

## **Sustaining an effective sign bilingual ( BSL/English) environment in the family setting of a pre-school profoundly deaf child: a case for using Cued Speech?**

**By Sarah Collinson and Paul Gouge**

*The following case study shows that there are both opportunities and challenges for a parent and a Teacher of the Deaf in delivering English through Cued Speech.*

*First published in the BAToD Magazine in April 2002.*

### **A parent's view.**

#### **Sarah Collinson**

Our son, Will, was about nine months old when he was diagnosed as profoundly deaf. He is now two and a half, and although he hasn't had any useful hearing for most of his life, he has nearly age-appropriate comprehension of English, good signing, and, now, a couple of months after the switch on of his cochlear implant, he is recognising a number of vocal sounds, understanding a few simple spoken phrases, and he's trying speak for the first time.

Right from the beginning, our main priority was for him to learn a full, grammatical language, since, without that, we knew that he wouldn't be able to think properly, let alone communicate. Supporting his aural and oral skills was also a priority for us – we made sure he had his hearing aids on all of the time and we did loads of talking to him about everything all day long.

Our ToD and his deaf co-worker encouraged us to think positively about all the communication methods that we could use, including signing. They started teaching us some sign, and they demonstrated how we could try to make sound and speech interesting and meaningful for Will. With every visit, the cupboards filled up with more and more drums and every kind of noisy toy – I thought we were going to start getting complaints from our neighbours!

But while we enjoyed using sign, we couldn't help feeling dissatisfied with the prospect of relying entirely on signing to communicate with Will in the long term. Because he had no hearing in the speech range, we knew that he needed sign and we wanted him to learn it, but we felt completely ill equipped to teach it to him. We also found it very frustrating that we couldn't speak to him in our own language, especially since we didn't yet know how to sign most of the things that we wanted to say.

We then read an article in the NDCS "Talk" magazine about Cued Speech (CS) by a mother who had used it to speak English to her two profoundly deaf (now teenage) children. CS is a very simple system of assisted lip reading, based on using eight hand shapes in different positions around the mouth as you talk to clarify visually (phonetically) everything that you are saying with your natural speech. If a deaf child is cued to consistently from an early age, they should be able to learn English relatively easily and naturally as a first language, irrespective of whether they have any hearing or not. It has been used in France, Belgium and Switzerland and parts of the USA for the past twenty years or so as a mainstream tool for educating and communicating with deaf children, with stunning results. Within a month

we were trained up (by the Cued Speech Association – free of charge) and had started to cue everything we said to Will. Instantly, we felt confident and in control again as parents.

We put the signing on hold at first because we were worried that it might be too confusing for him to have two visual systems going on. But we then found out that he has a rare form of deafness associated with his auditory nerve, and that, typically, children with this condition have particular problems with speech. Although he understood more and more English, we began to worry about his expressive language. So we started repeating phrases in sign after cueing them. We quickly discovered we only had a cue and sign a new word a couple of times, and he would automatically translate from one language to the other. For instance, we would cue in English, “Daddy’s gone upstairs”, and he would nod and repeat the phrase back to us in sign. After a few months, he had a receptive vocabulary of over fifty words in English, and as soon as we reintroduced some signing, his sign vocabulary quickly caught up.

He has never shown any real confusion between the two languages. He seemed to work out for himself that we mainly cue English to him and that he mainly signs back to us. When he does try to cue, he seems to associate this with speech and will often put in the right number of vowel sounds corresponding with the syllables of the word. On the other hand, he will happily use two different signs for something and may try to cue it as well.

After just over a year of cueing and signing, we can now have the kind of conversations with him that one would have with any two year-old. Whereas a few months ago, he might have answered “look at the sky!” by pointing to the sky and signing “sky”, he might now look and reply (in sign) that the sky is blue and there are lots of clouds and its windy ... and lets go to the park! He is not far behind his hearing peers in his comprehension of English – he now understands quite long sentences and we have started reading storybooks to him in cued English. We’ve given up trying to keep count of his receptive vocabulary. Some words or phrases seem to be easier to convey in English (clarified by the cues), others in sign, so we will often use one language to clarify the meaning of a new word in the other (for example, I remember explaining the sign for a plant by telling him in English that “it’s like a little tree”).

He has very recently had a cochlear implant, which means, of course, that we are now embarking on a much more intensive phase of auditory / oral communication. It is already clear that the cueing is helping him to map the speech sounds that he is now hearing to the English that he already knows. He is attempting to say (as best he can!) two- and three-syllable words that he already knows visually through CS, such as ‘Ribena’, ‘monster’ and ‘banana’.

We are so grateful that our ToD and peripatetic service didn’t ever try to talk us out of what we chose to do and have been so open to supporting us with a communication method that they hadn’t used before. Will’s teacher and speech therapist have now both learnt to cue and try to use it in their sessions with him. It has been hard work, but already it’s paying off. Being able to stop Will having a tantrum by explaining to him, in English, that he can go and play in the sand after we’ve found his buggy and changed his nappy, so why doesn’t he come and help me find his buggy? ... Or that he will be able to have his biscuit as soon as I have put the shopping in the car and got him in his car seat ... is worth everything!

## **A teacher's view.**

### **Paul Gouge**

We are all now familiar with the arguments in favour of promoting and supporting a bilingual environment (BSL/English or other home language) for preschool deaf children (M Pickersgill & S Gregory 1998). Delivering and sustaining this language environment is an exciting challenge for those of us working in preschool support services. Sarah Collinson's account of her son's toddler years shows that the challenge for us is, essentially, all about accessibility.

The language environment we are promoting and helping to sustain at home must be a truly accessible one. There is clearly little point in seeking to maintain a language environment to which a child and his/her family have only very limited access, i.e. where the language model that is presented or that the child is receiving is incomplete. In most bilingual situations, we would expect both component languages to be presented naturally in their complete form. In a family where both French and Italian are spoken, for example, the fluent French speaking carer may create an entirely French language environment for her son's daily bath and bed times, while at other times her partner may dominate the language environment in Italian. Children do not need to access both languages simultaneously in order to develop bilingually, but we do expect both of the language models presented to be complete. And we also assume complete accessibility on the part of the child.

There are particular challenges here for the presentation of languages in our bilingual model of BSL and English for deaf children. The first challenge is the child's accessibility to an appropriate model of BSL. Clearly, this is not a problem for families whose home language is BSL. But the majority of deaf children are born into families, such as Sarah's, who have no experience of BSL until their child's diagnosis, and who will naturally feel 'ill equipped' and 'frustrated' if required to be the primary deliverers of this component in their child's language environment. Although the family's capacity to communicate in BSL may improve over time, the crucial time that a young child needs access to a grammatical language is in its first few years, i.e. typically before the family is fully competent and confident in BSL. Deaf Instructors and Deaf Teachers of the Deaf on the preschool support service / at nursery level, fluent in BSL, have a crucial role to play here in providing deaf children and their families access to a rich and complete model of BSL.

The second challenge is the child's accessibility to English. English is a rich and beautiful language that most of our English-speaking parents and carers are perfectly well equipped to present to their children. But a profoundly deaf child may not be able to access it at all through normal speech and hearing (as was the case with Will), or may only be able to access it partially. Appropriate audiological technology, together with relevant auditory training, may move the child towards increased accessibility, but is this enough? Shouldn't we be striving towards complete accessibility in English for all of our children? Is it right to leave children's primary language development up to the fortunes of whether and when hearing aids or a cochlear implant might help (but not guarantee) their access to spoken English through their hearing? Is it fair to continue to expect profoundly deaf children to struggle with English and literacy throughout their lives simply because they couldn't hear as much as other (deaf or hearing) children?

One answer to this problem in the UK has been to try to increase visual access to spoken English by using individual signs taken from BSL to support key words in spoken English (Sign Supported English and MAKATON), or to try to support the entire structure of spoken English by supplementing individual signs taken from BSL with devised signs representing the structures of English grammar. Neither approach offers the child a full and authentic presentation of English. The result, in my view, is not only to offer an impoverished model of English, but also to diminish the status of BSL and restrict the child's access to full BSL.

But there is another very different approach to presenting spoken language to profoundly deaf children – Cued Speech (CS) – that makes it fully accessible to them through their vision, and that enables families to present a natural and authentic model of their family language. As Sarah sums up, it is basically a system of assisted lip-reading that clarifies visually all the phonemes used in natural speech. It is therefore simply a tool for presenting and accessing English (or other spoken language), alongside normal speech and writing. Because there are only a limited, closed set of phonemes used in any language, the system is very easy to learn, much like learning to type - which, for non-BSL families and their children, is a major advantage over other systems of visual communication. Although still relatively uncommon in the UK, we should all know about it.

Although my experience of CS is limited to my work in supporting Will, I am already impressed with the way that he is accessing spoken English in his family as a profoundly deaf two-year-old. If he is accessing visually a complete model of English - and it appears that he is - then it means that he is developing a complete internalised model of English. This is already supporting his social and emotional development and inclusion within the family, and it should help his acquisition of spoken language post-implant – and, of course, his future literacy and wider learning.

And that is an exciting prospect.

*Sarah Collinson is the parent of a profoundly deaf two-year-old boy living in Haringey. Paul Gouge is an Advisory Teacher working with pre- school deaf children in Haringey and Enfield.*



