



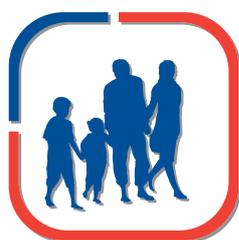
# DeafHearie

Services for Deaf & Hard of Hearing People



## Communication Options and Opportunities

A Factsheet for Parents of Deaf and Hard of Hearing Children



## Parents Corner



# Communication Options and Opportunities

This factsheet provides information on the Communication Options and Opportunities available to Deaf and Hard of Hearing children and their families. It should be read in conjunction with the factsheet Communication and Your Child, which focuses on the broader aspects of communication and its importance in children's development.

## Communication and Your Child's Development

Acquiring and developing good communication skills is crucial for all children and their families. Children will learn their skills from you and other friends and family. The acquisition of good communication skills will help your child in all areas of their development including intellectual, emotional, personal and social skills. If your child uses a hearing aid or cochlear implant, it is extremely important that you are persistent with your child regarding wearing their hearing aid or cochlear implant. Equally, if your child uses sign language, it is important that as many people as possible in your child's social circle are encouraged to learn to communicate fluently in sign language.



Communication with your child with a hearing loss will start as it would with any other child, they will respond to your facial expressions, voice, eye-contact, body movement etc. It is essential that you continue to play games and talk to your child, but be aware that the child will need to see your face; they will struggle if you are talking while looking the other way or have your back to them. You will become aware of your child trying to communicate with you, you should respond promptly and be encouraging. As well as verbal praise, it may be beneficial to use simple gestures or signs that are age-appropriate, such as 'thumbs up' or clapping.

Children with a hearing loss can learn to communicate through spoken language or sign language, or a combination of both, also known as 'total communication'. The decision as to how your child learns to communicate is primarily down to the parents with guidance from professionals actively involved with your child's hearing loss. It is important to be aware that there is a history of debates regarding the best communication approach to use with a child with a hearing loss and some professionals may favour one method of communication over the other.

After diagnosis, one of the main topics parents seek information about is the various communication methods used by Deaf and Hard of Hearing children. Most parents are anxious to find out which approaches or methods are available to them and which ones are most likely to suit their child. This anxiety is entirely natural, as approximately 90% of Deaf and Hard of Hearing children are born to hearing parents who usually have very little previous knowledge of childhood hearing loss. This factsheet focuses on providing parents with information on the different communication options available so that they can make fully informed decisions in choosing their preferred communication options and provide the best communication environment suited to their child and family.

## Communication Options

There are quite a number of different communication methods, but there are three main approaches in use: Auditory-Oral, Irish Sign Language and Total Communication. The following section describes these three main approaches in detail, and summarises a number of other less common communication methods.

### 1. Auditory-Oral:

This approach focuses on providing the child with sound through amplification (hearing aids) or electronic implant (cochlear implant). The aim is to enable the child to develop good receptive and expressive language skills through listening and speech. Receptive skills refer mainly to the child's abilities to hear and understand what is being spoken, while expressive skills are concerned primarily with speech production.

Hearing aids focus on enabling the child to use their residual hearing to develop listening and speech skills, while a cochlear implant provides direct sound stimulation to the auditory nerve and brain, and does not rely on any residual or natural hearing ability.

The success of this approach is not determined solely by the level of your child's hearing loss and residual hearing. A number of other factors are important, including the age of diagnosis and first fitting of hearing aids or cochlear implant, your child's personality and temperament, your child's individual abilities, and the availability of quality supports and services to you and your child.



# Communication Options and Opportunities

The auditory-oral approach is the most common approach in Ireland for Deaf and Hard of Hearing children. Most children with hearing loss have some residual hearing, and combined with modern digital hearing aids, they are able to develop good receptive and expressive language skills. Most children with hearing loss are placed in mainstream classes. The greater the level of hearing loss, the more likely a child will attend a special unit for Deaf children within a mainstream school or a special school for Deaf children.

For this communication option to work to its potential, the child must receive an excellent audiological service. Hearing aids must be worn consistently, they must work well and any repairs or maintenance completed promptly so that any disruption to amplification is kept to the absolute minimum. If a child requires specialist support for the development of speech or listening skills, the services of a Speech and Language Therapist, a Visiting Teacher for Deaf Children, and the involvement and support of the child's parents is vital.



## 2. Irish Sign Language/Bilingualism:

This approach involves the use of Irish Sign Language (ISL) as the child's first language. It is important that all family members are fluent in ISL, or become fluent as soon as possible. ISL is the preferred approach for most Deaf or Hard of Hearing children born to Deaf parents, and this represents about 10% of children born with hearing loss. It is also the chosen approach of some hearing parents of Deaf children. Also, ISL is used by some families who may initially have adopted an auditory-oral approach, but found that this method was not best suited to their child.

ISL is a manual or visual language that is unique to Ireland. It is an important part of Deaf Culture and Deaf Identity, and it is estimated that there are approximately 5,000 Deaf ISL users in Ireland. It is also estimated that 40,000 hearing people use ISL frequently or occasionally when communicating with Deaf people. ISL is a complete language in its own right, with its own linguistic features and grammatical structure.

When a Deaf or Hard of Hearing child's first language is ISL, they must also be encouraged to learn English as a second language, as this is essential for reading and writing skills. As a result, this approach is often referred to as Sign Bilingualism, as it involves fluency in two languages.

This approach receives strong support from the Deaf Community and some professionals and parents. Deafness is viewed not as a disability, but as a positive aspect of Deaf Culture and Identity. Deaf people are seen as part of a cultural minority, with its own language, identity, schools, history, customs and community.

## 3. Total Communication:

This method involves a flexible approach, using a variety of methods that aim to provide a communication environment that best suits the needs of the child with a hearing loss. Total Communication would usually involve a combination of speech and sign language. Other aspects of this approach might include fingerspelling, writing, gesture and facial expression. The philosophy of Total Communication is based on the belief that the communication approach should be suited to the individual child and that the child can learn to communicate effectively by using all the means available to them.

Some professionals believe that using sign language with a Deaf or Hard of Hearing child will reduce the child's motivation to learn speech and hearing skills, but no evidence has been produced to support this view. In fact, research has shown that all children can learn expressive sign language before they can learn to speak, while a well known study that used sign language with young hearing babies found that this resulted in improved emotional development, helped babies to talk sooner, and even raised IQ levels (Acredolo and Goodwyn, 1996).

It is also important to be aware that English and ISL have different structures and linguistic features. In practice, Total Communication tends to involve a form of sign language more similar to English, or Sign Supported English. In classroom settings, some studies have shown that the benefits of Total Communication are dependent on the skills of the teacher in using and adapting the approach to meet and match the needs of individual pupils.



# Communication Options and Opportunities

## 4. Other Approaches in brief:

**Lipreading:** this is a skill to aid communication rather than a complete communication approach, as it is only concerned with receptive language. Lipreading is the ability to recognise words from the lip patterns of the person speaking. Most people, both hearing and deaf, have some ability to lipread and often use this skill unconsciously in everyday communication. Children with hearing loss can develop this skill, and combined with the use of residual hearing, it can help them understand more spoken language.

However, lipreading ability varies greatly from one individual to the next, some people are difficult to lipread and lipreading itself is very tiring. Also, even in ideal conditions, lipreading alone cannot provide full information as many different words and sounds involve similar lip patterns (for example, the letters 'b' and 'p'). Some estimates state that only 30-40% of speech sounds can be lipread under optimal conditions.

Despite its limitations, most children with hearing loss do use some level of lipreading to understand what people are communicating to them (through speech or sign language), so it is important to remember:

- keep your face relatively still when speaking
- don't stand in front of a light source which will place your face in shadow
- if you have a beard or moustache, consider trimming it to make your lips visible
- don't cover your mouth while speaking
- make sure there is good lighting in the room or area



**Cued Speech** is a system that aims to make spoken language accessible to Deaf and Hard of Hearing children through the use of hand shapes. The hand shapes represent the sounds of English visually, and are made close to the mouth while speaking, as an aid to lipreading and understanding speech. An advantage of the system is that it can be learned quickly and can aid understanding of spoken language and its structure. Disadvantages include the fact that it is not widely used, there are not many people trained to use it, and it can be tiring.



**Fingerspelling** involves using the sign alphabet to spell words, names or places for which there is no established ISL sign. Also, as part of a Total communication approach, fingerspelling may be used to aid understanding of spoken language. For example, a person may fingerspell the first letter of a word as they speak the word, to help the child recognise the word more easily. Fingerspelling is also important in learning English literacy skills for children whose first language is ISL.

**Sign Supported English** is a form of sign language which uses ISL signs and fingerspelling in the word order of the English language. This approach is often used as part of a Total Communication approach in schools to support the development of English literacy skills and education generally. However, it is essentially a communication system, and is not a complete language with its own linguistic structures and features.



# Communication Options and Opportunities

The acquisition of communication and language skills at age-appropriate or close to age-appropriate times is a necessary requisite for continued development and preventing delays is more important than the specific method or modality used (Marschark, NCSE 2009).

## Education and Language Development

The National Council for Special Education Report into best practice in the education of Deaf and Hard of Hearing Children was published in 2009. It listed a number of reasons why some children with hearing loss do not reach the same levels of educational attainment as their hearing peers due to delays and deficits in language development. The reasons provide important information for parents to be aware of when making decisions regarding communication options for their Deaf or Hard of Hearing child.

The report states that delays and deficits in language development affect academic growth and outcomes in at least four ways for Deaf and Hard of Hearing children:

1. Deficits in vocabulary, syntax and the ability to use abstract language limit the development of literacy skills, which in turn limits academic progress.
2. Access to "incidental learning", which is a key source of information and learning for most children, may be severely limited. This is the case when Deaf or Hard of Hearing children cannot overhear (or, in the case of sign language, "oversee") communications among adults and other children in their environment.
3. Deficits in the classroom language further limit academic experiences, where the teacher's role is complicated by the challenges in communicating academic information and students struggle to make sense of what is being communicated.
4. Cognitive and academic learning are limited if a student lacks sufficient language sophistication to allow "thinking about" learning, re-organising and remembering information observed and learned, making inferences and drawing logical conclusions based on understanding (Marschark, NCSE, 2009).

## Communication Choices: Some Points to Consider

The aim at all times must be to support the child with hearing loss to develop language skills similar to that of hearing peers with similar abilities: if this is not happening, the parents should review the child's progress with the various professionals involved to determine if additional supports or alternative approaches are required.

Some issues to think about when considering communication options:

**Have I got sufficient information on the various communication options available?**

**Have I got a sense of the best ways to communicate with my child at this point in his/her development?**

**Have I had the chance to meet and talk to professionals / parents / Deaf people who may be able to offer helpful information and advice?**

**What new skills might family members need to learn to communicate with my child?**

**What support will my family need to learn to communicate with my child?**

**What services are available in the area to my child and family?**

**Will I be able to organise accessing supports and services without disrupting the family routine too much?**

**Who can I ask for support and assistance?**

**Some people who may be able to help or provide useful advice and/or support:**

- Audiologist
- DeafHear Social Worker/Family Support Worker
- Irish Sign Language Tutor
- Parents of Deaf and Hard of Hearing Children
- Speech and Language Therapist
- Visiting Teacher for the Deaf

## Key Points to Remember about Communication

The purpose of developing good communication skills for all children is to help them in all aspects of their development, including intellectual, emotional, educational, personal and social skills. The needs of Deaf and Hard of Hearing children are no different, and the various communication methods available all aim to promote age-appropriate language development, which in turn is critical to facilitating the child's general development.

Communication is not just about language, it is about human contact, sharing emotion and information...and much communication between people is nonverbal. Smiling, eye contact, facial expression, touch and body language are just some of the common aspects of nonverbal communication. Be aware that these aspects of communication can be particularly important for children with hearing loss, especially in the early years.

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