

BATOD

British Association of Teachers of
Deaf Children and Young People

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Family-centred early intervention



Family Day: Marvellous Me
Building collaborative support
for children and families

The EPID Tool: Early Parent
Interaction with Deaf Children



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



Progress is built on collaboration

BATOD President Claire Jacks reflects on this edition's theme: the importance of family-centred early intervention (FCEI), including language-rich early environments and the work of FCEI International, and looks ahead to BATOD's 50th Anniversary Conference next year

Welcome back to the new academic year! I hope that you've had a well-earned rest over the summer and perhaps found some time to reflect on your practice. What you do makes a real difference to the lives of the babies, children, young people, and families we work with. Be proud of yourselves, your impact, and also take time to consider how we can continue to improve, together.

It is my pleasure to introduce this family-centred early intervention (FCEI)-themed edition. The theme of the upcoming 7th International Conference on 'Family-centred early intervention for children who are deaf or hard of hearing' (FCEI International), taking place from 10th to 12th June 2026, is 'Shaping tomorrow: Innovations, challenges, ideas'.

FCEI International is a collaborative, multi-disciplinary, worldwide network of parents, families, professionals, and researchers. Very much in alignment with BATOD's values of collaboration and evidence-based practice, the FCEI International mission is to connect and support all those involved in early intervention with deaf children and their families. The FCEI philosophy empowers families through the collaborative process of sharing, learning, and developing the best research and evidence-informed practice. The FCEI principles, first published in 2013 (Moeller et al, 2013) were revisited and republished in the *Journal of Deaf Studies and Deaf Education* in 2024. The ten guiding principles of FCEI can be found on the BATOD website. These ten principles continue to be strongly supported by the National Deaf Children's Society (NDCS) which are drawing on them in their review of the Early Years Quality Standards.

FCEI Principle 6 'Family decisions' underscores the importance of supporting families to be informed decision makers through 'Informed choice', 'Shared decision making', and 'Collaborative consideration of choices'. Did you manage to join Gwen Carr's presentation back in June? BATOD hosted the webinar where Gwen Carr shared the NDCS-funded research, investigating how families experience informed choice(s). She explained that whilst families talked positively about the support they received, the research also revealed how unconscious bias and assumptions can affect the quality and range of information families receive from professionals. Gwen Carr encourages us to apply the concept of 'informed choice(s)' as we support families going forwards, promoting a balanced and equitable consideration of all communication options, and recognising that families/children and young people (CYP) can revisit these choices at any time.

In Module 2 of the Specialist Deaf Curriculum Framework (SDCF), BATOD and NDCS reinforce the importance of

developing language-rich home environments, whether these are signed, spoken, or combined signed and spoken. Supporting families to create language-rich environments can mean encouraging families to reflect on their own interactions with their BCYP. Some of you may already know the work of Dr Martina Curtin, who has been developing and trialling the EPID Tool: Early Parent Interaction with Deaf Children. We were delighted to welcome her to our joint BATOD/BAEA conference in 2025, and I am looking forward to reading the related articles in this edition of the magazine. Her work closely reflects several FCEI principles, especially those centred on early communication.

Rich language and communication environments guided by the goals of the individual family and child influence BCYP's social interactions and identity formation. FCEI Principle 4 'Child well-being' reminds us that deaf BCYP deserve to grow, learn, and thrive with dignity in safe and supportive environments. This principle emphasises the significance of areas such as child development, positive social-emotional functioning, child welfare, and safeguarding. The mandatory qualification equips practitioners to support families in these vital areas, directly or indirectly. Deaf BCYP may be at greater risk of abuse due to factors such as communication barriers, reduced expectations, isolation, and lack of appropriate services (FCEI principles, 2024). It is essential that children are protected from unsafe environments.

Dr Rosemary Oram's article in the June 2025 *BATOD Magazine* provides us with an insight into her research. In the article, Dr Oram draws attention to the 'inadequacy of Deaf cultural awareness among social work professionals'. She highlights the important role Qualified Teachers of Deaf Children and Young People (QTODs) can play in sharing their understanding of the linguistic and cultural needs of Deaf parents who use British Sign Language (BSL). All teachers must be vigilant, must comply with the safeguarding guidelines within their nation, and be well informed of the local and national organisations that can help to support families.

BATOD Magazine is a key channel for sharing good practice among our members. I hope you enjoy reading this edition.

Looking ahead, BATOD continues to support the QTOD profession by promoting evidence-based practice through continued professional development opportunities. Planning is underway for our 50th Anniversary Conference, 24th–25th April 2026. The call for abstracts will soon be open, and we welcome submissions from teachers, professionals, parents/CYP/service users, lecturers, researchers, service providers, and policy makers. We'd love to hear about the work you'd like to present.



From your editor

Much has changed since March 2021 when *BATOD Magazine* last featured a family support-themed edition, with the exponential growth of our digital world making it easier for families to access support. There have also been long-awaited developments for the Deaf community with the British Sign Language (BSL) Act in 2022 (England, Scotland, and Wales), and more recently, the passing of the Sign Language (Northern Ireland) Bill (Irish Sign Language (ISL)/BSL) in February, the new Education (Scotland) Bill in June that recognises the rights of BSL users, and the BSL (Wales) Bill in July, making early exposure to sign languages more accessible.

This edition focuses on family-centred early intervention (FCEI). As the themed articles highlight, early intervention and holistic support that prioritise the families of deaf babies, children, and young people (BCYP) as a whole are crucial. This means fully supporting families in coming to terms with their BCYP's identification of deafness or other conditions and then presenting them with all the options available, while keeping them updated on any changes. Families are then presented with informed choice – or as Michelle Atkinson argues in her article, 'parent opportunity' – at all stages of their journey to best suit the needs of their BCYP and the family as a whole.

The themed articles in this September edition also feature the incredible support for families in places as far apart as Bristol, London, Northern Ireland, and Germany; from all the charities dedicated to FCEI, including Your Family Matters, CMV Action, and the Elizabeth Foundation; we also have updates on the Early Parent Interaction with Deaf Children (EPID) Tool from Dr Martina Curtin and Alison Miles.

The General section features articles from deaf CYP, with innovations such as Ella Wood's 'Oto' and Grace Plant's 'Your Implant Journey' leaflet; we also have an update about the BSL digitisation project, reports from two of the poster presentations at the BATOD/BAEA 2025 Conference, and an article from a Deaf mountaineer who aims to climb the Seven Summits.

As always, we would welcome any comments or feedback about anything related to the magazine, or if you would like to contribute to future editions, please email magazine@batod.org.uk

Future issues will focus on:

December	Deaf identity
March 2026	Resourced provisions
June 2026	50th anniversary/Conference
September 2026	Professionals' toolkit

Need to contact BATOD about other matters?

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

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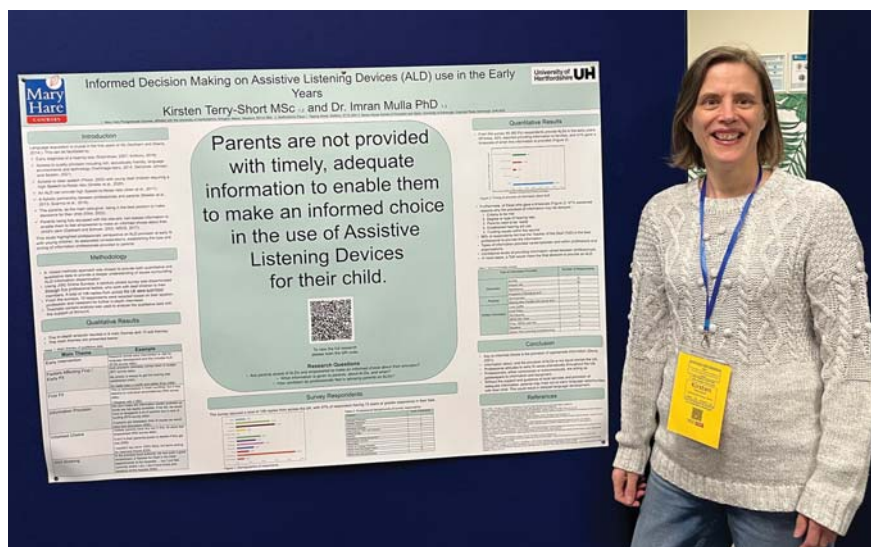
Informed decision-making on assistive listening devices in the early years

Kirsten Terry-Short, a Qualified Teacher of Deaf Children and Young People (QToD) and Educational Audiologist, reports on her poster presentation at the BATOD/BAEA (British Association of Educational Audiologists) Conference in March 2025

When I finished my Master of Arts (MA) research in June 2023, I thought that was the end of it, but I was wrong! Since then, I have spoken to the 2024–25 cohort of master's students at Mary Hare, sharing a few strategies that helped me. The best advice I was given, by Dr Joy Rosenberg, was to take breaks from studying. Whilst this seems counter intuitive, it helped me to organise my thoughts and was pivotal in enabling me to finish the course. It was suggested that I submit a poster for consideration for the 2024 FEADPA/BATOD/NCSE Conference in Dublin. Unfortunately, this didn't work out, but the theme of my research leant itself to the 2025 joint BATOD/BAEA

Conference focusing on technology. I sent in a submission and was accepted. I also presented my research to the BAEA Annual General Meeting (AGM) in June 2025. Who knows where this adventure will end...

My first thought when making the poster was, "Oh my, where do I start?!" I referred to a module in the Educational Audiology course, 'Anatomy and physiology'. This featured a PowerPoint conference poster as its written submission. I admit, at the time I didn't see the value of producing this instead of the usual essay; now, I'm grateful as it was a great starting point. Although some may label it procrastination, I found there was a lot of research to be



completed before I could produce the poster! I discovered an interesting theory about conference posters explaining how posters are viewed, the load on the attendees, and how to get your research across (Morrison, 2019; 2020). I ran this concept past my master's supervisor, Dr Imran Mulla, who had not seen this design before but liked the idea. I was wary of revisiting my research, wondering how many typos I'd find, but fortunately, there weren't too many. It was a busy fortnight with various emails going back and forth, the merits of colour choice was one of our discussions! It goes without saying that I'm yet again indebted to Imran for his support and guidance.

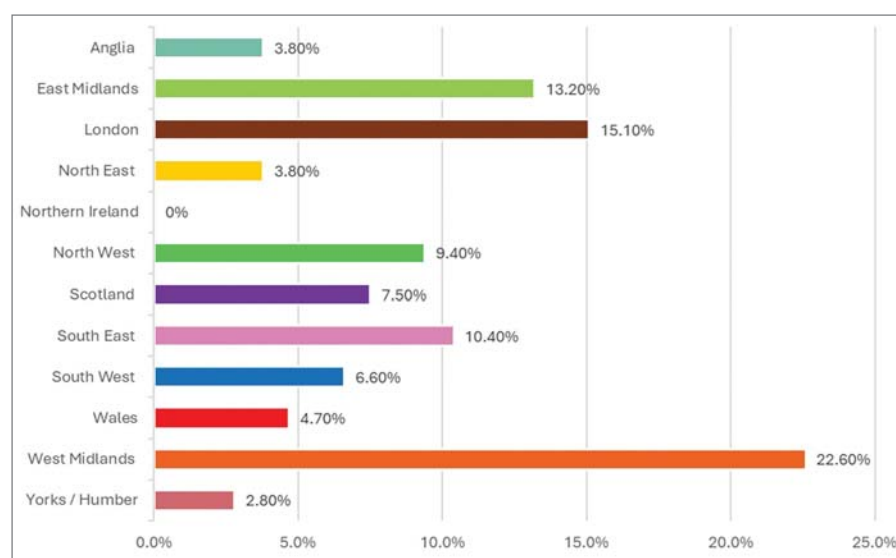


Figure 1: Demographics of respondents

Reducing 12,000 words to less than 150 felt very daunting, but it was surprisingly easy as so much had to be cut. I concentrated on the key takeaway messages, provided an overview of the research, and invited people to explore the paper for themselves via a QR code.



Finally, I had something ready to send to the printers. I waited for the allotted time, but unfortunately, when it arrived, the cardboard tube had been damaged by the courier. I cannot fault the printers though, who turned around a replacement in two days, ready for me to take to the conference!

Type of Information Provided		Number of Respondents
Discussion	Benefits	16
	General Use	52
	Maintenance	7
	Procedure of Issuing an ALD	2
Practical	Demonstration	9
	Meeting other Families who use an ALD	7
Written Information	Local Leaflet	13
	Local Policy	3
	Manufacturer	5
	NDCS Info / links	19
	Price / NDCS Loan Info	8
	Research	3
	Starter Pack (including troubleshooting)	2

Table 1: Types of information provided

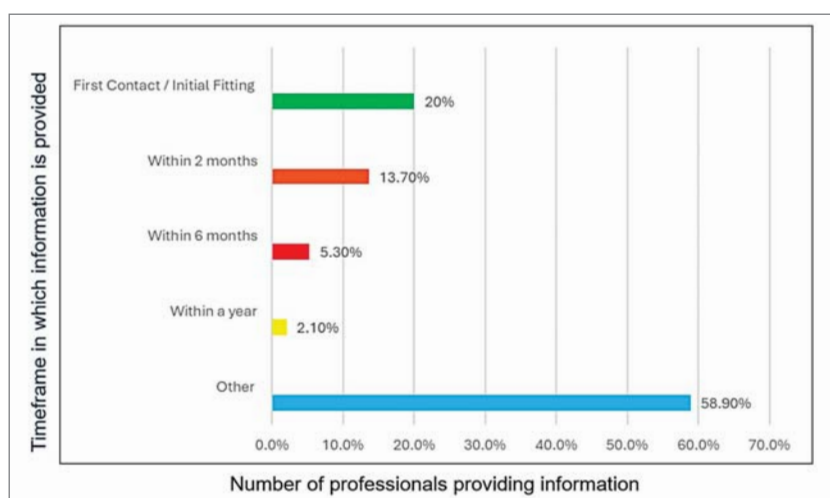


Figure 2: Timing of provision of information about ALD

Background

Parents are the most valuable resource a child has. In my previous career, working on a busy paediatric ward, family-centred care with parents making informed choices for their child's treatment was standard. Parents were relied on heavily to provide the everyday care to their children; indeed, without them their child would not have received the necessary attention they needed. The National Health Service (NHS) has a different structure to education, which is also reflected in the procurement of equipment and resources. I feel that informed parental choice differs considerably between the NHS and education and so was an area I wished to explore.

The research

Research shows that access to quality language provision is vital to help deaf children and young people reach their potential (Northern and Downs, 2014; Yoshinaga-Itano, 2014; DeConde Johnson and Seaton, 2021). An assistive listening device (ALD) can help to provide a higher speech-to-noise ratio, which is needed by young children, with deaf children requiring it even more, still (Allen et al,

2017; Gheller et al, 2020). The study highlighted professionals' perspective on ALD provision at early fit with young children, its associated considerations, establishing the type, and timing of information that professionals provided to parents.

The research provides both quantitative and qualitative results through a survey that 106 professionals from across the United Kingdom (UK) completed (Figure 1). The qualitative results came from ten follow-up interviews; respondents were chosen to ensure that each location, viewpoint, and profession were represented.

Results

Over 89% of respondents provided ALDs to young children. Of these, 93% provided information to parents; however, the timing of such information varied with numerous caveats being provided, the main ones being criteria, degree of hearing loss, parents needing to be 'ready', established hearing instrument use, and funding issues (Figure 2). Types and amounts of information varied between and within professions and organisations (Table 1). In addition, 98% of respondents felt that the QToD was in the best position to discuss ALD provision with the family.

Six main themes arose: early intervention,

Main Theme	Example
Early Intervention	Research shows early intervention is vital for language development and this includes ALD (R105 survey data).
Factors Affecting First / Early Fit	ALD provision ultimately comes down to budget (R71 survey data). My priority is always to get the hearing aids established (A54). It's really been a health and safety thing (G69).
First Fit	This is commonplace in most countries, but it may depend on individual circumstances (R44 survey data). I disagree with it (B8).
Information Provision	We don't make the information readily available as funds are not readily available. If we did, we would have to disappoint a lot of parents due to lack of funding (R70 survey data). If parents are interested, then of course we would have that discussion (K92).
Informed Choice	Unlikely parents have any say in this, let alone feel empowered (R52 survey data). It isn't in their [parents] power to decide if they get one (D39). I wouldn't say we're 100% there, but we're aiming for informed choice (E20).
Joint Working	In the previous local authority, we had quite a good involvement, a Teacher for Deaf in the initial appointments at the hospitals ... but I just feel, currently where I am, I don't have those joint sessions at the hospital (K92).

Table 2: Main themes of qualitative data

factors affecting early/first fit, first fit, information provision, informed choice, and joint working. Table 2 (on previous page) shows a few examples of the viewpoints collected from each of these themes.

Conclusion

- Information provision is not uniform across the UK.
- Professionals' attitudes to early fit and what constitutes early fit vary considerably.
- Professionals are acting as gatekeepers to information and the provision of equipment.



- Without the support and guidance of local services, children may miss out on early language opportunities.

Compiling and presenting the poster was a fantastic opportunity and one I'd recommend. The conference was a great experience to be a part of – seeing my work on display and sharing the results of the research, which took over my life for a year, was incredible. It was good to network with other professionals who have a similar mindset and have also completed research around ALD provision for young children. I had an excellent weekend, albeit very full on, with the added luxury of staying in a friend's beautiful static caravan with access to the beach.

Finally, after all my research for the 'Better Poster', did it achieve its goal in reaching more people and getting the essence of my research across more effectively? Feedback seems to imply that it did!



Kirsten Terry-Short is a QToD and Educational Audiologist working for Staffordshire County Council.

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Family Day: Marvellous Me

Karen Riley reports on last year's Family Day for the D/deaf community at the British Library, London

On Saturday 21st September 2024, another successful Family Day for the D/deaf community took place at the British Library in London. This popular family event has been held every year since 2014, except for during the Covid pandemic. In 2024, 271 families attended including 459 adults and 550 children, totalling 1,009 people over the course of the afternoon, of which 28% were from deaf families. The children and their families were able to dress up as deaf superhero characters, create SuperMe Capes inspired by the story of the Foundling Hospital, write their own books sharing their superhero powers, make Marvellous Mini Me puppets, take part in family dance performance workshops, explore and relax in a sensory den, solve maths puzzles and mazes, fold paper to make simple and more complex origami models, learn how to use Egyptian hieroglyphs to write out family names and create a papyrus bookmark, join in a creative wellbeing activity exploring mindfulness and their inner selves, plus many more exciting activities – all ably supported by a wonderful team of British Sign Language (BSL) interpreters and generously spirited BSL Level 3–6 student volunteers!

The Mayor of Camden, Councillor (Cllr) Samata Khatoon, attended the Family Day and was most impressed by the number of families attending, the quality of the family learning activities available, and how inclusive and accessible the event was. She showed her appreciation of everyone's efforts by thanking all of the Family Day partners who she met during her tour around the different family learning activities.

The Family Day arose originally from a partnership between Frank Barnes School, the North London Deaf Children's Society

(NLDCS), Camden Advisory Service for Deaf Children and Young People (CYP) and Speech and Language Therapy Service for Children who are deaf, the British Library, the British Museum, Camden Family Learning, and other members of the Camden Family Learning Forum. Frank Barnes School had approached the Camden Family Learning Forum with a proposal to run a free and accessible family learning event for families of deaf children in Camden and across London. Fortunately, many of the members of the forum, who worked in art



Image credits for this article: British Library, Family Day: Marvellous Me 2024



galleries, museums and other community organisations, leapt at this idea and agreed to support it, and so the annual Family Day event was born!

The aim of the Family Days is to offer a wide range of free family learning activities for parents/carers and their young deaf children for free. As the activities are led by museums, galleries, and the local community as well as nationwide deaf organisations, it also raises awareness of what all of these organisations can offer families and encourages them to explore other family learning events they previously did not know were available to them. Another key aim is for deaf children to come together from different areas and have the opportunity to meet each other and make new friends in a fun, safe, and accessible setting. They can also see for themselves that they are part of a larger and wonderfully vibrant D/deaf community and take pride in sharing this with their siblings and wider family.

Alongside the family learning events there are



opportunities for families and hearing children attending to learn some BSL by taking part in BSL taster workshops led by the Royal Association for Deaf People (RAD). For several years now the Postal Museum has led very popular storytelling sessions either in BSL or with BSL interpretation, which have been very well attended. In past years, if the British Library had an exhibition on at the time of the Family Days, BSL interpreters supported short curator tours for small groups of families. As the focus of the day is on family learning, D/deaf and hearing artists collaborate on leading a creative and interactive evaluation trolley that is full of innovative ways for children and families to feed back on what they have enjoyed about the day and what they would like to see improve. This feedback is reviewed each year, and where possible, adaptations are made to the programme for the following year. An example of this was introducing a dedicated Under-5s zone in the Knowledge Centre, which has proved very successful with its range of hands-on sensory and tactile creative activities and break out relaxation



zones. Also, we now have performances by the 'Signing Stars' choir from Frank Barnes School for Deaf Children and Kings Cross Academy where families can sign-sing along to some of their favourite songs.

Here are some of the comments from the families, children, partners, and even the event photographer on their experiences of the Family Day: Marvellous Me:

"The variety of activities is huge! So much to choose from! What I like best is that it is not only visual arts but performance and movement too."

"Amazing day and effort by all of the staff who worked today. I loved all the different workshops and stands, but my favourite was the 'Signing



Stars' choir."

"What a great event! My granddaughter has Down syndrome and through her I have discovered a lot about disability and in our area, there is not much. This event is wonderful!"

"A positive of today is being spoken to in BSL from the get-go and to see deaf people interacting. This is new for us, our child is D/deaf; we the parents are hearing. We are learning. It was wonderful to feel part of this big community."

"I spoke with many hearing families, who had a fantastic time. It was a combination of new families and regulars (it felt like there were lots of

new families)."

"A humbling and moving day where there is no barrier to communication. I'll always come back to this event. I am never not moved by this Family Day."

The only negative about the day... *"there is not enough time to do everything!"*

The success of the Family Days have very much been dependent on the partnership between the different organisations involved, who all share our philosophy of providing inclusive and accessible learning activities for families of D/deaf children and valuing the role of BSL in their lives. We have many regular partners who have supported the event since its inception. These include the British Museum, the Holborn Community Association, the Foundling Museum, Jewish Museum, Postal Museum, the October Gallery, the



Origami Society, the University of Bath, the National Deaf Children's Society (NDCS), and RAD. We have always welcomed partner organisations to join us year by year and have had some amazing contributions from Arsenal in the Community, Bish Bosh Bash SambaKids Group, Bletchley Park Trust, Christopher Place, The Cochlear Implanted Children's Support Group (CICS), Deaf Parenting UK, Deafinitely Theatre, House of Illustration, ITV Signed stories, London Fire Brigade Education Team, London Transport Museum, Maths on Toast, Middlesex County Cricket Club, Music and the Deaf, National Portrait Gallery, Camden Advisory Service for Deaf CYP and Speech and Language Therapy Service for children who are deaf, NSPCC (National Society for the Prevention of Cruelty to Children) Childline, Petrie/Grant/University College London (UCL) Group Museums, the Science Museum, School of Oriental and African Studies (SOAS), University of London, and the Tottenham Hotspur Foundation. As a result, our membership has grown and now includes DECAL/UCL, the Francis Crick Institute, London Zoo, The Place – Shuffle Youth Dance Company, Remark, RIBA, Sadlers Wells, Victoria and Albert (V&A) South Kensington, and Quentin Blake Centre for Illustration. We are so grateful to all of these amazing partner organisations, our



BSL interpreters, and BSL volunteers because without their support and fantastic contributions, the Family Days would not exist.

During the Covid pandemic, it was not possible to run a Family Day on such a large scale. So, a decision was taken to create a guidance leaflet instead entitled '*Engaging D/deaf audiences – A guide to developing learning activities for families of D/deaf children*' which our partners could use to run their own inclusive family learning events at their organisations. A copy of this guide can be obtained by emailing familylearning@bl.uk

If this annual event is something that you think your deaf children and their families would enjoy and benefit from, the next Family Festival, Imaginary Worlds, is taking place on Saturday 22nd November 2025 from 12pm to 4pm at the British Library, London, and you can find out further information at www.bl.uk/families



Karen Riley OBE is a member of the Family Day Planning Group and a retired Qualified Teacher of Deaf Children and Young People (QTOD). She was formerly the Headteacher of Frank Barnes School for Deaf Children in London and the Secretary of the Sign Bilingual Consortium (SBC).

Image credits for this article: British Library, Family Day: Marvellous Me 2024

How family-centred early intervention is supported by Sense NI

Sense Northern Ireland, which celebrates its 40th birthday next year, shares its early intervention support for families of children who are deafblind or have multi-sensory impairment (MSI)

Sense is a charitable organisation based in the United Kingdom (UK) and we have been in operation for 70 years. We operate in the three countries of England, Wales, and Northern Ireland (NI).

Sense NI will be celebrating its 40th birthday in February 2026. We exist to support people who are deafblind or who have a hearing or vision impairment and other disabilities, and we campaign for the rights of disabled people in the UK. At the centre of our support is the disabled child and the family. At present, when a health or education professional refers a child to Sense, we have three initial contacts. This includes a home visit from our community and engagement officer, or our multi-sensory impairment (MSI) practitioners, or contact from the children's services managers based at Jordanstown school or the Belfast Hub.

Sense operates two nurseries for children 0–4 years based in Jordanstown schools and the Belfast Hub. Referrals for this service can be made by health professionals. Places are allocated and funded by local health trusts, and disabled children with complex needs would attend a welcoming environment to play and meet their developmental needs from September to June in a given year. We also operate an after-school service during the school year and summer schemes for 4–12-year-olds at both Jordanstown school and the Belfast Hub.

We have experience of providing family support over the last nine years and have been in contact with over 500 families throughout NI. When a referral is made, either a self-referral or a referral from a professional, the family support/early years practitioner will make initial contact with the parent/carer through a home visit or video call. Support depends on the individual circumstances of each family. An assessment can be carried out around vision and/or hearing loss, and advice given in terms of the diagnosis and how to improve the environmental factors of the living space, for example, where to hold the baby in relation to where sun light is coming into the room and the use of carpets to deaden echo in a room. Support can be in the form of referring on to other organisations in terms of finance – Employers for Childcare, food support from the Trussell Trust, or linking in with other charities such as the National Deaf Children's Society (NDCS), Royal National Institute of Blind People (RNIB), or Guide Dogs.

A central part of family support is connecting people to friendship groups and giving them a sense of community. Throughout the year, we provide family fun days at the Belfast Hub, beach days, and at other accessible locations throughout NI. We work in partnership with other

charities such as Mae Murray and RNIB.

We have recently obtained funding from the National Lottery Community Fund for the Together Project. This exciting project will further develop and link all the children's services at Sense NI; the analogy is of a wheel and spokes connection with the new Hub building being the central coil. We will be appointing two new members of staff, early intervention and play leaders who will work with MSI/family support practitioners to provide Play and Stay groups, both at the Hub and across NI. Here, parents/carers and children with additional needs can learn to play and communicate and develop milestones unique to each individual. We also run early year groups in partnership with other charities. All project staff are trained as Sense intervenors and can provide MSI support and advice around vision and hearing loss in the home and community settings. We also work in partnership with schools and MSI staff in education. An exciting development will be working with dads/carers, meeting them face to face and online.

We will also work with siblings arranging peer-support networks and activities, and a children's youth consultation group.

Sense NI provides support to families from when a child is introduced to us: in hospital, at home, in the Sense nursery, and through each stage in their school education, as they transition through each stage of their life into teenager and adulthood.

Let us introduce you to Jamie.

Case study Jamie

Jamie is a young adult who is visually impaired. We have supported Jamie for over 20 years. He was quite shy and preferred to be in the background in group activities.

Through supporting him, it became apparent that he was reaching an age where he wanted to become more independent, and as many young people of his age do, Jamie wanted to move out of his family home.

We guided him through this transition by teaching him vital skills like orientation, mobility, and daily living tasks. These skills were key for his success in living independently. The support provided helped to build his confidence, self-reliance, and a sense of autonomy, which are vital for thriving in adulthood.

Early intervention is normally expected to happen in the early years. For Jamie, Sense used early intervention by offering timely and tailored support to help him navigate his transition into adulthood and equipped him to live independently. It addressed challenges before they

Family-centred early intervention

become too difficult to manage.

I'm delighted to say that last year, Jamie moved into the penthouse of our supported living accommodation. Since moving to his own space, his confidence has skyrocketed. He has been learning to bake, cook, and play the guitar. He loves nothing more than to treat his housemates to a kitchen disco while he makes breakfast.

He enjoys a night out at the local accessible disco and has dived into new activities like sensory tennis and going to the gym, where he now mentors his peers.

Jamie's next goal is to find paid employment. He volunteers with administration tasks in our Sense office at Mallusk and is looking forward to Sense Hub Belfast opening, where he will have the opportunity to learn even more skills.

We can't wait to see what's next for him. The sky's the limit.

If you wish to refer to the Together Project or are interested in Sense NI Children's Services, please email nienquires@sense.org.uk or telephone: 028 90833430. ■

Sense has been active in Northern Ireland for almost 40 years, working in local centres, residential homes, and communities to provide personalised support and meaningful opportunities for people of all ages. Through play, learning, social connection, and tailored activities, Sense helps individuals and families live fuller, more connected lives. Sense will open Sense Hub Belfast – a new, inclusive space offering a wide range of programmes for children, young people, and adults. Services will include play and nursery sessions for young children, after-school clubs, a day centre for adults, and arts, sports, and wellbeing activities in partnership with local organisations. The Hub will also feature a transitions group for young people aged 14–25 and a fully accessible outdoor play area.



BATOD Consultant team

BATOD has a long standing history of supporting members with queries. In 2024 the BATOD Consultant role has been replaced by a BATOD Consultant Coordinator (Sibel Djemal) and Consultant team, with UK-wide representation. If you would like to join the team, or if you would like support as a member contact consultant@batod.org.uk

The team

- 1 Support BATOD with their responses to government bodies and employers concerning pay and conditions with due regard to their professional roles and responsibilities.
- 2 Input into the Annual submission to the English School Teachers Pay and Review Body (STRB) for the NEO's response.
- 3 Offer a specialist perspective to members about policy and practice relating to performance management and terms and conditions of employment. This does not include offering specific advice which should be properly obtained from the teaching unions and associations.



BATOD/BAEA Conference sponsors 2025

With the next BATOD Conference on its way, please contact Lisa Bull, Advertising Manager, if you are interested in any level of sponsorship at the 2026 BATOD 50th anniversary National Conference – advertising@batod.org.uk

We would also like to thank all the sponsors from the 2025 Conference:



A journey from grief to empowerment and the impact that can have on research

Alison Miles, a parent and communication support worker, shares her work as a co-producer of the Early Parent Interaction with Deaf Children (EPID) Tool

As I stepped off the stage I couldn't remember being on it. I had presented for 35 minutes – with Dr Martina Curtin – on our new co-produced tool, the EPID Tool.

The EPID Tool looks at how a parent is interacting with their deaf child aged 0–3 years because the quality of parent–child interaction (PCI) is proven to have an impact on language outcomes.

The EPID is an ongoing project between Martina, me, and a collection of other deaf and hearing parents of deaf children, and deaf and hearing practitioners working with deaf children and young people. We have been creating and producing it together, having difficult conversations, and discovering each other's perspectives.

The EPID Tool centres parental wellbeing, but it didn't always. Our method – co-production – had a powerful impact on its direction. Initially, working in her

professional capacity as a speech and language therapist, Martina aimed to produce a clinical assessment that would judge and score the quality of PCI, producing a profile of strengths and needs. The practitioner would then give feedback to parents, suggesting where parents could make changes to improve their interactions with their deaf children.

As part of the initial co-production process, we talked through the journey of parenting deaf children from the newborn hearing screening to the eventual identification of deafness and beyond.

These sessions were difficult. I am not at the early stage of parenting – my deaf children are teenagers. But to revisit those early stages was heavy on my heart. I had felt profound grief to find out my children were deaf, and to revisit that was uncomfortable and confronting. It wasn't



Co-presenting at Family-Centred Early Intervention for Deaf and Hard of Hearing Children (FCEI), in Austria, June 2024

just my experience and my feelings that shaped the EPID; all 14 of the parents involved shared feelings of guilt and sadness at the early audiology appointments and identification of deafness. We shared our preconceptions and naiveties, but also our traumatic experiences. The manner in which the news was delivered and the language used (“I’m sorry”, “They’ve failed”, “It’s not looking good”) only added to these negative feelings.

While ‘diagnosis’ delivery’ and the terminology that is used in these appointments is not part of the EPID’s remit, it is impossible to ignore the impact these early appointments have on the emotional wellbeing of parents. When you are feeling grief, guilt, and overwhelm, you are incredibly vulnerable. Many of the parents described feeling lost at the start, scared that they didn’t know how to support their own child. To have your PCI skills assessed and scored at this point feels like a direct criticism of you as a parent.

This is the beauty of co-production, and of the EPID process. Once Martina saw this, the tool began to transform. We stopped using the word ‘assessment’. It became about identifying strengths that a parent already has and encouraging them to use more of them. We want to inform and empower parents through their grief and arm them with confidence in parenting their deaf children.

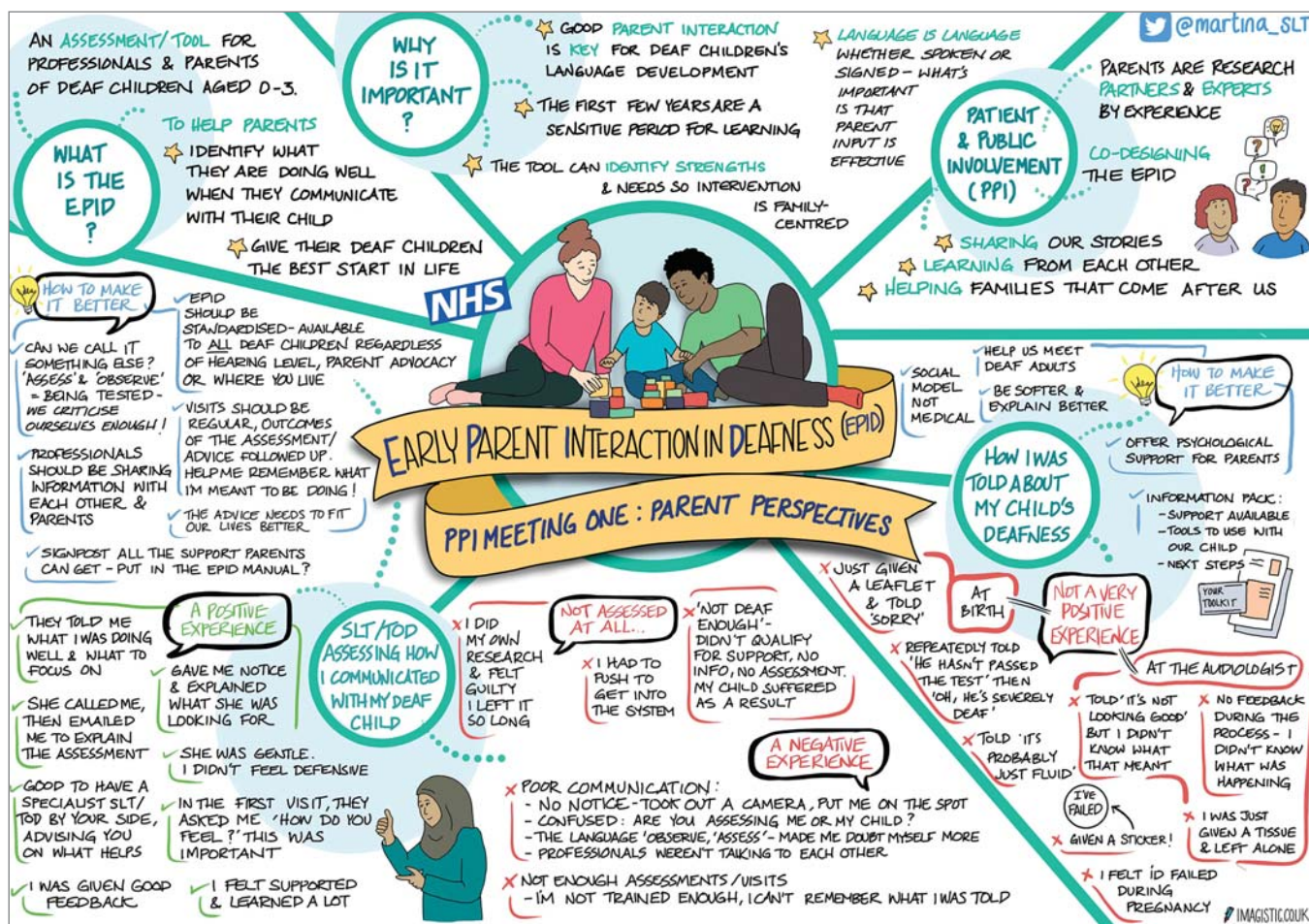
At the FCEI conference, as I sat back in my seat, I became

overwhelmed with emotions. I had spoken about that vulnerable time. I had shared the experience and the feelings that all of our parent participants shared, and an international conference of researchers, practitioners, and fellow parents had listened and watched. It felt so impossible to me that the young and broken mum; the mum wracked with guilt and fear about her deaf babies’ future; the mum who sobbed apologies to her babies as they looked up at her; the mum that cried herself to sleep; the mum that had formed preconceptions of deafness that terrified her – that very same mum had just given a keynote speech at an international conference. That same mum had just had a global audience listen to her talk about that grief, about that guilt, and about how we should all work together to think about the parent of a young deaf child, as well as the child themselves. And how the tools, resources, and interventions will be better when we do.

I was lucky: my children were born at a time and in a place where support was forthcoming. I had multiple practitioners supporting me and holding my grief while I learned about the beauty of deafness and the Deaf community. I am now a confident parent of deaf children; strong in advocacy and passion for what they and all other deaf children need. My children are none of the preconceptions I had – they are confident, capable young people with a rich culture and community. I know how lucky my family were with the support network we were



This co-production activity was called ‘Emotional mapping’; at each touchpoint (white card), we mapped how we were feeling (blue Post-its), and then suggested ways it could have been better (yellow Post-its)



offered, and I frequently see the impact that has had on us all. I currently work in a variety of different roles, and I see daily how that is not the case for every family. It is frustrating to constantly come up against barriers and limitations to providing the best outcomes for deaf children and their families.

The FCEI conference hosted 370 attendees from 38 countries. To access a global audience with our research, our method, and our conclusions felt affirming. It felt like every person at the FCEI conference – parents, researchers, and practitioners, both deaf and hearing, were all working towards the same goal. The rooms were fizzing with passion and ambition – people already making a difference and people paving the way to doing so.

I feel strongly that the most important voices in anything to do with deafness should be deaf adults but a close second must be parents. So often their child is the first deaf person they meet, and they are thrown into a world

of practitioners – mostly medical, all offering different and sometimes conflicting information and advice – while juggling their own feelings. It is vital that their perspective and experience is part of research. 20% of attendees at FCEI were parents and 20% were deaf. These percentages need to be higher, but it is a great start. Inclusion of these lived experiences drives better outcomes for families and for deaf children and young people. We believe it also improves practice and research.

I might not remember giving the presentation itself thanks to my nerves, but the rest of the conference will stay with me forever. To be surrounded by people striving for better outcomes for deaf children, people that love deaf children, people who once were deaf children – to be in a place filled with positivity and movement and joy – felt so good. The mum that had two deaf children in under two years and cried and cried over their future would never have believed what the three of us are achieving now: big things with big feelings, a big impact, and a big heart.

Reference

- 1 We reject the term 'diagnosis' when referring to identifying deafness, as per the BATOD/DTOD document 'Let's change the language culture around deafness' (Monksfield and Sive, 2024). We use it here because 'diagnosis delivery' is the commonly understood, medicalised term for when a health professional is sharing the outcome of investigations with a patient/carer.



Alison Miles is a hearing mum to three children, the eldest two of whom are deaf. She works as a communication support worker in a mainstream nursery and holds a variety of voluntary roles in deaf organisations.

The EPID Tool: Early Parent Interaction with Deaf Children – What's the latest?

Dr Martina Curtin provides an update on The EPID Tool, first introduced to *BATOD Magazine* readers in the January 2021 edition

In 2021 I wrote an article for *BATOD Magazine* to introduce myself, the EPID project, and my support team (supervisors and advisory board). A lot has happened since then, so this article provides an update for those interested in where the project is at.

Hold your horses... What is the EPID Tool?

The EPID will be a video-based assessment tool for practitioners and parents to use in partnership to identify a parent's strengths when they are interacting with their deaf child aged 0–3 years in a spoken and/or signed language. The work has been funded by the National Institute for Health Research (NIHR).

Why is early interaction the focus?

The quality of early parent–child interaction (PCI) is a key modifiable predictor of language outcomes – for all children. Hearing parents who have deaf infants often need support with their interaction skills as the parent/child connection can often be a little mis-attuned at the start, which makes it harder for deaf children to access and learn language(s).

How will the EPID Tool work?

A parent (or their local practitioner) will record a video of the parent and deaf child interacting at home, and then upload the video to the online EPID portal. The parent and practitioner will watch selected moments of the video together and focus on the positive ways the parent is already connecting with their deaf child. Using the EPID evidence we've been collecting, the practitioner will explain why the parent's behaviours are helpful. Then they will set goals together to build on the parents' skills and confidence. It is up to the parent and the practitioner how often they'd like to use the EPID Tool – it could be a one-off, it could be repeated every week for a few visits, or it could be a yearly activity.

Who is involved in the project?

So first, there's me. I'm a speech and language therapist and a postdoctoral researcher. Since 2020 I've been supported by three professors at City St George's, University of London (Profs Ros Herman, Gary Morgan, and Madeline Cruice). I have also worked with 15 parents of deaf children and eight hearing and deaf practitioners to design the EPID. Parent partners in particular have been hugely influential in how the EPID is being developed (take a look at the article written by Alison Miles in this family-centred early intervention (FCEI) issue, a parent of deaf children and one of the EPID parent partners).

What have you done so far?

The last four years have been spent understanding the

following: Which parent behaviours should we be looking out for? What do practitioners do currently, and what could be improved? And what do parents need?

The following research articles (summarised below) aimed to address some of these questions. All articles are open access publications and can be accessed via the QR code here.



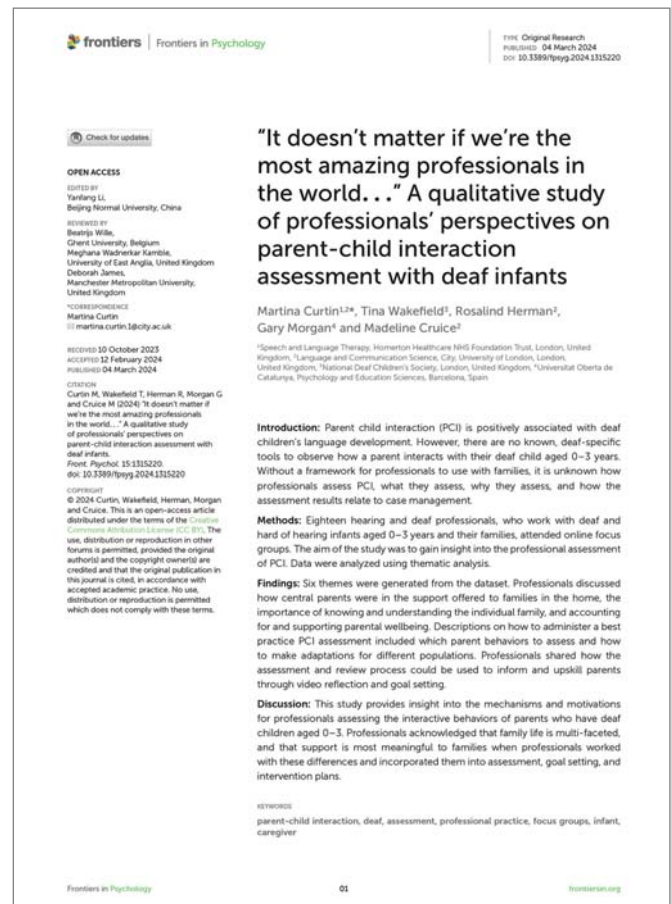
Curtin et al (2021) Systematic Review: Assessing Parent Behaviours in Parent–Child Interactions with Deaf and Hard of Hearing Infants Aged 0–3 Years (*Journal of Clinical Medicine*)

This systematic review analysed 61 studies published between 1980 and 2020 to understand how parent behaviours in PCI with deaf infants are assessed, and which behaviours correlate with deaf children's improved language. We found that most studies used observational methods, predominantly detailed video coding of free-play interactions. Key parent behaviours assessed consistently across studies (despite varying terminology) included

attention-getting (eg visual cues, waiting for child's attention), joint engagement (shared focus, turn-taking), parental sensitivity (responsiveness, emotional connection), and language input (eg increasing language access, labelling items).

Across the papers, we found that longer periods of joint engagement, increased parental sensitivity, and facilitative language techniques were consistently linked to higher language scores in deaf children. A significant finding was the absence of a single, validated assessment tool for observing how a parent interacts with their deaf child aged 0–3 years. This review was therefore the first step in providing the foundational evidence base for developing such a tool for practice. Whilst the review was keen to include as much diversity as possible, very few papers included, or reported on, deaf-plus children, fathers, deaf parents, global majority and/or socially disadvantaged families.

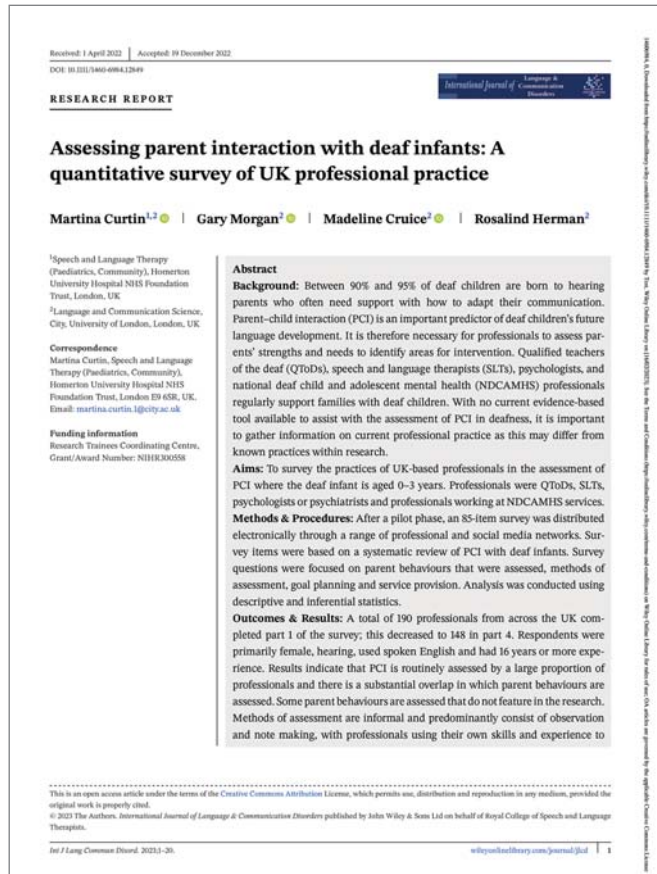
This quantitative survey aimed to map the current practices of United Kingdom (UK) practitioners who work with families of deaf children aged 0–3 years on PCI. The survey was based on the systematic review above and refined through cognitive interviews. The survey was completed by 190 UK-registered practitioners (Qualified Teachers of Deaf Children and Young People (QToDs), speech and language therapists, psychologists/psychiatrists, and National Deaf Child and Adolescent Mental Health Service (NDCAMHS) practitioners). Results revealed that PCI assessment is



Curtin et al (2024a) "It doesn't matter if we're the most amazing practitioners..." A qualitative study of practitioners' perspectives on parent-child interaction assessment with deaf infants (Frontiers in Psychology)

routine for 92% of respondents, but many stressed this was an informal assessment. There was high consensus on key-assessed parent behaviours, including eye contact, gesture, waiting for the child's attention, joint engagement (eg turn-taking), parental sensitivity (eg availability, responsiveness), and language access strategies (eg face-to-face positioning, child-directed speech). Interestingly, 18 additional practice-based behaviours not typically found in research were reported. Assessment methods were largely informal, relying on live observation and mental/written notes, with video recording used by fewer than a quarter of practitioners. Collaborative goal setting with parents and regular goal reviews happen, but not universally across practitioners. This study highlighted the alignment between research and practice regarding what to assess, but a notable divergence in how assessments are conducted, underscoring the need for practical, evidence-based tools suitable for real-world clinical settings.

This qualitative study explored the motivations and methods behind PCI assessment from the perspective of 18 hearing and deaf practitioners working with deaf infants and their families in the UK. Through four online focus groups, six key themes emerged. Firstly, 'Parents are key players' highlighted practitioners' conviction that parents are central to a deaf child's language development, making PCI assessment a vital investment of



Curtin et al (2023) Assessing parent interaction with deaf infants: A quantitative survey of UK professional practice (International Journal of Language & Communication Disorders)

PLOS ONE

RESEARCH ARTICLE

Assessing parent-child interaction with deaf and hard of hearing infants aged 0–3 years: An international multi-professional e-Delphi

Martina Curtin^{1,2*}, Madeline Cruick^{2*}, Gary Morgan^{2*}, Rosalind Herman^{2*}¹ Speech and Language Therapy (Paediatrics, Community), Homerton Healthcare NHS Foundation Trust, London, United Kingdom, ² Language and Communication Science, City, University of London, London, United Kingdom, ³ Universitat Oberta de Catalunya, Psychology and Education Sciences, Barcelona, Spain

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Abstract

Introduction

Most deaf babies are born to hearing families who do not yet have the skills to communicate effectively with their child. Adaptations to communication are important because the quality of parent-child interaction (PCI) predicts how a deaf child develops language. Teachers of Deaf children and Speech and Language Therapists support families with communication in the home. Currently, there are no assessments that appraise how a parent interacts with their deaf baby. Previous research has identified which parent behaviours and approaches are used in PCI assessments in research and practice. The current paper forms consensus on the core content and best practices of a new PCI tool for deaf children aged 0–3 years.

Methods

An international sample of expert academics and practitioners (n = 83) were recruited to take part in a two-round modified electronic Delphi study. Participants were presented with 69 statements focusing on (i) which parent behaviours were important in assessment (ii) the methods to be used in PCI assessment. Participants rated the extent to which they agreed or disagreed with each statement on a five-point Likert scale and gave comments to support their response. Consensus was defined as >80% of participants rating the statement as a (4) 'highly important' or a (5) 'essential'. If consensus was not reached, participant comments were used to generate new statements which were rated in the second round. This project involved a patient and public involvement (PPI) group of hearing and deaf parents and professionals to design and guide the study.

Results

Consensus was achieved on 52 statements and ranged from 80–99%. A further six statements were additionally included. Within the 58 statements included, 36 were parent behaviours which centred on the parent's observation of, and response to, their child's behaviour and/or language. The remaining 22 statements focused on methods used in the assessment

understanding the family's culture and language, and the child's developmental profile (especially for 'deaf-plus' children); supporting parental well-being, and building a trusting partnership. Thirdly, 'Real-life assessments for real-life support' advocated for observations in natural home environments, encompassing daily routines and interactions with various family members. Video recording was highly valued as a 'window to real life' for accurate assessment and reflection, despite practical concerns. Fourthly, 'A cluster, not a single skill' indicated that practitioners skilfully assess multiple interconnected parental behaviours simultaneously. Finally, 'Inform, empower, and collaborate' and 'Goals, no goals, and goals for whom?' described the transformative power of reviewing videoed PCI with parents to foster understanding and self-efficacy, and varied approaches to goal setting tailored to family readiness. This study really underscored the need for a holistic, family-centred philosophy, revealing the nuanced adaptations practitioners make to provide meaningful, real-world support.

This e-Delphi study aimed to achieve international expert consensus on the core content and best practices for the EPID Tool, specifically for identifying parent behaviours when they are interacting with their deaf children aged 0–3 years. Building on the three studies above, 69 statements (parent behaviours and assessment approaches) were presented to an international panel of 83 experts from 13 different countries. A two-round Delphi methodology was used, with consensus defined as ≥ 80% agreement. Consensus was achieved on 52 statements, with an additional six borderline statements included after EPID involvement partners engaged in a

OPEN ACCESS

Citation: Curtin M, Cruick M, Morgan G, Herman R (2024) Assessing parent-child interaction with deaf and hard of hearing infants aged 0–3 years: An international multi-professional e-Delphi. *PLoS ONE* 19(4): e0301722. <https://doi.org/10.1371/journal.pone.0301722>

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Data Availability Statement: All data are available in the City, University of London Figure repository at <https://doi.org/10.25561/102530302024>. 25188572.v12.v1

PLOS ONE | <https://doi.org/10.1371/journal.pone.0301722> April 29, 2024

1/28

Curtin et al (2024b) Assessing parent-child interaction with deaf and hard of hearing infants aged 0–3 years: An international multi-professional e-Delphi (PLOS ONE)

professional time. Secondly, 'Family first, then assessment' emphasised the prerequisites for assessment, including



Co-production of the EPID in London (January 2024–April 2024) (see video using the QR code on previous page).

review, therefore totalling 58 statements for the proposed tool (36 parent behaviours and 22 assessment methods). Highly rated parent behaviours included: parental sensitivity (eg emotional sensitivity, responsiveness); joint engagement (eg balanced turn-taking, maintaining shared focus); language enrichment behaviours (eg expanding on language), and attention-getting (though these required refinement in round 2) to ensure applicability across diverse hearing and language contexts. For assessment approaches, strong consensus was reached on collaborative goal setting, using video reviews, cultural competency, and multi-professional collaboration. The study highlighted the experts' keen focus on family-centred, individualised care, and the value of parents observing their own skills via video. The final behaviours and approach provided the framework for the EPID.

Over four sessions, 16 hearing and deaf parents, and practitioners came together to design the EPID. We began with markers of success – how did we want parents of deaf children to feel, and then what processes could we embed to make sure these feelings were achieved. We thought about what happens currently and what could be improved. We thought not only about how we might want the EPID to look and additional features it could have, but also the process and the choices that should be made available to parents (when and where to film, what to film, what to discuss in the video review session, and how long to leave between filming PCI and watching back the video clips).

The levels of co-production in the EPID work so far have led to multiple outputs. We have co-written a book chapter and co-presented at one national (National Institute for Health and Care Research (NIHR) Child Health Technology) and two international (FCEI) conferences (see Alison's article and International Congress of Evidence-Based Parenting Support). Our work also won 'Best Patient and Public Involvement' within the School of Health Sciences at City St George's University of London, and 'Best Involvement of Service Users and their Families' at the 2024 Royal College of Speech and Language Therapy Awards (pictured with the Royal College of Speech and Language Therapists (RCSLT) CEO, RCSLT Chair, and two EPID parent partners).

What's next?

The NIHR funding for the EPID ended in June 2024. For the past year, I've been writing my next fellowship grant to make the EPID Tool a reality. If successful, we'll co-design the digital EPID Tool, co-design some training for practitioners, and spend some time testing it in the National Health Service (NHS), in a few local authorities, and in a charity setting. As mentioned above, much research excludes fathers, deaf-plus children, deaf parents, families from the global majority, and/or socially disadvantaged backgrounds, so for this funding bid, we have proposed some recruitment and involvement strategies to address this gap in knowledge. For those of you who engaged in the workshop at the BATOD/BEA conference in Exmouth in March 2025, many of your



challenges and solutions have been considered and included in our bid, with a view to making the EPID as useful and as acceptable as possible to parents and practitioners. Thank you for engaging! If successful in the funding bid, the work will begin in July 2026. Here's hoping!

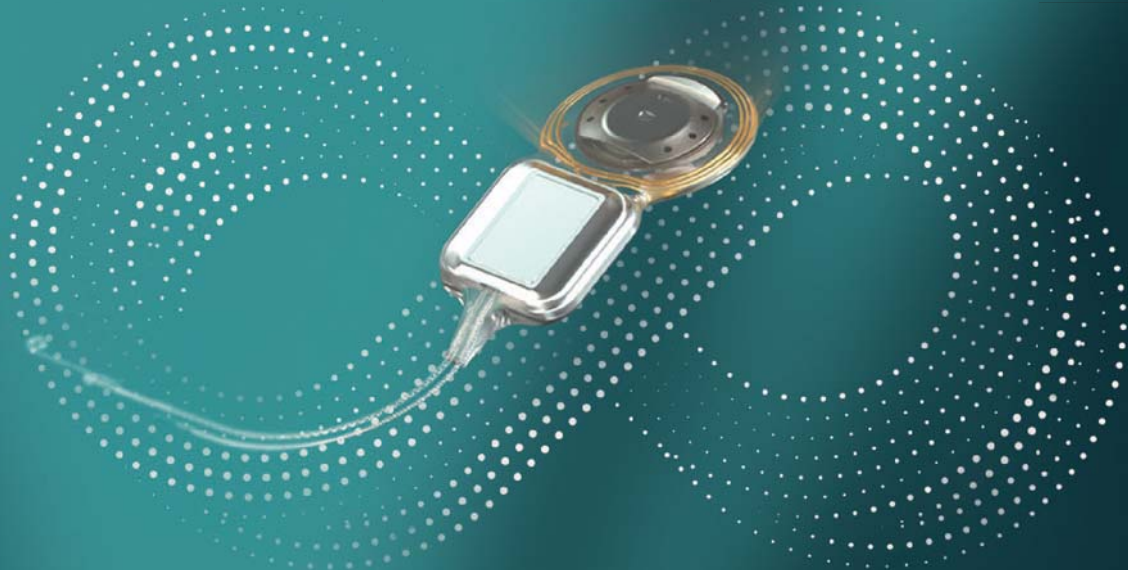
Thanks for reading.



Dr Martina Curtin is a lecturer at City St George's University and a highly specialist speech and language therapist at Homerton Healthcare NHS Trust.

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Update from Cochlear: a summer of launches!

This year, Cochlear has launched innovative new products for both bone conduction and cochlear implant patients. As Teachers of the Deaf, you will start to see these being worn and used by children with whom you are involved – so here is a helpful introduction...

Introducing the Cochlear™ Nucleus® Nexa™ System

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The Nucleus Nexa System is the world's first and only smart cochlear implant system and marks a step change in technology. Launched in June 2025, the first UK patients have already been implanted, so in due course you will meet your first Nexa children.

What is a smart cochlear implant? For the first time, the internal implant can receive firmware updates (much as your smartphone does) which means that patients can benefit from new and improved features and future innovations to their implant, as well as upgrades to their sound processors, over the course of their lifetime. In addition, patient MAPs can now be securely stored in the smart implant memory, meaning they can be copied quickly and easily to a new or replacement sound processor straight out of the box. The implant monitors usage and delivers all day battery life* (defined as more than 16 hours) for the world's smallest and lightest on and off-the-ear sound processors^{1-6,*} (the Nucleus 8 Nexa and Nucleus Kanso 3 Nexa Sound Processors). The Nucleus SmartApp continues to monitor data and provide insights into usage. The good news for you is that the usage and controls are the same or incredibly similar to previous Cochlear products, so it will not affect how you as a TOD work with these children.

Further info: www.cochlear.com/NucleusNexaProfessional



Introducing Cochlear™ Nucleus® Kanso 3

The Kanso 3 sound processor was launched this summer for Nexa and non-Nexa patients bringing complete feature-parity between Cochlear's on and off-the-ear sound processors.



Introducing the Cochlear™ Baha® 7 Sound Processor

The Baha 7 Sound Processor was launched in April 2025, offering patients premium-power hearing in the smallest and lightest device available.⁷ The Baha 7 also offers industry-leading connectivity and the chance to stream and connect in more ways than ever.⁷ This includes broadcast streaming in public, as it is the first sound processor with Bluetooth® LE Audio and Auracast™ streaming.**

**If you have questions about any Cochlear products,
please do not hesitate to contact us - we'd love to help.**

REFERENCE

1-6. see opposite page.

7. Cochlear Limited. D2150171 Baha® 7 Sound Processor. 2025, Feb.

** Auracast broadcast audio capability is subject to third-party adoption of the Auracast protocol. More info here <https://www.bluetooth.com/auracast/>

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A conversation with Karrie whose little boy is deaf

Karrie, a mother of two children, is interviewed by **Alex Smith**, the editor of AIMS Journal, about Karrie's early experiences with her deaf baby

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

Hello Karrie, thank you for agreeing to share your experience with us. Many congratulations on the birth of your second baby. He is 15 months old now I believe. How did you first find out he was deaf?

We found out our child was deaf through the newborn hearing screening programme. Every child in the United Kingdom (UK) is tested at birth for deafness and this programme is a game changer for those with hearing loss as it gives early access to technology and support. They came around the ward and explained that this was a quick 30-second test to check for hearing problems, but like many babies, he failed the first time round. They repeated the test and he failed again, but we were really reassured because a member of staff said that many newborn babies were still full of snot and that this would clear. I felt okay, but what's funny was that the week before he was diagnosed, I'd watched a BBC documentary about the profoundly deaf actress Rose Ayling-Ellis. I asked my husband if he thought our child was deaf, but at that point we both felt he was probably fine.

It was after this that I attended an appointment with a person in a suit. You know in the National Health Service (NHS) that you don't get given a person in a suit for nothing. So, we got given a man with a suit who was actually really lovely and kind and he said this is a 60-minute appointment, not the 20 minutes I was expecting. The auditory brainstem response (ABR) hearing test¹ process was simple. I breastfed my baby to sleep and the audiologists were really patient. They wait until the baby is asleep and then they attach electrodes and triple check everything. They are looking for brain activity in response to sound. I watched it happen. They put a tiny little video on the screen showing the read-out of the test. While asleep, babies should have very calm brain activity, and when they hear sound, the lines on the read-out should start dancing up and down. I could clearly see that there was nothing. Even when the volume was as loud as a jackhammer he was still sleeping and the lines were not moving. Sixty minutes came and went. The audiologist said we could keep going as the next patient hadn't turned up, and after another 45 minutes the tests were completed and the audiologist confirmed that our child had bilateral severe

to profound hearing loss (his classification has since changed to moderate to severe).

Actually, he didn't use the word deaf, which was really interesting. I just sat there a bit shell-shocked and went home. It was probably a couple of weeks before I figured out that I was allowed to use deaf in relation to that degree of hearing loss. A friend congratulated me for switching to the term deaf that day.

A few hours later my husband came home from work and we sat down at the kitchen table and I said, "Right then, what do you think, deaf or not deaf?" and he said, "Oh, is this a kind of bad joke?". It took us a while to take on board that this was for real. So that was our experience of diagnosis.

How supported did you feel by the health professionals involved at that point?

I have to say the audiologist was really good. He started explaining about the anatomy of the ear, but I was asking



the same questions over and over again. I desperately needed to understand everything in order to be able to share all this information with my husband and our wider family. He was really helpful and, at my request, fetched pictures and an audiogram² to show me. He went through ear anatomy about three or four times. I learned that it was a sensorineural hearing loss and I now understand what that means.³ My experience of diagnosis was really helped because our appointment was extended, the audiologist took the time to go over everything repeatedly, and because, in that moment, I had the forethought to ask for some pictures.

I can only imagine how different your experience would have been if you had felt rushed. What sort of emotional impact has your child's diagnosis had on you and your family?

I think it's a slow burn, understanding disability. To start with I was shocked and a bit sad to think that there's all this sound around us that my child can't hear, but I quickly made a conscious choice about how I was going to process it all. One decision I made very early on was to acknowledge that many disabled people in our world have great lives. I'm not saying that deafness is not hard, it can lead to exclusion and isolation and all sorts of problems, but I realised that I wanted to raise my child to own his disability and not be ashamed of it.⁴ After all, putting on a pair of hearing aids is no different to wearing a pair of glasses. One of the things that helped shift our perspective was listening to a podcast with someone sharing their personal experience of having a visual impairment. The person was so empowered and I thought, "Do you know what? We need to change our view on these things, it's not all bad". It is still sad to think our child can't hear, but learning about someone else's amazing story of sensory loss was incredibly helpful.

Thinking in that positive way helped me as I was actually super-shocked at first and got tired very quickly, especially as I was having to explain everything to my family. I even made some videos – "Here's a top fact about our life", and I joked when I went into a new social setting, or with people I hadn't seen for a while, that I should just wear a banner saying, "Yes, he's deaf – Yes, he wears hearing aids – No, he's not suitable for a cochlear implant – Yes, the hearing aids work", you know, the top ten questions, because I knew I was going to be answering those again and again and again. That's not a bad thing and I'm really 'pro' explaining our story to people, but it is very tiring.

There is quite a political stance in the deaf community about whether deafness should be considered as a disability or not. Deaf parents are often very pleased to discover their baby is also deaf because then they're normal – like them. Perhaps deafness is only a disability when considered within the context of a hearing world. What are your thoughts?

I agree. Deafness is something we live with and yes, disability is shaped by the environment around us, isn't it. I think the best thing that we can do as parents is to teach our child to own it. How many times in the day would you love to turn off the sound around you? I was in a really

busy place this morning that was so loud and overstimulating that it felt like it would be good to be able to turn off the sound. I actually sometimes think of deafness as a bit of a superpower. It's like a better way of viewing the world, isn't it?

How supported have you felt by the health professionals since the original diagnosis?

My local health board is doing pretty well to be fair, though I completely acknowledge that this is not everybody's experience. Health boards across the UK are all delivering very different services to their deaf children. I have heard stories of other people who have not had the same experience as us. Every health board should examine the quality of service they're delivering. We have also been really lucky with our health professionals. We first saw the audiologist when my son was six weeks old and he was re-tested at ten weeks. We changed to a different member of staff at that time and she has remained with us ever since and has been excellent. Our audiology service assesses hearing, which is an ongoing process, as well as providing our hearing aids and giving us advice on living with hearing technology. It has been really good. At times we've had to wait for appointments because they have been very busy, but I know they're always at the end of a phone. Our audiologist has spent time getting to know us as people and has given us good quality care. She has made sure that we've had an understanding of hearing aid technology and of the impact this would have on our lives. So yes, I can't fault our audiology department.

Every child who gets a diagnosis of deafness is allocated a Teacher of the Deaf. Ours is really sweet; my son likes her and she likes him. She gives us useful tips. One of the things I really love about her is that she's deaf herself. What better person to teach you about deaf life than a deaf person? We also have a speech and language therapist. Her role is reassuring as she provides tips on language and what to expect next. So that is our little team.

Over the last year, the focus on what we can do to help our child's language development has increased, but we've had access to a hearing impairment service the whole time. I can see that the staff are busy but they have provided good quality care and education for us. They have taught us about techniques to help our child develop English and British Sign Language (BSL). It's been fantastic.

Where do you go for your BSL classes?

We're in a city that's got a school for the deaf. They run BSL classes but, unfortunately, only during the day when I have the children to look after. My husband and I decided very early on that we wanted to really embrace BSL and learn about it as fully as possible. We had to work very hard as a family to make it happen and we attend and pay privately for classes at our local college. We've done BSL Level 1, and now we're in our Level 2 class. The woman who teaches us is profoundly deaf and is a 100% BSL user. She's great and this immersion into BSL has been invaluable for us as learners. The class happens during our children's bedtime and we rely on friends and family to try and juggle everything. We actually ended up taking our

son for the entirety of our Level 1 course because he was breastfed. My mother played with him outside the college library and I fed him during the break. I think we just made it happen; we worked for it.

With regard to learning BSL, what advice and thoughts would you share with new parents who discover that their baby is deaf?

I would say that step one is learning from a deaf person. That is really helpful. Secondly, I think you have to be kind to yourself. BSL is a full language and learning it takes time; it's not an overnight game. We are having phases where we're better at incorporating BSL as a family than others. You have to find a way of starting to use BSL in your everyday life. Do you start with just labelling things? Do you just use sign-supported English? Do you use full BSL and BSL sentence structure? And if you do, how do you do that? There is lots of different advice and everyone has their own opinion. Probably, the best thing that we've done was to listen to everyone, decide for ourselves, and act accordingly. I really enjoy learning BSL to be honest.

It is really important to know that BSL is different from Makaton. We have had lots of advice and suggestions about using Makaton, but I would really encourage people to find the right communication for them and their baby. There is a place for Makaton,⁵ it is really good, but BSL is a full language and part of the child's Deaf identity. Learning BSL and embracing it as fully as possible is really valuable. Part of my role as a parent is to help advocate for my child, to help raise Deaf awareness within my community, and to help society understand that BSL is part of Deaf culture.

I wanted to ask what might have made things better, but it almost sounds like not much.

There is one thing – because the services have been very busy, we still do not know the cause of our son's deafness. We have a paediatrician who is great, but there is a long waiting list to access that service. As a result, my son is 15 months old now and we still don't know the cause of deafness. I don't know if we will ever know.

Until we were first seen by the paediatrician several months after diagnosis, I didn't realise that a diagnosis of deafness triggers multiple tests for other health conditions. It is good that they do that, but as the mummy in this situation, it is very intense. Is there a problem with the ear structure? Or is there a problem with the brain, heart, liver, kidneys? Oh, you name it, they test it. It would be lovely if you could just do this in a one-stop shop of every test all at once, but in reality, the process is stretched out over a period of time. I don't necessarily know if there's a solution for that, but I have to juggle a lot of healthcare appointments.

I can tell that it is important for you to have a clear understanding about why your son is deaf.

Yes, that's right. From my perspective I want to understand everything about why my son is deaf, partly so that I know what we're looking for or what we're up against, and partly so that we are knowledgeable. Knowledge is power, isn't it?



When we spoke before you mentioned a condition called cytomegalovirus (CMV)⁶ that can cause deafness in babies. Can you say a bit more about that?

Yes, CMV is definitely worth mentioning because it is one of the leading causes of non-genetic deafness.⁷ In fact it is the leading cause of non-genetic deafness across the world. CMV stands for cytomegalovirus. It is part of the herpes family and is closely related to chickenpox and mononucleosis (mono). In its simplest form, the symptoms are like a bad cold. Anybody can catch it, but it is only usually a problem for those with a weakened immune system. However, if you are pregnant when you are exposed for the first time it can cause problems for the baby, including deafness.⁸ I can see that CMV is affecting other families, but I do not know whether CMV has affected our family or not.

Given that there are steps you can take to prevent it, I think it is absolutely worth talking about. There is a higher risk of catching it if you have other young children or if you're working with young children. When I say it's preventable, it's preventable in the sense that you can reduce your risk of catching it by good hand hygiene and not sharing food with toddlers. I personally would recommend that this is listed with the things to be aware of in pregnancy, such as not eating unpasteurised cheese and not cleaning out cat-litter trays. I am also anxious that midwives and doctors do not go to work when they have cold or virus symptoms. In this post-Covid world, we should all be really good at hand hygiene and not sharing

food or doing things that might increase the risk of catching a bug, but actually we're not all the time. I just wish I'd known a bit more about this before I was pregnant. This virus might not have affected our life, but it might have. We will find that out in due course.

I know that your son was born at home and was not given antibiotics as a newborn, but when we spoke, we mentioned the fact that the antibiotic gentamicin can cause babies with a particular genetic variant to become deaf. Scientists have recently developed a rapid test to identify vulnerable babies before treatment.

Yes, the National Institute for Health and Care Excellence (NICE) guidelines (which are applicable to England) are very recent, and I would be interested to know how widely across the UK this rapid testing is used. We need more research into understanding preventable causes of deafness. The Royal National Institute for Deaf People (RNID) charity is looking at research around the prevention and cure of deafness.¹⁰ It's super important work and deserves all the funding and donations possible.

When we spoke together, I was impressed by your positive and proactive approach to managing deafness in your family, but you have gone beyond concern for your own child, haven't you? Would you tell me about your plans for restarting a local Deaf Children's Society group?

Our son was diagnosed at the start of the school holidays and that meant that the Teachers of the Deaf were not available immediately. I was desperate to meet other people with deaf babies. I even did a very bizarre thing. We were on holiday and visiting a museum when I saw another child wearing hearing aids. I said to my husband, "That child's deaf", and I creepily followed them around the museum a bit before plucking up the courage to approach this total stranger and introduce myself. That is so unlike me, but I suppose it was

a symptom of the need to connect with other families who are in a similar situation. So, I started looking locally to try and find other people, and over the past year or so we have found each other and are working together to restart the Grampian Deaf Children's Society.

The previous branch folded a year or so ago, probably around the time my child was born, but we could see that there was still a need for one. We are a powerhouse of parents who really want the best for their children. Together we share a whole range of skills and experiences. Everyone has their own very different experience of deafness and disability and their own stories. It's a total privilege for us to be able to work together, to collaborate, to make something happen for our local area.

We are just in the process of getting registered with the Office of the Scottish Charity Regulator (OSCR). Our vision is a multiple-fold one, providing support for other parents around the time of diagnosis, involvement with schools, and being a place where we can meet and talk.

Collectively, as parents, we want our children to grow up, spend time, and have a relationship with other children who wear hearing technology. That also goes for siblings who may be fed up with the family focus on hearing technology and the endless appointments. It's really important for them to have networks as well – to not be the only child who is in their situation. The group gives us a platform for providing peer support for each other, sharing knowledge, sharing education, and developing various plans that will unfold over the next year. If you are in the Grampian area, please look us up on Facebook

Grampian Deaf Children's Society



Karrie lives in Scotland with her husband and two sons. The whole family loves good food and quality time with other people and are all on a journey of learning about deafness.

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

References

- 1 ABR information leaflet for parents (but not from Karrie's hospital) https://media.gosh.nhs.uk/documents/General_Auditory_brainstem_response_ABRKR_IOdGO4T_m8AujUa.pdf
- 2 An audiogram is a graph that shows the result of a hearing test.
- 3 Sensorineural hearing loss is usually caused by a condition of the inner ear affecting the auditory nerve – as opposed to conductive hearing loss where some obstruction prevents sound reaching the inner ear.
- 4 Building a positive Deaf identity is considered vital for the child's development and self-esteem. www.ndcs.org.uk/advice-and-support/all-advice-and-support-topics/deafness-and-your-emotional-health-and-wellbeing/advice-those-supporting-deaf-yong-people/supporting-your-deaf-childs-mental-health-and-wellbeing
- 5 It is worth mentioning that Makaton was developed for children with learning disabilities.
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- 8 CMV Action (2022) <https://cmvaction.org.uk/>
- 9 NICE (2023) www.nice.org.uk/news/articles/nice-recommends-genetic-test-to-prevent-newborn-babies-going-deaf
- 10 While prevention and cure of deafness is considered to be an important goal for many hearing people, some other Deaf charities, such as the British Deaf Association (BDA), campaign not for a 'cure' (as deafness isn't an illness) or prevention (they see it like preventing a baby being black or gay) but for full access and acceptance.

Family-centred early intervention for professionals working with babies

Liz Rothwell and **Cate Statham** share how DELTA supports families with deaf babies and children in the early years

Family-centred early intervention is widely acknowledged to enhance parental confidence and trust and lead to better developmental outcomes for babies. Deaf Education through Listening and Talking DELTA works with both families and professionals to help develop a supportive, inclusive environment where each baby has the best possible start in life, by recognising the family as the primary agent of change. Early support for families of newly identified deaf children is advocated by all agencies involved as well as all voluntary support groups. Professionals acknowledge and build on each family's unique strengths, cultural values, and priorities. This means listening actively to parents' concerns, involving them in decision-making, and tailoring intervention strategies to suit their daily routines and relationships.

It is a privilege to be invited into the home of a new baby. They are a new member of the family to be welcomed and celebrated.

Newborn hearing screening means families have to come to terms with the unexpected news that their baby is deaf. For most families this is a scenario for which they have no previous experience or knowledge and as professionals know, requires sensitive judgement as to the timing of the presentation of information and discussions around necessary choices which will be unique for each family. This can be challenging for professionals providing enough information but not too much for each individual family. Families respond in different ways, sometimes asking for as much information as possible and sometimes wanting time to process the information and everything in between!

The most important fact for everyone to remember is that the deaf child is above all a child with the same needs as any other child: communication, fun, desires, dislikes, and wants!

Informed choice requires that individuals receive accurate, unbiased information, and have the opportunity to ask questions and reflect on their values before making a decision. This is particularly important when families are making decisions about language for their baby. They need accurate information about the different paths and

how they may sit within each family's hopes and expectations for their child's participation in family and community life, and therefore their future.

DELTA believes that the majority of deaf children can learn to speak the language of the home¹, with appropriate amplification and support and is committed to helping the families and the professionals who work with them. Our information reflects this, offers in-depth support for families choosing this pathway, and recognises that their children need appropriate role models and peer groups. Contact with other families who are making similar choices is often very helpful, as is the opportunity to meet



and learn about the experiences of deaf teenagers and young adults.

Technology

As Sue Lewis (*BATOD Magazine*, March 2015) emphasises, listening is not just hearing but involves making sense of sound, which is a brain activity influenced by context, interaction, and familiarity.

Hearing aids and cochlear implants, while crucial, do not automatically lead to effective listening. Children must learn to filter, interpret, and assign meaning to sounds, a process that takes time and repetition. Children are innately social and attuned to human expressions from birth, especially sound, vision, and touch. Babies learn through shared experiences with caregivers, especially through rhythmic, familiar sounds like voices, songs, and rhymes, which form the foundation of spoken communication and language.

Early, accurate fitting of amplification is crucial, as well as ongoing assessment and adjustment to ensure the best possible listening experience for children. DELTA recognises that the technology alone is not enough. Sue stresses the importance of family involvement, encouraging parents to use songs, games, and natural spoken communication as they would with any child. Hearing devices must be functioning well and worn consistently, and children need rich, engaging experiences to develop listening skills.

DELTA recognises the commitment families make at a time when they are already very busy to attend appointments and ensure hearing aids are on during waking hours. It can be really hard to keep a hearing aid on a baby, and the benefits though real may not be immediately apparent.

Tracking progress

Rigorous tracking of age and stage is crucial to help families recognise tiny steps forward, giving them the confidence that what they are doing is working. DELTA welcomed the development of the Monitoring Protocol (MP) for deaf babies, and now its successor Success from the Start (SFTS). MP or SFTS make the necessary tools to do this accessible to families and all professionals. This is an integral part of this approach and is essential for developing the spoken language of the home through listening and talking. These tools acknowledge the role of all the family in tracking development and highlight each step, while also flagging areas that are more challenging, and may need adjustments, eg hearing aid tuning. In this way family members are recognised and reassured that they are the expert on their child.

DELTA 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 and are able to seize their opportunities.

DELTA provides a variety of support:

- Informative website, providing specific information on key topics
- Online free sessions for families, led by professionals and/or other parents

- Families can request a topic for online discussion
- Individual support from professionals and/or parents can be requested
- Opportunities for face-to-face events for families
- Bi-monthly free continuing professional development (CPD) sessions for professionals
- MESHGuide for Qualified Teachers of Deaf Children and Young People (QToDs) and mainstream teachers (Natural Aural Approach)
- Deaf young peoples' stories – both written and on video
- Opportunities to meet other families and deaf young people (in person and/or online) who have grown up using this approach
- Opportunities for siblings and extended family to meet.

For more information visit the DELTA website:

www.deafeducation.org.uk



Liz and Cate are both QToDs and Cate is also an educational audiologist. They are both trustees of DELTA.

Retiring?

If you have retired, did you know there is a reduced offer for retired members, for example?

If you are thinking of changing your membership status in any way, please let us know of the proposed changes at least a month before your next renewal date by contacting: treasurer@batod.org.uk.

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Please let us know:

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- the date you wish to implement those changes

Please also contact your bank to ensure that direct debits are cancelled and ensure that recurring card payments are stopped if you are cancelling membership.

If you have any queries re your membership options, further information is available here

www.batod.org.uk/memberships

and please do not hesitate to contact us.



Parent choice: a buzz word or buzz kill?

Michelle Atkinson argues the case for informed choice in the early years for families with deaf children, replacing the limitations of 'parent choice' with 'parent opportunity'

When I began researching my dissertation into the local offers available to families of early years' deaf children across England, I was hopeful to uncover a landscape rich with strategies and systems that truly recognised the individuality of each deaf child and their families. After all, every family is different. Every child is different. And every deaf child, especially in those crucial early years, deserves a nurturing environment that's responsive to who they are, not just as a statistic but as a human being with unique potential, strengths, challenges, and ways of experiencing the world.

So surely, the services they're offered should reflect that?

Instead, as I read through policy documents, spoke to professionals, and connected with parents, I found a phrase that appeared over and over again – used by services and authorities alike – 'parent choice'. It looks great on the surface, like parents are in control, selecting from a full menu of options. A term that resonates with empowerment and suggests freedom. But, when I scratched beneath the surface, it became clear that this so-called choice was anything but complete. The reality? Many families were being offered only a narrow slice of what could support their deaf child. It seemed that 'parent choice' wasn't about selecting from a full, diverse menu of options, it was about choosing from what the services were willing or able to provide. That's not freedom. That's not empowerment. That's a pre-fixed meal disguised as choice. You either take it or leave it.

It became clear that the term 'parent choice' was anything but a choice. It's a carefully managed illusion of it, quietly limiting the options available.

Behind the reassuring language of 'parent choice' was a tightly controlled set of offerings, often dictated more by resources and policy than by the actual needs or wishes of families. Many services claim to offer 'parent choice,' but what that often translates to is: 'Here are the limited services we provide, take your pick'. This narrow interpretation frequently excludes vital approaches like sign language or bilingual communication strategies. Sign language offers immediate, full language access regardless of hearing levels. It supports early brain development, identity, and confidence. Yet, my findings found that it's the most underrepresented in early years' services – it's often offered as an afterthought, minimal, patchy, or delayed. Is the idea that sign language delays speech still widespread, despite extensive evidence to the contrary?

Parents need information, access, flexibility, and time – not the pressure and limitation of 'parent choice'. It cannot be claimed parents are choosing freely if they haven't been shown all the possible paths ahead. Raising a deaf child shouldn't feel like heading down a one-way

street, locked into one direction. No left. No right. Just forward, on a predetermined path. Many parents often feel overwhelmed into early decisions, there's often little opportunity to pause, reassess, explore, or pivot. Parents need opportunities – real, flexible, well-supported ones.

I began to wonder... What if instead of 'parent choice', we reframed it as 'parent opportunity'?

'Parent opportunity' reframes the conversation. It moves beyond the illusion of choice and opens doors to something far more meaningful. It says: 'Here is a range of pathways. Explore them. Learn from them. Combine them if you wish.' Parents are not being asked to choose and commit to an exclusive route. Instead, parents are invited to build a flexible, responsive web of support around their deaf child, a dynamic toolkit that can grow and shift as they do. This isn't just a semantic change; it's a cultural shift. It encourages families to think beyond controlled options and to embrace the full spectrum of opportunities that can support their deaf child's development. It's about laying out a rich, interconnected landscape, and not a single track with fixed stops.

And what's more, as a deaf child grows, that landscape matters. Life doesn't move in straight lines. It curves; it bends; it fluctuates. Having free access to a diverse range of opportunities means that deaf children and their families are better equipped to navigate those twists and turns, not forced to choose between this or that, but empowered to draw from many sources, as and when they're needed. When we frame this landscape not as a list of mutually exclusive choices but as a web of parent opportunities, everything shifts. We empower families not to pick the 'right' path, but to access a range of tools that suit their deaf child's evolving needs.

Local services must be honest about the gaps in their offerings and advocate for broader inclusion. If services are serious about putting families first, we need to stop treating 'parent choice' as a buzz word.

Imagine being offered a rich, empowering toolkit the moment your child is diagnosed as deaf; resources that include affirming, positive language around deafness; access to sign language training from day one; speech therapy; connections to deaf mentors; inclusive audiology services; bilingual education pathways, and strong family support networks. Not a token six-week sign language course as frequently found in my research, but real, ongoing, accessible support. Compare that to being offered a single route and told, 'This is what we do here'. That's the difference between parent choice as it's currently framed, and parent opportunity as it should be.

When we give families a full toolkit, they don't have to place all their bets and gamble on one path or hope for

the best in a game of wait and see. Too often, this roulette approach leads to missed opportunities and unmet potential. The real magic happens when families are empowered with meaningful opportunities, not confined by someone else's 'choices'. Not just what's available, but what's truly possible. Only then can we say we're truly serving deaf children and not just the system built around them.

At the end of the day, it's not about fixing ears or debating the 'best' approach. It's about something much deeper; giving every deaf child opportunities to learn, connect, and fully be themselves.

Because every deaf child deserves not just a voice, but a language. Not just a choice, but a future full of opportunity. And more than just the tools to survive, they deserve to truly thrive.



Michelle Atkinson, a graduate of the University of Leeds with a Master of Arts in Deaf Education, is a Qualified Teacher of Deaf Children and Young People (QToD) at the Royal School for the Deaf, Derby, with a deep-rooted commitment to enhancing outcomes for deaf children. She recently completed a dissertation exploring local offers for deaf children, adding to her growing body of work in the field. As a deaf parent of deaf children, Michelle brings invaluable personal insight and lived experience to her professional practice. She is passionate about creating environments where deaf individuals can truly thrive and remains dedicated to driving innovation in deaf education for future generations.

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Welcome to the Deaf Community – a lesson in miscommunication to new (hearing) parents

A hearing mother of a deaf baby remembers her early experiences when her baby was identified as deaf
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Sat in the hospital ward, I snapped a cute picture on my phone of my tiny little newborn wearing a headset, with nothing on my mind other than “Aw, he looks like a tiny DJ”. I had no idea that we were starting on a journey that I had absolutely no preparation for. The lady doing the hearing assessment kept shaking her head, but on this newest of days, my baby’s very first day in the world, there was no real communication on what ‘failing’ the test meant. It felt relaxed. I was exhausted. And he really did look cute.

“The hearing equipment can play up a lot, I’ll just come over again later.” I didn’t even react, just staring into my little best mate’s hiccupping face.

When she came back, the story was the same, although this time I did feel a little more anxious. It had been a traumatic birth for both of us, and I was worried his slightly dramatic entrance had done damage. Even then, that was brushed off, “Ah, that will be it! The water in the birthing pool/the ventouse/the surgery...”. Goodness, it had really been a whirlwind 24 hours. The headset just must be wrong. Right? Looking back, the reassurance and stoic ‘all is well’ is probably a natural response from those operating the tests, designed to stop any unnecessary panicking, but some simple and matter-of-fact facts at this stage would go a long way. The next stage of testing gets thrust upon you so fast as a parent you feel completely blindsided. More on that later.

When we checked out of the hospital, we were told that we had to be at a hearing test at an audiology unit within a certain time of the birth – and our appointment was the very next day. Knowing what I know now – way too soon. It felt a big deal to trek into town to the audiology unit with my tiny baby when all I wanted to do was rest and recover. I was not okay post birth, and I remember the pain of trying to walk from the car park nearby as if it was yesterday.

I hadn’t realised at that point that I was also at the start of a severe infection (another story for another time...).

The tests were in a boiling hot room. I’d forgotten to wear buttons (I’d not been a breastfeeding parent before – to be honest I was still struggling with that bit). This part is a total blur in my mind: I remember not really understanding anything at all or being told information in any clear way to guide us

through. The audiologist just kept saying the word ‘deaf’ and then being irritated with me for not being able to soothe my baby by feeding in the room. I had to take my dress off to feed him. It was absolutely awful. I remember stickers and glue that ripped my baby’s hair out ... and I remember the sobbing ... his and mine.

We didn’t get an accurate test as the little one couldn’t relax, which was not surprising. We were going to have to do it all again. We still didn’t really know what ‘it’ was.

A couple of weeks later, I was still so uninformed about this process that I thought it was okay to go back to the audiology unit, this time without my husband. A huge, huge mistake to have gone alone.

I was in a boiling hot, unventilated room for what I think was five–six hours (again, a blur), whilst they glued probes to a tiny head. No one offered me (a breastfeeding new mother) any refreshments or a break. It felt like I had to stay until we ‘got this done’, and the determination from the audiologist felt, on reflection, brutal on me – on the baby in my arms – and bordering on the inhumane. I was completely upset and confused by the end of the testing and was handed a ‘Welcome to the deaf community’ leaflet with a grin that was inappropriate and mistimed given the lack of time to process the news I was being given.

It was pouring with rain outside as I fumbled my way out of the clinic, leaving my phone behind. I went back in and, trying to maintain some sort of normality in my voice, joked “You’d think I’d have been desperate to get out of here”. The audiologist, without irony (or a drop of empathy), quipped “Well, hahahaha; get used to it; you’ll be here all the time!” My panic escalated – was this prodding, poking, distressful process going to be routine? I was angry as I got

back to the car park charge for six hours of parking. I should not have been on my own. I should not have been there that long with no food or drinks. The appointment letter had never specified the length of time that would take, or any outline of the appointment’s details. And I was reeling – my little boy was deaf? What did this even mean?

My husband provided comfort with ‘not that



deaf' as he understood more clearly the 'mild to moderate' range that our son was hearing. Not one professional had even attempted to define it for me at the hospital.

The next days were spent scrolling through research and with an avalanche in my head of trying to find blame, trying to find a counter-diagnosis, trying to find the best experts in the world to tell me that this news was wrong or inaccurate. I phoned experts; I googled international audiology departments; I read papers on paediatric deafness, and I desperately didn't want this to be true. I was also convinced this was my fault: The 'hen do' I went on before I realised I was pregnant? The hot tub I went in at a spa? The time I had slipped off an office chair at work? The thoughts whirled and whirled constantly, and the 3am feeds were not the only thing keeping me up. I had done something wrong.

Thinking this way was unfair, and actually, I am ashamed of my prejudice at this point.

This was my little boy's reality and he was perfect. A beautiful, good friend shook sense into me with the words "Stop it now. This is just his 'thing'. We all have one and this is no more special than others". It was what I needed to hear and to this day is exactly right. It stopped me trying to somehow 'solve it', and it helped me get on with the next steps. Some simple communication from the experts at this early stage would have stopped this spiralling and worry. It was never offered.

A test for cytomegalovirus (CMV) was terrifying. If you haven't heard of it (I had not), it's a virus that can be picked up by pregnant women when dealing with children's nappies/mucus from noses, etc. Being deaf can be a consequence for the baby if the mother caught CMV during pregnancy. I hadn't heard of it. I googled it and was petrified waiting for the results.

A kind Irish surgeon called my phone at 9pm on a Sunday night and told me it was not the cause. The relief. But still the questions.

We did test after test over the coming weeks (or was it months?), and I felt like I lived in the hospital, constantly lost as I toured different departments to have my tiny newborn examined. It was exhausting, and again, the communications were so poor. I often arrived for appointments with absolutely no explanation of why or what they were for! When I questioned the need for aids, I got different versions of the fact it was the only way forward for him, with one consultant bluntly saying, "It's the difference between him growing up to have my job or becoming a plumber". I like plumbers! I really wasn't taking her clumsy point onboard for what she was trying to explain. And still I kept trying to find out how I had 'damaged' my child.

Eventually, it was a clear diagnosis – it was bi-lateral, sensorineural, moderate hearing loss with no other related issues. It would be about two years until we were told that this was a genetic condition inherited from both of us as parents who had a mutation on the connexin (Cx)26 gene. I actually have two! So, it was my fault after all. But it was not in my control.

My son got his hearing aids at ten weeks old. It wasn't like the dramatic videos you see. Again, the confusion for me

was understanding the diagnosis for his level of hearing loss. He could hear and was responsive – he just didn't hear very well. I watched him like a hawk, not trusting in the process at all as at no point did I feel I got the answers I wanted.

Is this hurting him?

Could they have got the setting wrong?

Is he really deaf?

What does he actually hear?

Has this changed his perception of my voice – his own mummy's voice?

Is everything robotic/digital?

Endless.

I made it a mission to learn everything I possibly could about the condition, his hearing loss levels, and the technology. I looked in depth at the specific make of the technology my son was using, and I contacted the experts from that company. I was initially seeking alternative answers, but really, I ended up with a profound reassurance that we were doing the best we possibly could for our son – that this technology now is the most advanced it's been for generations; that it was going to get better for him as he ages.

This has led me on a quest to try and put that reassurance in the hands of parents at the start of their journey. I don't want any mum or dad to doubt their decisions in taking advice, but I do want those advising to be better at it. I think the professionals need to take a step back and, rather than thrusting 'Welcome to the deaf community' leaflets at terrified parents, find a way instead to show that they care. This could be achieved by really listening to the parents, by having good clear information to hand, and by being able to help the parents feel confident that aiding your baby is one way of helping them fulfil their potential.

My little boy is doing so well at five years old – I wish I could have met him in that hospital ward on that day of diagnosis and heard his clear speech, his interaction with others, his jokes, his singing, his creativity, and his joy. Because I needed to see an example of what this was going to look like and no one seemed to be able to give that story to me. I have so many learnings from this experience – and probably could write 50 blogs on how new challenges present every day. But honestly, the hardest part was those early months and the way that there was so little communication, or evidence, or reassurance. The lack of empathy from supposed 'experts in their field' was unnecessarily distressing, and at times, woefully careless. However, those same experts are doing a great job by my little boy, proven by his development and abilities.

So, in summary, whilst the ineptitude of the system leaves you feeling bereft of information, I would offer any new parent these reassurances: that the audiology teams will help your child; the technology can be incredible; the opportunities for your baby are limitless; you have the right to ask questions and get clear answers; you can give yourselves time to reflect; and you can trust yourself to make the right decisions. My plea is for audiology units to ensure that their communication with and handling of parents in those early days are done with more empathy and expertise. ■

This mother has chosen to remain anonymous.

The essential role of emotional support in family-centred early intervention

Amy Spicer, Family Support Manager for Auditory Verbal UK (AVUK), reports on how The Nurturing Programme was adapted for families with deaf children

In today's digital age, the importance of emotional wellbeing for families cannot be overstated, especially for those with deaf children, who have already faced an emotional journey from diagnosis.

"Growing up in the digital world is a scary prospect, but showing a positive mindset is the best way forward (for digital and real)" – parent participant from 'The Nurturing Programme'.

Why emotional health matters in deaf children's early development

A literature review completed by the National Deaf Children's Society (NDCS) highlights the prevalence of emotional wellbeing difficulties among deaf children with estimates varying from 11% to 63%, and studies suggesting a higher rate of prevalence in deaf children and young people when compared to hearing peers.

These challenges are often more pronounced compared to hearing children, making early intervention crucial in preventing emotional and behavioural difficulties.

The Nurturing Programme: strengthening emotional wellbeing

The Nurturing Programme is a transformative ten-week cognitive-relational parenting programme designed to enhance the emotional health of both adults and children. Developed by **The Centre for Emotional Health** (formerly Family Links), this programme focuses on the interplay between cognition and emotion, fostering self-esteem, empathy, social skills, and nurturing abilities. The programme objectives are to:

- strengthen family relationships by modelling praise and self-praise, sharing ideas for family rewards and ideas for playing family games together
- promote overall wellbeing through visual demonstrations of how we might use an 'emotional thermometer' to

think about how we are feeling

- equip parents with strategies to support their child's emotional health through stories, games, and ideas for how we can give children what the course terms *personal power*.

These objectives and exercises are delivered through the weekly group sessions. Each session is designed to be collaborative and reflective, sharing tools, games, and discussions, and allowing parents and caregivers to build peer relationships. Different topics are delivered on the course each week, for example, feelings and what we do with them, the question of discipline, parenting styles, and nurturing ourselves.

Each topic is underpinned by the key elements of The Nurturing Programme, the four constructs of good emotional health: self-awareness, appropriate expectations, empathy, and positive discipline.

"I thought talking about emotional wellbeing was going to be a bit 'airy fairy', but the course has helped me understand the importance of recognising both my own emotions and those of my daughter; I'm so pleased I'm equipped now to support her emotional development."

Adapting The Nurturing Programme for families with deaf children

NDCS offers funding through their 'Early Years Research





Challenge Fund' to deliver parent-based intervention. Grants were awarded to projects that would focus on effective support for deaf children and their families and would run an innovative intervention to provide additional evidence in an area of existing good practice.

As part of its holistic offering with a whole programme of support for deaf babies and children and their families, AVUK successfully applied for funding to run The Nurturing Programme. The first ten-week programme was run in May 2023.

Since the Covid pandemic, the need for accessible support has grown. To meet this growing need, The Nurturing Programme was adapted for online delivery via Zoom. This innovative approach allowed families from across the United Kingdom (UK) – and even internationally – to participate.

Measuring effectiveness

We were delighted that 35 families with deaf children completed the programme and included single parents, working parents, and couples.

And the results are a wonderful reflection on how successful the adaptation of the programme was for families with deaf children, underscoring the significant positive impact of The Nurturing Programme on both the parents and children.

The positive results included:

- 87.5% of parents reported improved mental wellbeing
- 68% of parents observed reduced emotional and behavioural difficulties in their deaf children
- 46% of parents noted an increase in prosocial behaviour, including greater empathy, sharing, and co-operation. Examples included children offering comfort to peers in distress and taking turns more willingly.

These findings also show that the adaptations made to the programme for the target audience of families with deaf children worked and addressed the very particular issues facing these parents and caregivers.

Delivering the course online

This also resulted in additional and unexpected positive results and benefits. It enabled higher engagement from more diverse parent groups who may have been unable to attend in-person sessions.

Features like breakout rooms and annotation tools enhanced collaboration and interaction and proved that technology can be a powerful ally in supporting emotional wellbeing.

We learnt that we can and should leverage the power of technology to help families connect with each other and increase training and education in the area of emotional wellbeing.

"I honestly feel like [The Nurturing Programme] is as vital as an antenatal [one]. It has been so reassuring. Nurturing Programme for everyone NOW!"

Family-centred early intervention is more than a strategy – it is a transformative journey for both deaf children and their families. At AVUK, we have learnt more about supporting families through delivering this programme in partnership with The Centre for Emotional Health. We are proud of the results and our aim is to deliver The Nurturing Programme twice yearly through collaboration with partner facilitators in other organisations that support families with young deaf children.

Later this year we will be running a short course on emotional health for professionals working with deaf children across the UK. Details of these and other courses can be found at www.avuk.org/Pages/Events/Category/book-training. If you are interested in learning more about the programme or other training options which can be tailored for individual teams, please contact us using the [enquiry form](#).

And to find out more about the range of support at AVUK for families with deaf children visit our [website](#), which includes details of our [bursaries](#), and free courses on parent coaching and developing spoken language through listening.



Amy holds a psychology degree from the University of Southampton and postgraduate training as an Early Years Professional and Leader of integrated SureStart Centres. Amy is a parent educator, able to help with all aspects of family support and bursary funding.

AVUK's holistic family support offering is led by Amy who believes passionately that parents and caregivers are their child's first educator, and by giving parents the tools to thrive in family life, we give families and their children the best start. Amy first started delivering parenting programmes, including The Nurturing Programme, over 15 years ago.

Little Hares baby, toddler, and preschool group

Katherine Clements, Assistant Principal at Mary Hare School, shares information about the school's monthly early years' group, Little Hares

The Little Hares baby and toddler group was launched in May 2023. The monthly early years group was set up to extend the professional support our specialist school, Mary Hare School for deaf children and young people, can offer to the wider community.

Each month we welcome families from the surrounding counties into our beautiful purpose-built primary school. Our aim is to give families with deaf little ones an opportunity to meet, share their stories, have fun, and also receive specialist support from qualified professionals.

Each group has a theme and is run by our Teachers of Deaf Children (ToDs) and specialist therapists. Interventions have included:

- Music therapy – qualified music therapist
- Speech and language development – highly specialist speech and language therapist
- Audiology management and advice – educational audiologist
- Sensory play – ToDs
- Baby sign language and nursery rhymes – ToD and first language British Sign Language (BSL) user
- Reading with your deaf child – ToD and head of English.

The group is supported by the National Deaf Children's Society (NDCS) which comes each month to meet with the families and provide advice on education, health and care plans (EHCPs), appeals, and available training and services.

Sixth form students studying childcare and A level English have also had the opportunity to come and meet the families and engage with the babies and toddlers. Parents have said: "It is wonderful to meet young deaf role models"; "I was fascinated to hear about their journeys and see how far they have come"; "The sixth form students are a credit to your school".

This last academic year, Little Hares has received recognition through funding from the National Lottery Community Fund and an award nomination from the National Association of Special Schools (NASS).

The National Lottery Community Fund, which is the largest funder of community activity in the United Kingdom (UK), has been funding this project and has been pivotal in helping to cover the running costs and offering the opportunity for the group to develop and expand its resources. The Fund encourages the involvement of families and their feedback with designing the sessions. Ultimately, "people know best what's needed in their communities. It's important to involve your community from the start – in the design, development and delivery of the activities you're planning". Parent views and feedback have not only been collated throughout the running of the project but also in surveys at the end of each year to invite their views on the running and organisation of the group,





as well as the topics and sessions they would like to see delivered.

A parent attending the group shared, “In our experience these support groups are extremely sparse and essential to support emotional wellbeing, listening development, early communication, and deaf awareness by experienced professionals. It is extremely beneficial for deaf children to spend time with their deaf peers, which helps them feel more included. Having professionals that work in a deaf school to speak to about any concerns or struggles is a huge help to us.”

Little Hares was also a finalist for the ‘Breaking Barriers’ NASS Awards in October 2024. This award recognises a person, team, establishment, or organisation that has carried out exceptional work engaging with external stakeholders to ensure positive and sustainable outcomes for children and young people. NASS is a membership organisation representing special schools in England and Wales, and each year it holds an annual awards conference to recognise the remarkable work that is carried out. Being a finalist amongst other fantastic and inspiring schools provided the recognition of the hard work and dedication of the team and the significant impact the group was having on the lives of the children and their families.

One parent shared, “I felt it was important for my son to be with other deaf children as he does not have that interaction much where we





live. Just to be with other parents and share our worries and concerns and then be reassured or get advice from specialist trained staff”.

As professionals working with deaf children and young people, we know the importance of early intervention and the impact this has on language development, self-esteem and attainment. Being able to support these little ones so early in their development has been a wonderful opportunity to develop their speech, listening, language, BSL, and communication skills in a setting that is designed for deaf children, with professionals who can monitor their progress and provide advice to the families. Each session is designed to support their development, resilience, and communication, and the progress we have seen over the past two years has been wonderful. We are very proud of all their achievements.

We look forward to developing the group even further,

ensuring that families are at the heart of all we do and that deaf babies and toddlers have the best start to their educational journey.

Little Hares is open to any family with a deaf baby or toddler aged four and under. The full list of dates can be found on the Mary Hare website. All sessions are free, but places need to be booked in advance online at maryhare.org.uk/events/community#listings

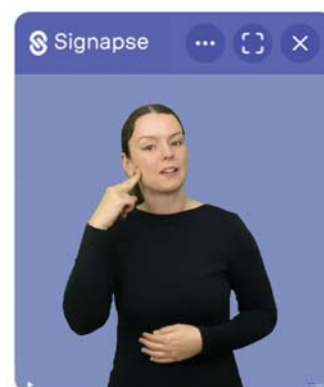


Katherine Clements is the Assistant Principal at Mary Hare School and a Highly Specialist Speech and Language Therapist.

Revised 'Moving towards using positive language around Deafness/Hard of Hearing'

The BATOD and Deaf Teachers (DTOD) 'Moving towards using positive language around Deafness/Hard of Hearing' document'. It is available to download from the BATOD website
www.batod.org.uk/information/batod-and-deaf-teachers-publication-positive-use-of-language

The document is intended for BATOD members to support them in approaching local authorities (LAs) or settings where the terminology hearing impaired (HI) is used. You may wish to add to this or amend according to the needs or context of the area/setting you are approaching.



Supporting deaf children and families in the heart of their communities

Debbie Talbot from the National Deaf Children's Society shares their early support of community connectors for families with deaf babies, children, and young people

At the National Deaf Children's Society, we're dedicated to supporting deaf children and their families, and deaf children are at the heart of everything we do, no matter their level of deafness, how they communicate, where they go to school, or which technology they use. We believe our passion, drive, and determination have helped us break down many barriers for deaf children over the years. But a fundamental challenge remains – some deaf children still aren't getting the support they need early enough.

Our ultimate goal is to reach 100% of deaf children and young people who need us as early as possible. We knew we needed to radically change the way we worked if we were to achieve this goal. We needed to build capacity and a sustainable way of working so that we could be there for more deaf children and their families every step of the way, with bespoke advice and support that's right for them. We know that with the right support, anything is possible for deaf children.

This is where our community transformation comes in.

Research

We know from extensive research that parents are the biggest influence on children in the early years. We also know that peer connections are essential, with deaf children more likely to thrive in better-connected communities, and that Qualified Teachers of Deaf Children and Young People (QToDs) and audiology services play a critical role, though access and effectiveness can be variable. And it's well documented that language and communication skills are vital in the development of deaf children's literacy and social skills.

It soon became clear that there was a gap – a joined-up approach across communities that was tailored to families and their needs. We concluded that to bring about the change we wanted to see, we needed to turn how we supported deaf children and their families on its head, putting parents and volunteers at the heart of every activity, and giving them the knowledge, tools, and know-how to connect, collaborate, and drive effective change in their communities.

That's why we've set out to develop a support model that's rooted in communities, guided by shared values and the Family-Centred Early Intervention for Children who are Deaf or Hard of Hearing (FCEI-DHH) principles, and focused on building long-lasting and effective solutions.

A shift to a more community-based approach allows us to adapt to the different needs of each community. It means we can provide holistic, tailored support exactly when families need it. It also means we can work hand in hand

with parents, to help us make decisions about the support families need and when.

Building community connections

Through a new United Kingdom (UK)-wide network of community connectors, we're bringing people and services together, and creating opportunities for families to connect with others on the same journey and access vital emotional and practical support. Our community connectors are parent leaders at the heart of their communities. They bridge the gap between families, health, and sensory support professionals, such as QToDs, so that deaf children can access a wide range of support to suit their individual needs. They also work with volunteer-led local groups which offer a safe space for families to come together for friendship, support, and fun.

Going hand in hand with the community connectors, the National Deaf Children's Society now provides grants of up to £10,000 for community initiatives supporting deaf children. These grants give local groups and grassroots organisations the financial means to make things happen for deaf children.

Grants enable communities to provide a range of support, depending on the needs of deaf children and families in their area. They might organise events and activities to bring deaf children together, offer ways to learn British Sign Language (BSL), or provide peer support.

So far, we've been able to give over £150,000 directly to support deaf children in their communities. Initiatives include family sign language projects, library story sacks, and the first ever early years groups for deaf children in some areas.

We're also developing a new volunteering model that will work alongside these initiatives and give us a rich tapestry of support within communities. Volunteers will play a pivotal role in supporting communities, working side by side with families and the National Deaf Children's Society to make sure we reach as many deaf children as possible.

FCEI-DHH principles

The FCEI-DHH principles are woven into our approach at every stage. In practice, this means we're getting parent leaders to the heart of communities, getting more money to community initiatives, creating a volunteer network of support, and providing bespoke training, resources, and support.

Impact

Eight areas now have community connectors in place, with approximately another 20 to follow across the north of England. And we're seeing early signs of real impact.

Amy Collins is a Community Connector in Wiltshire. She said "Being a parent of a deaf child myself, it's an incredible opportunity to be able to walk alongside families as they navigate their own journeys.

"My son had his first hearing aids fitted at seven weeks old. So, from those very first days of motherhood, our lives were filled with appointments, questions, worry, and anxiety. My role now allows me to support parents and carers on similar paths, and it feels wonderful to be able to give back through an organisation that offered us so much support all those years ago.

"In the few short weeks I've been out in the community, I've been supporting and connecting families across the county, organising drop-in sessions for parents, and collaborating with local organisations and charities to build a solid network for all families with a deaf child.

"The feedback so far has been wonderful, and families are really feeling the benefit of having someone to speak to who has 'been there before'."

Another Community Connector, Kayleigh Greenwood from Hampshire, has highlighted the value of working closely with QToDs in her area. She said: "I had a brilliant conversation with our local Teacher of the Deaf at a recent school visit. We explored how I can support families in the community. We exchanged ideas, shared resources, and agreed to keep in touch so we can make sure any families who might benefit from extra support in our area know where to come. It's always energising to see collaboration in action."

Grants are also being used across the UK, with parents designing bespoke solutions, activities, and support for the deaf children in their area, depending on need.

One grant has gone to Phoenix Society for Deaf Children, an affiliated local group covering Hertfordshire. The grant was in response to demand from the parents of younger deaf children for a group for under-fives. The new under-fives group has been called Hatchlings and will run for all of 2025. It is a stay-and-play for deaf babies and toddlers, which teaches both BSL and spoken language.

The group leader said: "We've had four sessions. One of the girls who was here today has been at every session and is very shy. I've very rarely gotten her to engage with me. But today, when they were leaving, she talked back to me! We've bridged that gap."

We'll be collecting a host of learning and reflections from all of our community activity. We hope to see key themes emerging, which will inform our next steps and help us design new, creative approaches to reaching more deaf children and families.

We'll continue to look for opportunities to work closely with families across the UK, as well as QToDs and other professionals who support them, so that we can work together to drive lasting social change and support deaf children within their communities.

To find out more about the National Deaf Children's Society's community work or for information about support in your area – for both families and professionals – visit ndcs.org.uk

BALMs

Do you enjoy modifying the language in material to be accessible for deaf readers? Have you considered the BATOD Accredited Language Modifiers (BALM) role?

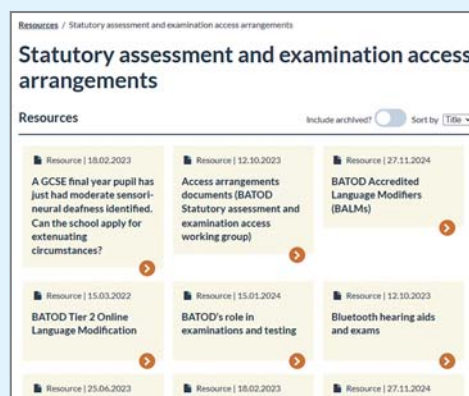
On successful completion of both the Tier 1 and Tier 2 courses, we will invite BATOD members to become a member of the BATOD panel of exam language modifiers. BATOD currently works with a small number of exam boards including AQA, CCEA, NCFE, Pearson/Edexcel, and WJEC.

The current BATOD co-ordinator is Susie Marques. The co-ordinator receives the requests from exam boards and will then contact you to ask if you are interested in taking on language modification assignments for different exam boards, as work becomes available. Some exam boards have an induction process which they organise. When you accept the work, you are working for the exam board and BATOD knows no more about how the work goes. The exam board will expect you to keep to the contract you sign, and they pay you directly for the work. They communicate with the BALM co-ordinator about the quality of the BALM work.

It is difficult to check continuing competency of the exam boards, because they do not always take up the modifiers' suggestions. If you have any concerns about the accessibility of examination papers, do let BATOD know via exec@batod.org.uk. BATOD has an active Statutory Assessment and Examination Access Arrangements working group that regularly engages with JCQ, SQA, Ofqual, and Access Consultation Forum.

If you have any questions or would like to find out more about the BALM role, please email langmod@batod.org.uk

If you have a query for the Statutory Assessment and Examination Access Arrangements working group, please email exec@batod.org.uk (examples of past queries are available on the BATOD website).



Local families at the heart of everything we do

Helen Davies, Centre Manager at The Family Centre (Deaf Children) in Bristol, describes the community support they offer to families with deaf children

The Family Centre (Deaf Children) is a small local charity based in Bristol, which was set up in 1995 by a small group of committed parents and carers to help address identified gaps in community support for local families who have children with hearing loss.

Some 30 years on, through grant funding and donations, the charity is able to provide a wide range of free activities, events, and services tailored specifically to the needs and interests of local families who have children with hearing loss. From teddy ear clinics, Family Sign British Sign Language (BSL) courses, and play therapy, to parent/carer wellbeing workshops, monthly youth peer meet-ups, and engaging family-focused events, The Family Centre offers something for everyone.

From a recent discussion with our local Sensory Support Service, here's what they say about the charity's contribution to family-centred early intervention:



"The Family Centre (Deaf Children) collaborates with the Sensory Support Service in a variety of ways. Recently, The Family Centre ran a teddy ear clinic which was a huge success! They also provide additional support such as transport for families who may otherwise find it difficult to participate in local groups. The Family Centre provides weekend and holiday events that enable parents and children to meet up. Some lifelong friendships have been made through their events."

How we support family-centred early intervention

The charity's approach to family-centred early intervention focuses mainly on four key areas:

Partnership working

Working closely with a range of partner organisations and agencies, such as sensory support services, National Health Service (NHS) audiology services, and other local community groups provides unique opportunities for us to



collaborate on family-focused early intervention initiatives as well as to extend our community reach. This effective joint-working enables us to connect with local families at the very early stages of a child's diagnosis and development, and to start to form supportive long-lasting trusting relationships. It also enables us to promote our activities and services, which are aimed at supporting and complementing mainstream early intervention and sensory support services.

Creating a supportive environment

The vast majority of our volunteers and staff have personal lived experience of hearing loss within their own families. This gives us unique insights and understanding of the challenges and difficulties hearing loss can often present for families, and helps us to create safe, inclusive, and accessible services and activities.

As a user-led organisation, the

voices and views of local families with hearing loss are at the heart of everything we do. BSL interpreters are also available to support communication, service user interaction, and social connections at our events. Our Families and Events Officer is also a competent BSL user.

A unique feature of our approach to working with families with hearing loss is 'inclusivity'. All members of the family are welcome and encouraged to get involved in our events and activities, including hearing siblings, children of deaf adults (CODAs), and grandparents. This helps.

Connecting families with other families

A key aspect of our work at The Family Centre is focused on bringing local families together at family-focused events to facilitate knowledge sharing, parenting skills development, peer support, and the creation of family support networks in the community. Popular events that we held in 2024–2025 included family-focused festive parties, a picnic boating day, and a day trip to the seaside in the summer.

Resource and knowledge sharing

To support resource and knowledge sharing, we have a well-stocked resource library that enables us to lend hearing loss-related educational books, toys, and practical devices such as flashing lights and vibrating alarm clocks free of charge. For low-income families, many of these specialist resources would not be financially accessible to them. We also regularly review and update our library to



ensure items remain in good condition, and that we are up to date with the latest technology items that can assist families with hearing loss.

But to really demonstrate the charity's work and contribution to family-focused early intervention at a local level, we feel it's best in the words of the parents and children who take part in our events and access our services.

"The Family Centre has been a massive part of our life since our son's birth. As parents we've gained close friends, who we can share our experiences with and support each other. Our son has also made close friends who have been essential for his mental health and Deaf identity over the years."

"Being able to connect with other families in the same position is invaluable. Having a deaf child can feel isolating as there is never another deaf child in school."



"Through The Family Centre, we have been able to forge friendships with other families, share experiences, gain advice, and normalise hearing loss for us all."

"Before I found The Family Centre, I felt very lost and alone in understanding hearing loss for my daughter. The centre has helped me feel part of a community. The whole family enjoys all of their activities."

"The events are fun and they are great at signposting, either by way of introduction to other families in similar situations, or to information and resources that might help."

"We greatly enjoyed the Christmas party. It was great for my son to be around so many children who have varying degrees of deafness. Me and my husband got a lot from chatting to other parents. It was good for my hearing daughter to feel like the 'different' one for once and perhaps build some

Family-centred early intervention

understanding of what life is like for her brother.”

“The support, sharing of knowledge, and inclusion have been invaluable.”

“My family is now coming back together because of Family Centre events, and this has made more time for my family.”

Service user feedback extracted from the charity’s ‘Parent and Carer Survey 2025’ and ‘Children and Young People Survey 2025’.

www.fcdc.org.uk

Helen Talbot joined The Family Centre (Deaf Children) as its Centre Manager in early 2021. She is passionate about supporting deaf children, young people, and their families and is committed to

helping the charity achieve its mission and aims. Helen is responsible for service delivery, financial management, and the charity’s day-to-day operations. As with many of the staff and trustees at the charity, Helen is a former service user. She is the proud mum of three wonderful children, and her youngest daughter, who has a bilateral severe sensorineural hearing loss, also enjoys being an active member of The Family Centre’s youth group.



Consultation invite

A new consultation draft of the NDCS Quality Standards for Resourced Provisions has been published, setting out a unified framework to improve outcomes for deaf children and young people in mainstream schools.



Developed from ten years of professional guidance and collaboration, the draft brings together evidence from education, health, and families into eight clear domains. Each domain highlights why it matters, minimum expectations, good practice, and measurable outcomes.

The aim is to create a simpler, evidence-based framework that supports inclusion in the classroom, strengthens accountability for schools and local authorities, and promotes better life chances for deaf pupils.

This consultation invites views from across the community — including Teachers of Deaf Children and Young People, school leaders, parents and carers, young people, audiologists, speech and language therapists, commissioners, and local authority managers.

Your input will help shape national standards that are ambitious, realistic, and rooted in lived experience.

To read the draft and share your views, visit: www.hear2learn.com/education

Stronger together through CMV

Effie Williams shares the importance of early support for her family when their daughter was diagnosed with congenital cytomegalovirus (cCMV). This article first appeared in the 'Stronger Together' series of stories on the [CMV Action](#) website

Before my daughter's diagnosis, I had never even heard of **CMV**. It wasn't a word that had ever come up in antenatal classes or pregnancy leaflets. The first time I heard it spoken aloud, I was standing beside my four-day-old daughter in a hospital room, tears streaming down my face as doctors gently explained what her diagnosis might mean. My partner and I sobbed, our vision of new parenthood shattered in an instant. Those precious, early postpartum days we'd imagined – snuggling at home, slowly finding our rhythm were replaced by scans, specialist visits, and a world of unknowns.

cCMV became all-consuming. Baby groups were replaced with blood draws and endless appointments. Instead of peaceful nights together as a new family, we were in accident and emergency (A&E) waiting rooms. But amidst all that fear and grief, there was also beauty. We were cared for with such compassion by hospital staff. Each milestone our daughter reached brought us indescribable joy. And when we shared her diagnosis with others, we received an outpouring of unconditional love and support.

Our lives have changed forever – but not always for the worse.

The early days: a crash course in the unknown

Our daughter's journey began with a scan at 36+4 weeks, revealing changes in her brain:

ventriculomegaly, microhaemorrhages, and calcifications. A long list of possible causes followed, each requiring more tests and agonising wait times. As I was



due to be induced just days later, we decided to wait.

At birth, our little girl had tiny red dots on her skin. We thought they were freckles, just like her dad's. But they were **petechiae** – a rash caused by low platelets. That, and the earlier brain scan, were clues that led to her diagnosis: cCMV. In just days, our newborn underwent an MRI, ultrasounds, hearing, and vision tests (she has no hearing in one ear), and countless blood draws. I remember asking if we could take her outside for a short walk, just to feel normal for a moment. We were told no, the risk of jostling her fragile brain was too great.

Those first days were terrifying. I was scared to step away from her in case I missed a critical update or test result. Every scan felt like it held the weight of our entire future. I lived a thousand lives in my head, each imagining a different outcome.

How CMV changed our lives

The first six months were a blur of hospital letters, medications, and long nights. It all started to feel normal. But one day, when someone shared a photo of their newborn grandchild at home, it hit me. This wasn't typical. I had become so wrapped up in our new reality that I forgot what we were missing. We hadn't been to a single baby group. Every story I had about our daughter took place in a hospital.

cCMV had become our world.

Family, friends, and community: our lifelines

The diagnosis was a shock to everyone. Most had never heard of CMV. It frightened them and understandably so, given the lack of accessible information. But despite the fear, our loved ones showed up for us.

My mum has been my rock. She stayed with me in hospital, never leaving my side unless I was sleeping. She came to every appointment, waited with us in A&E, arrived first, and left last. Becoming a mother taught me what I'd do for my daughter and reminded me what my own mum has done for me. I can never thank her enough.

Our friends, too, have been unwavering in their support. They didn't need to understand cCMV to love our daughter fully. Their compassion shows me that no matter what her future holds, she will always be surrounded by kindness.

And then there's the CMV community. The families we've connected with through a research study and peer support groups. Talking with other parents has made this journey less lonely. We share the same fears and hopes.

We understand each other in ways others can't.

'Stronger together': what it means to us

I've felt the strength of togetherness over and over. In the visitors who lit up our hospital room with joy and laughter. In the nurses who smiled and said, "We hope we never see you again!" at our last appointment. In my partner and I holding each other up, always knowing we're not alone. And in the quiet moments too when someone listens without trying to fix it, or when I see my daughter smile and remember that joy still lives here.

Finding strength in the unknown

The hardest part of this journey is the not knowing. You mourn the life you thought you'd have and must learn to embrace a new one, shaped by uncertainty. "Wait and see" becomes the mantra and the burden. You get caught up chasing milestones, test results, answers. But then you look back and realise how far you've come.

Take photos of the smiles. Record the little breaths. Celebrate the head turns and tiny eye movements. These are the moments that matter.

Advice for families just starting their CMV journey

- Keep a note on your phone for questions that come to mind in the middle of the night.
- The information can feel overwhelming. Take it at your own pace, but don't avoid it. Knowledge is how we protect and advocate for our children.
- Look back often. Let the progress remind you of your strength.
- See hope in the unknown.

What I wish people knew about cCMV

I wish more people simply knew about cCMV. It's so common and yet barely spoken about. The more awareness we raise, the more we can protect pregnant people and babies. And the more supported families like ours will feel.

Thank you, Tiny Lives

Lastly, I want to mention **Tiny Lives**, an incredible charity in the North East that supports families who have spent time in the Neonatal Intensive Care Unit (NICU). From counselling to classes, financial support to free parking – they have made a real difference in our lives.

It's true that it takes a village! Together, we are stronger. For families navigating cCMV, you are not alone and you are stronger than you know.



Last year (2024), Effie Williams and her partner Kai became parents to their wonderful daughter Isla. Matrescence, a transformational journey for all, changed Effie's world from newly graduated young woman into medical mum overnight. An insistence on being optimistic (something of hers that has rubbed off on her smiley daughter) has meant their journey has been one of hope and positivity. Since Isla's diagnosis, Effie has made it her personal mission to talk as much about CMV as she can; in sharing their story, she hopes to raise awareness of CMV and the impact cCMV can have on developing babies.

Early intervention for DHH children in Germany – support from the very beginning

Christine Grote and **Ulla Kolzem**, both from the Westkampschule in Bielefeld, report on the support available in the early years for deaf and hard-of-hearing (DHH) children and their families in Germany

This article provides a brief overview of how in Germany, deaf and hard of hearing (DHH) education is managed in the early years.

In common with the United Kingdom (UK), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was ratified in Germany in 2009, with hearing impairment classified as a physical functional impairment. Ratification of the CRPD underpins national legislation; however, German federal states have the autonomy to configure services for the DHH community.

Consequently, while the Federal Government ensures intervention for DHH children is free of charge for all families, with early intervention available to all children from birth, there is much regional variation in composition and structure of these services. Some federal states may place a greater emphasis upon integration in mainstream education, whilst in others, more emphasis might be placed upon schools specialising in hearing loss, or perhaps a hybrid of both systems.

The structure of early years education in Germany also differs from the UK. The early years foundation stage (EYFS, England) framework provides a structured curriculum with specific learning goals, outlining developmental milestones. German early years education within kindergarten is less structured but places a stronger emphasis on play-based learning and socialization, with a greater focus on outdoor activities and developing independence.

Early detection and diagnostics

The newborn hearing screening was introduced nationwide on 1st January 2009 by the Federal Joint Committee (GBA). It is a service covered by statutory health insurance and performed within the first days of life. Identification of potential abnormalities will initiate referral and follow-up in a pediatric audiology clinic.

Diagnosis and parental counseling initially take place in this clinic setting, which also provides technical support and supply of hearing devices prescribed by the pediatric audiologist. However, collaboration and involvement of educational specialists is a critical part of this early support. Only with interdisciplinary collaboration between educational specialists, speech and language therapists (SaLTs), audiological counseling centers, daycare centers, and special needs kindergartens can an effective holistic child-centred plan be developed.

Early educational intervention happens on parental request and includes home-based early education, supporting the parents or caregiver in their communication with the child,

as well as teaching the child to attend to sounds and to improve their communication skills.

Unlike general daycares, children in the special school kindergarten are supported in both German spoken language (DLS) and German Sign Language (DGS). The goal is to develop basic skills in both spoken and sign language, allowing children to experience communication without barriers. Language skills and signing are also an important part of the support given to the parents, so that educational and developmental input is consistent.

Teachers specializing in the education of DHH children are the principal professional group responsible for this support to the children and caregiver. Target groups for this support include:

- families with DHH children
- families with DHH children alongside other disabilities
- hearing children of deaf parents (CODAs).

Goals and content of early intervention

Early intervention is a family-oriented hearing and speech development program, meaning the entire family and their environment are central. Intervention is not therefore solely focused on the child. Educating and supporting parents focus on the following key areas:

- promotion of hearing and communication skills
- promotion of identity as a hearing-impaired child
- promotion of overall child development
- counseling of parents and educators
- use of DGS
- interdisciplinary exchange with other institutions, (eg other support centers, pediatric audiologists, pediatric acousticians, cochlear implant centers, clinics, daycare centers, speech therapy facilities).

The support and guidance of the family must be holistic and tailored to the individual needs of all involved. The long-term goal is to support the family unit to create a rich and stimulating environment for all children within the home, equipping the principal caregivers with the insight and skill so their DHH child will ultimately grow up to lead an independent life.

How we work in Bielefeld in early hearing support

Bielefeld is a city in Nordrhein-Westfalen. Within this area we largely operate an integrated approach to education, supporting mainstream schools.

Early hearing support must be approved by the education authority (*Schulaufsichtsbehörde*), after which an initial consultation assesses the family and child's

background. We create a needs-based plan, with the goal being to shape the parents' insight and skills, enabling them to foster a stimulating home environment that aids the child's skills of communication, hearing, and socialization. Support can vary from providing information about the type of deafness, the forms of support available, the rights of the child, strengthening home-based skills, or connecting the caregivers to a wider multiprofessional team.

The initial focus of this work is upon the parents/caregiver as their engagement is critical to the long-term success of any program. As treatment progresses within the family, we then target intervention with the DHH child. Resources are identified and prioritized through standardized testing (testing cognition, language use, and emotional testing). These objective tests help us to monitor progress as we observe the child and their play, and assess their interactions within the family unit.

The special needs teacher is responsible for identifying the child's needs and inviting fellow professionals to a roundtable assessment. The roundtable assessment is an interdisciplinary team (IDT) discussion centered upon the needs of the child. Each member of the IDT applies their specialization to support progress towards these shared goals. Ideally, shared goals should be SMART (specific, measurable, achievable, relevant, and time-bound), thereby supporting coordinated collaboration.

Playful activities form the core of any program. Usually, weekly input of 60 minutes aims to enhance auditory perception in all its facets, language acquisition, cognitive abilities, and other areas of development. The various individually tailored sessions are always conducted in spoken language and, if needed, supported with signs. A roundtable discussion must also include the parents who are included in these reviews, providing them with insight of the child's current developmental status, as well as insight of the input and perspective of each profession involved. We recognise the importance of enabling the parents to understand the developmental goals of their child and how their input can aid progress, contributing to the child's potential.

Significance of sign language

The use of sign language is central to language acquisition. Since children with limited hearing miss out on part of verbal communication, signs complement spoken language, making speech visible and especially strengthening understanding.

We find that children who come into contact with spoken language-supported signs, quickly adopt it to express their needs and wishes. In our work, signs are not used as a replacement for spoken language but are intentionally employed to give the child the opportunity to communicate. They serve as a bridge to learn and expand language.

For children who grow up culturally deaf, we seek to connect them with professionals who are also deaf so that they are fully immersed in the use of DGS.

In summary, while German early years education may be marginally different to early years education elsewhere in Europe, the principles of successful early intervention for DHH are shared. This intervention should focus on the individual and should always be tailored to the child's current developmental stage. Our experience has also shown that successful integration into mainstream systems relies upon effective collaboration within the IDT in which inclusion and engagement of the parents is a key constituent.



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Ulla Kolzem worked for 15 years as a speech therapist with adults and children and is now a specialist teacher for hearing and communication in

Germany. She works in the area of early intervention at the Westkampschule Bielefeld in Nordrhein-Westfalen.

Christine Grote has been working for 30 years as a specialist teacher for hearing and communication at the Westkampschule Bielefeld. She is involved in various areas of work, including early intervention, inclusive education, and the Counseling Center for children with hearing impairments.

Empowering families, transforming futures: early intervention at The Elizabeth Foundation

Julie Hughes, Chief Executive Officer (CEO) at The Elizabeth Foundation, discusses how the charity supports deaf infants and children, and their families

Early childhood is a critical period of development, particularly for children with any level of deafness. Timely and appropriate intervention can significantly impact a child's ability to communicate, interact, and thrive. The Elizabeth Foundation (TEF) is a UK-based charity that supports infants and preschool children with all degrees of deafness. It was founded by parents of a deaf child and has a strong focus on family-centred early intervention (FCEI). This approach not only recognises the pivotal role families play in a child's development but also actively empowers and includes them in every aspect of care and education.

Understanding family-centred early intervention

At its core, FCEI is exactly as it sounds. It recognises that

parents and caregivers are not just supporters of their child's development but they are central to it. It is a holistic approach to support that places the family – not just the child – at the heart of all decision-making and planning processes. It is based on the understanding that families are the primary and most enduring influence in a child's life. Rather than treating the child in isolation, FCEI involves parents, caregivers, grandparents, siblings, and wider family members as key partners in the child's journey toward communication, learning, and social participation.

The philosophy underpinning family-centred practice is grounded in respect, collaboration, and shared responsibility. Practitioners acknowledge that every family is unique, and interventions must be tailored to meet their values, needs, cultures, and routines. At its best,

family-centred practice promotes confidence, competence, and resilience in parents, which in turn benefits the child's developmental outcomes.

The role of The Elizabeth Foundation

At TEF, this philosophy is not just a theory – it is embedded into everything we do. Founded in 1981, the programme has supported thousands of families with deaf children for more than four decades, offering an integrated programme of education, therapy, and emotional support. Our mission is clear: to support the best possible start in life for deaf children, and to equip their families with the tools and confidence to support their child's development.

At the core of TEF's work is a deep commitment to empowering families. TEF





provides support from the point of diagnosis and works in close partnership with parents through every stage of the early years. This begins with specialist support in a purpose-built family centre in Portsmouth and continues through a range of services, including baby, toddler, and preschool education, speech and language therapy, parent education, family support, and online resources for remote families.

Early intervention: a window of opportunity

Research shows that the first few years of life are a time of rapid brain development and that early exposure to language – spoken, signed, or both – is essential for building strong neural pathways for communication. For deaf children learning through an oral/aural methodology, access to sound and language during this critical period is vital. Without timely intervention, they risk falling behind in key developmental domains such as speech, language, cognition, and social-emotional skills.

TEF recognises this crucial window and acts quickly. Many children begin attending services within weeks or months of identification. Intervention is individually tailored and may include the use of hearing aids, cochlear implants, and communication approaches that best suit the child and family, whether oral/aural or a combination of

oral/aural and sign language. Importantly, parents are involved in every decision, ensuring that the intervention respects their goals and values.

Empowering parents as partners

A distinguishing feature of TEF's approach is the emphasis on parental education and empowerment. Through hands-on sessions, workshops, and daily interactions, parents are given the tools and knowledge to become their child's primary teacher and advocate. They learn how to maximise listening and language opportunities during everyday routines – mealtime, playtime, bath time – transforming ordinary moments into powerful learning experiences.

In this way, TEF nurtures not only the child's development but also the parents' confidence and competence, particularly valuable in the early days following the identification of deafness, which can be both overwhelming and emotional. TEF's family-centred approach provides a safe, supportive environment where parents can ask questions, share concerns, and connect with others going through similar experiences.

Building community and reducing isolation

Raising a deaf child can be isolating, particularly if parents have limited experience with deafness. At TEF, we

create a vibrant community where families can connect, share, and support one another. Group sessions, family events, and informal gatherings help build relationships and reduce the sense of isolation. This peer support is a vital aspect of TEF's family-centred ethos, fostering belonging and mutual encouragement.

Children also benefit from this community setting. By interacting with peers who use similar technology and communication methods, they gain social skills, confidence, and a sense of identity. The preschool environment is carefully designed to be accessible, nurturing, and stimulating, providing children with rich opportunities to learn and grow alongside others.

Multi-disciplinary collaboration

FCEI at TEF is also characterised by a strong multidisciplinary team. Qualified Teachers of Deaf Children and Young People (QToDs), speech and language therapists and specialist nursery assistants collaborate closely to provide a seamless and integrated service. The programme also partners with Portsmouth National Health Service (NHS) Audiology and Ear, Nose and Throat (ENT) services as well as the University of Southampton Auditory Implant Service, providing wrap-around care for deaf children and their families. Additionally, we are embarking on a partnership with Aquilis Counselling Services to provide mental health support to parents. This team approach ensures that families receive consistent information, coordinated care, and support that addresses the whole child – not just their deafness.

Crucially, families are included in this team. Their insights, observations, and goals shape the intervention process, and their role is never passive. Whether attending sessions, taking part in meetings, reviewing progress, or co-creating Individual Education Plans (IEPs), parents are seen as equal partners in the educational and therapeutic process.

Measurable outcomes and lifelong impact

The benefits of FCEI are both immediate and long-lasting.

Children who attend TEF often show significant gains in listening and spoken language development, as well as improved cognitive, social, and emotional outcomes. Early support also lays the groundwork for successful transitions into mainstream or specialist primary education, with many children achieving age-appropriate milestones.

For families, the impact is equally profound. Empowered parents are better equipped to navigate the complex landscape of audiology, education, and healthcare. They become strong advocates for their children and are more likely to maintain high expectations, seek appropriate resources, and foster resilience in the face of challenges.

Conclusion

FCEI is not just good practice; it is essential practice. TEF's FCEI model is based on partnerships. By placing families at the heart of every decision and intervention, TEF recognises the central role of parents in shaping their child's development. This approach not only supports children's immediate needs but also builds a strong foundation for lifelong learning, communication, and inclusion.

In a world where timely support can make the difference between isolation and opportunity, TEF is committed to providing unwavering support to families. Its work reminds us that when families are empowered, children flourish, and that early intervention is not just about hearing but about connection, confidence, and community. ■



Julie Hughes is the CEO at The Elizabeth Foundation.

BATOD membership: developing professional world partners in deaf education

BATOD is a professional body which offers a 'community' of dialogue and information.

If a UK-based BATOD member has an established involvement with a developing world project, they can make a recommendation for the head teacher of the school for the deaf or teacher in a deaf resource base associated with their project to be registered with BATOD as an online 'overseas special member' at no charge to either member.

- BATOD has an expectation for the overseas special member to submit an annual magazine article or information for a blog post. BATOD encourages the overseas special member to be the author/co-author of the article submitted.
- The BATOD overseas special member must have internet access in order to access the online resources which may be of interest.
- Online members can access the four magazine editions/year in the electronic version. The BATOD magazine frequently features articles about deaf education from across the world. Thus, our special overseas members can share with and learn from UK and other worldwide professional peers in deaf and deaf related education.

BATOD

Building collaborative support for children and families

Raz Sajid shares the support and mediation services offered by Your Family Matters (YFM) between families with deaf children and/or with additional needs, and their schools

Your Family Matters (YFM) is a national voluntary sector organisation that works with schools who are supporting families when their child is newly diagnosed with additional needs, such as autism, deafness, sensory or behavioural issues, and attention deficit hyperactive disorder (ADHD). School staff may be facing a child who is experiencing issues around attendance, completion of homework, disruptive behaviours, or problems with making and maintaining friendships. YFM recognises that early intervention is extremely important to avoid escalation of any of these or other problems, especially to protect the best interests of the child and to keep their needs central to the process. We ensure that a coordinator will be allocated to the child within 24 hours of receiving a referral, which can come directly from the parents themselves, from their school, or other professionals working with the family. The coordinator will quickly be in touch, with all parties working with a child who has been referred. From a school perspective, although it may seem that children are not engaging or are being disruptive, YFM recognises that these issues can arise from external circumstances, such as family problems, gang involvement, sexual exploitation or bullying, and are committed to giving full support to the child and their family as quickly as possible. YFM will work to resolve these issues in partnership with families and also by encouraging partnership between families, schools, and other services.

YFM's specialist Schools and Family Social Work Service provides a wide range of services and professionals to create holistic and culturally appropriate plans to help children. We have social workers, counsellors, art and drama therapists, and school support staff, and can offer crisis intervention, restorative justice practices, and multi-systemic therapy approaches for the whole school. The work may take the form of family conferences or mediation where everyone works together to create emotional, practical, and financial plans. These plans could include, for example, enabling parents to have a break from their circumstances, supporting them or the child to access counselling, or for access to debt or other financial advice services to be set up. Safety planning sits at the centre of the process to ensure that children's best interests are taken into account in all decisions, and to protect family members from burn out and relationship breakdowns. Family conferences aim to empower families to make their own decisions, draw on their own resources and strengths, and make positive changes. YFM recognises that families need to be connected to a wide range of support that can include professionals such as teachers, social services, health visitors, community organisations, and their wider family network to create structures that ensure everyone's needs are met. The plans that result

from this family conference approach are uniquely tailored to each family's culture and traditions.

If conflict of any kind is resulting in damage to a child's interests, YFM has a comprehensive mediation service where we act as an independent and impartial third-party between those who are in dispute. Mediating between parents and schools when the relationship is strained or has broken down is a large part of YFM's work. YFM will first speak to the school to find out about behavioural patterns, how the child is being supported at school, any diagnoses, and the school's view of what the source of the problem is. Secondly, YFM will speak to the parents, and this can reveal that communication with the school is problematic because parents experience challenges with articulating themselves due to their own lack of education or language barriers, they do not understand expectations from the school system, or they are exhausted and struggling with particular circumstances at home. YFM will also speak to the child, aiming to find out more about them, their likes and dislikes, as well as what upsets them and may be causing educational disruption. This can reveal underlying factors that are not linked to the child themselves but have an impact on their behaviour. This may include parental divorce or separation, children having to care for adults, drug and alcohol misuse in the home, or siblings with additional needs.

Recognising that school-based problems can arise from family situations, within-family mediation is also offered. This can involve mediation between parents when there is a relationship breakdown, separation, or divorce or there are high levels of conflict. Where parents are no longer living in the same household but want to see their children, YFM will also work with families to develop contact plans for parents, grandparents, and any other significant family members, but always ensuring that the contact plan prioritises the needs of the child and will therefore work around their individual circumstances. If parents are unable to communicate or there are orders in place (such as non-molestation orders between the adults), we will arrange third-party facilitators to ensure contact arrangements work effectively and safely for all concerned. Within-family mediation can also help relationships between parents and children, which involves supporting children to emotionally regulate as well as supporting parents to put rules, routines, and boundaries in place and to consistently implement these. There may be conflict between parents over parenting styles; in which case, YFM will work with both parties to create an agreed parenting plan so that their approach is consistent. This is especially important if children are living with parents in different households. YFM also offers courses, workshops,

or support groups related to positive parenting skills, which help parents to move away from predominantly reprimanding their children to calmer communication styles. These sources may be located at schools or in the community, but if there are enough families who need support, YFM will work with schools to run tailor-made courses on-site, which can increase engagement and attendance. An example of some courses that YFM can run at your school include modules accredited by the National Deaf Children's Society, such as exploring your child's deaf identity, becoming a parent of a deaf child, and the impact of deafness on siblings. Broader parenting skills courses include learning through play, communication, parenting teenagers, and understanding child development stages.

Sibling mediation may be needed when conflict between siblings makes the living circumstances in a household unbearable for the whole family. Conflict may arise when more than one child has additional needs or there are personality clashes. YFM will work with each child

individually, first to get to know their personality traits and needs, as well as what creates stress and upset for them within the family. Strategies are tailored to the needs of each family member, allowing them to identify their triggers, take steps to overcome these, and to emotionally regulate and calm themselves. These skills result in better communication between families.

YFM encourages teachers with concerns about a child to get in touch at the earliest opportunity to avoid escalation of problems. This early intervention can prevent a wide range of relationship breakdowns between family members, and between the family and school. However, referral and intervention is useful at any stage because the work YFM does also ensures de-escalation of tensions and problems. If teachers feel that any child or family they are working with would benefit from the services that YFM provides, please contact us for an informal chat to find out how our services can be tailored to your unique needs on 0333 577 1786 or admin@yourfamilymatters.org.uk

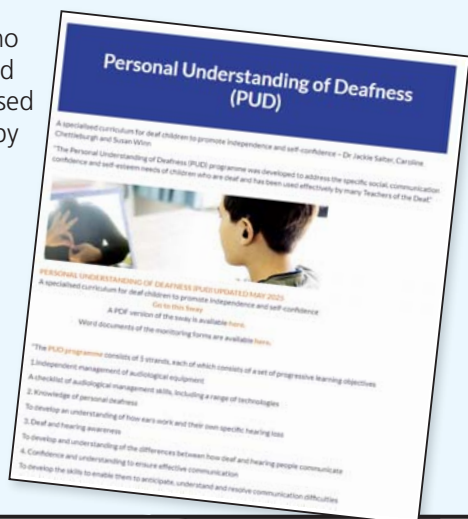


Raz Sajid oversees a team at Your Family Matters: a division of Children's Social Care focused on family group conferences and mediation. With a special interest in special educational needs and disabilities (SEND), she holds a first-class degree in Learning and Teaching, specialising in SEND. Her primary interests lie in researching and implementing practical strategies to support children and families with SEND. Raz is particularly passionate about addressing the needs of children who are deaf or have various neurodiversities. Her main objective is to help children and families overcome family challenges, by identifying and addressing underlying factors that may contribute to family disruptions. She is also committed to promoting holistic approaches that foster positive outcomes for children and their families.

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.”



Membership options

Full details of membership are available on the website and new members are able to join online at www.batod.org.uk/memberships

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Join

Select membership type

Full Membership Those who hold a recognised mandatory qualification as a Qualified Teacher of Deaf Children and Young People (QTCD) and those in training as QTCDs. Those in training should send an email or other documentation from either their employer or the course provider to become eligible for the student discount (£20 for each of the two years of the course). Please note that the discount only applies to members paying by direct debit or card. Membership starts from the date of application; the charge, whether by card, direct debit or invoice is from that date and renewal will be due on that annual date or after each subsequent three month period if paying quarterly.	Retired Membership Members who have retired from paid employment may choose this category of membership. Membership starts from the date of application; the charge, whether by card, direct debit or invoice is from that date and renewal will be due on that annual date or after each subsequent three month period if paying quarterly.	Special Membership Those working with deaf pupils in a support position in the classroom (e.g. LSA, CWA, TA) but who are not acting in the capacity of a teacher. Membership starts from the date of application; the charge, whether by card, direct debit or invoice is from that date and renewal will be due on that annual date or after each subsequent three month period if paying quarterly.
Associate Membership Those not eligible to be full members (for example main school staff member, SENCO, social worker, Speech and Language Therapist, other NHS worker, member of related organisation, parent/carer etc). Membership starts from the date of application; the charge, whether by card, direct debit or invoice is from that date and renewal will be due on that annual date or after each subsequent three month period if paying quarterly.	Overseas Membership Overseas members satisfy the criteria for Full/Associate membership within their own countries. Membership starts from the date of application; the charge, whether by card or invoice is from that date and renewal will be due on that annual date.	Qualified Teachers of children and young people with Multi-Sensory Impairment Joint Membership As a special offer for QTI/VI and TQVI, it is now possible to join both BATOD and VIEW and benefit from their support, information, advice and the online version of their specialist publications (magazine and journals) for the total sum of a BATOD membership.
Heads of Sensory Support (HoSS) Joint Membership If you are a Head of a Sensory Support Service/Specialist Teaching Services/Manager of SENED, you are eligible to apply for this joint membership. This offer is available to all above service managers, whether or not you hold a mandatory qualification in the field of sensory impairment.	Educational Audiologists Joint Membership As a special offer for Educational Audiologists it is now possible to join both BATOD and BAEA and benefit from their support, information and advice. The offer includes access to the online version of BATOD's specialist publications (magazine and journals) for the total sum of a BATOD membership.	

Lewisham's Deaf Champions

Jo Buck from Lewisham Sensory Teachers Team discusses their 'Deaf Champions' initiative for Deaf young people

Deaf children and young people are facing isolation, misunderstanding, and with limited funding, ongoing lack of support across many mainstream schools. The Lewisham Sensory Teachers Team (STT) has launched an initiative called '**Deaf Champions**', aiming to empower young Deaf people to support their peers and raise Deaf awareness throughout the borough.

The Deaf Champions initiative started in January 2025 and is more than just mentorship – it's a celebration of pride and solidarity with the Deaf community. Through a network of nominated young leaders, the Lewisham STT creates opportunities for Deaf children to inspire one another, to form meaningful connections, and share experiences that help shape a more inclusive and supportive environment for all.

At the heart of the Deaf Champions initiative lies a commitment to peer-to-peer support. Ten inspiring young individuals – Vivian, Stefan, Roshara, Yaaqub, Pablo, Madison, Issac, Jessica, Nadia, and Violet – were nominated as Deaf Champions by the Lewisham STT. These young leaders are now actively involved in writing personal letters of encouragement to younger children and sharing their stories with them. The letters have become a vital part of the initiative. By opening up about their own school experiences, challenges, and triumphs, these young Champions provide reassurance, comfort, and hope to children who may be struggling to accept their deafness or to adapt to life with audiological equipment.

One particularly outstanding Champion is Mason – Mason is a symbol of confidence and proactive self-advocacy; he actively educates others by advocating for his needs within his school community. Mason's influence stretches beyond the classroom. Last year, he organised a successful bake sale to raise funds for a deaf charity, showing that giving back can start early. Perhaps most striking is Mason's embrace of his hearing aids – he proudly wears brightly coloured aids with glittery ear moulds, helping to challenge stigma and to encourage other young Deaf

children to feel proud of their identity. Mason also connects with peers across the borough via Teams calls, offering support, and encouragement to children who may feel isolated or uncertain. And if that's not enough, Mason is a team member of **England Deaf Football**, further proving that Deaf children can – and should – dream big.

Another standout figure is **Edmund**, the youngest Deaf Champion in the borough. Despite his young age (nine years old), Edmund has made a significant impact by actively supporting his peers through Teams calls and face-to-face encouragement. Edmund has also recently raised an astonishing amount of nearly £3,000 for the National Deaf Children's Society (NDCS) through Edmund's Cycle of the Year. He helped create and present a **Deaf Awareness PowerPoint** to his class and co-delivered a whole-school assembly alongside his Qualified Teacher of Deaf Children and Young People (QToD). His efforts demonstrate how even the youngest of voices can carry powerful messages and drive positive change in understanding and acceptance of Deaf culture and communication.

Next academic year, the Lewisham STT hopes to expand the initiative, providing more opportunities for young Deaf leaders to shine and support others. By fostering friendships, enabling shared experiences, and encouraging open conversations about hearing loss and Deaf identity, the Lewisham STT is trying to create an environment where Deaf children feel seen, heard, and supported.

Lewisham STT is proud of all Deaf Champions – their voices are making a difference! ■



Jo Buck is a Qualified Teacher of Deaf Children and Young People at Lewisham STT.

Consortium for Research in Deaf Education (CRIDE)

CRIDE is a consortium that brings together a range of organisations and individuals with a common interest in using research to improve the educational outcomes achieved by deaf children.

Since the formation of CRIDE, the data from the reports, a successor to the previous BATOD survey on deaf education, have influenced and supported the work of deaf education services in developing and/or sustaining the local authority provision, local and central government policy makers, academics at all levels including those on the mandatory qualification training to be a QToD, and other individuals and groups with an interest in deaf education.

The survey alternates from year to year between a standard survey and a survey with a mix of core and thematic questions. CRIDE has also refined the survey over time, with questions removed and added.

We would like to hear from you about how you use CRIDE. Contact us via exec@batod.org.uk



Supporting older children through the implantation process

Grace Plant, a high-school student in Wigan, introduces her leaflet 'Your implant journey' created with the support of her Qualified Teacher of Deaf Children and Young People (QToD), **Emma Danton**, which demystifies the cochlear implant process for children and young people

When I found out that I was a candidate for cochlear implants, it didn't really come as a shock. I have enlarged vestibular aqueducts (EVA), and I knew that my hearing was likely to worsen over time. It had already happened to my older sister who had been implanted when she was ten years old, so I was familiar with implants, but didn't really remember what she went through (I was about seven years old at the time).

I had been a hearing aid wearer since I was 18 months old and was pretty good at wearing them because they helped me to hear. However, in October 2022 the hearing in my left ear dropped and I could no longer hear much through my hearing aid, even when it was programmed to my hearing levels. I stopped wearing my left hearing aid in December 2022 but continued to wear my right one. I found this period of time really difficult and had some issues at school because I was finding it hard to hear. My local audiology team in Wigan sent my details to the implant centre in Manchester to see if I was suitable for implants.

I went for my first appointment at the implant centre, where I had a thorough hearing test, to check that I met the criteria. At this point it was clear that I could have an implant on my left, but we had to wait and see if I was allowed to have two.

From that point, everything moved really fast. I had my first appointment at the implant centre in January 2023 and was implanted on 5th June the same year. So, in the space of five months, I went from being a hearing aid wearer to being implanted.

After I'd had my implants and got used to them, I reflected on the information out there. The information online and from the implant centre was detailed but not directed at me, at the age of 12. There was information to support young children to understand the process, and information to help parents decide if their child should have implants, but there wasn't enough age-appropriate information to answer the questions I had – like how long after the surgery I would need to

wait to wash my hair, or how long I'd need off school. These were the burning questions that I wanted answers to. I also found the information about the surgery itself and how implants actually work to be difficult to understand. My QToD tried to help me to understand, but some of the information was just too hard for me to take away and read.

So, what did I decide to do? I talked to my QToD, Emma, who suggested that I put my experience to good use and try to see if I could help other young people who are deciding if implants are right for them. I decided that the best way I could do that would be to create a leaflet that could be shared with young people at the point where they are deciding if they want the surgery or have decided to go ahead but still have questions.

The first step was for me to consider and write down all the questions I had in the run up to my surgery, and to think of questions other young people might have. I knew most of the answers by this point, but I used the experience of my QToD and the internet to help me to answer them all.

I wanted to make sure there was a section on how implants actually work but re-wrote it so that the language was suitable for a child of about ten years old or over.

I chose a diagram that showed how the implant worked but was quite simple for children to understand. It helped that I had already completed some work on how the ear works, but I knew that not all young people would have the same level of understanding as me, and that other people might have different causes of deafness. I tried to make the leaflet suitable for anyone who was thinking about implants, not just those with EVA like me.

I also created a timeline from those very first hearing tests, right up to the operation itself, and on to rehab and review appointments. This was easy for me to do because I'd just been through that process myself and I knew what steps I'd had to take to get to where I was now.

I thought it was important that young people also know where else to get information from, so

Your Implant journey



By Grace Plant

I included a page with advice on where to go to get answers to any questions I'd not thought of. I knew there was other help out there that young people could be pushed towards.

We spent quite a long time thinking about how the leaflet would look. I wanted it to look clear and simple with not too much to read but still giving enough detail. I included diagrams where needed and really thought long and hard about the vocabulary to make sure that it was really accessible.

Once the leaflet was complete, we edited it and asked some other people to proofread it for any spelling/grammatical errors – and then it was ready!

My QToD, Emma, helped me to share the leaflet as widely as possible. We made a list of people to share it with, and Emma found email addresses for those people. We shared it with the QToDs in Wigan and the local hearing support services. We also shared it with local audiology teams, including the implant centre where I'd had my operation. We even shared it with the team who train people to become QToDs at the University of Manchester, and with BATOD who suggested I write this article

www.batod.org.uk/wp-content/uploads/2025/07/Implant-Leaflet.pdf

So, what's next? I am hoping that my leaflet can reach as many young people as possible who face the same situation as I did. I am hoping that by sharing my experience in this article and through sharing the leaflet itself, lots of young people will feel more supported playing an active part in their own decision to be

implanted, or not. If I manage to help just one person to make the right decision for them, I will feel that the leaflet was successful, and the work I've put into it was worthwhile.

A note from Emma Danton (QToD)

Supporting Grace to create her implant leaflet and to reflect on the experience has been an absolute privilege. It is inspiring to see a young person so dedicated to helping others who face the same challenges.

Not only has Grace produced a resource that can be used and adapted to meet the needs of others, but she has also shown a willingness to help others facing the same decision, by meeting them to discuss her own experiences.

Grace is a great advocate for allowing young deaf people to make key decisions for themselves. She believes strongly that whilst the views of parents/carers are important, where possible, the young person should be involved in making such a crucial decision.

Grace intends to continue her work by listening to other young people in her local area when they need someone to talk to. She is also hoping to be able to speak more widely to QToDs about how they can support older children through the implant process.



Grace Plant is a student at a high school in Wigan.

Emma Danton is a QToD from the Specialist Sensory Education Team in Wigan.

BATOD Audiology Refreshers

This BATOD project began in May 2022. It was jointly funded by **William Demant Foundation** and BATOD, working in partnership with **DeafKidz International (DKI)** as project coordinators, along with the **British Society of Audiology (BSA)**, the lead partner.

Six working groups made up of dedicated chairs, co-chairs and experts working in deaf education, audiology and technology across the UK developed new and updated content on

1. Anatomy and physiology of the ear
2. Aetiology and types of deafness
3. Auditory perception and hearing testing
4. Acoustics and physics of sound
5. Listening skills and functional hearing
6. Hearing technologies

The resource is open-access and regularly updated. For more information on this resource or if you would like to make a suggestion or contribution, please send an email to: BATODAudiologyRefreshers@batod.org.uk

www.batod.org.uk/resources-category/audiology-refreshers



BATOD National Conference 2026

BATOD 50th anniversary conference Back to the future – transforming what we know now ready for tomorrow's world

Dates: Friday 24th and Saturday 25th April



Location: Mary Hare School, Arlington Manor, Snelmore Common, Newbury RG14 3BQ

Congress languages: English (interpretation will be provided into British Sign Language)

Tickets will go on sale in October

Call for contributions

BATOD warmly invites teachers, professionals, researchers, service providers, developers, manufacturers, policymakers, students, and all those with an interest in the education and lives of deaf children and young people to present and share their work.

This year's theme reflects on how past learning, experiences, and knowledge – alongside evaluations of current practice – inform evidence-based, person-centred interventions. Together, we will consider how these insights shape the lives of deaf children, young people, and their families.

The conference provides a platform to share expertise, showcase innovation, and explore how our collective past and present practices can enhance the future.

Papers and presentations may consider areas such as:

- 1 findings from longitudinal studies
- 2 solutions to past gaps in research
- 3 future proof intervention models
- 4 learnings from deaf children, young people and their families

Abstracts for paper presentations (30 min), workshops/interactive presentations (60 min) and poster presentations are welcomed.

Submission guidelines

- All materials should be provided in English.
- Abstracts should be submitted in Word format. Videos may not be submitted.
- Word limit for abstracts is 250 words. Graphs, charts and tables should not be included.
- The abstract should be accompanied by an indication of the type of presentation (paper presentation, workshop/interactive presentation, poster) and full

information about the author/presenter: first and last names, email address, affiliation (e.g. university, institute, school, company) and its postal address.

- For presentations on empirical studies, data collection and all analyses must be completed prior to submission.
- Abstracts cannot be modified once they have been submitted.
- There is no limit on the number of abstracts that may be submitted by one person or organisation.
- A maximum of four presenters may be listed per abstract.
- We are willing to consider submissions of material which has been presented elsewhere. Please ensure that the date and place of the previous presentation is clearly mentioned.
- If selected, you will also be required to submit a programme description of 50 words or fewer. This will be used in the conference programme and should accurately capture the subject of your presentation.

Deadline for submission

Abstracts must be submitted by 17:00 on 12th December 2025

Submission address

Please send your proposals to exec@batod.org.uk

Criteria and process of selection

The congress programme committee will select the presenters according to the following criteria:

- relevance to the topic of the conference;
- contribution to evidence-based practice
- content;
- clarity of the contribution.

All candidates will be informed about the results of the selection via email, no later than two months after the submission deadline.

All abstracts of the selected contributions will be made available on the BATOD website.

Confirming the presentation in the final programme

- Everyone listed on the abstract submission is expected to attend the conference as a presenter.
- In order to attend, all presenters must register and pay for the conference.
- The presenters are responsible for all costs associated with their participation in the event.

Delegate fee

To be published in October.

For any further questions please contact us: exec@batod.org.uk



Student with hearing loss creates toy to prepare children for audiology tests

Student **Ella Wood** from Nottingham Trent University (NTU) tells **Chris Birkle** (NTU) about her innovative toy to help children before audiology tests



A toy robot that enables young children to prepare for 'intimidating' hearing tests has been designed by an NTU student to help them overcome first-time nerves.

Ella Wood, 22, who has hearing loss, was inspired to create 'Oto' following her own personal experiences, so that young children could become used to clinical hearing tests before taking their first one.

"Going into a hospital for the first time to have a hearing test can be a scary and intimidating thing for a young child," said Ella, from Woodthorpe in Chesterfield.

"For many it's the fear of the unknown of facing technical equipment they're not used to, so I wanted to reduce that anxiety and make it a more enjoyable experience for them.

"A lot of audiology tests remove any play aspect for children from the age of six, but from my point of view, that's too young and my research shows many children

would benefit from something to support them."

Ella's design involves children placing one of ten cards in the back of the robot which enables it to play a sound that corresponds to the image on the front of the card.

Each card has a near-field communication (NFC) chip inside which is detected by a radio-frequency identification (RFID) reader in the robot that plays the corresponding sound through a speaker.

The sounds played are at different frequencies and volumes to allow for a non-clinical practice test across the hearing spectrum.

Noises include a dog barking, birds chirping, a dripping tap, a baby crying, a phone ringing, an aeroplane taking off, a lawn mower, rustling leaves, a clock ticking, and a vacuum.

Birds chirping tests for a high frequency, while a plane

taking off is for a low frequency. A dripping tap and rustling leaves test for quiet sounds, while a lawn mower tests for a higher volume.

When the child hears the sound, they press an image on a digital screen on the robot which corresponds to that sound. That image then becomes coloured to signify that they can hear a noise at that volume and frequency.

Oto is partnered with a booklet which shows the same audiogram as on the screen, and children can colour in the icons if they hear the sound.

The screen features blue and red lines, similar to a graph on an audiogram to get children used to the experience of seeing them at the hospital.

The product does not aim to fully diagnose a child but gets them used to the testing process.

It would be made available for doctors' surgeries, pharmacies, and schools to buy, and parents could 'rent' it to allow them to complete practice tests before attending their audiology appointment.

The exterior design is rounded and made from recycled plastic and the head is made from a soft silicon to make it feel squishy and inviting.

It aims to be adaptable so as children grow older, they can personalise it and

keep it until the age of 11, such as by adding accessories like clothes or having the choice of different colour options for both Oto and its accompanying booklet.

Ella undertook research through surveys with 30 parents which showed that 70% of children felt nervous ahead of appointments, such as at the doctor's or optician's.

Ella's design went on public exhibition from 31st May for the 2025 [NTU Student Showcase](#), one of the country's largest displays of graduating art and design talent.

Emily Brook, course leader for the Bachelor of Arts (BA) Product Design at NTU, said: "Ella has taken her lived experience of hearing tests and designed something which fills a gap for young people who are about to go through the same.

"Her project shows how design can help support young children with hearing loss and help them overcome potential anxieties that they may face which other children won't."



Ella Wood, aged 22, is from Derbyshire. Ella was inspired to design Oto for her final year project at NTU following her own experience of having a hearing loss. Chris Birkle is a public relations manager for NTU.



Sixth Form Options Fair at Mary Hare

Friday 17th October 2025
9am - 1pm

Mary Hare Sixth Form is a large and vibrant Sixth Form for deaf young people.

Our Options Fair is great chance to take a look around the school, find out how we can support you and your future and to speak with our subject teachers about the variety of courses we offer.



SCAN HERE TO BOOK

OR VISIT: <https://www.maryhare.org.uk/events/sixth-form-options-fair-2025>

Outdoor music therapy offers powerful benefits for the deafblind community

Kate Mannerings, Inclusive Play Champion at Percussion Play, which considers itself "the world's leading expert in creating inclusive and engaging musical spaces", describes their work in engaging deafblind people in outdoor music therapy

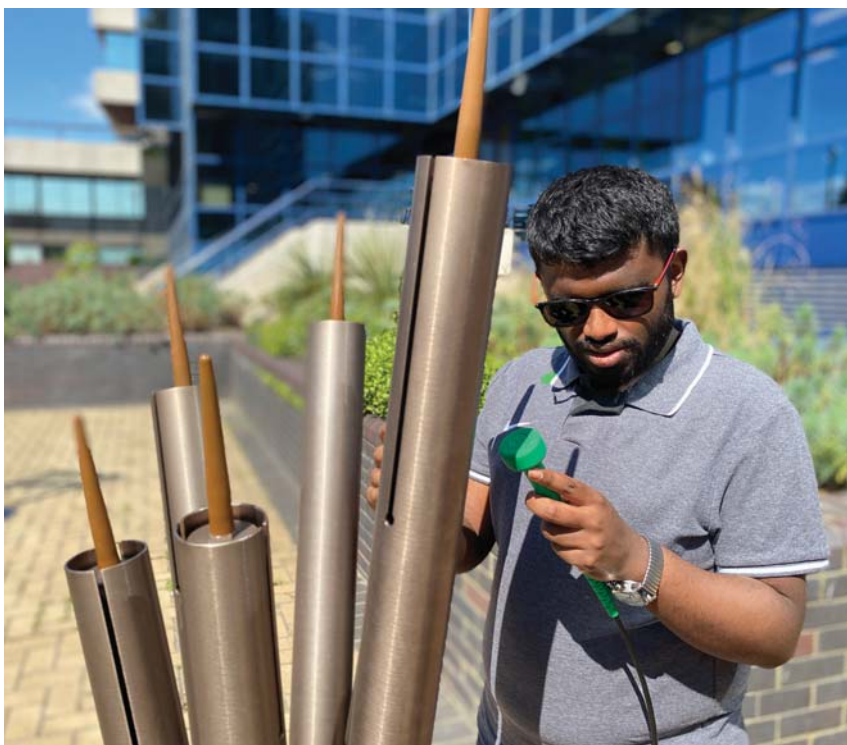
Deafblindness impacts over 450,000 people across the UK. While the severity and experience of the condition vary significantly, it often presents profound challenges for communication, mobility, and social connection. Yet, even amid these challenges, meaningful interaction and enrichment are possible, and in many cases, music proves to be the bridge.

Percussion Play, the world's leading expert in creating inclusive and engaging musical play spaces for everyone in the community to enjoy, is a champion in the use of outdoor music therapy to support people living with deafblindness. Through carefully designed sound sculptures and accessible installations, the company is working with schools, care centres, and communities across the world to create inclusive environments where music becomes a fun, therapeutic, and engaging tool.

One of the key benefits of outdoor musical instruments for children with deafblindness is that they offer an inclusive activity the whole



Cavatina

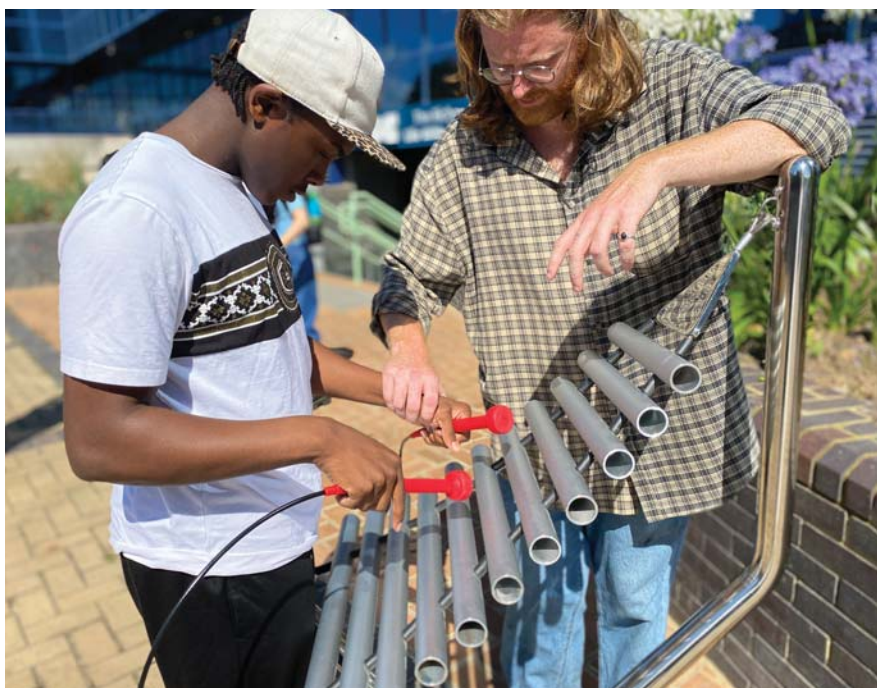


Cattail chimes

family can enjoy together. Making music with loved ones not only strengthens family bonds but also creates joyful, lasting memories. This shared experience enhances the educational and therapeutic value of outdoor music-making, adding emotional connection and social interaction to the sensory benefits.

One striking example comes from the United States, at the Western Pennsylvania School for Blind Children. With over 190 students and a range of programmes, including an adult day centre and childcare services, the school has embraced outdoor music therapy as a central part of its educational and therapeutic efforts.

Thanks to the generosity of donor Ray Wojszynski, the school has been able to integrate Percussion Play's instruments into a number of outdoor music gardens. Wojszynski, who supports the Creative Arts Series, a programme bringing artists and performers into the school, wanted



Harmony

to give students something both lasting and experiential. The result is a collection of vibrant, accessible instruments such as the **Harmony flowers, Sunflower petal drum, and Tubular bells.**

These instruments were chosen with careful consideration. Sue Wiedder, the school's Director of Development and Communications, worked closely with Percussion Play's co-founder Robin to ensure the selected instruments would suit their students' unique needs.

"The students at our school are visually impaired or blind, and many live with additional medical complexities," says Wiedder. "Some have residual vision, but all are legally blind, and some are non-verbal, using adaptive devices to communicate. We had to ensure the instruments offered real sensory feedback and accessibility."

A standout choice was the Tubular bells, an instrument that resonates with rich, deep tones and strong vibrations. For one student in particular, Isaiah, the bells offered a new form of connection. "Isaiah is primarily a tactile learner," explains Kelly Welsh, a Certified Teacher of the Visually Impaired. "He explores the world through touch and has profound hearing and vision loss. Feeling the movement and vibrations of the Tubular bells gave him joy and a sense of interaction that is otherwise difficult to achieve."

The school's 5.5-acre urban campus provided the perfect

canvas to build multiple musical play areas. Their own maintenance team handled the installation post-Covid lockdowns, ensuring a seamless integration into the existing outdoor spaces. The accessibility of the instruments, built with varying heights and easy-to-use features, means that even students who use wheelchairs (which make up 75% of the school's population) can freely engage.

Each student benefits from a dedicated team that includes specialists in speech and language and occupational therapy, and mobility. These professionals are already seeing the profound impact of music therapy. "Seeing our students smile, engage, and express themselves through these instruments has been transformative," says Wiedder. "You hand them a mallet, they strike the bells and their faces light up. It's not just therapy; it's

joy; it's empowerment."

Kate Mannerings, Inclusive Play Champion at Percussion Play underlines the company's mission: "We're proud to champion inclusive design across public spaces, education, and mental health. Outdoor musical instruments should be accessible to everyone. Music's tactile and resonant nature makes it especially powerful for individuals who are deafblind. That's why we continue to innovate, listen, and advocate for truly inclusive play."

Mannerings also highlights the growing global demand for Percussion Play's inclusive instruments, now featured in schools, libraries, hospitals, places of worship, and senior living communities around the world. "These installations foster intergenerational connection and help break down barriers, whether sensory, social, or physical, through the universal language of music."

Outdoor music therapy is not just an educational tool; it's a means of liberation for those who have fewer conventional ways to connect with the world. The work being done at the Western Pennsylvania School for Blind Children is a powerful demonstration of how thoughtful, inclusive design can open doors for sensory exploration, creativity, and emotional expression.

As more institutions embrace this approach and as communities prioritise accessibility in their public spaces, music stands as a powerful, tangible symbol of inclusion. ■



Kate Mannerings, Inclusive Play Champion at Percussion Play, began her career working in schools and kindergartens, supporting young children both in and out of the classroom. She also brings valuable experience as a camp counsellor. This strong foundation in child-focused environments, especially on inclusive play, makes her the ideal specialist and advocate for educational initiatives at Percussion Play. Kate has been with Percussion Play since 2018.



Journey to Everest

Michael Woods, a Deaf mountaineer, shares his goals to climb the Seven Summits, inspiring deaf children and young people along the way

For me, the mountains have become more than just places on a map, they've become a way of life.

I'm Michael Woods, I was born profoundly Deaf, and British Sign Language (BSL) is my first language. Over the last ten years, I've turned a quiet love for walking and wild places into a life-changing journey that's now leading me to the highest mountain in the world, Mount Everest.

Finding the mountains

I didn't grow up in the outdoors or doing big adventures, but something changed around 2015. I was 25 years old when I took on my first proper trek, and I instantly felt like I had found my place. There's a kind of peace that only the mountains can give. No distractions, no pressure, just the sound of the wind and the crunch of your boots on the trail.

From that moment, I was hooked.

At first, I kept it local. I started hiking in places like Snowdon and the Lake District. The more I climbed, the more it became clear, this wasn't just a hobby; it was something deeper. It gave me confidence. Purpose. Focus. I wasn't just climbing hills; I was climbing out of limits that had been set for me my whole life.

A Deaf mountaineer

Being Deaf in the mountains has its own challenges, but none of them have ever stopped me. In fact, I think being Deaf has helped me become a better climber. I've learned to be more aware of my surroundings. I rely on clear communication, hand signals, and trust in my team.

Some people are surprised when they find out I'm a Deaf climber. That's fine because I've learned to let my actions do the talking. Every summit proves that Deaf people can achieve just as much as anyone else. Sometimes, even more.

There's a strength that comes from navigating the world in your own way. The mountains don't care how you hear. They just ask if you're ready.

Step by step

Over the years, I've pushed myself to take on bigger climbs. I've summited Mount Toubkal in Morocco (4,167m), the highest peak in North Africa, and Lobuche East in Nepal (6,119m), which gave me my first taste of real high-altitude mountaineering. That was the moment I knew I wasn't just dreaming about Everest anymore. I was going to do it.





continued to grow as a mountaineer. I've climbed Snowdon more than 85 times (I'm aiming for 100), and I've set personal goals like completing the 214 Wainwrights and tackling the Munros in Scotland.

I've already summited Mount Elbrus in Russia, the highest mountain in Europe, and Kilimanjaro in Tanzania, the highest in Africa. Each climb has brought me one step closer to Everest.

Now, I'm preparing for my next big challenge, Aconcagua 6,962m in Argentina, the highest

I've also done the Everest Base Camp trek, which gave me a closer look at the world's most famous mountain. Seeing it with my own eyes made it real. I knew then that I had to go all the way.

Since then, I've trained hard, stayed focused, and

mountain in South America. It's another vital step on my journey to the top of the world.

Eyes on Everest

The plan is to summit Mount Everest in 2026. It's the highest point on Earth 8,848m above sea level. But it's not



just about the height. It's about everything that the mountain stands for: pushing limits, breaking barriers, and showing the world what Deaf people can do.

I know it won't be easy. The training is intense. The risk is real. But I've never been afraid of hard work. Every step I take brings me closer to the summit and closer to inspiring others to believe in themselves.

A message from the mountains

This journey is bigger than me. It's about the whole Deaf community, about Deaf children growing up today who deserve to see someone like them doing things that people say are 'impossible'.

I want them to know they don't need to change who they are to succeed. Being Deaf isn't a weakness. It's a strength. It's part of what makes me the climber I am.

So, if you're reading this and wondering if your dream is too big, it's not. Whether it's climbing Everest or something totally different, go for it. Start where you are. Take the first step. Then keep going.

The view from the top is worth it. ■



Michael Woods is a Deaf mountaineer from Liverpool. He's currently on a mission to complete the legendary Seven Summits, climbing the highest mountain on each continent. His journey includes Mount Elbrus (Europe), Mount Kilimanjaro (Africa), Aconcagua (South America), and Mount Everest (Asia), which he plans to summit in 2026. If successful, Michael may become not only the first Deaf person from the UK and Europe to summit Everest but also, potentially, the fastest Deaf person in the world to complete all Seven Summits, a legendary achievement in the mountaineering world. You can follow his inspiring journey on Instagram: [@michaelssummits](#) and his website [michaelssummits.com](#)

MICHAELS
SUMMITS

Words in Hand: BSL digitisation project

Sheila Mackenzie, Scottish Sensory Centre (SSC) in Edinburgh, discusses the process of digitising the British Sign Language (BSL) video resources for their Words in Hand project

In January 2024, the Scottish Sensory Centre (SSC) team received funding from the National Lottery Heritage Fund for our [Words in Hand: the Edinburgh BSL Project and Mary Brennan Archive](#) project. The 'Edinburgh BSL Research Project' resources were recorded during the early 1980s by the BSL Research Team led by Dr Mary Brennan, a renowned sign linguist. This collection has the potential to enhance and promote Deaf cultural identity for deaf, deafblind, and hard-of-hearing people in the United Kingdom (UK). We felt that sign linguists, BSL tutors, and lecturers would also find this resource invaluable.

We needed to safeguard and enhance access to the collection. As technology has transitioned from video to DVD, we can now see the demise of even DVD-based materials. In addition, an online resource would open the collection up to a wider audience across the UK, freely accessible to all. The SSC website is already home to the BSL Glossaries of Curriculum Terms, developed by teams of deaf scientists, sign linguists, and educators, and it is used to support deaf children, their teachers, and sign language interpreters.

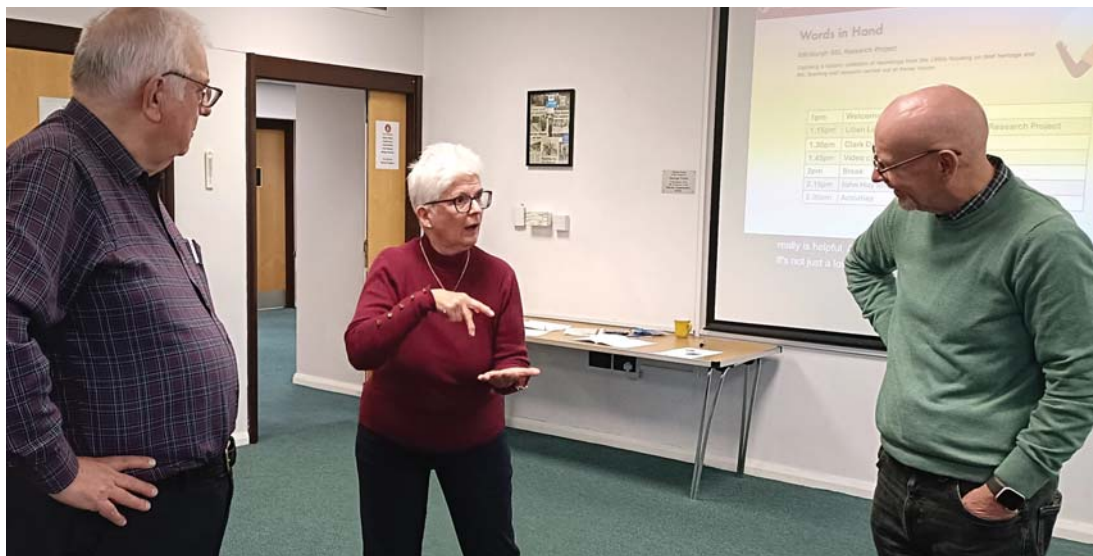
The funding was granted to cover the costs of digitising the resources, time for designing a new website to host the clips, and supporting three dissemination events in collaboration with Deaf History Scotland.

The aim is to digitise the historic collection of recordings from the 1980s to the early 2000s held in the SSC library, focusing on deaf heritage and BSL research carried out at Moray House. This project allowed us to make a great start by digitising the SIGN 1–10 video series, a video BSL sign linguistics course. The series was one of the major outputs of the Edinburgh BSL Project. This funding was vital in spurring us on, allowing us the time and resources to convert the recordings to a high standard and disseminate

effectively through splitting the video clips, and classifying them by type: Teaching, Anecdotes, Children's stories, and Panel games, whilst also maintaining the original sequential order as set out in the tapes.

We thought it was perfect timing to address this issue. It is now 50 years since the Edinburgh BSL research project was set up in 1975. The impact of this original project was





these recordings and were able to invite some key informants to describe their work on the BSL Research Project at three events.

The work they were doing at this time was unlike any approach in the UK and revolutionised the way that BSL was thought about and taught. At our events, we were able to share that

phenomenal because it contributed to the recognition of BSL as a language, and to the campaign for equal access to education for deaf children in the UK.

Additionally, when the project started in 2024, Moray House School of Education and Sport, University of Edinburgh was celebrating its 175th anniversary. Moray House has always supported deaf issues since the Edinburgh BSL Project. For example, in 1995 Thelma Petty, the first deaf person to qualify as a teacher in Scotland, graduated from Moray House

www.ssc.education.ed.ac.uk/resources/deaf/thelma.html

Once we found the original masters of the SIGN 1–10 recordings, funding allowed us to have these professionally converted and cleaned up by skilled video editor, Ben Glover. Sheila Mackenzie, SSC's Website and Resources Administrator, was able to devote time to organise the materials and set up the webpages.

The dissemination events we organised were focused on deaf people, and deaf children and young people, as well as academics who were interested in the heritage of BSL and the Edinburgh BSL Project. We contacted the remaining members of the original team who created

experience and discover a new audience for the recordings. Clark Denmark delivered an engaging session based on his work translating *The Iron Man* by Ted Hughes into BSL. Lilian Lawson discussed what it was like to work on the project. John Hay was able to fill in the gaps with a retrospective view of the history of BSL. Audrey Cameron and Rachel O'Neill examined the research opportunities that the new resource would offer and looked back on the impact of the original Edinburgh BSL Project.

In concert with the 175th Anniversary at Moray House, we hosted a hybrid event on **Exploring the history and current research of British Sign Language** on 10th September 2024. The academic community, with a good representation from members of Deaf communities, learned more about the project in the early stages and Rachel and Audrey discussed their current research in this area.

"I LOVED it. It was so insightful and I am in awe of both Audrey and Rachel, but especially Mary Brennan for starting the groundworks in BSL research. Proud to be part of Moray House's history as I embark on my PGCE [Postgraduate Certificate of Education] course."





On 11th November 2024, we invited deaf children and young people to **Exploring your BSL Heritage for pupils P4 up to S6**, at the Forth Valley Sensory Centre, Falkirk where the children found out more about the history of the language, and had an invaluable opportunity to meet other deaf people and see successful deaf people and skilled signers at work.

"It was really positive for our pupils to see other deaf people (children and adults) and to see such highly skilled BSL users."

"The secondary pupils who have BSL as their first language were shocked and amazed to see their language in a historic context."

Words in Hand: Exploring your BSL Heritage was held in association with Deaf History Scotland (DHS) on 22nd March 2025, when members of the Deaf community came together to share their memories and to view the new website and clips, which sparked much hilarity and delight.

"Just seeing how different the signing was back then compared to now was incredible."

The recordings we have of BSL will be preserved for future use. There are so few recordings of sign language in history. It is much easier to record now, but examples from the past are rarer. The stories and examples recorded for the project and beyond uncover the experiences of a generation of Deaf BSL signers.

We would love to know what you think of this current project. Please complete the short feedback form about the website or get in touch with the project team: sscmail@ed.ac.uk with any comments, including your reflections on the original Edinburgh BSL Project, the digitisation, or any future support we can provide on this topic. Please share with your pupils; we have follow-up activities on the website

www.ssc.education.ed.ac.uk/bslheritage/



Sheila Mackenzie is the Website and Resources Administrator for the Scottish Sensory Centre based in Edinburgh. Amongst other duties, she manages the SSC Website and Library, including the 'British Sign Language Glossaries of Curriculum Terms'. Sheila led this project alongside colleagues Rachel O'Neill and Audrey Cameron at the University of Edinburgh.

Are electroacoustic output measures of cochlear implant speech processors and digital modulation receivers necessary?

Mary Hamilton and **Stuart Whyte**, University of Southampton Auditory Implant Service (USAIS), summarise their poster presentation at the BATOD/BAEA 2025 Conference on the efficacy of cochlear implant (CI) speech processors and digital modulation (DM) receivers

Background

Remote microphone systems, commonly known as radio aids, are widely used to enhance speech understanding in challenging listening environments characterised by distance, background noise, and reverberation (Thibodeau et al, 2024; Chen et al, 2021). These systems typically consist of a transmitter microphone worn by the speaker and a receiver that is either physically connected to or wirelessly integrated with the listener's hearing device via DM technology.

In the United Kingdom (UK), the Assistive Listening Technology Working Group (ALTWG) in collaboration with the National Deaf Children's Society (NDCS) have issued standards and guidance for amplification systems used with hearing aids and auditory implant sound processors (ALTWG, 2024; NDCS, 2017). These build upon earlier research and protocols, including those from the American Academy of Audiology (AAA), which advocates for both objective electroacoustic measurements and behavioural testing when fitting remote microphone systems (Whyte, 2019; Schafer et al, 2013; Nair et al, 2017).

The primary goal of these protocols is to achieve transparency – that is ensuring the average output from the CI speech processor remains consistent (whether or not the DM system is in use).

The relevance of existing protocols

Fitting DM receivers to CI speech processors typically involves using a test box to verify optimal performance. Previous studies have shown that altering the radio

aid input can significantly affect the frequency response at the cochlear level (Whyte, op cit).

With the advent of new CI speech processors and updated DM receiver technologies, questions have arisen regarding the continued relevance of the national Radio Aid Working Party Group's agreed protocol. Nair et al (op cit) compared Schafer's protocol with the AAA's and found both to be equally effective in achieving transparency.

The ALTWG has since proposed expanding the frequency range used in testing from three to six frequencies. This change reflects the increasing complexity and capability of modern CI processors such as the N7, N8, Sky CIM, and Sonnet 2, which were not available during earlier studies.

Manufacturers like Phonak have introduced default settings tailored to specific CI processors. However, the national protocol still requires Qualified Teachers of Deaf Children and Young People (QToDs) to verify that the speech processor microphone output matches the DM system when fitted.

Methods

At the USAIS, patients undergoing processor upgrades or

Processor	Difference - Processor Only & Proc + rec @ EGO	
	Method 1	Method 2
	Mean 3 frequencies	Mean 6 frequencies
Cochlear N7	12 Yes	11 Yes
	1 No	2 No
Cochlear N8	11 Yes	13 Yes
	5 No	3 No
AB Sky CI M	7 Yes	7 Yes
	2 No	2 No
MED-EL SONNET 2	0 Yes	1 Yes
	3 No	2 No
	41	41
73%	30 Yes	32 Yes
	11 No	9 No
	41	41
		78%

Table 1. Comparison of calculation methods

by request have their DM systems evaluated using electroacoustic measurements. These are conducted at both three and six frequency points to assess transparency, defined as output within ± 3 decibels (dB) of the reference (Schafer et al, 2013).

Two methods were used:

- Method 1: Averages of 750, 1000, and 2000 hertz (Hz) (Schafer et al, 2013)
- Method 2: Averages of six frequencies – 750, 1000, 1500, 2000, 3000, and 4000 Hz – as proposed by ALTWG.

The results of 41 CI processors and DM receivers were analysed at default settings:

- 13 Nucleus 7 (N7) with Roger 20 receivers
- 16 Nucleus 8 (N8) with Roger 20 receivers
- 9 Sky CIM with Roger Direct
- 3 Sonnet 2 with Roger 21 receivers.

A further five Roger 20 and N7 devices, already found to be transparent at the child's current setting of Easy Gain-2 using both methods, were not reset to default due to time constraints. These were therefore not included in the above numbers. A revised clinic protocol now mandates default setting checks for all devices.

Devices failing to achieve transparency at default were adjusted in ± 2 dB steps. Some devices could not be adjusted to transparency due to issues such as blocked microphone covers or faulty connections.

Results

- Method 1 (three frequencies): 73% of devices achieved transparency at default
- Method 2 (six frequencies): 78% of devices achieved transparency at default.

Both methods are valid, though Method 2 may offer greater insight due to its inclusion of frequencies critical for consonant discrimination.

Conclusions

Electroacoustic output measures remain essential for ensuring optimal performance of CI and DM receiver combinations. While manufacturer default settings (eg EasyGain 0) are often sufficient, a significant proportion of devices still require manual adjustment to achieve transparency.

Common issues include:

- blocked microphone covers
- faulty DM receivers or processor connections.

Maintaining baseline electroacoustic records is vital for identifying performance deviations. Additionally, user feedback and speech-in-noise testing remain crucial components of the fitting and validation process.

As technology evolves, so too must our protocols. Continued data collection and analysis will help refine best practices and ensure the highest quality of auditory support for CI users.



Stuart Whyte is a QToD, educational audiologist, experienced rehabilitationist, and clinical physiologist, and works with the USAIS to provide and support hearing technology. He teaches on and conducts research with assistive listening devices. He is a Fellow of the British Society of Audiology, contributing to the Auditory Processing Disorder Special Interest Group (APD SIG).

Mary Hamilton has worked as a senior rehabilitationist at the USAIS for over 20 years. She gained her Postgraduate Diploma (PGDip) in Educational Audiology through the Mary Hare course in 2022 and qualified as a QToD through the University of Birmingham Distance learning course, gaining her Master of Education (MEd) in 2001.

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The times they are a-changin' for public broadcasting

James Mander, an audiologist at the Ewing Foundation, reports on the new transmission protocol, Auracast. This article first appeared in the British Audiological Association's Audacity magazine

Borrowing the words from Bob Dylan's 1964 album: *The times they are a-changin'*¹ for telecoil public broadcasting. In that same year, Zenith launched the Regent Royal hearing aid. One of its features was a telecoil (T-coil) switch that advertised the T-coil for 'telephone conversation with all unwanted room noise eliminated'. Although not new, with the first hearing aid with an internal T-coil being produced in 1938², T-coil was growing in popularity allowing the wearer to listen directly to a person on the phone and in a public venue. By the 1970s, the T-coil switch for the T-coil input had become a standard feature on National Health Service (NHS) hearing aids, followed in later decades by cochlear implant processors and bone conduction hearing devices.

The magnetic loop, also known as an induction loop or T-coil system, consists of a loop of copper wire or tape installed around a designated area, such as a room, a group of seats, a reception desk, or integrated within a telephone. This loop is connected to a dedicated amplifier, which receives an audio signal (typically from a microphone or other audio source) and drives a current through the loop. The current flowing through the wire generates a magnetic field that fluctuates in response to the audio signal. Hearing aids or cochlear implant (CI) processors equipped with a T-coil detect this magnetic field. The T-coil acts as a receiver, picking up the magnetic signal and converting it back into an electrical audio signal, which is then amplified and delivered as sound directly to the user's ear. This direct transmission bypasses ambient noise and reverberation, significantly improving speech intelligibility in



challenging listening environments.

The audio frequency range transmitted by induction loop systems is typically limited to speech frequencies, with a bandwidth of approximately 100 hertz (Hz) to 5–7 kilohertz (kHz), optimised for speech clarity rather than full-range music reproduction. The signal is generally monaural (mono) as the T-coil system is designed primarily to reinforce speech for users with hearing loss. This unique broadcast system is found in banks, cinemas, theatres, places of worship, on transport networks, and in the home. Assistive listening technology like the T-coil ensures that the speech-to-noise ratio (SNR) remains high, ideally at 15–20 decibels (dB). This improves clarity, reduces listening fatigue, and adds to the users' enjoyment of listening to speech and music.

There are some challenges amongst the hearing impaired when it comes to hearing devices fitted with the T-coil. Audiologists need to explain and activate the loop programme and this does not always happen due to the shortage of time during an appointment. Magnetic loops in venues and buildings are often let down by the need for regular checks and maintenance, and lack of staff awareness around the operation of the equipment. In public buildings, the user is expected to sit or stand in a certain area within the venue as the T-coil wiring loop has not been installed to cover the whole venue, only in specific locations, due to cost and complexity of installation and operation.

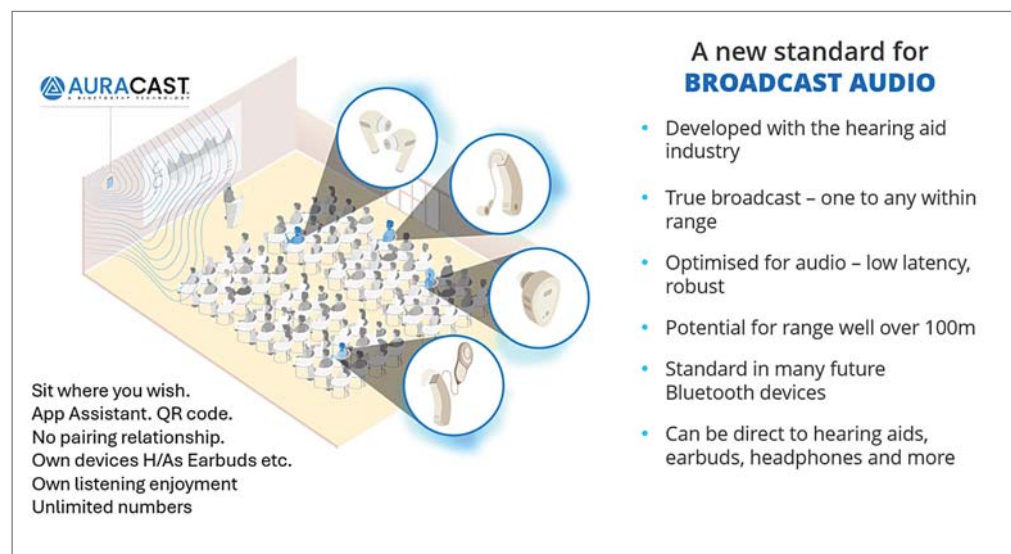


Diagram 1: Auracast being used in a lecture room; note the different listening devices being used and the ability to sit anywhere without restrictions

The change

With the universal acceptance and uptake of Bluetooth technology (short range communication), and specifically the adoption of Bluetooth Low Energy (LE) Audio since 2011 and the Bluetooth 4.0 standard, the Bluetooth Special Interest Group (SIG) has been developing new profiles around public broadcasting and has now created a brand-new transmission protocol called 'Auracast'.



Picture 1: 'The Contact on Oxford Road at night and installation partners'; note the Contact's unique chimneys that made it the first naturally ventilated theatre in the UK and now one of the first venues to have Auracast

This new LE Audio protocol is part of the new Bluetooth 5.2, 5.3, and 5.4 standards, which is a low-power version of Bluetooth specifically designed for streaming audio. It also benefits from the new codec called LC3, which is designed to work on low power settings, thus increasing the battery life of the listening device. And for the first time ever, hearing instruments *and* everyday earbuds and headphones will be able to listen to public broadcasts in theatres, conference centres and education buildings, places of worship, on a tram or while waiting at an airport departure gate for flight information, and watching sports at sports bars or at the gym. The signal can be encrypted to ensure privacy and has the potential to be broadcast in multiple languages simultaneously, and have an audio service like audio description. The possibilities seem endless.

Auracast has also done away with the need to 'pair' your device and be in a one-to-one only relationship between that device, eg a phone, and hearing device. Now users only need to use an Auracast-compliant receiver or an assistant app on a mobile device to 'choose' what they wish to listen to and as being a 'broadcast' protocol, as many users are open to join and sit anywhere or move around freely within the venue (see Diagram 1 on the previous page – Auracast being used in a lecture room situation).

Auracast has been designed to ensure a low-latency relay for capturing the input to delivery and this is especially important while watching films and TV, and at live shows.

One of the first venues in the United Kingdom (UK) to be fitted was the youth-focused Contact Theatre in Manchester in January of this year. The installation of the Auri transmitting unit took less than 45 minutes and was quickly linked to the Dante network – the theatre's central audio network system, relaying high-quality,

uncompressed, multi-channel, audio streaming throughout the theatre. The installation is a partnership between the Contact, GN Hearing, Ampetronic, and Ewing Foundation for deaf children (see Picture 1 of the Contact Theatre and the partnerships).

The cost and complexity of installation is no longer a barrier for venues to ensure all users have access to good quality clear audio (see Picture 2 for the Auri transmitting unit).

The Contact's sound engineer and production manager, Adam Steed, has set about trialling and challenging this brand-new broadcast system, Auri from Ampetronic, and Listen Technologies. He and I have gone on to broadcast various sound files, film soundtracks, music, and live speech in both quiet conditions and with competing background noise from the theatre's main speakers. The quality and reliability of Auracast remained exemplary and unbroken when listening with the portable Auri receivers with headphones, or with various commercially available hearing aids, earbuds, and headphones.

Auracast is being adopted widely by Samsung, Google, Intel, Jabra, Sennheiser, Sony, JBL and Creative, enabling Auracast on phones, on TVs, on headphones/earbuds, in speakers, and on laptops allowing both a transmission of Auracast and the listening of Auracast. Research projects that the annual shipments of Bluetooth LE Audio-enabled devices, which includes those with Auracast capability, will reach approximately three billion by 2028 (not all devices will be Auracast explicitly). By 2027, it is expected that around 90% of smartphones shipped will support Bluetooth LE Audio – and, by extension, Auracast – and that 80% of hearing instrument manufacturers will have at least one Auracast hearing aid option³.

GN Hearing and Starkey have hearing aids today that can be used in venues like the Contact Theatre, while other



Picture 2: Space 1 – the 330-seater theatre at the Contact Theatre with an Auri transmitter; the Auri is the white box immediately left of the glitter ball

manufacturers like Oticon and Phonak have certain hearing aids that are Auracast ready and waiting for firmware updates.



Picture 3: BAHA 7 with Auracast

Within the NHS device range, GN Hearing has the Extend series, and Cochlear Europe Ltd have both the N8 CI processor and the new BAHA 7 (see Picture 3) with access to Auracast.

With key marquee internationally known venues like the Sydney Opera House, Broadway theatres, and the Contact in Manchester, other venues and organisations are quickly following, including the Birmingham Hippodrome, University of the Arts London, and The Everyman Theatre in Cheltenham.

As we move into the transition over the next five years

with the number of venues, public buildings, travel hubs, TVs, and personal devices increasingly adopting Auracast, this new public broadcasting system is set to dominate both public and domestic broadcasting.

Referring to Bob Dylan's 'The times they are a-changin''¹, times are most definitely changing in the listening landscape of public broadcasting, not only for hearing aid instrument users but for everyone.

References

- 1 *The times they are a-changin'* album, Bob Dylan, Columbia Records, 1964.
- 2 Hearing Aid Museum.
- 3 Correspondences with Mike Cyprus at Ampetronic.

Acknowledgements

Mike Cyprus – Product Manager at Ampetronic.
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GN Hearing.
Hearing Aid Museum www.hearingaidmuseum.com/
Cochlear Europe Ltd.



James Mander is an audiologist at the Ewing Foundation for deaf children. James trained at the Royal Ear, Nose and Throat (ENT) Hospital in London before specialising in CIs at The Richard Ramsden Centre for Hearing Implants at Manchester Royal Infirmary. He then went on to work for the Sonova Hearing Group before joining the Ewing Foundation. He has gained a wealth of knowledge in CIs, hearing aids, and remote microphones and has developed strong links within deaf education, and with manufacturers and the charity sector. James is an advocate of new hearing technology and systems supporting deaf people.

BATOD and SaLT – joint working

Amanda McNamara, Chair of BATOD Scotland, summaries their conference in March on the collaboration between BATOD and speech and language therapy (SaLT)

BATOD Scotland held a half-day conference on Saturday 10th March in Glasgow city centre. We welcomed 16 BATOD members of varying professions: Teresa Quail (BATOD National Executive Officer) and three speakers – Helen McCabe (Clinical Lead Speech and Language Therapist for Hearing Impairment, Royal Hospital for Children, Glasgow), Moira McPhedran (Speech and Language Therapist for Hearing Impairment, Royal Hospital for Children, Glasgow), and Katie Clarke (Clinical Lead Speech and Language Therapist, Falkirk).

Helen began the day by explaining the SaLT role, which follows the Royal College of Speech and Language Therapy (RCSLT) guidelines. As well as their more well-known inputs around language and communication, and eating and swallowing, SaLTs are also trained in bilingualism, sign language, and Cued Speech. Helen explained that SaLTs use counselling skills with families and encourage informed choice.

A large part of the SaLT role also involves onward referral for other identifications and differential diagnoses, including deafness, developmental language delay (DLD), and autism.

SaLTs have a person-centred approach across all areas in Scotland and attend the Children's Hearing Services Working Group (CHSWG) and the Clinical Excellence Network (CEN) for SaLTs in order to keep abreast of good practice, policies, issues, etc.

It was explained to the group that there may be differences in the type of SaLT support depending on geographical area and age of child, but the CEN



Helen McCabe

recognises the need for specialist SaLTs across the country.

The role of specialist SaLTs includes upskilling and supporting families around the acceptance of their child's deafness, their equipment (if any), multi-departmental team meetings (MDTs), advice for listening and attention, developing parent/child interaction, and developing awareness and the use of strategies to support listening, attention (pre-verbal skills), and early language development – empowering parents and supporting education staff. Their aim is to *reduce anxiety* and *increase resilience*.

Moira spoke to us regarding the support offered by SaLT:

Universal – promotes wellbeing and is least intrusive

Targeted – supports those who have some needs, especially those with deafness; as part of this support there are targeted conversations and strategies

Individualised – when and where required, always taking into account family situations and extenuating circumstances.

There was mention of the Tiny Happy People website www.bbc.co.uk/tiny-happy-people which gives examples of activities and strategies that parents can use.

Katie spoke similarly of Forth Valley and also mentioned the SaLT helpline, which is a ring-fenced time for discussions and is available to both parents and professionals. Each Health Board in Scotland has its own helpline and Katie encouraged us to look up the number



Moira McPhedran



Katie Clarke

for our local areas.

After a short break, we discussed some case studies that had been sent in. The SaLTs urged us to think about what we would do in each situation, then provided some advice along with this.

Some of the advice included thinking about other factors that affect speech, for example, cerebral palsy. It is important to assess to see which sounds there are issues with and then determine if the child is able to make those sounds. If not, it is important to explain this and build their identity using communication aids and create a communication passport.

It is about focus: not on what the child can't do, but what

they can do. The child's functional language needs should always be at the forefront; therefore, it is important to have staff who can support this, eg with British Sign Language (BSL) and the assessment of the pupil's skills.

The group were encouraged to think about pace – and not to push the pupils on too quickly. It is also important to think about typical development of speech sounds – if a child were neurotypical, would they be able to say those sounds at that age?

Reinforcement of modelling of sounds and slow speech, overlearning, and using motivators such as pacing boards were also suggested.

There was then a discussion about SaLTs and specialist SaLTs in each of the areas represented by the attendees – the results of which I won't write here, but it did not paint a pretty picture. Many of the areas across Scotland have little to no access to SaLT, which was also reflected in the survey we conducted last year. Unfortunately, much like Qualified Teachers of Deaf Children and Young People (QToDs), the number of SaLTs is dwindling across Scotland.

As a committee, BATOD Scotland would like to thank Helen, Moira, and Katie for their time and excellent presentations. Everyone in attendance commented that it was an informative event, and they enjoyed the opportunity to come together for professional discussions and collaborative working.



Amanda McNamara is the Chair of BATOD Scotland.



Review

Nan in a Van

Author: Cate Calder

Illustrator: Tobin Broadbent

Publisher: Deaf Choices UK

Price: see www.deafchoicesuk.com/nan-in-a-van-shop for individual publications and resource packages

Reviewer: Lee Fullwood

The Nan in a Van series by Cate Calder, illustrated by Tobin Broadbent, is a delightful series of books designed to help young deaf readers (4–7) develop their phonic skills through visual methods. The teaching pack includes a collection of ten books with engaging stories and vibrant illustrations, as well as teacher resources which include online eBooks with avatars that model cued English and British Sign Language (BSL). Although this series, according to the blurb in the teaching guide, was developed for deaf children who are visual learners and those with language delay, there is a growing awareness that deaf children need an approach that does not wait to see if oral failure will occur – the use of cued speech and sign language should be seen as part of creating a rich language environment around the child. The claim that introducing a visual language to deaf children will impair the child's acquisition of speech, I think, has now been largely dismissed, so Qualified Teachers of Deaf Children and Young People (QToDs) can feel bold enough to advise families and schools to introduce visual support for their children right from the start, as a cognitive safety cocoon.

Over my years in teaching deaf children, I have met many teachers and parents who have opted not to use visual language with their deaf children, not because they wanted to see if the children succeeded or failed with oral language first but because they did not want to introduce deaf children to too many languages or language systems at once. The world, however, is mostly bilingual, and it is not uncommon for children to learn even three languages from birth. Deafness is only a barrier if we make it such. Access to language by oral methods, supported by cued speech and BSL, is not beyond the cognitive abilities of deaf children or, in fact, any child.

The series follows the Letters and Sounds guidelines, an approach to help children with word reading skills and spelling. The intervention supports English in three modalities: spoken language, through the use of eBooks; written language, through print in each book along with fingerspelling, and cued English, using handshapes and placement around the face to represent the 24 consonant and 20 vowel sounds in the English language. Most QToDs will quickly see that language chaining and sandwiching is evident – a way of effectively supporting deaf children to acquire language.

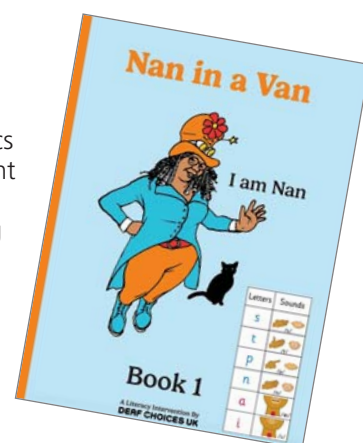
The book series introduces phonics focusing on a specific roll-out of phonemes, starting with simple consonant-vowel-consonant words, and gradually introducing more complex blends and digraphs. The stories are short and repetitive, which is perfect for reinforcing new sounds and hand skills. The series lends itself to being used

alongside any synthetic phonics programme that a school might already be using such as the Teaching Handwriting Reading and Spelling Skills (THRASS) chart, developed for helping with spelling choices.

Tobin Broadbent's illustrations are delightful and endearing, capturing the attention of young readers, as the children portrayed are highly relatable characters having cochlear implants or hearing aids. The pictures not only complement the text but also provide visual cues that help children decode new words through cued English or fingerspelling. I say that children can follow along, but the beauty of this series is that adults unaccustomed to cued English, fingerspelling, or BSL can learn at the same time as their child. This encourages dialogic enquiry where the adult and child learn together, an effective pedagogical practice in the education of learners who are deaf. The books encourage discussion, questioning, and diversion – not only through the stories but also with the games and worksheets that accompany the series.

The book series has a teaching guide that has lesson plans for every book; QR codes unlock the eBooks as well as worksheets that supplement and complement the ten books. The learning pack also comes with games to help make the learning of language and cueing fun. The books don't state that there is room for playing with the sentences, eg from "I am Nan" to, "How could we say 'I am Dad?'" but this should be implicit – this is an intervention which creates possibilities; it does not limit language but facilitates blossoming and will be fun for the child and adult together.

From my experience, this intervention package is engaging and enjoyable for children and teachers alike – even the avatars look like trendy young surfers who would not be out of place with Nan in her van. Some children have difficulty making the handshapes initially, but they do not seem to give up having a go. Most will enjoy the creativity that comes with having oral language, cued English, and BSL side by side. You should not worry if the children start to use the cues along with their oral English, and even in their BSL. My experience is that these translanguaging experiences enable children to grasp more complex language concepts and help maximise communicative potential as well as making the learning of phonics and language fun, crucial for maintaining young readers' interest and motivation.



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Review

Voices of Hope

Author: Estelle Garrett LSLS Cert AVT

Publisher: AVID language

ISBN-10: 9: 7819139968526

ISBN-13: 978-1-913968-52-6

Price: Hardback £15.49, Kindle £9.99

Reviewer: Dawn Lewis, Peripatetic Qualified Teacher of Deaf Children and Young People (QToD), Herefordshire.

A collection of personal accounts shared by 13 families of deaf children, and their journey of listening and speaking whilst using the Auditory Verbal Therapy (AVT) approach.

Please be aware that this book is published and collated by auditory verbal therapists and is a promotional book for AVT. Some people within the Deaf community and culture may find this controversial. The book 'blurb' states it is "a resource for newly diagnosed families and the professionals who support them". I would air caution before recommending this to newly identified families within my unbiased role as a QToD. However, should families start to consider cochlear implants (CIs) and oral approaches, then it illustrates what possibilities could be achieved through therapy.

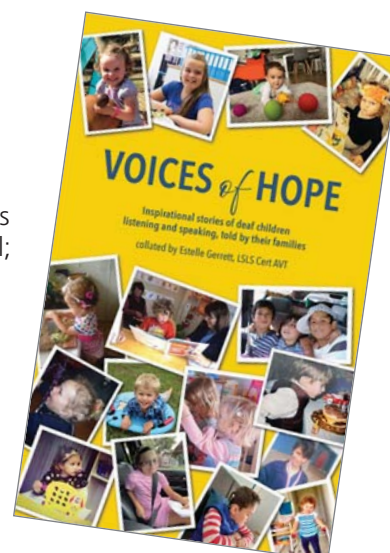
There is quite a lot of AVT history, theory, and introductions, but once you start reading the different experiences, it flows very well. Some of the images are dated, showing dated technology, but that is because it charts the children's journey over time. Rather than simply looking at data of outcomes for the first generation of children with CIs reaching maturity, this is anecdotal evidence, and, in that respect, it is very accessible.

I found it useful as a practitioner to empathise with families during the identification period and reflect on timings of information drops. If parents make the oral choice early on, it would be an excellent tool for them to

connect with real lived experiences.

Each personal account is honest and inspirational; some feature children with hearing loss associated with cytomegalovirus (CMV) or meningitis, and I imagine this would be a comforting read for families facing similar diagnoses.

I would recommend this book to fellow QToDs and parents of deaf children who are already considering a CI and AVT route. Parents will find it informative and challenging of previous expectations of oral abilities. As a professional, it has made me very reflective and critical (in a thinking sense) of my own practice and question again that fine line between informing and supporting without pushing one route.



Summary – marks out of 5

Quality 3

Value for money 5

Educational usefulness 4

Overall 4



Dawn Lewis is a full-time peripatetic QToD in beautiful Herefordshire. She loves reading, acting, and travel. Dawn feels passionately about access to education and the arts for all.

Supporting CSWs

Communication support workers may find these resources, created by Andrew Owen, retired Senior CSW and BSL/English interpreter, useful

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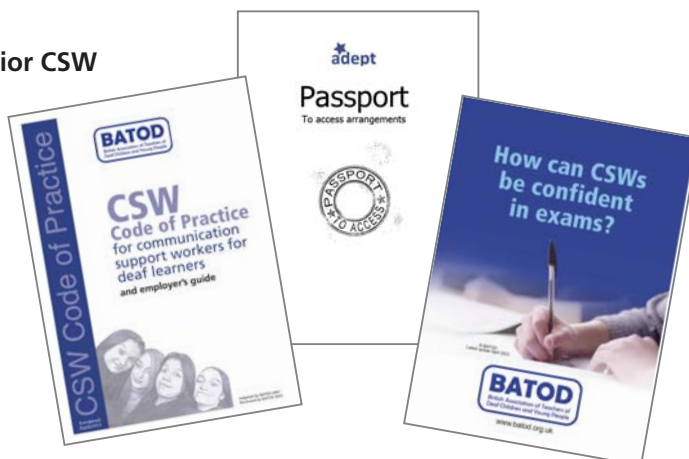
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Passport to access - recommended access arrangement requisites

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