

# bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE  
OF SPEECH & LANGUAGE THERAPISTS

June 2017 | [www.rcslt.org](http://www.rcslt.org)



Language therapy in BSL:  
supporting the needs of deaf children



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# Supporting the language needs of deaf children

**Joanna Hoskin** explores how increased collaboration between SLTs and Deaf practitioners (DPs) can help address the language development needs of deaf children learning BSL

ILLUSTRATION BY DONOUGH O'MALLEY

**A**s SLTs, we know that around six per cent of children have specific language difficulties, but we're less likely to be aware that this is also true for deaf children learning British Sign Language (BSL) (Mason et al, 2010).

Deaf children's experiences of language are varied due to the degree and type of hearing loss, age of exposure to spoken or signed language, and the quality or quantity of exposure. This complex picture therefore needs careful consideration when assessing language (Mann et al, 2013).

## Assessing the evidence base

Information about language development and difficulties in BSL is increasingly available, and a number of assessment tools have been created (Herman et al, 2004; Herman, Holmes & Woll, 1999; [www.dcalportal.org](http://www.dcalportal.org) for online assessments). However, while interventions for children learning spoken languages are based on research evidence (Law et al, 2010),



research on evidence-based intervention is still needed for children with difficulties learning to sign (Marshall & Morgan, 2015).

Recognising this lack of research, a doctoral project, supervised by Ros Herman, City, University of London, and Bencie Woll, Deafness, Cognition and Language Research Centre (DCAL), UCL, was undertaken with the National Deaf Child and Adolescent Mental Health Service (NDCAMHS).

## Supporting BSL development

NDCAMHS sees many children who have difficulties learning language and issues with social, emotional and mental health development. Some children have not had access to adequate language role models in spoken or signed languages, while some

have had audiological management issues; others have additional needs, including autism, ADHD or learning difficulties; and a small group have specific difficulties with language unrelated to environmental or language access issues.

Children who use BSL are sometimes supported by deaf adults who are employed in the public and charitable sectors. The job titles of these adults differ depending on their employer. In this project, we used the term 'Deaf practitioners' (DP), with a capital 'D' to identify their connection to the Deaf Community and BSL use in the workplace.

Using research on signed languages, including BSL, SLTs and DPs from NDCAMHS have worked with children identified as needing support to develop BSL.

## Language Therapy in BSL project

The aims of this project were to find out:

- how DPs currently work with deaf children who have language difficulties;
- if SLT strategies and resources could be adapted to provide language therapy in BSL; and
- if training and shared working helped collaboration between SLTs and DPs.

The project had three phases. Phase One collected data about current practice through questionnaires and focus groups – information came from 23 DPs working in NDCAMHS and other health and education services. Phase Two gathered and analysed data from training and language intervention sessions undertaken by three DPs with support from the SLT. Phase Three provided a training course for 17 SLTs and DPs.

As this was the first project on this topic, qualitative methods of data analysis were used (deductive and inductive thematic analysis). A summary of the findings from each phase is outlined below.

### Phase One: current practice

In this phase, DP responses showed that, although they had limited training opportunities, they considered similar themes to SLTs when discussing ‘language therapy’ work. These include:

- the therapy cycle – assessment, goal setting, intervention, evaluation;–
- therapeutic strategies – how adults help the children they work with; and
- types of intervention – when, how and where they help children.

However, the DPs reported that there is limited information readily available, and few tools and resources to support their work.

Two key themes unrelated to speech and language therapy emerged from the DPs’ responses:

- *Metalinguistics* – the use of signing to discuss signing. Only 11 of the 23 DPs had received training on language difficulties, limiting their knowledge of language development and difficulties and use of professional terminology. DPs reported an intuitive sense of the difficulties a child had, but found it challenging to describe the difficulties or their interventions. They reported that this was particularly problematic when they met with other professionals or parents, especially when they had little knowledge about BSL.
- *The deaf cultural perspective on children’s language difficulties*. All DPs linked some difficulties to a child’s limited access to signed language and language role models. This deprivation versus disorder debate makes it difficult to know whether a child has specific difficulties or delayed language development. Since all children learning BSL are also learning English, issues relating to bilingualism complicate matters. Twelve practitioners reported that language mixing, switching and modality issues (sign, speech and writing)

***"All DPs reported that co-working with and SLT was helpful"***

made it difficult for them to know why a child was slow to learn BSL, and, consequently, found it difficult to know how to help the child.

### Phase Two: intervention sessions

Feedback from the knowledge and expectations questionnaires confirmed Phase One findings, highlighting the need for accessible, BSL-related information about language development and disorder. When the intervention sessions with children using SLTs’ tools and resources were reviewed using observation schedules, session evaluations and reflective logs, all DPs reported that co-working with an SLT was helpful, citing shared understanding of BSL and the linguistic and cultural differences in deaf and hearing communication as essential.

Experiential learning opportunities were reported as useful by all DPs when strategies, tools and resources were accessible, adapted for and modelled in BSL. The DPs also reported this work enabled them to discuss a child’s needs more easily with other professionals and family members. Tools and resources were shared, developed and adapted during this process.

### Phase Three: training course

In feedback from the training course for SLTs and DPs, all participants reported that they found the information on BSL development and the adapted tools and resources helpful. Eight of the 17 participants indicated that further training and supervision was needed to ensure they were able to improve their own practice and improve information-sharing with families and other professionals. The need for SLTs and DPs to work together was highlighted by two SLT and two DP participants.

### Going forward

This work will now be shared with SLTs

and DPs through CENs and local networks. NDCAMHS will continue to support co-working between DPs and SLTs wherever possible.

With the recent publication of the RCSLT and National Deaf Children’s Society guidance to support the commissioning of highly specialist SLT services for children and young people who are deaf (see [www.rcslt.org/speech\\_and\\_language\\_therapy/commissioning/sltservices\\_for\\_deaf\\_cyp](http://www.rcslt.org/speech_and_language_therapy/commissioning/sltservices_for_deaf_cyp)), which includes mention of co-working between SLTs and DPs, it is hoped more children will have better access to ‘Language Therapy’ assessment and intervention that supports their development of BSL. ■

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