Health Service (CAMHS)', 'Aetiology', and 'Health and wellbeing of deaf children – importance of early language development'.

Supporting children with mental health needs – self-harm, suicide risk assessments, and wellness recovery action plans (Kate Adams and Rachel Blackburn)

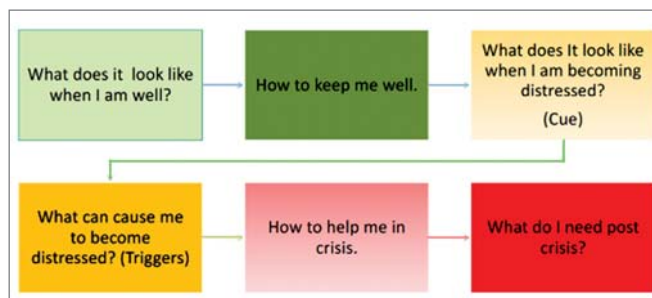
During this session, it was highlighted that self-harm at present is more prevalent and that deaf children's needs are becoming more complex. As QToDs, we need to understand and have an awareness of our responsibility to meet our deaf pupils' needs. We need to be able to assess risk, have risk assessments in place, and understand how our organisation can protect itself.

Both Kate and Rachel highlighted the difference between self-harm and suicidal intent. Self-harm refers to deliberate actions that cause pain or injury to the person committing the act, typically without suicidal intent; suicidal intent is the desire to complete a voluntary act resulting in your own death. As a group, we explored why children and young people may self-harm and this included emotional expression, a coping mechanism, a way of communicating, peer influence, and mental health issues.

SignHealth completed a suicide literature review https://signhealth.org.uk/wp/wp-content/uploads/2019/07/suicide_leaflet_v8.pdf and it clearly stated that previous research had overlooked the suicide issues in the deaf population. New research is needed to increase our knowledge and understanding of suicidal behaviour in deaf people.

As professionals, we need an assessing risk criterion when supporting deaf children with mental health needs, which highlights the severity of potential consequences (see below for an example from St John's Catholic Specialist School).

They shared the 'WRAP – Wellbeing Recovery Action Plan' document that demonstrates person-centred tools. The children can highlight their own personal needs, what things look like in times of crisis, and how we can help them.



Kate and Rachel are experts in their field and if you need any support/guidance or information about the documents mentioned in this article then please do get in touch with them at St John's (rachel.blackburn@stjohns.org.uk and kate.adams@stjohns.org.uk).

Deaf CAMHS (Jayne Langdale)

Jayne works for Deaf CAMHS, and the workshop was to introduce the service, explain how it works, and give an insight into their work.

Jayne began by giving an overview of the service and the background. She is part of the Manchester Outreach Team. Jayne explained that they see deaf children and young people (CYP) from 0–18 years. She gave details about the referral criteria and encouraged everyone to contact their local team if they were thinking of referring to discuss the case beforehand.

Jayne covered many areas including the common presenting issues and the standard assessments they use, and highlighted the importance of multi-agency working. She emphasised the importance of the communication profile completed by Deaf CAMHS. They look at communication in all areas of the deaf CYP's life and are then able to make recommendations.

We went through some case examples focusing on the communication profile. For example, a young person unable to access their General Certificate of Secondary Education (GCSE) biology course due to the communication support worker (CSW) only having British Sign Language (BSL) Level 1.

Jayne also focused on the significance of language

deprivation and the importance of working on this.

Jayne completed the workshop by highlighting some of the interventions offered and answering a range of questions.

This was a fantastic workshop that was well received by everyone. Jayne is so engaging and passionate and this really transferred to her audience.

Thank you to Jayne and Sara for coming and sharing their essential work.

Assessing risk criteria						
Likelihood	Severity of Potential Consequences					
		1 – NOT SIGNIFICANT Minor distress or discomfort. No medical treatment or measurable effects. Could be determined as temporary low mood.	2 MINOR Injuries or illness requiring 1:1 emotional support for a sustained period or multiple check-ins. Time and space to talk about their worries and stressors, may have completed superficial self-harm.	3. MODERATE Injuries or illness requiring significant psychological or traditional first aid or referral to 111 for A&E support. Significant self-injurious behaviour or a highly distressed individual that staff feel they are unable to safely support in the school environment.	4. MAJOR Injury or illness resulting in permanent impairment or injury (Suicide attempt) or long term psychological distress/mental health diagnosis.	5. CATASTROPHIC A fatality.
	Could happen, but probably never will – less than 3% chance	A – RARE	LOW	LOW	LOW	MEDIUM
	Not likely to occur in normal circumstances – between 3% and 10% chance of happening	B – UNLIKELY	LOW	LOW	MEDIUM	HIGH
	May occur at some time – between 10% and 50% chance of happening	C – POSSIBLE	LOW	MEDIUM	HIGH	EXTREME
	Expected to occur at some time – between 50% and 90% chance of happening	D – LIKELY	MEDIUM	HIGH	HIGH	EXTREME
	Expected to occur regularly under normal circumstances – more than 90% chance	E – ALMOST CERTAIN	MEDIUM	HIGH	EXTREME	EXTREME

Aetiology of deafness... genetics (Ellie Smith)

Ellie is a University of Manchester alumni who graduated in 2024. Her background as a teacher of science in secondary schools was fuelled by her lifelong interest in biology and the broader world of science.

Ellie began by outlining the content of the session and prefacing this as a passion extended from her MA thesis work on genetics and inheritance.

Acquired and genetic causes of deafness were explored, and the currently controversial, yet 'live', work being undertaken in gene therapy treatment.

The world of DNA was clearly and visually explained, leading to greater understanding of how the incorrect development of proteins within the 46 chromosomes can potentially lead to diseases, and specifically, how these can be genetically passed along through families from parents to their children.

Connexin 26 (CX26) was explored and there was time and consideration offered out to questions and development of the theses. Gene therapy was approached and current practices explored. Recent success within medical practice was explored sensitively and the caveat for 'fixing' deafness was sensitively addressed.

This was a highly informative and interesting session – not to be missed.

Health and wellbeing of deaf children – Importance of early language development (Professor Alys Young)

We were incredibly grateful to Professor Alys Young for stepping in at the last minute for this presentation. Professor Young opened by placing health and wellbeing as an issue of social justice: that positive mental health is a human right. The discussion moved onto how good early language is vital for skills such as theory of mind and pragmatics, and their impact upon mental health. Another interesting idea was that poor physical and mental health are linked with poverty and how poverty is linked with qualifications. A point that linked well to the keynote presentation this morning – how can parents make informed choices without the experience of deaf people?

We then looked at some of the results from the READY (Recording Emerging Adulthood in Deaf Youth) Study, which looked at various measures of wellbeing for a high achieving cohort of D/deaf young adults, a group that we may look at as a success story. Within this group, only 3% had high levels of wellbeing and 35% had low wellbeing – both numbers should be close to 15%. Interestingly, they found comparable results both before and after lockdown, in



contrast to research in hearing populations. When the researchers asked the young people about this, they reported that lockdown was the same as usual for them, feeling isolated with few people to communicate with.

Finally, Professor Young talked about the importance of self-determination as an influence for positive wellbeing, but how difficult it is for us to have time to focus on these skills when education is so product focused.

After a sensational afternoon of workshops, we all came together for the closing remarks. The BATOD North committee representatives thanked all participants, delegates, interpreters, and the venues' organisers for keeping the day running so efficiently. We also bid Claire Jacks a fond farewell as she leaves our committee to focus on her work as President Elect, soon to be moving up to the height of BATOD President. We are so proud of her and wish her all the best in this exciting and challenging endeavour. There was a 'call out' for more committee members (and subsequently, we drafted a new recruit!) Evaluation QR codes were available to ensure that views could be captured and so that next year could be planned with the possibility of being even more amazing.

I would like to take the opportunity to offer special thanks to everyone involved in the day (and those who supported but could not attend). I would like to acknowledge my BATOD North committee colleagues for planning and delivering such a varied and successful day. All ably, nay magnificently, led by Ali Brennan and Claire Cunliffe, co-chairs of BATOD North.

The demanding work of planning the BATOD North Study Day 2025 has already begun... see you there!



Kim Davis is the Lead QToD for the Leeds Sensory Service. She is passionate about developing language fluency and effective communication as a basis for cognitive, social, and emotional development. She has worked throughout her career to champion equity so that the children and young people are happy, healthy, and have the opportunities and support they need to reach their full potential.

BATOD South West 2024 event

Jayne Loader, Senior Advisory Teacher of the Deaf, reports on BATOD South West's 2024 conference in Torbay

The BATOD South West region hosted their annual conference at St Margaret's Primary School, Torbay, where there is a primary resource base situated. Over 50 delegates attended, which is an increase in numbers from previous years, due to it being a weekday rather than the previous weekend events.

The day focused on four aspects of the new Deaf Specialist Curriculum Framework

- Deaf identity
- social and emotional
- communication and language
- specialist assessment and monitoring.

Deaf identity

Lorraine Walsh and Jason Trotter, two Deaf communication support workers from the Deaf Education Centre at Eggbuckland Vale Primary School in Plymouth, presented practical examples of how the Deaf Curriculum is taught to the children. They also spoke passionately about their own life experiences and how invaluable this would have been to them in their formative years. The combining of the Personal Understanding of Deafness (PUD) programme and the Deaf Curriculum developed by a group of Qualified Teachers of Deaf Children and Young People (QToDs), now provides a cyclical curriculum for pupils to revisit each year and develop at a pace that is suitable for them. Delegates were given an opportunity to play a British Sign Language (BSL) game that uses iPads, which demonstrated how pupils are encouraged to use virtual signing and become aware of how this might be used by them in the future.

Assessment and deaf learners

Lee Fullwood, QToD from the Spires Resource Base, Torquay, presented his thoughts around how assessment for deaf learners is pessimistic as it often focuses on labelling deficits, fails to provide advice, and doesn't highlight pupils' potentials, and how it is often standardised against hearing pupils. He warned that taking the scores and applying them to deaf learners

should be done with caution as, for example, the use of BSL could disadvantage deaf children as well as give them an unfair advantage. He highlighted how the British Picture Vocabulary Scale (BPVS), for example, is a measure of 'incidental' language learning, which puts deaf children at an immediate disadvantage. Lee advocated for dynamic assessment (DA) where the tester is an active part of the testing process and helps to mediate the knowledge assessed by modelling and showing the learners their potential for future growth and understanding. The DA process examines an individual's response to a mediated learning experience (MLE) and probes a potential area of concern. He talked of the 16 Word Memory Test and the game Rush Hour to develop the skills of chunking information, rehearsal strategies, and cognition. Also discussed was the concept of the dialogue journal, which was created for teaching creative writing skills to children whose first language was not English but is also known to be beneficial for deaf learners. Each student is given a book where the teacher writes to the student and the student then responds. Dialogue journal use appears to engage deaf learners in written English more effectively than other classroom assignments, probably because it engages them in their cognitive interests.

Communication and language

Lynsey Robinson from the Sensory Trust (a national charity based in Cornwall) gave an insightful presentation on the value of nature and outdoor learning. She talked about the work of the Sensory Trust and fully funded projects they have provided across the UK. The Sensory Trust holds some important core values to ensure access and achievement for all. Event organisers will simplify the content and ensure they plan the right format for the right people, provide multi-sensory engagement with hands-on activities, and aim to ensure participants are empowered www.sensorytrust.org.uk

BATOD South West Annual General Meeting (AGM)

The committee held a short AGM to thank outgoing

secretary Jo Saunders and welcome new committee members to join the friendly and active committee. The strength of the committee, as acknowledged by Chair Jayne Loader, is how we not only share the responsibilities for preparing for the annual conference each year but also provide a network of professional support and advice as most QToDs in



Advanced Bionics debuts AB ListenFit app as part of Advanced DigiCare Portfolio

Advanced Bionics (AB), is proud to announce the launch of AB ListenFit*, a new mobile app that provides quick and simple tests to let recipients track their hearing progress.

AB ListenFit is designed to give AB cochlear implant recipients insights and immediate feedback on their hearing progress by offering self-assessments designed to check their ability to hear and understand in everyday situations. The broad range of these assessments include the Phoneme Test and Matrix Sentence Test.**

Key Features of AB ListenFit Include:

- **Checking hearing progress from at home or on-the-go:** Recipients can choose when, where, and which self-assessments to conduct, with personalised insights and immediate feedback.
- **Motivation through progress tracking:** By tracking hearing progress over time, recipients remain engaged, confident, and motivated in their hearing journey.
- **Easy to Use:** The app is free to use, available to download in the App Store and Google Play Store, doesn't require a login, and is accessible in numerous languages.

The AB ListenFit app is part of the Advanced DigiCare Portfolio. Encompassing all of AB's digital solutions, Advanced DigiCare offers apps and online resources for both patients and hearing care professionals. These tools empower people's hearing journeys, enable hearing rehabilitation, and reduce geographical distances between patient care, lowering costs, and eliminating logistical

barriers for more control over their hearing progress.

Some of the Advanced DigiCare solutions:

- **AB Remote Support app:** a remote fitting tool that allows Audiologists to offer complete remote CI programming
- **HearingSuccess:** a free online tool for anyone using hearing aids or cochlear implants to get support and have better conversations
- **Hearing Journey™:** the largest online community for individuals living with hearing loss to connect, chat, learn and share
- **BabyBeats™:** an early intervention resource filled with motivating and fun musical activities for babies and toddlers with hearing loss
- And the new **AB ListenFit app:** a mobile app designed to empower, educate, and assist AB recipients in tracking their hearing progress

To learn more visit www.AdvancedBionics.com/DigiCare or email info.uk@AdvancedBionics.com

* AB ListenFit is intended for educational use by adults and children aged 13 and older, and younger children with caregiver assistance. It is not a substitute for professional medical advice, diagnosis, or treatment recommendations. Please advise your patients to consult with their healthcare provider for any medical concerns about managing their cochlear implant(s).

** Test availability may vary by region

► BATOD South West 2024 event – Continued from bottom of previous page

the South West are in remote and rural areas.

BATOD updates

As Teresa Quail, BATOD National Executive Officer (NEO), and Emma Parker, Conference Co-ordinator, were in the area preparing for the National Conference in March 2025 at the nearby Deaf Academy, they, too, attended the South West Day. They both gave an update on National BATOD projects and developments, along with information about the forthcoming National Conference.

South West Stronger Practice Hub

Sarah Hercod, QToD, talked about her role in Plymouth's Stronger Practice Hub and the work of the 18 hubs around the UK following the Covid-19 pandemic. The hubs support early years providers to provide advice and share good practice. Sarah talked of how she provides deaf awareness and early language and listening development training for professionals in the early years www.strongerpracticehubs.org.uk

Access to sound

Charlotte Lynch QToD talked about 'Building brains through auditory-verbal strategies'. She outlined key strategies that most QToDs are already using in their practice and the importance of naming these strategies and sharing them with parents. Strategies of particular use for building children's auditory brains and supported by

research were the 3Ts: Tune in, Talk more, and Take turns; Hear it before you see it; Auditory hooks; Acoustic highlighting; Pausing and waiting, and Auditory closure.

Phonak update

Tony Murphy from Phonak gave an update on the new Phonak technologies and was able to answer questions from the delegates about the launch of the Roger Touch 3.

The South West committee has recently been involved in supporting the BATOD National and British Association of Educational Audiologists (BAEA) Conference, which was held at the Deaf Academy, Exmouth on 21st and 22nd March 2025.

The South West committee is now planning for its next study day, which is due to be held at Elmfield School in Bristol on Friday 3rd October 2025.



Jayne Loader is a Senior Advisory Teacher of the Deaf for Cornwall Sensory Support Service.

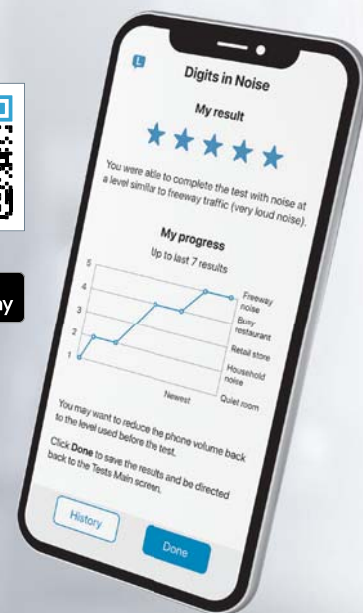
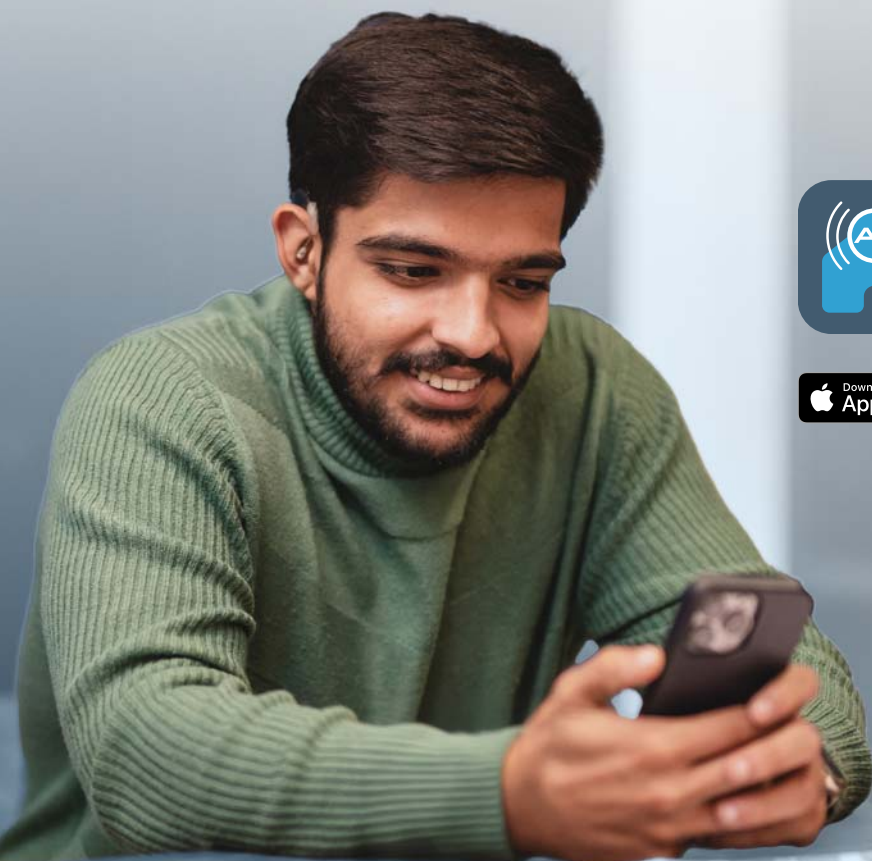
AB ListenFit app

THE CONVENIENT APP TO EMPOWER YOUR AB RECIPIENTS ON THEIR HEARING JOURNEY

Tracking hearing progress with an AB cochlear implant is easy with AB ListenFit. Quick, simple and exciting, AB ListenFit provides a range of tests to check your AB recipients' ability to hear and understand in everyday situations. This way, they can get instant results about their hearing progress.

- **BROAD RANGE OF SELF-ASSESSMENTS:** Personalised insights and immediate feedback
- **EMPOWERING YOUR PATIENTS:** With test results they can see
- **EASY TO USE:** Knowledge and support at their fingertips

Share the AB ListenFit app with your AB recipients so they can get instant results on their hearing progress today.



027-N466-33 RevA

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NOTE: AB ListenFit is designed for adults and children aged 13 and older, and for younger children with caregiver assistance. This app is to be used as an educational resource for tracking your hearing journey. It is not intended to substitute professional medical advice or be interpreted to contain treatment recommendations. Contact your healthcare provider if you have any medical concerns about managing your cochlear implant(s).

Assessment and deaf learners

Dr Lee Fullwood, Qualified Teacher of Deaf Children and Young People (QToD), provides an overview of the content from his presentation at the BATOD South West 2024 Study Day

Psychometric testing has been criticised, recently, for reinforcing pre-established pessimistic predictions, for not going beyond a mere defining of deficiencies, for not giving proper advice on how to improve learning, and for not highlighting the students' potential. This type of testing tends to dominate education because these tests are seen to identify what is significant through standardisation. Many people in deaf education, quite rightly, are disheartened that assessments of deaf learners underline deficits rather than promote positive cognitive attributes that the deaf learner brings to education. Finding the right type of assessments that would remedy this situation, however, can be tricky.

As an example of psychometric testing, some QToDs use the British Picture Vocabulary Scale (BPVS) as part of a battery of tests they do with deaf children in the home or in mainstream schools. When you check the National Deaf Children's Society's website for its description of the BPVS, it says that it is designed to assess the incidental vocabulary the child has learned, and the resulting score "can be compared with hearing children the same age". This is the first issue with psychometric testing and deaf children. The BPVS, as I imagine is the case for most psychometric tests, is norm-referenced with hearing children. There are very few psychometric instruments available that are appropriate for use with prelingually, profoundly deaf people, especially those who use British Sign Language (BSL) (the BSL Receptive Test is an example of a test norm-referenced on BSL-using deaf people and, therefore, is an exception). Taking the scores and applying them to deaf learners, then, should be done with caution as, for example, the use of BSL could disadvantage deaf children as well as give them an unfair advantage. As the intention of the BPVS is to measure incidental learning, it would seem strange to be using this assessment when it is known that even deaf people with a mild loss experience limited input from their surroundings – surely using it is just going to confirm what we expect? It could give a benchmark to show the impact of wearing hearing aids for increased time, but nonetheless, it identifies a deficit.

Schools, of course, use such things as reading, spelling, and comprehension tests as part of a battery of yearly assessments. These are examples of static testing that may not be wholly appropriate for deaf learners, not simply because of the issues mentioned above but also because deaf students seem to benefit from the focus on dialogic learning, the co-construction of knowledge with an adult. This points to a kind of testing called dynamic assessment (DA) where the tester is an active part of the testing/teaching process and helps to mediate the knowledge assessed through modelling and showing the learners their potential for future growth and understanding.

DA consists of a test-teach-retest approach to evaluation. The DA process examines an individual's response to a mediated learning experience (MLE) and probes a potential area of concern. Within this framework, the examiner teaches strategies and observes their impact on assisting learning. The goal of MLE is to create learners who are self-directed and independent. This type of approach also focuses on broader views of language development and, therefore, tends to be holistic in its approach – one that benefits deaf learners by identifying strengths as well as areas of development that would benefit from an intervention.

An example of a dynamic language assessment is the 16 Word Memory Test. This is essentially a measure of short-term memory skills where the student has to remember 16 words and say them back. It also measures the ability of the student to chunk information as some words share commonalities – for example, the words horse, dog, cat, and mouse are all animals. The tester, after the initial testing phase, can model during the MLE phase, how they use memory rehearsal strategies to identify words that have something in common, in order to chunk them. Relational processing is often a challenge for deaf learners, so observing a model that finds patterns in information means that the assessment is also helping the learner because they observe skills used by a knowledgeable adult. They then get to use these skills themselves independently at the end of the intervention – the re-testing phase.

Other forms of DA can come in the form of games, for example, Rush Hour is a game where the learner has to manoeuvre a number of cars on a grid, pushing them up and down or to the left and right, so that a target car can escape through a designated exit. It is active learning and motivational because it is usually fun, thus encouraging cognitive development. Rush Hour can be used to assess and encourage the growth of critical thinking and problem-solving skills that use logic and spatial reasoning – often a cognitive strength of deaf learners. It can also help measure and develop patience, perseverance, focus, and concentration. DA, then, does not have to be some sort of paperwork test; it can be where the progress and the learning of the student are developed through games and other activities with an adult, and recorded through detailed description rather than as ages and stages.

Another good example of this DA philosophy is the dialogue journal. Deaf children are known to write short sentences that tend to be concrete and literal, and their writing frequently contains errors that include misspellings, omissions of function words, and poor discourse structures. However, and this is something that is a strength, deaf learners, when writing, are usually able to convey their intentions and, more importantly, the

meaning is generally understood by the reader.

A good way of encouraging and enhancing this skill, then, is to use a dialogue journal. The concept of the dialogue journal was created for teaching creative writing skills to children whose first language was not English, and it has also been demonstrated to be beneficial for deaf learners. Each student is given a book where the teacher writes to the student and the student then responds. The initial communication with the student is usually quite a general introduction but can also be used to connect to an interest of the student. The student then writes to the teacher and may, then, ask their own questions of the teacher. The teacher reads the response but does not correct spelling, punctuation, or grammar, but models the good use of English and may respond to some specific weaknesses through modelling, if it is pertinent. For example, if a student wrote, "Weekend, last, I zoo go my mum my sister kate saw elhpant." the teacher might respond with, "Wow, what a wonderful weekend you had with your mum and Kate. You saw an elephant, which I think is a scary animal. My favourite animal is a meerkat." When learners see that their written offerings are not being constantly revised and corrected, their confidence grows (part of an attributional retraining philosophy) and their free writing skills get longer, more complex, and gradually improve through this process. Relationships with the students also improve.

Another benefit of using dialogue journals appears to be engagement because dialogue journals engage deaf learners in written English more effectively than other classroom assignments, probably because it captures their cognitive interests. The motivation to write is also increased as deaf learners engage in authentic dialogue with an adult, and their communicative competence in English improves. Improvements noted as a result of using dialogue journals include writing competence, organisation and coherence, paragraph development, increased length and comprehensibility of responses, complexity of writing that involves language functions such as questioning and predicting, as well as pragmatics.

As I review my own practice and implement DA, I have found that there are many things that I can adjust to fit this way of working. For example, I use a set of books, *Teaching Comprehension Strategies*, published by Prim-Ed, that aid strategy development. In each book there are topics, for example, Predicting, Inferring, and Concluding. Each topic comes with two stories. In the first story, the strategies are first modelled by the teacher, followed by student practice, and then an independent activity that also stands as a test. Then, there is a second story with an independent activity. However, changing the order in which the activities are delivered matches DA. In this way, the first story independent task is given first – this gives a benchmark for what the student knows. The modelling and practice, the mediated learning, can then take place, and the second test can be taken, which shows the amount of improvement the student has made as a result of the mediated learning and individual practice.

DA appears to be a positive addition to the QToD's testing

arsenal. One of the key ingredients to this form of testing is the active involvement of the tester who can model and encourage the student to develop strategies for problem-solving, which can then be practised immediately and tested again to see the impact of these newly acquired skills. One of the transformational influences of using such an approach is the realisation of different ways to achieve an end-goal. For example, sequential memory. It is known that deaf learners have difficulties in this area and that this can affect spelling. Instead of targeting spelling improvement, the QToD can target improvement in sequential memory. This can then be assessed as small steps, and the rather larger goal of spelling improvement can be assessed yearly. What I am trying to say is that the end product of spelling can be taught in so many smaller but linked subsets of individual behaviours: sound processing, orthographic mapping, morphological awareness, etc.

From my point of view, assessment of deaf learners requires an almost individual approach. Most will have some form of psychometric testing because that's what schools do and, sometimes, it's what QToDs do – and they can be useful if we take time to think through what we are trying to achieve with these assessments. Sometimes, for example, highlighting deficits is the short sharp shock parents need to encourage their child to wear hearing aids and not fall further behind their hearing peers in terms of language acquisition. With reading and spelling, these tests might be part of what a school does, but the results may not be a positive influence on students, parents, and teachers alike. Dynamic testing, while not being able to reference normative tables and with questions regarding reliability (as interpretation relies on the skills of the tester), is able to focus on strengths and potential improvements. DA, then, would appear to be a useful additional approach in the toolbox of the QToD, complementing traditional approaches by focusing on strengths and potential learning.



Lee Fullwood has over 30 years of experience as a QToD. He currently works at The Spires College, Torquay, a mainstream school, and is lead teacher in their enhanced provision for deaf students.

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Connection of ALDs to external accessories

Brian Copsey from the Assistive Listening Technology Working Group (ALTWG) gives an update on connecting assistive listening devices (ALDs) to external accessories

Most instruction books only give a few pictorial instructions for connecting assistive listening devices (ALDs) or cochlear implants to phones, computers, etc, which gives the impression this is an instantaneous activity; however, some connections may take 15 minutes to achieve. Unfortunately, the devil is in the detail and the objective of this document is to provide a more detailed description of such connections and the complications that may arise.

Please be aware that any form of streaming (music, meetings, etc) will deplete the battery life of the ALD – in extreme cases, less than a day's use.

Mobile phones

The most common connection used is Bluetooth, which comes in three main forms:

Classic: almost every phone has and is also used for wireless headphones, earbuds, and connection to computer audio, etc. The Bluetooth Special Interest Group (SIG) regularly issues updated versions, and older phones or specific models may not be compatible with the ALD software. Some ALDs, primarily Phonak, will connect directly to classic; other ALDs require an intermediate unit to convert ALD protocol to the phone.

Low energy (LE): few phone models currently have this but following the decision in the United States (US) to adopt this for phones in place of telecoil, this will change. ALD manufacturers using LE will have a list of suitable phones. Please be aware that depending on the software implementation on the phone and ALD, the phone may pair with the ALD but will not communicate music, speech, etc to the ALD.

Auracast: released in late 2023 and not yet commonly available on phones (as of May 2025). Whereas Bluetooth Classic and LE are one-to-one links, Auracast is a broadcast (ie one to many), but the linkage will depend on the Auracast transmitter manufacturer's 'assistant'. This is the software app controlling access to that transmission, which is the software app controlling access to that transmission and is currently under the control of the Auracast manufacturer's design. Also, an ALD manufacturer may 'lock' their accessories to their own ALDs.

An 'assistant' may show a number of streams, but most ALDs will currently only work with the lowest two data rates and it is often labelled as an

assistive listening channel.

From practical testing it would appear some transmitters only scan the local radio environment when switched on (as opposed to constant scanning), and in some cases, a 'new' transmitter (especially a Wi-Fi router) may cause the Auracast link to fail. Then, it is necessary to switch off the transmitter and receiver and start again. Further work is being undertaken on this issue.

An additional issue is that the Samsung phone used by myself uses the ALD microphones for outgoing calls but you must use the phone microphone for incoming calls a very confusing situation which has taken a while to identify having lost many incoming calls and had to call them back. I have yet to find an answer to this problem.

If there are problems that cannot be overcome by information in this document, most ALD manufacturers have a list of phones that can be used with their devices.

When connecting an ALD to a phone for the first time, it is best to switch off any Bluetooth transmissions in computers, computer mice, headphones, wireless speakers, Hi-Fis, radios, etc, or physically separate the ALD and phone by going outside or into another room. Switch off any ALDs (such as radio aids) as well.

On the phone, go to settings, then Bluetooth in the Bluetooth menu, and select 'pair new device'. Switch on ALD, place the phone in search mode for 'pair new device'; it will pick up any other Bluetooth devices in range and most, such as personal computers (PCs), will have relatively powerful transmissions compared with the ALD. The search may take some time and, if not successful, may require a number of repeats of the 'pair new device' and switching off and restarting the ALD before it is found by the phone.

In some cases where two ALDs are in use and only one ALD is found, it is necessary to repeat the above sequence a number of times.

Most ALD manufacturers place their ALD in pairing mode for a limited time when switching on; if this does not work, refer to the manufacturer's information to find out how to put the device into pairing mode.

And of course, ensure that the ALD and phone have fully charged batteries.

Once the ALD is 'found', it may take some time before it has a full connection as there is often an extensive



exchange of data to ensure the phone and ALD software are compatible.

PCs and laptops have stronger Bluetooth transmissions than a phone and 'capture' the ALD; thus, separation of the devices is required to prevent this.

Warning – please be aware of strong magnetic fields. Also, Laptops and PCs generate electromagnetic fields that might interfere with the programming. However, the risk of actual damage to the ALD software is generally extremely low.

Thus, please keep ALDs physically separated.

An ALD may have two connections to a mobile phone:

- to a manufacturer's app for control of the ALD
- to the phone for audio from phone calls, music, etc.

In most cases

- pair the ALD with the phone before attempting to connect to the app
- where there is an external device between the ALD and phone, pair the external device first.

In all cases, as described above, this may be a protracted activity. It may take in excess of 15 minutes to achieve a full connection.

TV streamers

These will mainly use some form of Bluetooth or Roger (including Auracast) protocol, so the pairing issues identified above are relevant.

Audio connection of streamers

These require a connection to the television (TV) audio

HDMI to AV Converter



output. This used to be a simple connection to Philips/RCA connectors or, if daisy-chained from Hi-Fi, a simple doubler; however, most modern TVs only have an optical or high-definition multimedia interface (HDMI) connector.

Optical: Doublers or treble units are available using the search terms: 'digital audio optical cable 1 in 2 out', 'Toslink splitter', 'dual port audio adaptor'.

HDMI: A converter from RCA to HDMI is available using the search term: 'RCA to HDMI adaptor'. Please note, these sometimes require a 5V power source (see 'Power source' below).

Power source

Both the TV streamer and the HDMI adaptors usually need to be powered by a USB 5V source. While the TV streamer usually comes with a 250V AC or USB 5V adaptor, it may be more convenient to use the TV USB sockets with the leads provided. If only one socket is available, 2-3-4 splitters are available using the search terms: 'USB splitter', 'USB-to-USB female adaptor'.

Costs

The units described above are normally under £10 each. ■

Please contact me if you have further questions:

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Updated MESHGuides

MESHGuides, on-line resources putting information in the public domain 24/7

(<http://www.meshguides.org/>), are being developed by organisations in partnership with the Education Futures Collaboration.

Following the closure of the BATOD Foundation, BATOD manages the MESHGuides specific to deaf education. This on-line resource aims to share information enabling educationalists to identify good practice, supported by practical evidence, in all aspects of education, wherever they are around the world.

Recently updated:

Acoustics: hearing, listening and learning

www.meshguides.org/guides/node/138
and

Assistive Listening Devices (ALDs) – radio aids and proprietary remote microphone systems

www.meshguides.org/guides/node/873



The role of a BATOD Magazine proofreader

Fancy volunteering as a BATOD proofreader? **Jaime Cohen** and **Susie Marques** discuss their roles as proofreaders and provide details on how to join the proofreading team

Behind *BATOD Magazine*, the Association's flagship publication, is a team of individuals who meticulously prepare the articles for publication. A crucial part of this process is the team of volunteer BATOD proofreaders.

According to the Chartered Institute of Editing and Proofreading (CIEP): "Proofreading is the final stage in the process of producing a piece of text – either in print or online – before it's published or shared with its intended audience" www.ciep.uk/resource/what-is-proofreading.html

In 'Role of a proof reader' (January 2020, BATOD Magazine), Corinda Carnelley and Mary Gordon shared their experiences as proofreaders. Here, two members of the current proofreading team update us on the role.

What is your background and how long have you been a BATOD Magazine proofreader?

Jaime

I recently retired from teaching many wonderful deaf children and young people (CYP) in a variety of settings in Yorkshire and the North-East, but it doesn't feel too long ago that I first started working with Deaf people in 1985 when on a placement at Bristol University as part of my degree in Language and Linguistic Science at the University of York. I was lucky enough to have the opportunity to work as an assistant in a project looking at how children of deaf adults acquire British Sign Language (BSL). Little did I know then that I had landed amongst giants in the field of Deaf studies, but I remain extremely grateful to everyone at the university and Deaf club for the tremendous amount I gained, in a very steep learning curve, as I was introduced to BSL and Deaf culture. After graduating, I went on to do a Postgraduate Certificate of Education (PGCE) in York and then trained as a Qualified Teacher of Deaf Children and Young People (QToD) at the newly minted course at Leeds University. When this course changed to a distance learning one, I became one of their regional tutors and spent several interesting years supporting (and learning from!) many talented trainee QToDs. I am currently delighted to have started as one of Manchester University's external supervisors as it is once again a privilege to be able to



support teachers entering the profession.

About five years ago, I responded to a BATOD article asking for more proofreaders. After a quick phone call with Paul Simpson, I was added to the proofreading team and have been enjoying the role ever since.

Susie

Armed with a degree in modern languages, a PGCE, and the need to travel, I spent a few happy years backpacking and teaching around the world, including a year working with deaf children in Australia and learning Australian Sign Language (Auslan). Back in the United Kingdom (UK), I started the deaf education course at the University of Manchester and qualified as a QToD. A few years later, during a career break and looking for a way to work from home, I qualified as a proofreader, copyeditor, and indexer. My heart was still in deaf education, though, and I continued as a BATOD member, did some supply teaching and I also completed the Signature Level 6 in BSL. I joined the BATOD proofreaders in January 2020 and, recently, took on the role of editor for the magazine.



Why did you join the proofreading team?

Jaime

I thought it would be a way to give back to the organisation that has done so much for the profession, while ensuring that I read each magazine cover-to-cover, to keep up to date with the ever-changing field of deaf education. I had recently started to work part time as a proofreader supporting students with special needs in higher education, so I welcomed the opportunity to work collaboratively with, and learn from, other proofreaders on the team.

Susie

I was inspired to join the team by Corinda and Mary's article, and as I'd previously volunteered as a proofreader for Project Gutenberg, I wanted to do the same for BATOD, especially as it does so much to support professionals in deaf education. Also, like Jaime, although I'd always enjoyed reading the magazine, I never seemed to find the time to read all the articles, so this seemed like a foolproof way to ensure that I did.

What is your definition of proofreading?

Jaime

For me, proofreading is a process of making an article as error-free and easily readable as possible, while retaining the author's voice by making as few changes to their original text as possible. It involves going through each article with a fine-tooth comb checking for the standard use of grammar, spelling, punctuation, capitalisation, and formatting.

Susie

Many people think that proofreaders just correct typographical errors (typos), spellings, and grammar, and while this is part of our role, we also do so much more and are more like 'proofeditors'. By applying the 'BATOD house style' www.batod.org.uk/information-category/publications, we also make sure that the articles are clear for all readers (eg sentences aren't too long and that abbreviations are defined) and check that the style is consistent throughout; we also consider the language used (eg for inclusive language). At the same time, we try to remain as true as possible to the original article and respect the author's voice as ultimately, it's their work.

How do you work on proofreading the magazine and how has this evolved?

Jaime

A folder of each new magazine edition is shared with the proofreading team on Google Drive; we then have access to the articles already there and new ones as they are submitted. After agreeing a mutually convenient deadline, we work directly on Google Drive at times that suit us, using the 'Suggesting' option in the 'Editing mode' function. This allows all proofreaders to see changes made by everyone else, with the option to comment on each other's suggestions.

For me, the process involves periods of intense focus while closely reading each article and making changes in accordance with BATOD's house style. The brain has a tendency to 'auto-correct' when reading or listening, so I consciously try to slow down my normal reading speed. Sometimes, reading aloud helps with this process, as does going methodically back over sentences that don't 'feel' grammatically right to logically work out how to resolve the sticking point.

The process can also involve a degree of online research to double-check issues such as grammar, spelling, capitalisation, and information related to the article, so active learning is also part of the process for me. Recently, I have been consulting the artificial intelligence (AI) option on my search engine, with varying levels of helpfulness as a result!

Susie

We work collaboratively on each text. First, I 'clean up' the articles to make things more efficient for us all. This involves using macros or Word's 'find and replace'/wildcards features to make global changes before the articles are uploaded to Google Docs, for example, cleaning up formatting like double spaces, correcting spellings and typos, and applying the house style.

As volunteers, we can work on as many articles as we're able to – there's never any pressure to work on all of the articles for each edition. The features in Google Docs mean that we can 'suggest' changes to the text and make comments querying possible issues; other proofreaders can also reply to our suggestions, so it's a real collaborative experience. We can also make (tracked) changes directly in the text itself. The editor then works through each of our comments, accepting or rejecting our suggestions.

The 'BATOD house style' is also helpful and more comprehensive now, thanks to the amazing Paul Simpson who so kindly and patiently helped me to update it. However, sometimes, things aren't clear cut, eg an international author might use different wording suitable to their own practice, so this is where the editor would query the issue further with the author and make the final decision.

When I first started, we used PDFs to leave comments, which was quite time-consuming. The improvements of online collaboration platforms like Google Docs have meant that we can now work almost in real time with each other. We also work more efficiently and accurately as the documents are 'cleaned up' before the proofreaders work on the articles meaning we can mostly concentrate on the wording itself.

What do you enjoy about proofreading the magazine?

Jaime

As a linguist, I have always been fascinated by the way languages work, and proofreading provides an ideal opportunity to put this interest to practical use. It is sometimes like a jigsaw puzzle, especially when working out what is needed to ensure grammatical integrity, and I get the same satisfaction solving a gnarly language issue as I would finding the right piece of a tricky puzzle.

Additionally, working in a proofreading team has been a fantastic way to learn from the other volunteers; it has helped develop both my confidence when making suggested changes and my understanding of the rigorous process of publishing the magazine.

Susie

I've always enjoyed proofreading and working with words and languages, but this role means I can also learn more about deaf education – I now read all the articles in every edition – while giving something back to the Association. I also get to work with the amazing BATOD 'team behind the magazine', and it has been a revelation seeing the immense amount of work that goes into producing each publication.

What challenges have you found in your proofreading role and how have you overcome them?

Jaime

I feel it is really important to value the 'voice' of the author in each of the articles, which means really respecting stylistic choices that are different to my own and remembering that someone else has done the hard

work writing the article! I can occasionally find it challenging to get the balance right between maintaining the author's style and making sure the article is clear and easy to read. On a practical note, this can sometimes mean that I spend a very long time considering a very small point, such as where commas would be best placed, how little can be changed to ensure grammatical agreement within a sentence, or whether it should be 'big D' or 'little d' deaf. However, referring back to BATOD's clear guidelines, consulting Google, and making sure I'm not tired and coming back to the article at a different time can all help solve these issues. It is also very reassuring having a team of proofreaders to give second opinions and knowing that an editor will have the final say in any decisions. Finally, in a busy life, it can be a challenge to carve out time to do the proofreading, but the rewards of the work certainly outweigh any of these considerations!

Susie

It can be time-consuming, although we've learnt to work very efficiently as a team; not feeling pressured to do more than I'm able to has also helped.

Initially, there was a steep learning curve as, although I had an editing background, working on a multi-author publication with authors from diverse backgrounds and cultures threw up some challenges. This meant learning what to change and what to leave well alone while respecting the author's voice. Practice and good support from the team have helped me develop in this area.

Why should others join the proofreading team?

Jaime

It's a great way to ensure you interact with each article in the magazine. Before starting the role, I would skim over those articles that didn't immediately catch my attention and sometimes find that the 'I'll read that when I have more time' opportunity didn't always present itself in my

busy working life!

The innovations and developments in deaf education remain fast-moving across all areas of the field – proofreading BATOD Magazine is just one way to ensure you are kept up to speed with these changes, while providing a valuable service to fellow professionals and helping to produce a magazine of the highest quality.

Susie

You get to:

- read the articles first, in bite-sized chunks, and then watch the publication magically come together into the glossy magazine that turns up on your doorstep
- improve your grammar and spelling; among professional editors, teachers are notorious for being poor in this area, so practising these skills will enhance your English and put these criticisms to rest
- develop your editing skills in a relaxed environment; this can also lead to other paid roles, which you could fit in with your present work or continue into retirement for some extra 'pocket money'
- continue your professional development, which gives you another accomplishment to add to your curriculum vitae (CV) or social media bio
- work alongside some lovely BATOD members while giving something back to the Association.

If you would like to find out more about the role, please contact Jaime at jaimecohen416@gmail.com or Susie at magazine@batod.org.uk or to read more about this and other BATOD volunteer roles at <https://www.batod.org.uk/about-us-category/how-batod-works/role-descriptions/>



Jaime Cohen is a recently retired QToD and the lead proofreader for BATOD Magazine. She is currently working as an external supervisor on the Manchester Postgraduate Diploma (PGDip) Deaf Education course, as a research assistant on a pilot project looking at how deaf children use technology to connect with others, and as a yoga teacher. In addition to the volunteer proofreading for BATOD, she works part-time as a proofreader for students with SEN in higher education.

Susie Marques is a QToD and the interim editor of BATOD Magazine. She is also a freelance copyeditor, proofreader, indexer, and writer, specialising in a diverse range of fields from education, languages, travel, and history, to art, calligraphy, and esotericism.

BATOD and SSC forum

BATOD in partnership with the Scottish Sensory Centre (SSC) has launched a new closed forum 'SSCBATODResourcedprovisions' for staff in deaf school and deaf resources provisions in UK and Republic of Ireland. Members of the forum are invited to exchange information and for the dissemination of research and best practice.

The forum will be moderated by BATOD.
Contact sscmail@ed.ac.uk to sign up.

Hearing screening audiometers – a versatile tool for teachers and educational audiologists

At the BATOD/BAEA Conference at the Deaf Academy in March, Connevans and Interacoustics were excited to announce a new collaboration with the well-established, high quality Interacoustics audiometric screening products available through Connevans for the first time. We both hope that this will bring new access to audiometric screening devices to schools and Teachers of Deaf Children and Young People as well as to workplace health surveillance and occupational therapy teams.

Hearing screening is an essential service in ensuring early diagnosis and improved management of hearing loss – from the child at school who cannot hear their teacher to the safety of a factory employee. We also heard a lot of positive feedback at the Conference about the benefits of hearing screening relating to conditioning a child, particularly one with additional needs, to the experience of having their hearing tested – making visits to audiology less time-consuming and stressful for the child and their family.

There are currently three main products in this range:

PA5 Handheld hearing screening audiometer

The PA5 is a lightweight free field audiometer designed for trained healthcare professionals involved in screening young children for hearing loss. It features one-handed operation, silent buttons and a variety of light and sound stimuli. This easy-to-use device can also be used in a workplace setting by suitable-qualified occupational therapy teams for employee health screening.

In essence, the PA5 is a sophisticated electronic version of the high frequency rattle historically used for distraction testing. It can be used to screen a person of any age, but it is most suitable for very young children or those who can't verbalise their response (eg. a person with additional needs). The PA5 allows your tests to be objective, repeatable and reportable.

The single-handed controls on the PA5 give full control over frequency and intensity and make the test process quick, flexible and comfortable. It should be held between approx. 50cm away from the child, at a 90-degree angle to the ears. The test should be conducted in a quiet



environment with no background noise and it is important to condition the child to respond to the sound rather than a movement or pause in distraction. Ideally you are looking for the child to turn their head towards the sound.

Output and specificity of this type of device are based on the test characteristics defined by the user and may vary depending on environmental and operating conditions. The screening for hearing loss using this kind of audiometer depends on the interaction with the patient. However, for children not responding well, the various test possibilities can offer at least some evaluative results for the tester. Thus, a "normal hearing" result should be considered alongside any other contra indications and a full audiologic evaluation should be administered if concerns about hearing sensitivity persist.

The PA5 is very easy to use. The two stimuli, light and sound, are controlled silent buttons. Both stimuli can be presented simultaneously by letting one finger touch both buttons. This gives full freedom in operating COR, VRA and APR tests. The PA5 includes white noise as well as warble and narrow band stimuli. White noise has been shown to be especially useful for evoking responses in very young babies.

AS608 Hearing screening audiometer

The AS608 is a portable, easy-to-use audiometer made for schools, industry and primary medical practices or wherever quick hearing screening evaluations are performed. The AS608 requires minimal training prior to use and offers calibrated pure tone and warble tone stimuli over a wide range of frequencies.

The AS608 is easily portable. It is supplied with a dedicated, lightweight carrying bag with a shoulder strap that will accommodate the AS608, DD45 headset, and audiogram charts. It can operate with three standard AA batteries or a medically approved external power supply.

Hearing threshold levels can be determined by presenting test signals to the test person with the included earphones. The purpose of air conduction audiometry is to establish the hearing sensitivity at various frequencies. This screening



audiometer is designed for use with people who are able to reliably follow the instructions to raise their hand when they hear a tone in the corresponding ear (or push the signal button if using a button, purchased separately). Most children of school age without additional difficulties should be suitable for screening with the AS608.

The test normally starts at 1000 Hz on the patient's better ear with the L/R switch adjusted accordingly. Present a tone at 1000 Hz which can easily be perceived (i.e. 50dB)

If necessary, increase with steps of 10 dB until the tone is clearly perceived. It is common to test at one dB level for preliminary hearing screenings as is often done in schools and primary practice clinics. After these initial familiarization procedures present a single dB level (ie 25dB) at just 4 frequencies (500, 1000, 2000 & 4000 Hz) in each ear. In this instance, you simply record a response or no response to the single tone presentations at each frequency (specialist notepad and pen set purchased separately).

Luna software-based hearing screening audiometer

The Luna is a USB headset with built-in audiometer and software for installation on your own computer. Simply plug in your patient response to your Luna USB headset and connect the headset to your Windows® tablet or laptop and you are ready to start testing your screening candidates. The Luna headset delivers a tone to the patient's ear. When the patient hears the presented tone, he/she presses the response button, and the result is noted automatically in the audiogram. Simple and fast.

Ideal for peripatetic Teachers of Deaf Children and Young People, the Luna headset and patient response have a combined weight of 0.5 kg and are easily carried in the included carrying bag with a shoulder strap. The software is a download to be installed onto your existing computer or tablet. Luna is therefore well-suited for hearing tests in home settings or to bring with you between schools or sites.

The software will automatically save test results and integrate to electronic health record systems if needed. Patient records can be imported and exported as XML files. You can design your own PDF report layout, including the ability to add your own logo. For safeguarding reasons, you can use a random patient ID.

This screening audiometer is designed for use with people who are able to reliably follow the instructions to push the response button when they hear a tone. Most children of school age without additional difficulties should be suitable for screening with the Luna.

The Luna is essentially 'plug and play'. It is delivered with three hearing tests in a user-friendly software suite. The calibration is stored in the headset, so as soon as you connect the headset to your Windows® tablet or laptop, you are ready to start the test. The random automatic test



allows you to include or exclude any frequency if not needed, and it randomly switches between frequency and ear until the test is completed. Before saving the test results, you can re-test particular frequencies manually.

Luna is a type 4 audiometer in accordance with IEC60645-1. It presents the frequencies in a randomized order and ear, which can help to produce more reliable patient responses. You can exclude unneeded frequencies from your test protocol, which can help to save time. A random automatic test with the default seven frequencies only takes one minute to complete. The test should be conducted in a quiet environment with no background noise and the Luna software will measure the ambient noise to indicate when the levels are suitable to perform a test. The acceptable levels of background noise will vary depending on which frequency is being tested and is in compliance with ISO 8253.

You can add and delete operators in the Luna Suite software, allowing you to easily share it within a team. Any non-default settings are saved for each operator, shortening time spent on preparing the software before testing. You also have the option to limit the list of candidates so you only can see your own. There is also the ability to customise the display in the Luna software. You can choose between several overlays for data comparison and counselling purposes: Degree of hearing loss, Toggle left/right audiogram, Speech banana, Single or dual audiogram or Previous session overlay.

In summary

We received some really nice comments on this range and how hearing screening can bring benefits in a school setting, particularly in the workshop that we ran with Ambrin Kamran from Interacoustics. These tools can aid a Teacher of the Deaf in their role, enhancing connection between education and audiology professionals as well as supporting the provision of information and reassurance for families.

Please visit www.connevans.co.uk or contact Richard or John on 01737 247571 or sales@connvans.com for more information or to arrange a demonstration of any of these products



Deaf students lead the way in police awareness training

The Deaf Academy in Exmouth reports on its innovative, student-led project that aims to improve communication between police officers, support staff, and Deaf people

A group of Deaf students from Devon is pioneering a national training initiative to help police officers across the UK communicate more effectively with the Deaf community.

From highlighting the impact of arresting a Deaf individual – where the use of handcuffs removes their ability to use British Sign Language (BSL) – to teaching essential BSL phrases, the students have created an educational video that will be used in police training across the country.

BSL Awareness Week was from 17th March, which is an annual celebration of BSL and the Deaf community, held to coincide with the recognition of BSL as an official language in the UK and to promote awareness, education, and inclusivity by encouraging individuals and organisations to learn and use BSL.

The innovative project has been led by post-19 students at the Exmouth-based Deaf Academy, who have worked to produce the powerful resource which is aimed at improving interactions between police officers, support staff, and Deaf individuals.

Part of a wider push for greater awareness and inclusivity, the training sessions are designed to break down barriers, ensuring that officers better understand the needs and capabilities of Deaf people while fostering stronger connections between Deaf and hearing communities.

Mark Stocks, Partnership and Community Manager at the Deaf Academy, said: "This project has been led by our Academy's Deaf Awareness Group who are passionate about helping the wider public to understand the culture and language of the Deaf community.

"The project is hugely beneficial to our students, helping them to develop their own communication skills, growing their understanding of the world, promote independence, build confidence, and provide essential work experience."

Part of the Deaf Academy's mission is to help the public to develop a greater understanding of the needs of the Deaf community.

Mark added: "Our charitable mission extends beyond delivering exceptional education, care, and support for Deaf young people. We aim to enhance awareness and understanding of Deaf culture and British

Sign Language through initiatives like this Deaf awareness training."

Deaf Academy student Amy, who took part in the training, said: "It will be helpful for the police to be more aware of Deaf people and the way they communicate whether they are being questioned in an interview, a victim of crime, asked questions at a roadside check, or being arrested. It is important that the police are aware that they don't take a Deaf person's rights away, for example, if they handcuff a Deaf person.

"I learnt from delivering this training that it doesn't matter who the audience is; the important thing is to share with



Students from the Deaf Academy are pictured working with officers from Avon and Somerset Police. All images courtesy of the Deaf Academy.



people how they can be Deaf aware and how best to communicate with a Deaf person. Then hopefully, they can share this information more widely within their organisations.”

Massimo, who is also part of the student group who delivered the training, said: “The training is useful because if police arrest a Deaf person, they will now know how best to communicate with them.”

The video has been produced in partnership with the National Police Chiefs’ Council and BlueLight Commercial, established in 2020 by the Home Office to work in collaboration with blue light organisations to transform their commercial and procurement activity, resulting in bottom-line improvements and delivering value back to the frontline.

Paul Dawkins, who is the Assistant Chief Officer (Finance &

Resources) at Leicestershire Police and the National Police Chiefs’ Council’s lead for Language Services, commented: “We are proud to introduce a series of Deaf awareness and British Sign Language training videos aimed at enhancing frontline policing efforts. These resources will provide officers with the skills to understand and communicate with Deaf individuals, ensuring everyone in our community feels heard and understood.

“By fostering inclusivity and breaking down communication barriers, we are committed to providing accessible services to all members of the public.”

As well as the police training, the Deaf Academy has been working with other organisations, including the National Health Service (NHS) and the Met Office. It offers training to any organisation’s staff when they are considering taking its young Deaf adults on for a work placement, to help break down the barriers in the workplace. ■

About the Deaf Academy

The Deaf Academy is a unique provision in the UK, offering a specialist curriculum, teaching, support, and care to Deaf young people (aged 9 to 25), the majority of whom have accompanying additional needs.

Originally established in Exeter in 1826, the Academy moved to its state-of-the-art home in the Devon town of Exmouth in 2020. The Academy is currently planning a series of community celebrations to mark its 200th anniversary in 2026 and to create a legacy for the Deaf young people it supports.

Its latest Ofsted for its post-19 provision has been rated ‘Good’ (May 2024), adding to its existing Ofsted record of delivering ‘Good (with outstanding features)’ provision to its school and college students, for its residential care, and for its provision for its young people living in its children’s home, Rolle House in Exmouth.

As a charity, the Academy provides a range of services to Deaf young people and their families including education, residential care, and support. In addition, it is also involved in research and development and training for professionals working with Deaf young people.

The Academy embraces change and strives to develop and improve its services. It opened Fearnside House, its 19–25-year-old provision and the only one of its kind in the country, in September 2023.

For more information, please visit <https://thedeafacademy.ac.uk/>

To view the Academy’s latest prospectus, see: <https://online.1stflip.com/dqcy/3olf/>

To learn about the Academy’s exciting plans to mark its 200th anniversary in 2026, visit: <https://thedeafacademy.ac.uk/200th-celebration/>

You can read about the Academy’s long-term vision and goals in its Strategic Plan 2023–2028 here: <https://thedeafacademy.ac.uk/strategic-plan-2023-2028/>



Devon special school receives national award in recognition of best practice

The Deaf Academy in Exeter reports on its recent Natspec award for its student-led campaign to improve road safety

A Devon special school and college for Deaf young people with additional needs has been recognised for its best practices with a prestigious national award.

The Deaf Academy in Exmouth was praised for an outstanding student-led campaign to improve road safety at Natspec's award ceremony.

The initiative, driven by the Academy's Student Council, successfully advocated for a safer pedestrian crossing outside its entrance – making a tangible difference not only for students but also for the wider community.

Natspec, the national membership body for specialist further education colleges, commended the Deaf Academy for its inclusive and democratic approach to the campaign. In announcing it as the winner of the Student Voice award, it stated: "The Deaf Academy showed that the Student Council worked with all school stakeholders democratically to find solutions to achieving their goal. The voices of students were heard across a wide range of organisations, media, online, and in the local community.

"This initiative had a positive and material impact on students, the Academy, the community, and also nationally. Congratulations to the Deaf Academy and its students."

The national award recognises not just the success of the campaign but also the Deaf Academy's best practice and commitment to empowering its students, ensuring they have a say in shaping their environment.

Plans to install the new £100,000 crossing on the busy stretch of Douglas Avenue were approved by East Devon's Highways and Traffic Orders Committee last April following lobbying from students and staff. The Deaf

Academy contributed £30,000 towards the cost because a puffin crossing has extra features and sensors which detect when people are walking across it, making it safer for users.

Academy post-19 student Amy, aged 20, thanked Natspec for the award, saying: "For us as a charity, educating Deaf and additional needs students and campaigning on the behalf of the Academy is vital because it is important that the students get what they deserve, whether it is BSL [British Sign Language] or for the environment to be Deaf-aware and Deaf-friendly.

"The way students got involved in the campaigns and media interviews was through our Student Council. This was a big part of our fundraising campaign for the traffic calming and puffin crossing because each student requested this opportunity, and we felt that our students will benefit from having a safe place to cross the road."

She added: "I would like to say a huge well done to our Student Council which made this campaign become an opportunity to provide students safety within their environment."

Sylvan Dewing, Principal and Chief Executive Officer (CEO) of the Deaf Academy, said: "We are incredibly proud of our students for their determination and leadership in making real change happen. This award is a testament to their hard work in making their voice heard, as well as the strong sense of community at the Deaf Academy.

"We would like to take this opportunity to thank East Devon District Council, our local community, donors, and fundraisers who rallied round and supported this campaign."



Staff and students from the Deaf Academy celebrate their Natspec award (image credit: the Deaf Academy)

Personal Understanding of Deafness (PUD) updated

Dr Jackie Salter and **Caroline Chettleburgh** from the University of Leeds update us on the Personal Understanding of Deafness (PUD) resource, now available on the BATOD website

As Qualified Teachers of Deaf Children and Young People (QToDs), we are concerned with the holistic development of a deaf child and support for them to become productive and fulfilled members of adult society. This requires our deaf children to develop specific understandings of their deafness and be empowered to effect change to ensure their communicative needs are addressed in any environment in which they find themselves. To this end Caroline as head of service, and I as a QToD, supported by then members of the Rotherham Hearing Impairment Team developed the Personal Understanding of Deafness (PUD) Programme over 15 years ago to support QToDs in achieving that aim. The resulting resource was made available through The Ear Foundation, which sadly has since closed, so subsequently has been difficult to obtain.

Caroline and I still work together as part of the deaf education team at the University of Leeds and so following numerous requests, we have been able to update it with the support of our colleague from Rotherham, educational audiologist Susan Winn. One such request was from the team who developed the fabulous new resource, the specialist Deaf Curriculum Framework, so it could be part of the toolbox of resources to support the specialist curriculum's delivery. The PUD is now available on the Resources tab on the BATOD website at www.batod.org.uk/resources/personal-understanding-of-deafness-pud/ where it can be accessed as a Sway publication and can also be downloaded as a PDF file.

For QToDs unfamiliar with PUD it developed from the question 'What kind of knowledge do deaf children need to know and understand, and what skills do they need, in order to function independently, effectively, and confidently?' It was developed over several years starting with a simple checklist of audiological management skills and expanded to include other strands to capture a broader skill set to support effective communication.

The strands outlined below are designed to identify progression through different educational phases and consist of a set of learning objectives rather than a complete teaching scheme. This is to allow flexibility as it is designed to facilitate learning for children who use different types of technology such as hearing aids, cochlear implants, bone anchored hearing aids (BAHAs); who use different communication modes including a combination of spoken and signed languages; and who attend a variety of educational settings. As a result, it is skeletal in its structure to allow flexibility of planning and delivery for diverse groups of children. In addition, the programme objectives can be used to reinforce the learning opportunity created in everyday events. These are

often the most valuable experiences, so it is important to ensure they are fully utilised. The strands are:

- 1. Independent management of audiological equipment**
A checklist of audiological management skills, including a range of technologies
- 2. Knowledge of personal deafness**
To develop an understanding of how ears work and their own specific hearing loss
- 3. Deaf and hearing awareness**
To develop an understanding of the differences between how deaf and hearing people communicate
- 4. Confidence and understanding to ensure effective communication**
To develop the skills to enable them to anticipate, understand, and resolve communication difficulties
- 5. Transition**
To understand the needs their deafness brings at periods of transition.

The objectives aim to build skills throughout the child's educational career so objectives from one key stage will be developed in the next.

Example 1 is an extract from Strand 4: Confidence and understanding to ensure effective communication

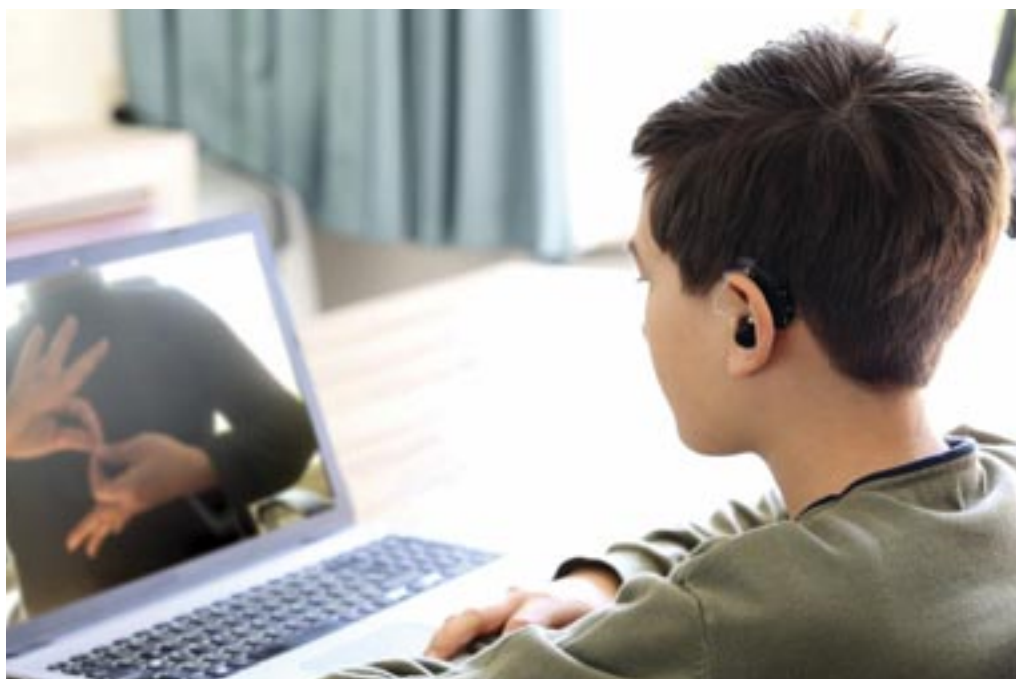
Key stage	Linked objectives	1*	2	2
1	To ask for confirmation when they are unsure of what has been said			
2	To begin to develop strategies to repair a conversation (confirmation, clarification, explanation)			
3/4	To have the strategies and confidence to repair a conversation			

*1. Skill introduced, 2. Skill emerging, 3. Skill established

The programme can be delivered in different ways, for example, by a QToD within a mainstream setting to a small group of pupils within a resource base provision or school for the deaf. It can also provide the focus for a group of children who attend different settings to come together regularly. Such an arrangement could potentially facilitate friendships between children who would not normally meet but who have a shared experience of deafness.

Indeed, it could provide an opportunity for children to meet and work with a variety of deaf adults exploring distinct aspects of life with deafness.

The primary aim of the programme is to develop children's self-awareness, knowledge, and confidence. Sessions should, therefore, encourage open discussion, and exploration of the issues, however sensitive, in a safe environment. Activities might include discussions, role play, visits, and visitors, making books and diaries, creating and watching videos, and can be tailored to the needs, abilities, and interests of the children. Experience from Rotherham and reports from



further afield report that children have found the sessions beneficial and use the knowledge and strategies they learn in their everyday interactions. Parents and carers have also reported it supports their children to discuss their deafness, communication needs, and equipment needs more effectively.

We have enjoyed revisiting this resource; there have been significant changes in audiology across the years, and this section required the most updating. The other strands remain relevant and have needed fewer adjustments. We know that PUD is still widely used across the country, and we hope that with this update, and making it available through the BATOD website, it will continue to be useful to QToDs for some years to come .

Example 2 is an extract from Strand 3: Deaf and hearing awareness:

Key stage	Linked objectives	1	2	2
1**	To understand that hearing people do not always need to look at each other to be able to communicate			
2**	To understand that hearing people can access visual and auditory information simultaneously			
3/4	To have the confidence and understanding to address and discuss misunderstandings that have occurred due to a lack of deaf (communication) awareness			
** These two objectives are designed to support children to understand why challenges may occur when communicating with people who do not have a lived experience of deafness				



Jackie is Associate Professor in inclusive and deaf education at the University of Leeds. Caroline is a regional tutor on the MA/PGDip Deaf Education (QToD) at the University of Leeds.

Lead QToD RP

A forum has been created specifically for Resource Provision Lead Qualified Teachers of Deaf Children and Young People. This platform is to enable Lead QToDs to exchange good practice, ask questions and discuss issues of current interest. The value of the forum lies in the ease and openness with which individual Lead QToDs can ask questions about working practice, developments specific to specialist resource provisions, and share information and experience. The forum should inform strategic planning and development for resource provisions.

siforums.org.uk/9-lead-qtod-rp-forum



Mary Hare now offers the Teacher for Sensory Impaired (QTOD) Apprenticeship



It is with great pride that we are able to announce that on the 25th May the government approved Mary Hare as an Apprenticeship Provider

The apprenticeship itself has been a long time in the making – 6 years in all – for the apprenticeship trailblazer group. Mary Hare was part of that group and now is the first to be able to offer this opportunity to use the apprenticeship levy to fund the apprenticeship for a September 2025 start.

Mary Hare combines years of experience of working with the largest cohort of deaf young people in the UK with a unique postgrad programme. It is two years part-time blended learning: online learning and 4 face-to-face teaching weekends per year (and a 5th practical assessment weekend in year 1).

Anyone interested is invited to contact us at courses@maryhare.org.uk for further information and how to apply.

"The LJMU School of Education are proud to partner with Mary Hare in training the next generation of Teachers of the Deaf. Our collaborative partnership provides sustainable solutions to teacher training and retention of specialist teachers of the sensory impaired, to the benefit of deaf children and



young people." Dr McClain, LJMU.

This is the latest development for Mary Hare's Professional Courses. Mary Hare has offered training to adults who work in the field of deafness and education since the 1990's. The provision has changed and evolved since then, but the Mandatory Qualification approved by the Department for Education for qualified Teachers of deaf children has been a mainstay of the offer. Mary Hare has trained hundreds of teachers of deaf children and continues to be a major specialist provider in this field of education.



Support for deaf and deafblind women in the maternity setting

Lesley Weatherson, a British Sign Language (BSL) interpreter and qualified midwife and nurse, shares her views on communication support and accessibility for deaf and deafblind women in maternity settings

This article first appeared online on the Maternity & Midwifery Forum in September 2022 and is reprinted here with permission from the AIMS Journal (2024), Vol 36(4)

My personal view on the provision of communication support for deaf and deafblind women in the maternity setting.

The current provision for women and birthing people who are deaf within the maternity setting is far from acceptable. There seems very little passion for change despite the efforts of many. Midwives want high quality care for all those in their care and communication is at the heart of this. Deaf women and birthing people want to establish a rapport with their midwives and make informed decisions about their pregnancy and delivery. Communication breakdown often prevents a truly holistic birthing experience.

The [British Sign Language Act 2022](#) means that there is now a legal duty to provide the correct communication support for Deaf BSL users in the UK, but the Act is either being ignored, is not understood, or is unknown. This affects deaf and deafblind people. Deaf women avoid seeking care, have a lack of access to health information, and indeed, healthcare providers, including midwives, have a lack of deaf awareness. For deaf women during pregnancy, birth, and postnatally, this can mean having longer hospital stays and more complex needs in both the hospital and community settings.¹

The introduction of the [Accessible Information Standard](#) advised health professionals to ask about and document each patient's preferred communication needs:

"From 1 August 2016 onwards, all organisations that provide NHS [National Health Service] care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers, and parents with a disability, impairment or sensory loss."

One hoped this would see a real shift in the provision of the correct communication support within medical services. I wrote an [article](#) for The Limping Chicken back in March 2019 hoping provision of communication for deaf and deafblind parents would change; sadly, not enough has improved.

The [Sick Of It](#) report, published by SignHealth in 2014, shows that: "Deaf people are suffering from preventable and potentially life-threatening illnesses due to access

limitations, misdiagnosis, and poor treatment."

Misdiagnosis and poor treatments are costing the NHS millions each year. According to the 2007 Saving Lives report, 20% of maternal deaths between 2003–2005 were of women who had late or infrequent antenatal care.

The National Institute for Health and Care Excellence (NICE) Antenatal guidelines fail to mention recommendations for the care of deaf women, only referencing how information should be imparted.

1.1.2 "Ensure that the materials are available in different languages or formats such as digital, printed, braille or Easy Read."

It doesn't mention BSL.

I have undertaken numerous training activities for both BSL interpreters and directly with colleagues and midwives and lectured to many senior midwives regarding the importance for everyone of understanding their own health. However, effective communication and the rights of access to health information for deaf people is still below an acceptable standard.

Language agencies who are responsible for filling interpreting requests don't always understand the differing needs of deaf and deafblind people, so often, the wrong communication professional attends, or none at all. The large spoken language agencies on the national framework do not always understand the various cultural and communication needs of deaf and deafblind people. I know this from personal experience as I am a qualified BSL interpreter, lipspeaker, and deafblind communicator, and often turn up for a booking requiring one skill after being booked professionally for another.

Language agencies making requests do not always give out the name of the deaf person (correctly so), or the ward/department for the booking, stating that General Data Protection Regulation ([GDPR](#)) prevents this being allowed. This causes problems as interpreters may simply delete the request citing lack of information, contact the agency only to be told there isn't any more information that can be shared, or accept the booking not knowing if they are the best person for it. Female interpreters can end up on male urology wards and male interpreters on gynaecology wards, all equally qualified to do the job but not necessarily acceptable for the deaf person. If the woman refuses to use the attending professional, she may

be considered awkward or problematic and this may affect further support and the midwife/patient relationship. If she continues with the appointment she may not engage, may miss important information, or both. This has to change.

Frameworks don't work in my opinion, and in 2015 I signed the open letter to Francis Maude MP as part of the campaign to Scrap The Framework. However, little has changed and it remains that deaf people are not always getting the support they need, and interpreters are still experiencing poor terms and refusing to work for some agencies, thus reducing the availability of qualified and adequately trained professionals.

Practical changes must be made. Policies must include a mandate for the correct communication support professionals to be booked for all appointments with the responsibility lying with the health care professionals. Deaf parents must have alternative ways to contact health care services. This is necessary and must include access to other support services such as those for people requiring breastfeeding support or for people with unplanned pregnancies, and also to support services for victims of rape, domestic violence, and so forth.

Once seated inside the hospital, deaf women or birthing people can wait, unseen, for extended periods of time as they are unable to hear their name or number being called. This leads to frustration and unnecessary delays in being assessed, and this is particularly serious when there is a medical emergency, such as lack of fetal movements or vaginal bleeding. Even when they are seen on time, if there isn't an interpreter present the appointment may be abandoned. This is particularly so if BSL is the first language of the parents as the midwife or doctor will not be able to ask questions nor understand anything signed to them by the Deaf parents.

Ultrasound scans are held in dimly lit rooms. Lipreading is very difficult and tiring especially in poor light. I take a doll with me when supporting deaf/deafblind parents so they can feel the part of the body that the radiographer is seeing on the screen and giving information about, such as the heart chambers or the kidneys, and whether it's a girl or a boy, for example. This is a particularly anxious time for the parents as the news isn't always positive or welcomed.

Well-meaning hospital staff who know some basic sign language try to make do. This often results in miscommunication and

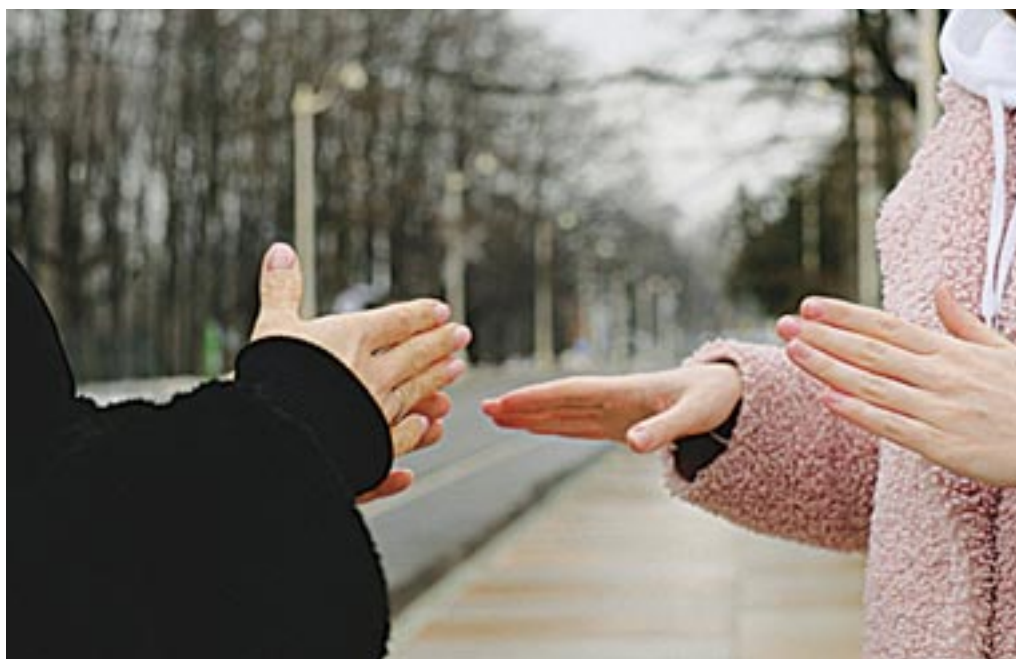
misinformation. Errors in previous medical histories may be recorded as fact and important information is never truly conveyed. This can lead to poor outcomes for mother and baby. The correct communication professional must be used.

Deaf awareness is clearly lacking in many obstetric units across the UK and deaf parents are not receiving the same care as hearing parents.

For example, here is a deaf woman's experience during the pandemic (expecting her fifth baby):

- Couldn't call to register her pregnancy and to meet the midwife responsible for her care
- Couldn't book an antenatal class
- Couldn't go in person to the GP [general practitioner] surgery to book an appointment as it was closed
- Couldn't attend the hospital as only those with appointments could attend and, in any event, masks were being worn so communication would be impossible – she had to ask a friend to call to contact the midwife
- Was sent a male sign language interpreter despite asking for a female
- Was asked to use an app to communicate with health professionals, when the app relied upon a good understanding of English
- Was told her hearing partner should be 'OK' to act as the interpreter when she presented with vaginal bleeding
- The father was present at each and every appointment as he told the woman it was his right to be there, and she had no reason to doubt what he said was factual
- The woman lost the baby at 19 weeks
- It turned out the woman was a victim of domestic violence – the partner had caused the mother to have a miscarriage.

Many parts of this avoidable scenario were preventable.



Would a hearing woman have faced the same barriers?

Despite the BSL Act 2022, information available online, in written formats, and verbal instructions or advice is often not understood by Deaf parents as English isn't their first language. Deaf parents from a non-English-speaking family or country may need a sign language interpreter in a language other than BSL², but where does one find such support? This often means that families are relied upon to interpret throughout the maternity term leaving no autonomy for the deaf parents; they will only receive the information given by the family member and this may not be accurate, intentionally so, or otherwise.

An article from the British Medical Journal in 2020³ explains:

"A family member may also give you their own version of events, and their emphasis may skew the whole consultation. It can also be difficult to check the veracity of the interpretation. This could lead to a misdiagnosis. Family members should not be used as non-professional interpreters in consultations."

NHS England, in reference to primary care, states that, "The use of an inappropriately trained (or no) interpreter poses risks for both the patient and healthcare provider." And further, "The error rate of untrained interpreters (including family and friends) may make their use higher risk than not having an interpreter at all."

Those women who are abused or victims of domestic violence would be traumatised further by having the perpetrator inside the hospital room. Deaf women are at twice the risk of being victims of abuse and domestic violence,⁴ and need accessible and appropriate support services such as DeafHope.^{5,6}

Of course, not all pregnancies go to term. Spontaneous and planned abortions, ectopic pregnancies, and so on mean that support and counselling may be required from very early in the pregnancy. If the medical professionals don't know how to access support, don't know how to

ask for gender-specific interpreters, or believe they can make do with pen and paper, then communication will never be effective and Deaf parents will almost certainly not receive parity.

We need to see structural changes in the way we teach midwives and doctors so that the considerations regarding communication are encompassed in learning from day one. Hospital staff need deaf awareness training on a regular basis and not a token one-off teaching day that is easily forgotten. Deaf people must be involved in this cultural change when midwives and doctors are students. We must strive to make deaf awareness training mandatory, guiding lessons learned into practice so parity with hearing patients becomes the norm. Let's have patient-centred care, make time to get things right, and truly make each and every woman's experience the best it can be.

To achieve this, I would like to see engagement from the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC), with trusted deaf charities such as the Royal National Institute for Deaf People (RNID) and the British Deaf Association (BDA); and communication with professional associations such as the Association of Sign Language Interpreters (ASLI) and the Association of Lipspeakers with Additional Signs (ALAS). Let's start having those important conversations to really make a difference to deaf women in the maternity setting.

Tips for all health practitioners:

- Asking deaf parents to call if they need help or advice is not OK. Provide an accessible contact method.
- Assuming the leaflets are understood by all is not OK. Provide an accessible alternative.
- Asking if the parents want to hear the baby's heartbeat is not OK. Consider asking if they would like to feel the vibrations through the machine being used.
- Leaving food in front of deafblind mums on the ward is not OK. Ensure they know it is in front of them.
- Practising your signs is not OK. Don't assume your

References

- 1 Luton M, Allan HT, Kaur H (2021). *Deaf women's experiences of maternity and primary care: An integrative review*. Midwifery, Volume 104, 2022, 103190, ISSN 0266-6138, <https://doi.org/10.1016/j.midw.2021.103190>
- 2 Editor's note: For example, deaf parents from the Asian community may use Indian Sign Language or Pakistan Sign Language, whereas someone from America may use American Sign Language (ASL), which is very different from BSL.
- 3 Rimmer A (2020). *Can patients use family members as non-professional interpreters in consultations?* BMJ 2020, 368:m447, doi: <https://doi.org/10.1136/bmj.m447>
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- 5 British Deaf News (2015). *DeafHope: A safe harbour for deaf domestic abuse survivors* www.britishdeafnews.co.uk/deafhope-safe-harbour-deaf-domestic-abuse-survivors/
- 6 DeafHope: www.deaf-hope.org/
- 7 Editor's note: All pregnant women, whether hearing or deaf, should understand their different care and treatment options, and that when variations of normal (or actual complications) arise, their decisions to accept or decline treatment will be respected. Consent is only valid in this way. Consent forms must reflect this and must be accessible and understandable to the person consenting.

knowledge of BSL is sufficient to communicate with Deaf parents.

- Don't say 'sorry' if the baby is born deaf; this may be the greatest joy for the parents.

Do:

- Ask if communication support is needed, and if it is, ask about their preferred method of support such as BSL interpreters/lipspeakers/interpreters for deafblind people/notetakers.
- Ensure you book support with plenty of notice as there are so few language professionals in the UK (you may be interested to know that there are only 8 qualified interpreters for deafblind people, 55 lipspeakers and 1,200 BSL interpreters in the UK).
- Ensure you can be contacted using alternative methods – not only by phone.
- Ensure each and every department has regular deaf awareness training.
- Ensure the methods you use to inform, advertise, and share information is accessible to all.
- Offer the Sonicaid/cardiotocograph (CTG) machine to the parents to touch when checking the fetal heart.
- Ensure your hospital has vibrating baby alarms to alert the deaf mother that her baby is crying.
- Be aware of your body language; it will be 'speaking' well before any words are spoken.

- As a matter of course, discuss the emergency situations that most commonly occur in pregnancy and birth throughout the last trimester, and not as an emergency is unfolding. If, in labour, it becomes apparent that extra medical support may be required, discuss treatment options while the mother is awake and alert, and able to agree and consent to a truly consensual pathway of care⁷.
- Ensure a team of interpreters is introduced throughout the pregnancy so that a familiar face is present for the birth. The same team should be used postpartum for any visits and checks on the mother or the baby.
- Make sure the interpreter is permitted into the theatre for any interventions during labour.
- Consider the use of haptics as appropriate.
- Remember the interpreter is there because you can't sign!



Lesley Weatherson is a specialist BSL interpreter, lipspeaker, deafblind communicator/guide, qualified midwife, and nurse.

MARY HARE'S FIRST FAMILY FUN DAY

For families of deaf children

Sunday 6th July 10am – 4pm

Climbing wall, laser clays, craft corner, refreshments, information tent, games, pic-nic area.



Book here

**TICKETS £5
PER FAMILY**

Pregnancy and hearing: Did you know?

As part of the second instalment of a mini-series of reprinted articles from the AIMS (Association for Improvements in the Maternity Services) Journal, **Alex Smith** highlights the challenges facing d/Deaf women in pregnancy and childbirth

Reprinted with permission from the AIMS Journal (2024), Vol 36(4)

- Did you know that one in three pregnant women develop tinnitus compared with one in ten who are not pregnant? Tinnitus is the sensation of buzzing, ringing, or whooshing noises in the ear. It may be a sign of high blood pressure and possibly an early sign of pre-eclampsia, but it may also simply be due to the effect of the physical changes of pregnancy.
- Did you know that pregnancy can trigger or worsen hearing loss? This is surprisingly common with one small study in India seeing it in almost 5% of the 379 pregnant women who attended their hospital that year.¹ There are different reasons for hearing loss with most being temporary but some being permanent. It usually occurs in the second or third trimesters or even after the birth, and can be unilateral or bilateral, conductive or sensorineural.² Sudden sensorineural hearing loss (SSNHL) is relatively rare but is considered to be a medical emergency. Apparently, the incidence of this has increased with rates varying between 2.7 in 100,000 in Taiwan, 27 in 100,000 in America and 160 in 100,000 in Germany.³ When I asked on a Facebook group for deaf and hard-of-hearing people about people's experiences of maternity care, three of the small group who replied had experienced a deterioration in their hearing, with two saying that no one could tell them why.
- Did you know that Deaf and hard-of-hearing women



are often asked to remove their glasses and hearing aids when they go for a caesarean. Two responders from my Facebook question experienced this. One woman wrote:

"Had my emergency C-section [Caesarean section] four years ago and they made me take off my glasses and hearing aids. I felt so helpless. So, four years later I had an elective C-section and strongly requested for my glasses and hearing aids to be kept in and they agreed. I felt so much more comfortable."

There is a rationale for removing these aids, but clearly it is also possible to accommodate them, so why not anticipate

that a Deaf woman may want to see and hear her baby's first cry?

- Did you know that the antibiotic gentamicin can cause deafness in susceptible babies? It is commonly used to treat premature babies and for a long time, it was assumed that the subsequent deafness was caused by the prematurity rather than by the medication. These drugs are often given while awaiting a confirmation of infection and may not even have been required. A new rapid test is available so that vulnerable babies can be identified before starting treatment.
- Did you know that Deaf people are twice as likely to experience trauma in their lives as hearing people? In this very interesting study from the States,⁴ Deaf participants reported similar traumatic experiences ▶

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- 2 Editor's note: Sensorineural hearing loss results from damage to the hair cells within the inner ear, the auditory nerve, or the brain's central processing centres. Conductive hearing loss results from the inability of sound waves to reach the inner ear.
- 3 Xie S, Wu X. *Clinical management and progress in sudden sensorineural hearing loss during pregnancy*. Journal of International Medical Research. 2020;48(2). doi: [10.1177/0300060519870718](https://doi.org/10.1177/0300060519870718)
- 4 Paige Johnson, Stephanie Cawthon, Bentley Fink, Erica Wendel, Sarah Schoffstall. *Trauma and Resilience Among Deaf Individuals*, The Journal of Deaf Studies and Deaf Education, Volume 23, Issue 4, October 2018, Pages 317–330, <https://doi.org/10.1093/deafed/eny024>.
- 5 Editor's note: Audism is the belief that being deaf is a physical flaw that needs to be repaired in order to live a full and rewarding life. Linguisticism is the superior regard of one cultural language over the other, for example, English over sign language.

Image source

Ear trumpet: <https://www.lookandlearn.com/history-images/YW013745M/Ear-trumpet-19th-century?t=2&q=Otoology>

to the hearing population but the details of those experiences were different. For example, both deaf and hearing people may find themselves in an abusive relationship, but deaf people are more likely to remain in one if their partner is the only person they can communicate with. The ability to communicate seems to override safety. This is reflected in the fact that many deaf people will avoid seeking medical care because their communication needs are not met. In addition, deaf people are constantly subjected to audism and linguisticism,⁵ which are forms of oppression-based trauma. Common themes found to be protective in relation to resilience in these situations included: individual assets, identity development, access to language and communication, access to information, and supportive networks. As over 90% of deaf babies are born to hearing parents, it seems that the very least the government could do would be to provide excellent quality, accessible and free British Sign Language (BSL) classes for new parents – ideally taught by someone who is also deaf who could then be a bridge between the

family and the support of the Deaf community, and also be a positive role model for the child. This would pay dividends in the long term.

- Did you know that, as far as I know, there are no Deaf doulas in the UK; none that use BSL as a first language and offer support to Deaf families. In the States, they have the wonderful Hand Waves Birth Services. This video (<https://www.youtube.com/watch?v=Y45RbeeGf9Y>) shows the difference it can make to have someone with you who speaks your language. ■



Alex Smith is a long-time childbirth educator, editor of the AIMS Journal, and the grandmother of a profoundly deaf grandson.



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A Natural History Study in Individuals with Otoferlin Gene (*OTOF*)-mediated Hearing Loss



This study aims to gain a better understanding of the natural course of hearing loss caused by changes in the otoferlin gene (*OTOF*).

We invite children and adults with sensorineural hearing loss in both ears, including auditory neuropathy or a history of auditory neuropathy, to participate in this research study.

Auditory neuropathy is a clinical presentation of hearing loss that can have a genetic cause. There are many genes that could be involved. One gene is called the otoferlin gene (*OTOF*), which makes a protein called otoferlin. Otoferlin is essential for the normal functioning of the ear. Changes in *OTOF* can cause significant reduction in sound transmission from the inner hair cells to the hearing nerves, making it difficult to hear and to understand speech.

This study aims to gain a better understanding of the natural course of hearing loss caused by changes in *OTOF*.

Participants will have a genetic test performed, if test results are not already available. This involves taking a blood or saliva sample to look for changes in genes associated with hearing loss.

If the results show hearing loss is caused by a change in *OTOF* we may invite the participants to share hearing and medical information and/or take part in hearing testing at University College London approximately every six months for up to a maximum of five years. However, changes in *OTOF* are rare, so there is a good chance that the participants will not be invited to share hearing/medical information or to attend ongoing appointments.

This study is being conducted at University College London, Ear Institute. It is part of an international study sponsored by a pharmaceutical company called Akouos, Inc., a wholly owned subsidiary of Eli Lilly and Company.

CONTACT US:

University College London, Ear Institute, evidENT Team, uclh.evident@nhs.net

Deaf BSL parents and parenting assessments in the context of safeguarding/child protection

Rosemary Oram, University of Manchester, discusses her recent Doctor of Philosophy (PhD) research into the high incidence of parenting assessments on Deaf parents who use British Sign Language (BSL)

Funded by the Economic Social Research Council (ESRC), this PhD study focused on parenting assessments and Deaf BSL-using parents living in England, subject to safeguarding/child protection procedures from initial contact to pre-court proceedings. The initial motivation for the study came from the researcher's observation, in her professional work as a social worker which included time spent in the family courts, that there seemed to be a higher incidence of child removal involving Deaf parents.

In partnership with Manchester City Council, the aims of this research were: i) to explore whether parenting assessments and parenting support through the safeguarding/child protection process are culturally and linguistically appropriate for Deaf parents and their children, including identifying potential pitfalls in statutory parenting assessments with Deaf parents, and ii) to investigate good practice with social workers and other safeguarding professionals.

Over the course of the PhD, two literature searches were conducted about child protection and Deaf parents, which revealed very little direct evidence; therefore the search extended to identify potentially relevant articles concerning other minority groups. Research was also undertaken for an article providing a narrative history of specialist social work and deaf people, now published (see Further information below).

To establish an evidence base in this under-researched area for the first time, primary data were elicited through individual semi-structured interviews with two distinct categories of professionals, seven from within each group. The first participant-group were Deaf-specialists (both D/deaf and hearing) working in England, known as 'expert informants'; the second were Child & Family social work practitioners from local authorities across a large urban area, who had come across cases involving a Deaf parent. The researcher conducted all the individual interviews: for the former group these occurred solely using BSL whereas interviews with the latter participant-group members involved a BSL-English interpreter.

The extensive findings from these studies are published in three academic articles which are available through open access (see Further information below).

Further information and resources

In summary, the key findings included:

The current framing of child protection and safeguarding work, whilst drawing on key principles of the Equality Act

2010, is nonetheless insufficient to identify the specific requirements of Deaf BSL parents that should be accommodated.

The referral and allocation processes used in social work in response to safeguarding referrals does not acknowledge the needs of Deaf parents and their families in terms of language and culture and the potential implications of this for fulfilling statutory processes.

Inadequacy of Deaf cultural awareness among social work professionals involved in safeguarding and parenting assessments is widespread, which they acknowledge themselves. Before working with Deaf parents in child safeguarding, it is not compulsory that Child & Family social workers receive prior Deaf awareness training nor have a specialism of working with Deaf people.

There is a lack of recognition by statutory bodies about Deaf-specialists and their potential roles including Deaf advocates, Deaf intermediaries, and Deaf-relay interpreters. These specialists often become involved much later than would be desirable and this usually happens informally, (eg an interpreter advising social workers to bring in a Deaf-specialist on cases when a Deaf parent is involved).

There is no central hub or online register of Deaf-specialists as a point of contact. If there were such records, the profile of Deaf-specialists in social work would be considerably enhanced.

Deaf parents' understanding of safeguarding/child protection, ie their fount of knowledge, varies based on factors including their level of education or the availability of resources in their language, BSL. Failure to identify this lack of knowledge can seriously impact the process and outcomes of parenting assessments and consequently, what happens to the child and family.

There is too much reliance on interpreters 'solving the problem' of how to work with Deaf parents involved in child protection proceedings because language access is only the tip of the iceberg in effective social work with Deaf parents. It is questionable whether interpreters can always provide the necessary depth of background, Deaf-cultural knowledge required to navigate such high-stake interactions and the impact of indirect communication through interpreters on the safeguarding process is not readily recognised.

There is a lack of bespoke resources to support Deaf

parents in parenting that are linguistically and culturally appropriate.

How can Qualified Teachers of Deaf Children and Young People (QToDs) help?

To help minimise risks and to reduce complications to families who are experiencing this, QToDs can do their part to support the families and other professionals involved in safeguarding procedures that involve parents who are Deaf.

If there is a situation where QToDs need to make a referral to social services within their line of work, it would be useful to note down the parental communication needs on that initial referral. As a result, children's services can action that from the outset and ensure the appropriate communication professional (eg BSL/English Interpreter) is present at the initial home visit/assessment.

If a QToD is involved in multi-disciplinary meetings, it is important that they share their knowledge and experience of the linguistic and cultural needs of Deaf parents who use BSL so that all professionals are aware from the outset; it should not be assumed that this fundamental information is known, as other professionals may not have an appropriate level of d/Deaf awareness.

The profile of Deaf-specialist professionals is limited and not consistent. Therefore, QToDs can help by making other professionals aware of this role and the input such individuals can offer in such cases, as it is fundamental to support the Deaf parents from the outset. If QToDs know a specialist social worker who has experience of working on such cases, or an advocate with this particular knowledge, then it is vital to share that information with colleagues, enabling them to seek out relevant support early on, whenever possible.

Similarly, it is important to involve appropriate communication professionals in child protection cases. Any QToD who is aware of BSL/English interpreters in their area who have experience of working specifically in the field of safeguarding/child protection, should be encouraged to share the name and contact details of

those individuals.

When QToDs are considering the collective resources they can share with parents about safeguarding and child protection, they should endeavour to ensure these include resources in BSL. Similarly, when producing resources, it is important to consider the needs of both Deaf and hearing children, ie designing visual, child-friendly resources which can be easily understood. This could be achieved collaboratively with QToDs working alongside health, education, and social services (multi-disciplinary professionals) to ensure that resources are not only age appropriate but also culturally-linguistically appropriate too. It is important to look for online resources in BSL as written English documents will not always be understood by Deaf parents.



Rosie is a registered, qualified social worker and has now completed her doctoral training in social work with the University of Manchester. Her professional background includes specialist social work in both the capacities of both statutory services and voluntary organisations. Her research area of interest is D/deaf people and social work, including care services for older Deaf people living in the UK.

Notes

- 1 The capital 'D' for deaf term used in this study represents those who identify themselves as culturally Deaf and who are part of the approximately 73,000–127,000-strong Deaf community in England. Their primary language is BSL, the 4th official language in the UK.
- 2 As the role of 'Deaf relay interpreter' becomes widely understood, the National Registers of Communication Professionals working with Deaf and Deafblind people (NRCPD) uses the 'relay-intralingual' term in recognition of the official role.

Further information and resources

The full empirical findings are available in the following publications that can be accessed freely:

Oram R, Young A and Cartney P (2024). *Now you see them, now you don't: Professional recognition of specialist professionals working with Deaf British Sign Language parents in child safeguarding*, *Qualitative Social Work*, 23(1), pp. 91–107. doi: <https://doi.org/10.1177/14733250231185962>

Supplemental video: a summary in BSL <https://doi.org/10.1177/14733250231185962#supplementary-materials>

Oram R, Cartney P and Young A (2024). *Assessing Deaf parents in safeguarding and child protection processes: Deaf experts' experience of routine social work practice*, *Qualitative Social Work*, 0(0). doi: <https://doi.org/10.1177/14733250241307263>

Oram R, Young A and Cartney P (2025). *Standing at the crossroads: Child safeguarding and Deaf BSL parents (in England) – Issues and challenges in social work*, *The British Journal of Social Work*, 55(3), pp. 1436–1454. doi: <https://doi.org/10.1093/bjsw/bcae202>

Oram R and Young A (2025). *The modern history of social work with Deaf people*, *Social Work History Network* eds. (2025). *Bulletin of the Social Work History Network*, 10(1), pp. 29–37. doi: <https://doi.org/10.21954/ou.ro.00102224>

For more information or any questions about the research, Rosemary can be contacted at rosemary.oram@postgrad.manchester.ac.uk

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National Deaf CAMHS deaf autism assessment

Laura Vaccari, a speech and language therapist and clinical audiologist at National Deaf Child and Adolescent Mental Health Service (CAMHS), details her recent research into the challenges of the deaf autism assessment process

There are approximately 54,000 deaf children in England (CRIDE, 2024; Hutchinson, 2023). The prevalence of autism in this population remains uncertain, with estimated rates of 4% higher than the general population (Young et al, 2019). Deaf children encounter reduced exposure to language learning opportunities in their critical years resulting in 'language deprivation', which can adversely impact executive functioning, empathy skills, self-regulation, conversational reciprocity, and social relationships (Allgar et al, 2021; Hall et al, 2017).

Such impacted behaviours are also seen in autism as both are closely linked with language and social development. The overlap in profiles of deaf and autistic individuals can lead to a misinterpretation of behaviours and difficulties in differential diagnosis, increasing the likelihood that deaf children may be incorrectly diagnosed, missed completely, or not have access to necessary interventions and support as early as hearing children (Hodkinson et al, 2023; Phillips et al, 2022). Assessing autism in hearing children is a multi-faceted and inherently complex process, and adapting the process for deaf children adds additional layers of complexity due to this overlap between deaf and autistic presentations (Hayes et al, 2021). This article explores the National Deaf CAMHS deaf autism assessment process, including current deaf-adaptations and challenges.

Deaf CAMHS

The Deaf CAMHS team in England is a highly specialist mental health assessment and intervention service, available to deaf children and young people up to 18 years with severe to profound deafness, and children of Deaf adults (CODAs). The service was established in 2009 as a specialised response to the particular needs of deaf children and their families. Deaf CAMHS teams consist of a mixture of deaf and hearing professionals, and the service is bilingual and bicultural. Deaf CAMHS is the only service in England providing high quality, deaf-specific autism screening and assessment, and utilising deaf-adapted autism assessment tools.

Why deaf autism assessment is necessary

The development of a specific autism assessment process for deaf children is imperative because previously, there was a lack of adequate assessment tools for use with deaf children and there were few professionals with expertise in both autism and deaf children (Sessa & Sutherland, 2013; Szymanski et al, 2012). Autism diagnostic tools were also heavily influenced by hearing culture norms and clinicians were forced to assess deaf children using tools that were

designed with hearing children in mind. This placed deaf children at risk of being misdiagnosed or undiagnosed (Hodkinson et al, 2023). For example, the Autism Diagnostic Observation Schedule (ADOS) includes items about whether a child responds to their own name or speaks with a monotone or unusual intonation. Such questions may flag autism in deaf children who are not autistic. Additionally, screening instruments and diagnostic interviews ask questions about whether the parent/carer has ever considered that their child may be deaf (Rutter et al, 2003).

Deaf CAMHS deaf autism assessment process

All Deaf CAMHS teams have well-established autism assessment clinics and the assessment process is often described as an 'enhanced process' because it involves additional steps above and beyond the autism assessment process for hearing children. Deaf CAMHS deaf autism assessment takes into consideration distinct differences in language acquisition, communication, and bicultural experiences of deaf children, and makes necessary adaptations to account for these differences. The process includes, but is not limited to, school observations, administration of screening tools, parent developmental interviews, play and interaction-based assessments, input from school and external professionals, additional assessments (eg cognitive, speech and language, and sensory assessments), multi-disciplinary team discussions, parent-feedback sessions, and post-diagnostic support (eg workshops). In recent years, three deaf-adapted tools have been developed and implemented by Deaf CAMHS teams with the aim of improving specificity and reducing false positive results. These tools are the Social Responsiveness Scale-2-Deaf Adaptation (SRS-2-D) (Wright et al, 2020), Autism Diagnostic Interview-Revised Deaf Adaptation (ADI-R-D) (Wright et al, 2022), and Autism Diagnostic Observation Schedule 2-Deaf Adaptation (ADOS-2D) (Phillips et al, 2022).

Research shows that professionals should use the ADI-R-D and ADOS-2D tools together and not in isolation in order to achieve the highest specificity and lowest number of false positives when assessing autism in deaf children (Allgar et al, 2021). Using a combination of these tools gathers information from different sources in a complementary way and reduces the risk of an inappropriate autism diagnosis.

Challenges

Despite the clear benefits and need for deaf autism

assessments, research suggests that there are significant shortfalls with the development and implementation of deaf-adapted tools. For example, there is a need to examine the use of deaf-adapted tools with larger samples, including children with mild to moderate deafness, children under 30 months, adolescents, and adults. Current tools have also not been adapted to account for differences in autistic females, and ADOS-2D algorithms have not been validated for deaf children. In addition, there is currently no universal approach for assessing autism in deaf children, and the development of these tools was carried out in the UK, mainly with participants using spoken English, Sign Supported English, British Sign Language, or a combination of these. Consequently, outcomes may differ in other countries with different languages or cultures (Allgar et al, 2021).

There are also challenges in the real-world implementation of deaf-adapted tools. For instance, some Deaf CAMHS clinicians report that they are not using the ADI-R-D, but rather they have developed their own parent developmental interview; the SRS-2-D tool misses some deaf autistic children at the screening stage, and there is an absence of tools available to differentially diagnose deaf children effectively (eg autism vs language deprivation). Clinicians feel that in some cases, the current assessment process does not fully account for the experiences of deaf children.

Future research

The author is currently undertaking pre-doctoral research in the area of deaf autism and will be conducting focus groups in early 2025, exploring the limitations and challenges of the current Deaf CAMHS deaf autism process from the perspective of parents and professionals. Focus groups will also explore positive aspects of the current process as well as areas for improvement. Additional research is necessary to further refine the deaf autism assessment process and ensure inequalities in diagnostic age are reduced. It is hoped that this will improve the clinical experience and outcomes for deaf children, young people, and their families, and facilitate better and earlier planning of appropriate educational provisions and parental support.



Laura Vaccari is a speech and language therapist and clinical audiologist and works at National Deaf CAMHS. She is currently an NIHR PCAF research fellow at City St George's University. Her research is exploring the challenges and limitations of the deaf autism assessment process from the perspective of parents and professionals.

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- Supporting teachers and professionals working with deaf children of British Pakistani Muslim heritage

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- Using the Preschool Language Scale-5 (PLS-5) and Clinical Evaluation of Language Fundamentals-5 (CELF-5) to assess the language of deaf children and young people
- Working with deaf Autistic children and young people
- Working with families in the early years

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Interview with Caroline Read, Founder of Communicate-ed

Caroline Read, one of the founders of Communicate-ed, discusses the organisation's work in training professionals in the area of exam access arrangements for children and young people with special educational needs and disabilities (SEND)

What area of education does Communicate-ed work in?

We offer training and resources equipping education professionals involved in the area of special educational needs.

Please give us a brief history of Communicate-ed.

Communicate-ed was started in 2003 in response to a number of requests for training outside of the capital, in the area of exam access arrangements based on the Joint Council for Qualifications (JCQ) guidance for general qualifications such as General Certificates of Secondary Education (GCSEs) and General Certificates of Education (GCEs). After running our first course in Kent, we realised there really was a high demand for the training. We began to run one-day courses across England, Wales, and Northern Ireland. In 2010 we started offering our courses online as well as 'face to face', to make the training even more widely available.

In 2014, again in response to a perceived need, we launched our first fully accredited course – the Postgraduate Award of Proficiency in Access Arrangements Assessment (PAPAA). The PAPAA offers a level 7 qualification (master's level) in psychometric assessment, enabling holders to carry out assessments for candidates who need exam access arrangements such as extra time, readers, scribes, etc.

Then, in 2017 we developed the Award of Proficiency in Access Arrangement Coordination (APAAC) equipping special educational needs co-ordinators (SENCOs) and administrators to oversee the access arrangements process in their centre. These qualifications are offered through our sister company 'Include-ed'.

What are the aims of Communicate-ed?

We have four aims:

- to run a viable and ethical business improving the lives of students with special educational needs and disabilities (SEND)
- to provide high quality, value-for-money training
- to provide work for our staff and contractors
- to raise money for our charitable trust.

Who are your courses and resources designed for?

Our main area of influence is in the area of exam access arrangements (EAA) for general qualifications in schools and colleges. We run training and provide resources for anyone involved in EAA – from SENCOs, assessors, access

arrangements co-ordinators, subject teachers, school/college leaders, learning support assistants, readers, scribes, invigilators, language modifiers, other adult facilitators, parents, and candidates.

EAA are available to candidates with some kind of difficulty or disability that affects their access to assessments and exams in their normal format. This could, for example, be a candidate with dyslexia who works slowly and needs extra time, or who has a visual impairment needing an enlarged paper or help with reading. Quite correctly, the regulations around allowing such arrangements are strict. This is to ensure that no unfair advantage is given; for example, only those who genuinely work more slowly than their peers should be given extra time to complete their assessments. So, training such as ours is very important to help ensure that those involved really understand the regulations.



Caroline presented with the University of Roehampton Chancellor's Alumni Award



Lina in Kenya in 2024

Please tell us more about some of your courses and resources.

We continue to run face-to-face training. In September each year, we travel around the country to key locations, running courses to update colleagues on any changes to the JCQ regulations relating to EAA. However, the larger part of our training now takes place online. Sometimes this is 'live' – for example, for those who can't make the face-to-face autumn update course, we offer a one-day virtual conference. Also, each month we offer an evening webinar presented by one of our course tutors or an expert in their field. But outside of these live training opportunities, we have a very large bank of pre-recorded courses covering an extensive range of subjects relevant to SEN colleagues. For example, there are modules for invigilators and adult facilitators working as (for example) readers and scribes in exams. These are in fact our busiest courses and last year alone, we trained over 11,000 people in these roles.

We have a range of resources related to our courses, which are available in PDF format and can be downloaded from our website for a small fee. All proceeds from the sale of these resources go directly to our charitable trust.

We run a membership scheme that currently has over 2,000 members. We purposely price this at a nominal £15 annual fee (free for the first year) so the cost is not a

barrier to receiving the associated benefits of discounts on courses, updates on developments in the exam community, access to forums where members exchange ideas, plus free resources.

You mentioned raising money for charity – please tell us more about that.

At Communicate-ed we are passionate about seeing people developed to their true potential. That passion drives our own training portfolio but also extends beyond to many other situations and nations.

As noted above, one of our core aims is to raise funds for charity projects that support educational and developmental opportunities, particularly for those caught in poverty in the UK and overseas. As I previously explained, all money paid for resources goes towards this aim, plus a proportion of any profit made on courses is also put in this fund. So far, we have been able to donate over £1,143,000. In addition, I (along with other colleagues) have regularly been involved in travelling to and running training of communities in Malawi, Kenya, Uganda, and Zambia.

Do you have any training or resources to specifically support the Deaf community?

Much of our training covers access arrangements that may be relevant for such candidates. This would include, for example, extra time of 25% or up to 50%, a communication professional using sign language, or in some cases, a reader, scribe, or language modifier.

We also offer a course that leads to accreditation in language modification in exams, which, of course, is often relevant to candidates who are Deaf or have a hearing impairment. If a candidate struggles to understand a question, under some circumstances, the modifier can simplify the carrier language (though not technical language). To gain accreditation, delegates need to successfully complete tasks, which are marked by our course tutor. The course is endorsed by the Chartered Institute of Educational Assessors (CIEA).

www.communicate-ed.org.uk
admin@communicate-ed.org.uk

Note

BATOD is often asked about the LM access arrangements. JCQ regulations state that anyone acting as an LM in an exam must have successfully completed accredited training. This applies whether or not the awarding body has used a BATOD accredited LM (BALM). The Communicate-Ed LM course is the only course that BATOD is aware of that offers the suitable accreditation.



Caroline Read is one of the founders of Communicate-ed. She is a specialist teacher who has practical experience in all areas of the access arrangements process and trains local authorities, universities, and SEND services. Caroline has contributed to a range of publications, including academic journals. She has worked with a number of publishers to develop tests and has been involved in various Department for Education (DfE) and Ofqual training and policy projects. She was a member of the working party that established the Access Arrangements Online system. In 2024 Caroline was presented with a University of Roehampton's Chancellor's Alumni Award for Innovation and Inspiration in her industry.

An INSET day on acoustics to promote good listening environments

Sarah Evans and **Katy Mitchell** share an overview of Bristol Sensory Support Service's in-service training (INSET) day on acoustics with key speakers, David Canning and Tim Simmons

On 4th March, Bristol's Hearing Support Team (part of the Sensory Support Service) held an INSET day on acoustics. The aim of the day was to refresh Qualified Teachers of Deaf Children and Young People (QToDs) knowledge and skills to promote good listening environments for the deaf children and young people we support. Bristol's Sensory Support Service covers the four local authorities of Bristol, South Gloucestershire, Bath and North East Somerset, and North Somerset under joint arrangements.

We are aware of the negative impact that poor listening environments can have on speech access for deaf children and young children, but in practice, what can our team do to support nurseries and schools to assess their listening environments and make acoustic improvements?

We decided that a key starting point was to understand the benefit that acoustic improvements can have on outcomes, and the perceived benefits for deaf children and young people and teaching staff.

We were absolutely delighted to have the expertise of David Canning to start our day with an overview of acoustic improvements, and in particular, to provide information about the [Essex Study](#).

David is a QToD and Educational Audiologist, with many years of experience in all levels of education, including higher education. He was Head of Service for three sensory support services, a Study Leader, and Director of Hear2Learn. David designed and organised the



measurement programme, questionnaire surveys, and analysis of the Essex Study.

As the name suggests, the Essex Study was a project funded by Essex County Council in 2012, in partnership with the Federation of Property Services and the National Deaf Children's Society (NDCS) and was carried out at Swayne Park School, with a report produced by Adrian James Acoustics and David Canning.

The research was conducted over a six-month period, with classrooms being modified and re-modified to achieve three acoustics standards in Building Bulletin (BB) 93. BB93 sets minimum acoustic design standards for mainstream classrooms.

Interviews with staff and pupils were conducted to understand their reactions to improved acoustic conditions.

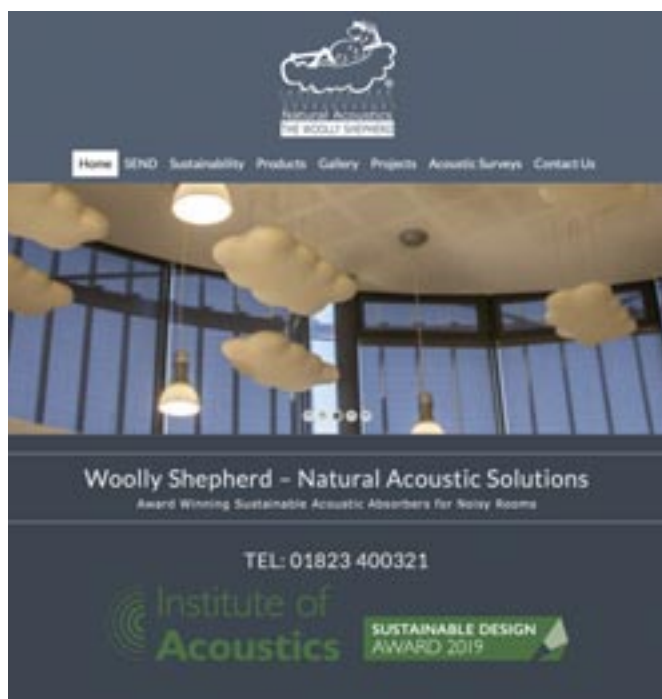
A *See Hear* programme about school acoustics featured the following comments from three deaf students prior to the acoustic improvement:

"It was really hard; you couldn't really understand what the teacher was trying to explain. I had to ask for help more than I usually do. You feel really left out and you feel like you're sitting in a corner in a lonely classroom. So, it hurts your feelings quite a bit."

"It was hard for me to study – if everyone was being noisy, I couldn't concentrate."

"I knew I could do the work, but it was quite embarrassing because I had to keep asking for help again and again."





Classrooms in Sweyne Park School were improved with carpeting and an acoustically insulated ceiling. Following these improvements to meet the guidelines of BB93, the same deaf students provided feedback:

"In this new classroom I find it a lot better, a lot less noisy, and it gives me a lot of confidence to work as a group."

"I don't feel as left out anymore, and I don't feel different from everyone else. I feel like an ordinary person."

A member of staff in the school in his role as a communication support worker, made the following comments about his experience before and after the acoustic improvements.

"Sometimes, when I am signing for the profoundly deaf students, I'm watching and then translating what is said. In the past, it was very stressful not being able to hear what was going on. Now, I can sit back and relax. I can translate what's said, which means I can provide full access."

The study concluded that pupil behaviour and attentiveness improves as reverberation times decrease. The improvement in signal-to-noise ratio resulted in less vocal effort from teachers.

These powerful testimonies from pupils and teachers highlighted massive improvements not only for the deaf students as expected but also for teachers and those young people whose behaviour had previously been described as challenging.

All the information that David covered provided us with the inspiration and challenge to put what we know to be effective, in terms of acoustic improvement, into practice. The next

question raised was how can we move forward in doing this in a time-efficient and effective way?

Our next speaker was Tim Simmons, Chief Executive Officer (CEO) of the award-winning UK-based acoustic panel manufacturer, the Woolly Shepherd Ltd (www.woollyshepherd.co.uk/). Accompanied by sound technician Dan Edwards-Eustice and a large acoustic cloud to show us, we had invited Tim to talk to us about their process for a 'Remote Assessment Acoustic Survey'.

Tim talked us through the background to his company, including a Dragon's Den meeting with Deborah Meaden! As a small independent company, they are incredibly proud of their achievement to be the first ever recipient of the Institute of Acoustics Sustainable Design Award. Sustainability is fundamental to the design of their products, creating "high performance acoustic treatment from wool and timber, renewable and recyclable resources requiring minimal energy inputs".

The Woolly Shepherd is not new to the field of deaf education! Tim and his team have been responsible for the installation of acoustic clouds in many nurseries and schools in our area and have worked with The Elizabeth Foundation and Southampton Auditory Implant Unit. They have built a special relationship with Chloe's and Sophie's Special Ears Fund and ask customers to make a donation



to this charity in return for conducting remote acoustic surveys.

Tim explains that an on-site acoustic survey is always the preferred option to allow for the precise data to be collected. However, as a service, we are actively promoting the use of Disability Access Funding for children in nurseries and pre-schools to improve a young deaf child's access to the spoken word. This government fund to promote access for children in receipt of Disability Living Allowance is a payment of £910 per eligible child, per financial year to the early years setting that they attend. Working within a limited budget means a reduction in acoustic treatments if an acoustic survey needs to be funded in the first instance.

The Woolly Shepherd has developed a procedure for a remote survey that includes the following:

- measuring the room's length, width, and height
- the highest point of the ceiling if not flat
- photographs taken from each corner of the room, facing towards the opposite corner
- a short video sample, walking and talking in the space
- a description of what the space will be used for
- a description of the current problem
- use of the ClapReverb app.

Detailed information and tutorials are available at: <https://www.woollyshepherd.co.uk/acoustic-survey/>

Tim made us aware that the ClapReverb app currently only measures reverberation as a Tmf (500 Hz, 1,000 Hz, 2,000 Hz), which, while useful for their day-to-day operation, misses out the important lower-end frequencies of 250 Hz and 125 Hz. Tim is trialling alternative apps and is in discussions with the developers of the ClapReverb app, who are interested in customising it for his use, to include all of the six required frequencies.

In the afternoon, our highly experienced Educational Audiologist, Ann Rayter, provided a refresher on the use of sound level meters and we had a practical time taking measurements with our newly purchased laser measurers!

Following on from the day, we are now in the process of collating a summary sheet on acoustics for the schools and nurseries that we work with. Our hope is to convey the



importance of achieving a good listening environment for deaf children and young people, whilst providing recommendations for them to take action and make improvements.

This is timely, with David Canning's review of BATOD's guidance to take these discussions further.

Many colleagues have conveyed how beneficial, enjoyable, and worthwhile the day was and that it was very much appreciated.

We would like to convey our sincere thanks to David Canning, and to Tim and Dan from the Woolly Shepherd for their time and expertise.



Katy Mitchell is a QToD working for Bristol Sensory Support Service, specialising in working in the early years, and an Education Advisor for the Ewing Foundation.



Sarah Evans is a QToD and Team Leader for Bristol Sensory Support Service Hearing Support Team, providing joint authority

support for children, families, and schools.

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What is happening at the University of Leeds

Helen Niemec and Professor Ruth Swanwick update us on the course offers at the University of Leeds

Flexible and innovative learning for busy professionals

At the University of Leeds, we understand that commencing your training on the mandatory qualification for the Teacher of the Deaf (ToD) course represents a significant commitment alongside your busy work and personal life. Consequently, our programme continually evolves in response to our students' feedback, and advancements in the field of deaf education and the broader education sector to ensure success. Recently, we have streamlined our curriculum and reviewed assessments to ensure students graduate successfully and with a contemporary understanding of the field.

Central to our philosophy is a holistic view of deaf babies, children, young people, their families, and social networks, and our responsibility in supporting them to be successful adults. All our modules embody this perspective, ensuring alignment with real-life contexts, including authentic assessments that reflect the things you will need to do as a Qualified Teacher of Deaf Children and Young People (QToD). As a QToD, you will need to be able to adapt your practices to work with deaf individuals between the ages of 0 and 25 years within the full range of educational environments, including their home. Whilst it is impossible to provide exact strategies for every context, as they are infinite, we aim to support you to develop the knowledge, understanding, and skills that will enable you to critically evaluate learning situations and develop clear justified approaches to supporting deaf babies, children, and young people's development.

As deaf education professionals, you and your peers bring a wealth of experience and knowledge to our programme. We are dedicated to supporting you to reflect on and build upon the experiences you bring with you. Our programme not only guides and supports you in developing your knowledge base, depth of understanding, and practical skills through a demanding and intellectually rigorous curriculum but also challenges you to critically examine issues in the field. We encourage continuous reflection on your thinking and practice in combination with current research.

Course developments

The structure of the programme

At the University of Leeds, we operate a 'rolling' programme where new students join existing students each September. During the first semester, Year 1 and

Year 2 students come together to study, allowing them to share experiences with a large national network of practitioners at various stages in their professional careers. This invaluable peer resource is complemented by highly experienced Regional Tutors who stimulate professional dialogue.

In the second semester, Year 1 students follow a bespoke pathway to develop their understanding of the context of deaf education, while Year 2 students focus on facilitating learning and bringing together knowledge and skills from across the programme as they prepare for their professional placement.

If you are currently in a role as a ToD, you are only required to complete one assessed placement, recognising that you are already working towards the mandatory competencies in your daily work. If you are not in post, we support you through a first-year placement to ensure you gain the breadth of experience required. We also offer the option of a peripatetic placement, which has proven incredibly popular. Our placements are supervised by a wonderful team of QToDs in a range of settings and our team of Regional Tutors. The in-person supervision provides further opportunities for students to engage with experienced professionals to develop their practice and learning journey.

Academic skills support

For many students, it has been a while since they engaged in academic study. Therefore, we embed bespoke academic study skills and assessment support throughout the programme. These are provided by our highly skilled learning advisors and academic literacy colleagues from the Library and School of Education. Upon starting the programme, you are invited to complete an academic skills audit to identify areas for development, and staff will support you with these throughout the course. For example, one of the assessments is a live presentation in spoken English or British Sign Language (BSL) with a question-and-answer session, so one of the academic skills sessions focuses primarily on presentation skills. Feedback from students has been overwhelmingly positive, noting that the skills they learn are applicable not only to the assessments but also to their professional day-to-day work.

Digital developments

One of our most exciting recent developments is our collaboration with the Digital Education Enhancement Team at the University of Leeds to explore the use of

generative artificial intelligence (AI). We aim to embed this technology in our modules to design new digital learning experiences, find creative solutions to pedagogical challenges, and continue to innovate our teaching practice. Generative AI in education is currently a hot topic, and we believe it is vital to support our students in understanding what it is and how it can be used in their own learning and pedagogical practice.

Cross faculty work

We have always worked closely with our colleagues who lead the Audiology Bachelor of Science (BSc) in the School of Medicine, especially making use of their expertise on our Educational Audiology module. This year we have collaborated to develop and teach a new 'Paediatric and Educational Audiology' module for student audiologists. This is just the beginning of exciting collaborations we have planned that recognise the vital role of, and working relationships between, audiologists and ToDs. Watch this space for further news!

Apprenticeship

We are now an approved training provider for the Teacher for the Sensory Impaired standard. This is a two-year part-time apprenticeship programme, leading to a Postgraduate Diploma in Deaf Education and Mandatory Qualification for QToD status for England and Wales. We are currently recruiting for September 2025, but note that offers for the programme are subject to the government's decision around Level 7 apprenticeship funding.

What our students say about studying at Leeds

A first-year perspective...

"I was very excited to join the University of Leeds but was apprehensive as I knew that the course has an extensive specialist curriculum, and this was a huge commitment to my already busy life.

I was pleasantly surprised from the outset of how approachable tutors were. They have been easy to share queries with and supportive to bridge any knowledge gaps to ensure that my experience at Leeds University has been the best that it can be. It really is a personal experience when your course leader knows all students by name!

I have felt that the deaf education team has strongly appreciated that although I am a student, I have also got professional and family commitments to maintain whilst completing this course.

Throughout each semester I have been part of regional support tutorials integrating first and second years and team tasks to discuss our learning. This group commitment encourages a competent study collaboration with peers which has supported the consolidation of my own, new professional perspectives.

The workload has been structured to access quickly and easily, giving opportunities for flexibility but also a plan to enable a good work-life balance. I frequently download lectures to listen to on the commute to work, enabling time efficiency.

I have found the study timetables and academic skills workshops incredible with a range of academic and skill workshops to support learners whether they haven't studied for a while or if they have a barrier to learning.

The combination of frequent mid-week study days on site at the university (accessing some of the most beautiful library environments I have ever experienced), seminars, and personal development sessions reflect the university's commitment to ensuring that I not only enjoy the learning experience but they support the development of confident Teachers for Deaf Children and Young People."

A Qualified ToD perspective – one year on...

"When I was searching for a Teacher of the Deaf course, I wanted more than a qualification. I wanted a programme that would challenge me, open my mind, and truly shape the way I work with deaf children. The University of Leeds offered exactly that. Its innovative, forward-thinking curriculum stood out from the start, encouraging deep critical reflection and pushing me beyond my comfort zone. Leeds has crafted a curriculum that genuinely reflects the evolving landscape of deaf education. It's not just about learning what's already out there; it's about questioning it, improving it, and preparing for what comes next.

Comparing notes with friends on other ToD courses, I quickly realised how different our experiences were. While they were covering familiar ground, I was being pushed beyond it. I learned how to critically unpack issues, to challenge assumptions, and, perhaps most importantly, to remain open-minded and consider many different perspectives. It taught me not to take things at face value, but also not to get stuck in my own strong opinions. As a deaf person, that balance has been valuable.

Now, working day-to-day in my role as a Teacher of the Deaf, I see the impact clearly. I approach situations with a deeper level of insight and confidence. I'm not just applying what I learned. I'm building on it, adapting it, and using it to make real change in the lives of the deaf children and families I work with. I genuinely feel that I'm a better ToD because of the course, and for that, I'm incredibly grateful."

University of Leeds Research overview Our research project work at Leeds with international partners continues:

Following on from the funded research that we did around the early care and education of young deaf

Course providers

children and their caregivers in Ghana (funded by the British Academy's Early Childhood Education Programme, supported through the Global Challenges Research Fund), we have established an international group of deaf and hearing researchers involved in early support. The aim of this group is to work with low-resource contexts to develop approaches to family-centred support and build deaf and hearing expertise and professional capacity. This group (led by Ruth Swanwick and Elaine Gale) is currently working with a multi-professional expert panel in Ghana to develop context-sensitive early support protocols and deliver bespoke training for deaf and hearing early years leaders and professionals.

Additionally, we have an international grant application pending that involves a collaboration between the University of Leeds (Ruth Swanwick), University College London (Kate Rowley), and the University of Cologne (Nicole Marx, Wolfgang Mann). We are awaiting the outcome of this bilateral (UK–Germany) application to the Arts and Humanities Research Council (AHRC) and German Research Foundation (DFG). If funded, the project will investigate the language learning of deaf and hard-of-hearing (DHH) children growing up in multilingual migrant contexts and will examine ways of capturing individual multilingual repertoires and repertoire development that are sensitive to the influences of these contexts.

Research based in the UK

A small project (Jackie Salter) is being undertaken to examine parent and carers experiences of the assessments undertaken by their deaf children. Ethical approval has been given for interviews to be conducted with parents and carers to inform the presentation at the 24th International Congress on the Education of the Deaf (ICED) 2025.

Development of resources

Caroline Chettleburgh, regional tutor, has been involved in the development of the Specialist Deaf Curriculum Framework (SDCF) recently launched by BATOD. As head of the resources working group, she has instigated the update of the Personal

Understanding of Deafness (PUD) Programme, written by Jackie Salter and Caroline Chettleburgh when they worked together in Rotherham. The updated version is now available on the BATOD website.

Our recent publications include:

Swanwick R, Asomaning D, Casellato E, Czeke N and Fobi D (2024). *Multilingual and multimodal methods to examining the situated communication among deaf children and their caregivers*, Journal of Multilingual and Multicultural Development.

Swanwick R, Fobi D, Offei Y, Oppong A (2024). *The early care and education of deaf children in Ghana: Developing local and global understandings of early support*, New York, Oxford: Oxford University Press.

Submitted:

Trends in Hearing

Greasley AE, Beeston AV, Fulford R J, Crook H, Salter JM and Moore BCJ. *Using hearing aids for music: A UK survey of challenges and strategies*

In progress:

Swanwick R and Salter J (2025 submission). *Language awareness in deaf education*, in The Routledge Handbook of Language Awareness (second edition)

Planned conference presentations

Three University of London (UoL) presentations have been accepted for ICED 2025:

- Swanwick R – 'Developing family-centred early intervention in low-resource contexts: A Call to action'
- Salter J – 'Ethical assessment and the deaf and hard-of-hearing learner, implications for school programmes and school settings'
- Swanwick R and Fobi D – 'Supporting communication among young deaf children and their caregivers in diverse language contexts: The early care and support of deaf children in Ghana'.

Talk to us!

Find out more by emailing us at deaf-ed@leeds.ac.uk or visit our course pages. We are always happy to chat to you via Teams. ■

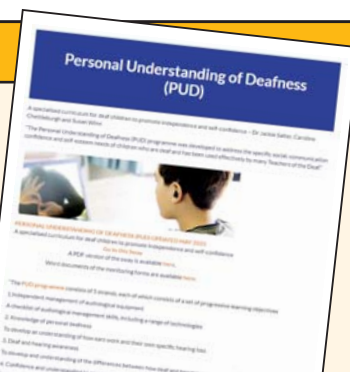


Personal Understanding of Deafness (PUD) – updated

A specialised curriculum for deaf children to promote independence and self-confidence – Dr Jackie Salter, Caroline Chettleburgh and Susan Winn

“The Personal Understanding of Deafness (PUD) programme was developed to address the specific social, communication confidence and self-esteem needs of children who are deaf and has been used effectively by many Teachers of the Deaf.”

www.batod.org.uk/resources/personal-understanding-of-deafness-pud



The gift of choice for a child who is deaf or 'hard-of-hearing' in Western Kenya to develop listening and spoken language

Rosie Gardner, Auditory-Verbal Therapist (AVT), Qualified Teacher of Deaf Children and Young People (QToD), and former Head of Service, updates us on her continuing work in Kenya

From Northern Ireland to East Africa, with love

Having been born and grown up in Kenya, combined with being a very long-in-the-tooth QToD and AVT, it felt right that I should pass on my knowledge and experience to those families in Kenya and Uganda who did not have the many advantages we have here of very early diagnosis and expertise to support families and professionals at various stages of a deaf child's life.

Some years ago, I wrote in *BATOD Magazine* (May 2020, November 2019, and March 2012) about my trips to Eastern Kenya, to a school for deaf children there that was started by a wonderful lady from Portadown in Northern Ireland, Helen Moorehead. In about 2009, I had contacted Helen asking her if our team could send anything for the children in the school. I was thinking about sweets or toys, but her reply was that she needed someone to go out there to test the children and fit them with hearing aids. Undaunted, I accepted the challenge, and in 2011, and again in 2012, I went out armed with 100 hearing aids. I worked alongside Nicholas, an audiologist from Nairobi.

I learnt many lessons from doing this. Much as my intentions were honourable, simply to take hearing aids out was not sufficient, and I realised that training for both QToDs in the school and the children's parents was lacking. Following discussions with Nicholas, he invited me to conduct workshops in Nairobi every time we could get to Kenya. So, I did this in February 2019 and again in February 2020, returning just before lockdown.

In 2020 Teresa Quail joined me for the workshop, and it was there that I met Steve Kittur, a speech therapist from Kenya, and Eddie Mukaaya from Uganda, both fathers of deaf children. Some may remember Steve's and Eddie's stories in *BATOD Magazine* in May 2020.

From this point, I began a friendship with both Steve and



Eddie. I have visited Uganda twice and Eddie is now doing a Master of Arts (MA) in Audiology. Steve is now training as an AVT and I mentor him.

Eddie Mukaaya is currently working towards attaining an MA in Audiology. Steve Kittur is a qualified speech therapist and is training to be a listening and spoken language specialist and certified AVT.

This year, I visited Steve in Eldoret, Western Kenya to see the new organisation called Children's Speech and Hearing Loss Organisation (CHISHLO). I met many families and their stories are heartbreaking at times, especially when they are being given the wrong advice by medical practitioners and others. There is still a stigma attached to having a deaf child and many families have no idea what to do to help their child. Many children are diagnosed with hearing loss very late, around four or five years old, or even older. Whether someone chooses to sign or to develop listening and spoken language, this is very late to begin to develop language.

Seeing what Steve is trying to set up is wonderful. I saw many families with Steve, and it was humbling to see how far many travelled to see me.

We also visited the hospitals where they are trying to set up newborn hearing screening. At the moment, any child referred from this screening will need to travel to Nairobi, about a six- or eight-hour bus drive, and then they will need to pay more once there to receive any tests. Many choose to do nothing as they



Eddie Mukaaya



Steve Kittur

cannot face the journey or pay the costs once there.

Steve's vision and dream is to set up a one-stop centre in Eldoret where parents can take their baby or child to be tested locally, diagnosed, supported emotionally, fitted with appropriate technology if the parent chooses that route, and then to receive appropriate therapy.



At the moment, reconditioned hearing aids are generously being provided by the Lions Club of Weismoor in East Friesland, Germany through a project called 'Hilfe für kleine Ohren' (Relief for little ears), and we received 250 aids while I was there. However, any child being fitted with hearing aids obviously needs an accurate diagnosis and then to have earmoulds made to keep the aids in place. This would entail trips to Nairobi again.

So, the plan is to set up an earmould laboratory and also a well-equipped audiological centre. This will take a lot of funding and training.

A lab technician and an audiologist also need training in

paediatrics as this is an area severely lacking in Kenya. I am hoping to return to Kenya next January with a lab technician and an audiologist to do some training. I very much hope to raise money to pay for flights and accommodation so that they will simply be giving their time and expertise.

I returned home knowing there was so much potential but so much need. The need can be daunting and at times overwhelming, but we can offer little steps of support. It is so important to remember 'The starfish story' (adapted from Loren Eiseley's essay 'The star thrower') for all we are trying to do there:

A man was walking on the beach one morning after a storm. In the distance, he could see someone moving like a dancer. As he came closer, he saw that it was a young woman picking up starfish and gently throwing them into the ocean.

"Why are you throwing starfish into the ocean?" he asked

"The sun is up and the tide is going out. If I do not throw them in, they will die", she said.

"But there are many miles of beach and thousands of starfish; you cannot possibly make a difference."

The young woman listened, then bent down to pick up another starfish, and threw it into the sea.

"It made a difference for that one", she smiled.

"It made a difference for that one."

Any ideas, thoughts, and donations towards this project would be greatly welcomed; feel free to contact me at rosiegardner17@gmail.com



The hospital where they soon hope to start newborn screening



Rosie Gardner's initial degree was in Audiology and Deaf Education from Manchester University, and she qualified in 1978. A few years later, she decided to begin a Master's in Hearing Impairment but ended up doing an advanced diploma instead. Her experience spans across 40 years in various educational settings. From 1996–2016, Rosie worked for a service in Northern Ireland supporting families of babies and children up to the age of 19 who were identified with hearing loss; from 2005–2016, she was head of the service. Rosie has been working exclusively as an AVT on a private basis since 2016. She can honestly say that training as an AVT is one of the best things she ever did in her long career!

Over the years, Rosie's passion for helping families bring out their child's potential has never left her. Rosie is also a mum to four grown-up children and a very proud grandmother to 11 wonderful grandchildren!



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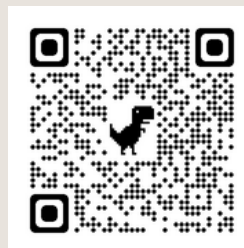
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Meet... a specialist electronic notetaker

Marion Dawson discusses her role as an electronic notetaker (ENT) for deaf and disabled people along with training opportunities for anyone interested in pursuing this career



Hi! I'm Marion and I'm an electronic notetaker (ENT) for deaf and disabled people.

I started out doing notetaking for disabled university students as part of a gap year aged 18 at Bradford University. My job was Assistant to Disabled Students, but because I was good at notetaking and could type fast, they tended to give me most of the notetaking work.

Fast forward a few years, I had completed my degree and I was looking for work as a graduate in Manchester. City College Manchester was looking for trainee electronic notetakers for their Deaf Access Team. Like most people, I had never heard of the term, but the requirements were a high typing speed and good written English. I knew I could do that!

Electronic notetakers use a laptop with specialist software to take a detailed précis of spoken content, for example, in a lecture, lesson, or meeting. Deaf people can follow the notes on a second screen, enabling them to interact with the event in real time. This is known as live notes or captions. The deaf person also receives a copy of the notes to refer to later.

Unlike speech-to-text-reporters (STTRs), ENTs use a conventional laptop keyboard. We can program keyboard

shortcuts that speed up our typing; however, we don't provide a totally verbatim service. Many deaf people prefer this as they find verbatim is too much to take in. ENTs can adapt the service to individual preferences. (In mainland Europe, both STTRs and live ENTs are called speech-to-text (STT) interpreters.)

The user can also adjust the colour and size of the letters and background to cater for their needs.

Many deaf people may use British Sign Language (BSL) or another form of communication 'live' and only use the notes to refer to later, known as summary notes. This is for a few reasons:

- If a deaf person is using a sign language interpreter, STTR, or is lipreading, it's not possible for them to take their own notes as they would have to take their eyes away from the interpreter, STT feed, or the person's lips.
- If a BSL user is studying for a course, they may need to learn the English terminology as well as the sign language.
- A specialist notetaker can provide plain English interpretation and/or explanation for a BSL user alongside new terminology.

Training

My training in deaf awareness at City College was a revelation. I knew about disability politics from my work in Bradford, but I had no idea that Deaf people considered themselves a separate community and culture! At that time, City College (now The Manchester College) had a large Deaf Access Team with many Deaf members, including Peter Jackson and Allan Sharp.

We were also trained in how to modify language for deaf people when needed. Later, I went freelance and completed my Level 3 award at City Lit, accredited by the Open College Network. I have been freelancing for over 15 years.

The university sector refers to us as specialist notetakers to distinguish us from notetakers who have not had specialist training to work with deaf people. We are on a higher pay band and are still funded by Disabled Students' Allowance (DLA),



Client using captions at Medequip

while other notetakers must be funded by the individual university.

Other notetakers may work with students who are able to hear but have a physical or mental health impairment, for example, which means they are unable to take their own notes. Specialist notetakers (visual impairment) have specialist training to work with visually impaired people and are in the same band as specialist notetakers (deaf).

Some specialist notetakers for deaf people are manual notetakers. This means they use pen and paper rather than a laptop, but they have undergone the same deaf awareness training and will tailor language and format to a deaf person's needs. The notes may or may not be typed up afterwards, according to the deaf person's preference.

Choosing a notetaker

It's really important when choosing a notetaker to check that they can provide the service needed, particularly if the user needs a live service as not all notetakers are able to provide this. This includes the chit-chat that goes on in a classroom, as well as academic content if the student needs this to be able to participate fully and make friends.

Lipreading can only give up to 40% of the information and is very tiring (www.ndcs.org.uk/information-and-support/language-and-communication/spoken-language/lip-reading/), so deaf people who use English may benefit from a live ENT service. This is particularly true in education, where it's so important to get the right information. This is available in many schools and colleges but do check before you apply as it isn't available everywhere.

In higher education, it can be hard to get live electronic notetaking as Student Finance England does not recommend it unless other services or captioning software hasn't worked out. Like BSL interpreters, we need a co-worker if we are doing live or very detailed notetaking for more than one or two hours. Unfortunately, DLA does not usually cover this. Make sure you advocate for live ENT if you feel your student needs it. Automated software is unreliable.

If a deaf person is using a BSL interpreter at university, they should also get a specialist electronic notetaker to take notes for them. They should tell the notetaker what kind of notes they need – whether it's plain English, a brief summary, or something more detailed. We love to get feedback and we're usually open to ideas, eg if the person wants us to include images in the notes to help with understanding.

When choosing a notetaker at degree level, do ask whether the notetaker has a background knowledge in a related subject, as otherwise the notes will be poorer quality. (Although unfortunately, agencies don't have to guarantee this, and it isn't always possible. If the subject is very specialised, you may find a notetaker with subject knowledge is a better fit, even if they don't yet have specialist deaf training).

Working with a notetaker

Like BSL interpreters, notetakers need a copy of any slides in advance of the lecture to enable us to prepare. If it's the same notetaker in every session, it makes sense for us to gain access to the virtual learning environment, eg Moodle or Blackboard. To do this, we need to be in touch with the academic tutor.

Although university students have no obligation to tell their tutor about their needs, it's usually polite to let them know why we're there, and it means they can share resources and information with us. We can also copy and paste the slides into the notes to keep all the student's information in one place.

Like other communication professionals, we may ask the tutor to clarify or repeat things from time to time, but it's not our role to get involved in the lecture, give our opinion, or chat with other students. So, do speak to the notetaker or employer about it if you feel the notetaker is



ENT delivering live notes or captions



Using captions at Medequip

overstepping their role and it's making the student uncomfortable. However, we can keep an eye on student well-being and progress, and it's often a good idea for us to have contact with the language tutor.

Many students ask us to send a copy of our notes to the language tutor so that they can keep up with the content students are learning. The student may ask the language tutor to go over specialist language in the notes. Sometimes, we may ask the language tutor for guidance on the student's English level as it can be hard for a student to assess this for themselves, since they have nothing to compare it to.

In universities, we need to ask the student for the language tutor's contact details, so this would only be with the student's consent. Whether it's a live or 'summary' (not live) service, the deaf person gets a copy of the notes/transcript at the end, usually the same day, but this should be agreed with the notetaker.

Many notetaking services in universities are now carried out remotely due to cuts in funding (few specialist notetakers are available locally, and our travel costs are no longer paid). Sometimes this is 'live' but often it will be from a recording. In both cases, it's really important for the tutor to speak directly into a microphone and for a member of staff to take responsibility for the live feed or recording quality. Notetakers' will need a copy of the slides in advance even more than usual.

Again, if helping a student to choose a university or college, ask whether notetaking happens remotely and if so, how it is managed. If the institution uses a video conferencing system such as Owl for remote notetaking, this is usually better. The student should ask if they can visit someone using the notetaking in-situ as universities and colleges are businesses and may not give the full true

story. If notetaking is outsourced to an agency (usually the case) they may also not know.

Even in the best conditions, remote notetaking is usually not as good as in-person, as notetakers are usually not able to capture other students' contributions, for example. We can only hear the person who speaks into the microphone.

Of course, many universities now also give some lectures online. In this case, the notetaker can join from wherever they are and take notes in the usual way. If accessing the notes live, the student can view them on their own device.

Some lectures are now pre-recorded with auto-

captions, but the auto-captions may not be good quality. If this is the case, the notetaker may be able to create subtitles and be paid in the usual way – ask them and the agency about it.

Finally, it's important to note that the notes belong to the student they've been allocated to and are otherwise completely confidential. If another student wants access to the notes, because they've missed a session or because of a disability, they must ask the deaf student for a copy. Tutors often say, "Don't minute that!" when they think they've said something embarrassing, but there's really no need as we are simply providing students with equal access to information along with their peers.

Notetakers everywhere!

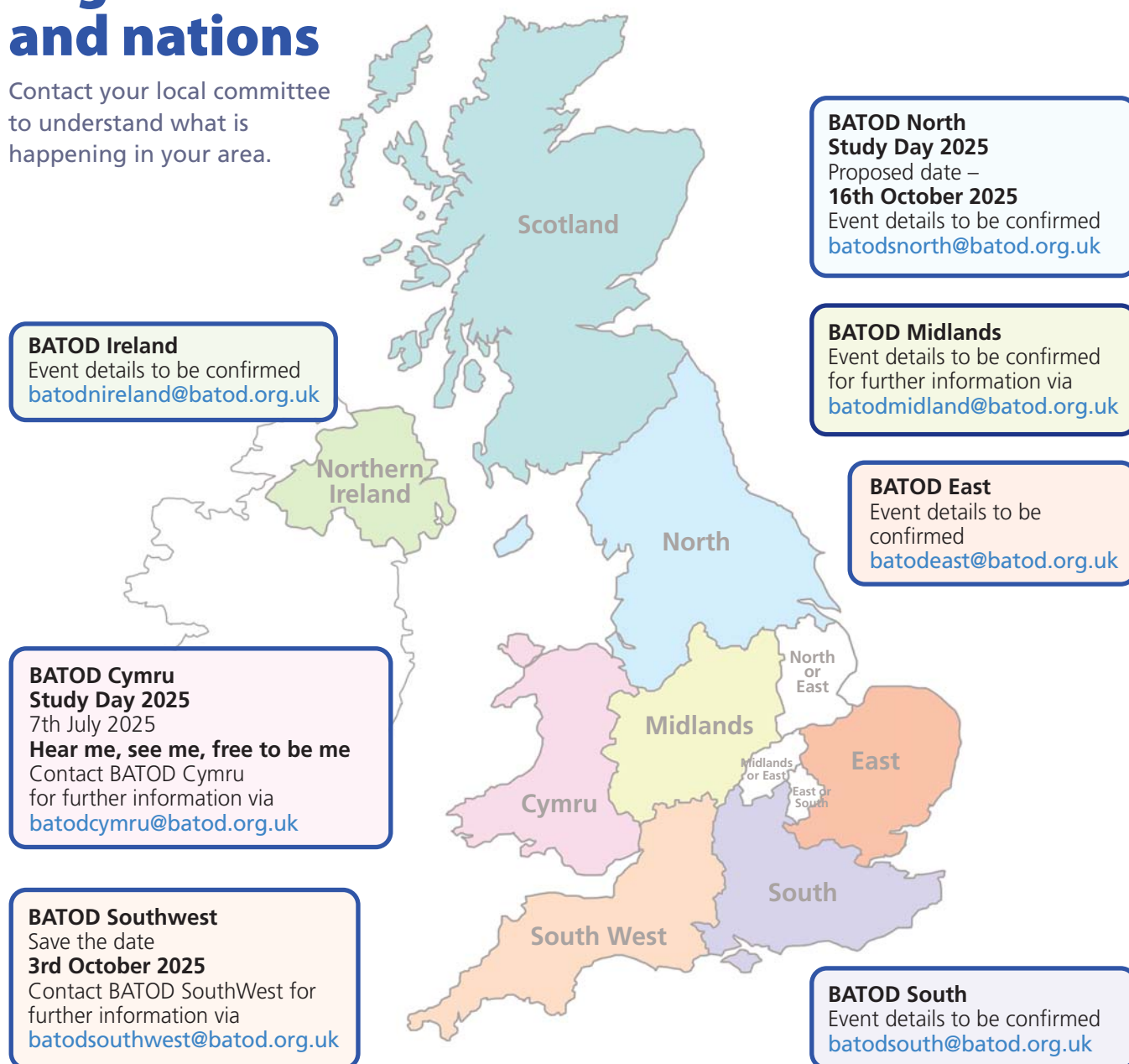
Electronic notetakers don't only work in education. We also work in people's workplaces (through Access to Work) to support access to meetings and training at community events, anywhere where access to spoken information is needed, and where someone can work at a laptop. We need a desk and an ergonomic chair. If it's for more than a couple of hours, we'll probably need a power source. With the rise of online training and meetings, a lot of notetaking is also carried out remotely.

While artificial intelligence (AI) notetaking options can be helpful, there is still a demand for human-provided services because we provide a personalised service and adapt to changing environments in a way that AI can't.

While some notetakers are employed in-house, most of us are freelance. You can find a freelance notetaker through the Association of Notetaking Professionals (ANP) register <https://anpnotetakers.co.uk/find-a-notetaker/> or National Registers of Communication Professionals Working with Deaf and Deafblind People (NRCPD) register www.nrcpd.org.uk/

Regions and nations

Contact your local committee to understand what is happening in your area.



BATOD is pleased to host the following two NDCS funded research projects

23rd June 2025 4pm

Research on informed choice – discussion event (UK)

At this event, Gwen Carr, independent consultant in the field of Early Hearing Detection and Intervention, will present the findings from her recent research into informed choice in practice. Although the research was carried out in Scotland, the findings apply across the whole of the UK.

For more information and to register your place visit the BATOD Events page
www.batod.org.uk/event/research-on-informed-choice-discussion-event-uk

17th September 4pm -5pm

Evaluating the impact of peripatetic Teachers of the Deaf on deaf children's outcomes

Join Dr Emmanouela Terlektsi, Associate Professor in Deaf Education, and Angie Wootten, Teaching Fellow in Education from the University of Birmingham, alongside Fiona Patterson, lead ToD and Corrina Burge, ToD, from the Sandwell Sensory Support Team, as they share their research.

For more information and to register your place visit the BATOD Events page www.batod.org.uk/event/ndcs-free-webinar-evaluating-the-impact-of-peripatetic-teachers-of-the-deaf-on-deaf-childrens-outcomes

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 (QToDs). This list is not exhaustive. Your representatives at the meetings listed (as known at the time of writing) included: Sarah Angove, Jill Bussien, Sibel Djemal, Kathy Goodwin, Claire Jacks, Martine Monksfield, Katherine O'Grady, Andrew Owen, Teresa Quail, Emily Troddyn, Stuart Whyte, Estelle Williams.

Date	External participants	Venue
March		
19	National Special Educational Needs and Disability Forum (NSEND)	Teams
26	MED-EL focus group	Zoom
April		
3	Department for Education (DfE) discussion (teachers' pay)	Teams
4	Welsh trailblazers group	Teams
28	British Sign Language (BSL) Early Years Alliance	Teams
29	Discussion group – good practice guidance (captioning)	Teams
29	BSL Bill (Wales)	Zoom
30	Assistive Listening Technology working group (ALTWG)	Teams
May		
6	Alliance (deafness and hearing loss)	Zoom
8	DfE (BSL GCSE consultation) stakeholder meeting	Teams
9	Signapse discussion meeting	Zoom
9	Student consultative committee meeting	University of Birmingham
20	FEAPDA Annual General Meeting (AGM)	Zoom
21	BSL Alliance meeting	Derby
21	Signature discussion meeting	Zoom
22	BSL Bill (Wales)	Zoom
June		
2	National Sensory Impairment Partnership (NatSIP) Futures meeting	Zoom
3	National Deaf Children's Society (NDCS) regular meeting	Teams
3	DfE stakeholder discussion	Teams
9	Consortium for Research into Deaf Education (CRIDE)	Teams
13	Welsh trailblazers group	Teams
20	NatSIP Steering Group meeting	Zoom
25	Sign Bilingual Consortium AGM	Zoom

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 membership

BATOD Membership fees 2024-5

BATOD activities are funded from your membership fee and some advertising income.

Colleagues who share your Magazine and Journal also benefit from BATOD negotiations with government and other influential bodies – but they are not contributing!

Full details of membership are available on the website and new members are able to join online at www.batod.org.uk

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

The BATOD Treasurer may be contacted via treasurer@batod.org.uk

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For full guidelines for submissions and abstracts of papers published in the Journal, plus any other enquiries related to the Journal, please contact Associate Professor Jill Duncan. Email: jill.duncan@newcastle.edu.au

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