

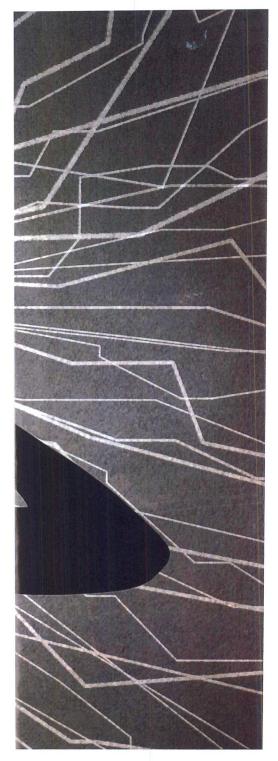
Our January edition looked at work being done in DCAL to increase knowledge about language difficulties among sign language users. Here, Joanna Hoskin tells the BDN about a project under which she and other speech and language therapists along with deaf staff at a London mental health unit have been working together to implement new strategies to help them pick up on any language difficulties among those they come into contact with

icture the scene. Billy is deaf. He lives at home with his parents and brothers where everyone in the family uses BSL. As Billy grows up, his parents notice he isn't learning BSL like his brothers. They notice he has difficulties understanding language. He can't understand explanations of family plans. He needs directions and instructions to be broken down and repeated. When he plays

with his brothers, his mum notices that he gets frustrated. He needs to see a game being played to understand what to do. When she tells him how to play a game, he can't get it. His parents know Billy has skills in other areas. He is good a practical tasks, he understands and remembers how to get to places and use the computer for games.

Billy also has difficulties expressing himself. He can't tell his mum and

dad what has happened at home or in school in a clear way. He gets into fights with his brothers because he can't explain things. When his mum asks him what has happened, he can tell her basic information but not the detail. When he watches a DVD or television programme, he can act out what has happened. His brothers can tell the story in BSL, Billy can't do this. Sometimes the signs he uses look



different from the signs the rest of the family use. He has the right handshape but the movement is not right. This makes it difficult for his family to understand him.

Billy has receptive and expressive language difficulties. He is able to think and learn like other children in lots of ways but has specific difficulties with language. But he remains undiagnosed.

AN OVERLOOKED GROUP

Research has shown that about 6% of children have specific difficulties learning spoken language when they have no difficulties in learning other skills. Language difficulties include

stammering – made well known by *The King's Speech* and *Educating Yorkshire* – and dyslexia – problems with coding and decoding speech sounds that can result in reading and writing difficulties. Deaf children who communicate via spoken language can experience these difficulties as well as hearing children.

Deaf children learning signed language also have difficulties but until recently very little was known about these. When hearing children have these difficulties, they work with Speech and Language Therapists (SLT). There is lots of training and evidence based intervention for children learning spoken language, whether they are hearing or deaf. However, for children learning to sign, there is less information.

A project which emerged out of work undertaken at Corner House, the inpatient unit of National Deaf Child and Adolescent Mental Health Service based at Springfield Hospital and part of South West London and St George's Mental Health NHS Trust – supported by DCAL – has been working to identify these information gaps and implement new strategies its deaf staff and SLTs can use when working with children who use BSL.

In Corner House we meet lots of children who have difficulties learning language. This can be for a few different reasons; some relate to general language issues:

- Children who do not have access to good language role models in English or BSL. They have a deprived language environment. Children learn language by observing other people using language so need good role models.
- Children who cannot access spoken language because of their deafness.
 Children need to have good access to language by seeing or hearing it in order to learn. These children and their parents benefit from learning a language that is signed.
 The children may also benefit from consistent use of hearing aids to develop spoken language.
- Children who have additional difficulties which include difficulties with language e.g. autism, learning difficulties.
 But other children, like Billy, have

specific difficulties with their language and it is this group we are interested in. We at Corner House wanted to find out more about how to help these children so that our Deaf Child Mental Health Workers and Speech and Language Therapists could work together to support children and their families.

First we looked at recent research in this area. This research on BSL and ASL suggested that we needed to understand:

- how children develop language in sign and what can go wrong
- which ways of working help children most
- who can do this work what skills and training do they need.

We started to work on these areas and realised that it would be useful to work in a way that we could share with other people. So I applied to do a doctoral project working with help from Ros Herman, City University, and Bencie Woll, DCAL. The project was accepted by the Speech and Language Therapy department at UCL.

THE PROJECT

I wanted to find out what deaf practitioners currently do in their work to help children with problems learning BSL. I also wanted to know about the tools and resources they use. Lots of my deaf colleagues, as well as deaf people working in education, gave me information about what they do.

The first phase of the project told us lots about the current situation. deaf practitioners have to work lots of things out for themselves as there is very little training available. The tools and resources they use are mostly aimed at children learning English and need to be adapted. There is a limited amount of information available outside the world of research about typical development in BSL and how to help children develop their skills. It can be very difficult to describe language difficulties in BSL because we don't all have the technical language to do this yet. For children learning English and BSL it can be difficult for deaf practitioners to know how the two languages work together and when there's a specific language difficulty. All the deaf people who gave me information stressed how important



The team from left to right: Yvonne Beckford, Ilyaas Cader, Lenka Novakova, Deborah Squibb and Joanna Hoskin



it was for children to work with adults who had fluent BSL.

We have now moved on to working with a small group of children to see if we can develop some tools and resources specifically for children who use BSL. My colleagues tell me that working on specific language activities is useful and that they are learning more about language development and disorder. I'm learning more about how to describe language difficulties and intervention in BSL. By sharing ideas, we are finding some useful tools for my deaf colleagues to use in sessions.

This research has given me a wonderful opportunity to discuss language in detail with deaf

practitioners. I feel lucky to have had the chance to work in BSL. I think this is something that's difficult for lots of Speech and Language Therapists as some don't have deaf colleagues and others don't have the opportunity for this sort of work. During the research, we have discussed a lot about the similarities and differences between signed and spoken languages and how children develop. We have been able to increase the work we do together and are able to learn from each other. My colleagues learn more about language difficulties and specific interventions from me, I learn more about BSL and how to adapt it from them. Together we're learning how to discuss this challenging topic together.

In the future we will share our work with more SLTs and deaf practitioners. We will carry on working with children in our clinical work as well as working with universities to improve what we do. We hope that, in the future, there will be more training opportunities for deaf practitioners who work with this group of children so more of them can be diagnosed and receive support.





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