BATOD

British Association of Teachers of
Deaf Children and Young People

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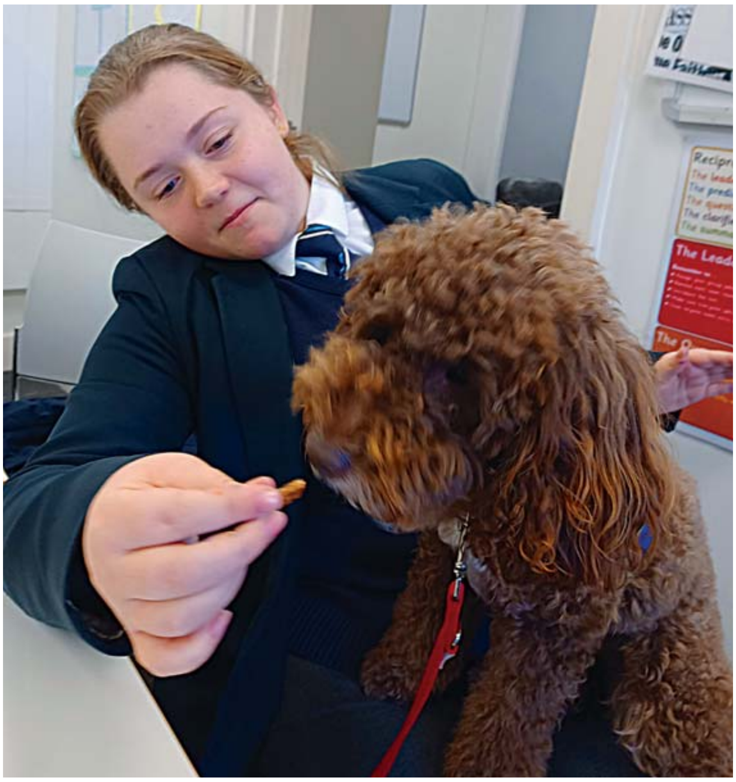
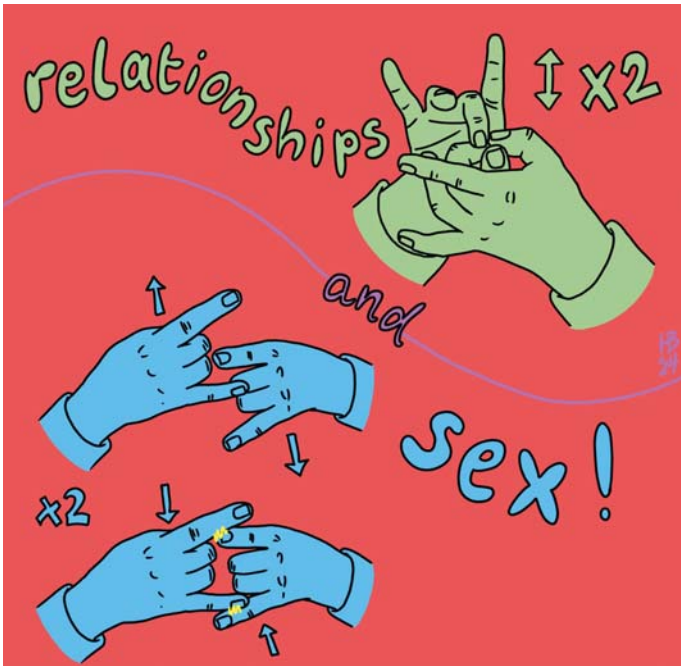
Transitions



BSL: a cultural legacy of Quintilian and the Romans?

Through an international lens

Inclusive environments



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

Progress is built on collaboration

Claire Jacks, the incoming BATOD President shares her aims for her presidential term, highlighting the collaborative approach that is at the heart of the Association under the moto 'Progress is built on collaboration'

The long line of BATOD Presidents who have come before me means that the succession process is a well-oiled machine, for which I am very grateful. The realisation that it is now my turn to step into the role of President is daunting and thrilling in equal measures, and I very much appreciate the culture of the BATOD organisation, that we are a team working together. Thank you to Sue Denny, BATOD President (2023–2025), who has led the way and continues to support me as she moves into the Past President role. Thank you also to the Steering Group members and National Executive Officer, Teresa Quail, who are guiding me as I navigate the work of BATOD.

I am currently the Assistant Head Hearing Team Leader for Bolton Sensory Support Service, and as a volunteer, I have had the pleasure of being involved in several aspects of the work of BATOD, from my first experience as a member and then Chair of the BATOD North (England) regional committee, to becoming a member of the National Executive Council (NEC) and Steering Group as President Elect, and now my presidential term begins. Throughout each aspect, I have had the privilege of working alongside inspirational people who are tireless in their efforts to represent our profession and deaf education through BATOD's aims:

- To promote the education of all children, young people, and adults
- To advance the status of Teachers of Deaf Children and Young People
- To ensure and enhance the high quality of mandatory training of Teachers of Deaf Children and Young People and their continuing professional development.

As a Qualified Teacher of Deaf Children and Young People (QToD), collaboration with others is at the core of my working life. Co-production in deaf education is a collaborative approach where deaf children and young people (CYP), families, QToDs, and other agencies work together to improve the educational and social experience. So, it is an absolute pleasure that my first presidential task is to introduce this 'Transition'-themed edition.

Every child experiences transitions from a very early age, from home to a childminder or nursery, and on through to college, work and/or university. QToDs are great sources of information to support CYP and families through these transitions. There are also charities that offer support, including the National Deaf Children's Society (NDCS) helpline for families across the United Kingdom who would like support and advice. BATOD is also scheduling a community of practice 'mini meets', which will focus on the Specialist Deaf Curriculum Framework, including one on 'Managing change'. Look out for these, each one will be really informative.

There are so many considerations when thinking about transitions. At the recent BATOD/Scottish Sensory Centre (SSC) webinar, the importance of statutory assessment and exam access arrangements for deaf learners was discussed. Getting access arrangements right supports smooth transitions. A recording of this webinar can still be purchased via the SSC website. The move to higher education can be particularly challenging for deaf young adults as there are also transitions to adult National Health Services to be managed. In December 2023 the National Institute of Health and Care Excellence (NICE) introduced this quality standard, "Young people who will move from children's to adults' services have a coordinated transition plan".

In this Magazine edition, there are articles from each of the four QToD course providers as well as the two QTMSI courses. The mandatory qualification required to become a QToD provides the opportunity to research every aspect of deaf education, including the importance of transitions and managing change.

As professionals, we have our own transitions to consider, mine is becoming President and Susie Marques is becoming Magazine Editor, what a fabulous start, thank you Susie. Could yours be to become BATOD National Treasurer? Alison Weaver, the current Treasurer, is offering a guiding hand and the opportunity to shadow her in the role before she steps down in April 2026. This is a fantastic opportunity for someone to join the BATOD Steering Group, working towards achieving BATOD's aims. Please do get in touch at Treasurer@batod.org.uk to find out more.

This is a time of change for deaf education across the UK. With each nation at a different stage, BATOD continues to work together with a range of partners and sectors to secure a positive future for the education of all deaf CYP and their families.

Whilst my aims as President may evolve, currently, I will build on the strong foundations created by my predecessors with these aims:

- using continuous professional development to promote education and social, emotional well-being for all deaf CYP
- advancing the status of our members by strengthening the understanding of the role
- supporting members to use evidence-based practice throughout the profession.

I am thrilled to be taking on this role; we have lots to look forward to in the coming months including the BATOD and British Association of Educational Audiology (BAEA) Technology Conference being held at the Deaf Academy, Exmouth. Hope to see you there.

I am looking forward to meeting many of you over the next two years of my presidential term.

From your editor

'Transitions' is a fitting theme for this edition as we welcome in our new President, Claire Jacks, and new President Elect, Robin Askew. I am also moving from working behind the scenes as a proofreader to my first issue as interim editor of BATOD Magazine. It is an honour and a privilege to have the opportunity to take on this role. It is also a big undertaking as I attempt to follow the large footsteps left by the brilliant Paul Simpson, whose hard work and dedication made this flagship publication such a success, and Teresa Quail, who took the editor's baton from Paul with so much energy. My heartfelt thanks also go to our Production Manager Rosi Hearnshaw and BATOD Lead Proofreader Jaime Cohen for all their incredible support and encouragement in getting this issue together.

Collected here is another eclectic range of articles, from the 'pawsitive' changes of animal therapy and Freya's inspiring journey to being the first deaf Duke of Edinburgh's Award (DofE) UK Youth Ambassador, to inclusion in the classroom for all deaf learners, including School of Sexuality's impressive work to make relationships and sex education accessible to all. We also learn about a Bristol pilot project to support children and young people with otitis media with effusion; we begin a mini-series of articles from the AIMS Journal; and course providers update us on their current deaf education courses, while any Qualified Teachers of Deaf Children and Young People wanting to enhance their careers can learn more about multi-sensory impairment courses on offer. We also have the first part of the 27th FEAPDA Conference report.

As always, BATOD welcomes any feedback about the Magazine. If you would like to contribute to future editions (see below for the next few themes), please email me at magazine@batod.org.uk for more information.

Future issues will focus on:

June	Conference
September	Family centred early intervention
December	Deaf identity
March 2026	Resourced provisions
June	50th anniversary

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Need to contact BATOD about other matters?

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

Cover photographs: Montage of images from within the magazine pages.

Looking back at the 27th FEAPDA Congress, 2024

Madeline Hickey and **John Culhane** share the first part of their report on the 2024 Joint Congress with FEAPDA, BATOD, and NCSE. The second part will feature in the June edition of BATOD Magazine

Introduction

The European Federation of Associations of Teachers of the Deaf (FEAPDA), National Council for Special Education (NCSE) and BATOD, with support from BATOD Northern Ireland, invited all interested parties to present their work at the 27th FEAPDA Congress.

Congress venue – Grand Hotel, Malahide

The Congress was convened at the Grand Hotel in Malahide, Dublin in April 2024. The Congress focused on the theme of 'Exploring the diversity of deaf[1] learners in their many lives: implications for our knowledge and practice'. Each day included a keynote address, which was followed by informative presentations and enthusiastic discussions in workshops. The Congress languages included: English, Irish Sign Language (ISL), British Sign Language (BSL), and interpretation was provided in International Sign (IS). The keynote presentations included the following:

- Developments in deaf education in Ireland[2] (Keynote 1)
- Building expertise with parents of people with deafblindness (Keynote 2)
- The emotional well-being of deaf children and young people (Keynote 3).

John Culhane (NCSE) – Opening keynote presentation

Presentations and materials shared and representative of international experience included emerging research, knowledge, and understandings from North America, Australia, and Asia. According to organisers and delegates, the event was a very enjoyable, worthwhile, and professionally significant Congress. Whatever their role, whether that be as a teacher, other professional, learner, parent, or researcher, there was a very high level of engagement at the Congress. A noteworthy feature of the Congress was the poster display. Presenters displayed high-quality posters that informed delegates about relevant projects in the education of deaf/hard-of-hearing (DHH) children and young people (CYP) and emerging research from various colleges and academics. Delegates were also well informed about some of the recent advances in hearing aid technology and the ongoing challenges in providing good acoustics in learning environments.

This report endeavours to provide a selection of key

The report is laid out according to a number of predominant areas of focus				
Context	Students' social and emotional development	Language and literacy development	Sign language	Deafblindness
Technology	Spoken language contexts	Autism	Professionals working in deaf education	Emerging research

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1 'deaf' to include all deaf children regardless of their hearing levels and whether they identify with the deaf or hearing world (or both).

2 Ireland in this context refers to the Republic of Ireland as distinct from Northern Ireland (NI).

3 The term Teacher of the Deaf (ToD) is used in Ireland and refers to teachers of students who are deaf or hard of hearing. The term Qualified Teacher of Deaf Children and Young People (QToD) refers to teachers in the UK (England, Northern Ireland, Wales and Scotland) who hold the UK mandatory qualification as a Teacher of Deaf Children and Young People. No such mandatory qualification exists in Ireland.

messages from a range of Congress presentations. The material provided and the opinions offered have implications for a variety of organisations, including policy makers, services, and training providers, as well as individuals who work in the field of deaf education. Presentations that addressed curriculum areas will be of particular interest to Teachers of the Deaf (ToDs)[3] and allied professionals. Messages for policy makers and state organisations include information on enduring and emerging issues for the education of DHH CYP including the question of student placement – mainstream, designated schools/classes for learners, and co-enrolment. There were timely inputs on the complexities that exist in regard to the role of interpreters and the future direction of Teacher Education. Predictably, a substantial portion of the presentations were devoted to communication and language in general, with specific attention to emerging communication technology, sign language, and sign bilingualism. Presentations that were significant for ToDs focused on supporting practice in schools and in the children's homes.


NCSE, FEAPDA and BATOD

Focus on context

Deaf education in Ireland: Navigating diverse paths of deaf and hard-of-hearing learners (Keynote 1)

Madeline Hickey and John Culhane, NCSE, provided a comprehensive overview of the education of students who are DHH in Ireland, focusing on shifts from medical and social models of education toward a culturally inclusive framework that respects the Deaf community's language and culture. This evolution aligns with global movements in DHH education and is reflected in recent Irish policy and legislative efforts, including the ISL Act of 2017 and the development of new ISL roles within NCSE.

Key policy positions relating to inclusion in Ireland were outlined:

- Continuum of educational provision, mainstream classes, special classes, and special schools


Madeline Hickey (NCSE) – Opening keynote presentation

- Publication of policy advice 'Progressive realisation of an inclusive education system' following consultation: commitment to inclusion while providing separate provision (2024)
- Major review of existing legislation: Education for persons with special educational needs (EPSEN) Act (2004) which is ongoing.

Possible actions in the next three years were presented as follows:

- Develop a model(s) of sign bilingual education that is informed by best practice
- Provide a curriculum for ISL to support the learning of ISL
- Further development of the ISL home-tuition scheme
- Development of the Bachelor of Education (BEd) ISL programme and pathways of students who are DHH
- Review of the Education for Persons with Special Educational Needs (EPSEN) Act and aspects of the ISL legislation: interrogate and advance
- Technology – incorporating artificial intelligence (AI)-powered speech-to-text tools, improved classroom acoustics, and assistive technologies like radio aids to create optimal learning conditions for DHH students. A focus on incidental learning: hearing aid devices do not restore normal hearing
- Development of a model of co-enrolment of DHH and hearing students
- Development of *Deaf education: Good practice guidelines for teachers*.

In a poster presentation, NCSE colleagues described an analysis of data generated from scoring student support levels in line with the Eligibility Framework for students who are DHH in the Republic of Ireland (ROI). The Eligibility Framework is a practical tool for NCSE staff to use to guide decision-making regarding support allocation for individual CYP who are DHH. The Framework was developed by adapting the National Sensory Impairment Partnership (NatSIP) Framework to the Irish educational context. The aim was to support consistent practice and decision-making across visiting teachers (VTs) within the NCSE to:

- provide an equitable service and equitable allocation of resources throughout the ROI
- clearly identify levels of need and demand for service and to inform staffing requirements.


FEAPDA President Leo de Raeve 2022-2024

Staying with the Congress focus on 'context', another poster presentation explored the 'Experiences and perceptions of low-income multilingual families with late-diagnosed deaf children and their teachers'. Hatice Yarar (Moray House of Education, University of Edinburgh) carried out research that delved into the experiences and perceptions of late-diagnosed deaf children within low-income, multilingual families, while also examining the insights of ToDs who work with these families. Although technological advancements and newborn screening programmes have improved early detection rates, a significant number of deaf children still receive late diagnoses. These delays can lead to severe language deprivation, affecting not only educational and social outcomes but also the broader family dynamics as multilingual families face unique challenges in accessing appropriate support. The study aimed to highlight these complexities and underscore the importance of timely interventions.

The review of the literature found that families of deaf children experience more difficulties than other families because they have concerns about their ability to communicate with them and whether it is possible for their children to participate in everyday life. In addition to these concerns, they are more likely to experience economic difficulties, social isolation, and cultural adjustment. Family socioeconomic status may influence the caregiver's ability to access information and services. Low-income families may face limitations in accessing health insurance and medical services. Therefore, healthcare designs depend heavily on a family's financial resources. On the contrary, positive progress in diagnosis, education, language acquisition, and academic achievement is observed in high-income families.

Focus on students' social and emotional development

Emotional wellbeing of deaf children and young people (CYP) in Northern Ireland (Keynote 3)

Professor Byrne's (Queen's University) key concerns are the emotional wellbeing of children in Northern Ireland. The research aimed to bring deaf CYP's voices to the fore and to use this evidence to inform practice. As of 2023, there are approximately 1,400 deaf children in Northern Ireland (Consortium for Research into Deaf Education (CRIDE), 2023). However, relatively little is known about this particular cohort of young people.

Research questions

1. Identify the prevalence of psychological conditions among deaf CYP.
2. Examine how deaf CYP are perceived.
3. How do deaf CYP rate their own wellbeing?

Some findings

Twenty one percent of deaf children have a mental health condition compared to twelve percent of hearing children. A key message was that deaf children experience poorer emotional wellbeing and encounter significant barriers in their day to day lives. The research highlighted that time and space are often overlooked aspects for deaf CYP. The findings emphasised the importance of offering deaf CYP more time and this can enhance their emotional wellbeing. Otherwise, deaf CYP will have listening fatigue and/or sensory overload. The findings also show that deaf children

Sponsor - Caption Connect

Opening presentation by Republic of Ireland Department of Education Minister

experience 'double discrimination'– ie on the one hand due to being a child, and on the other, being deaf. Deaf CYP found it very hard to make friends in the community. Professor Byrne stressed that CYP have their own rights, including not to be discriminated against, to access an inclusive education system, accessible communication, play, healthcare, adequate standards of living, etc. In order for these rights to be effective, it is crucial to ensure the explicit recognition of deaf CYP.

Exploring the experiences and challenges of deaf young people in Scottish schools, colleges, and universities

Rachel O'Neill, Beverley Ferguson, Moira Ross, and Helen Morgan-Wenhold conducted a workshop to:

- put the Scottish policy context around the BSL (Scotland) Act 2015 in focus
- discuss the key messages emerging from a case study with deaf young people
- introduce Scotland's first BSL Toolkit (2022)
- illustrate how the second BSL National Plan (2023–2029) could implement some of the findings from our studies.

In a case study, there were four BSL users. One participant was still in school, one in college, and two in university. The study gives insight into the issues that these young people felt were important as they experienced the education system. The main areas that they talked about were the challenges that they had and the advantages of using BSL in their education. The challenges that they found were:

1 There were not enough opportunities for their parents to get involved in their education.
2 Having interpreters was important to get access to the curriculum.
3 During exams, BSL users are not allowed to take exams in BSL for English or modern languages.
4 BSL users wanted more choice in exams. They wanted extra time for English/modern languages.
5 Transitions can prove very challenging for deaf students. There should be proper adjustments made, especially when people arrive from another country.
6 Deaf students also felt alone within the system and they needed to meet other deaf students.
7 More information about Deaf culture and Deaf identity should be part of what is taught in schools.

Scotland's first BSL Toolkit was developed in 2022 and it is aimed at practitioners within early learning and childcare settings and schools who support all deaf CYP and their families, parents, and carers who use BSL and Tactile BSL, or who may consider using it, in education.

The BSL National Plan 2023–2029 focuses on actions to address the systemic issues which have been identified as key barriers to making Scotland the best place in the world for BSL users to live, work, learn, and visit. Ten priority areas have been identified, each of which come with a set of actions aimed at further embedding BSL within wider government policy and thinking.

Sponsor - Chime

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Recommendations for supporting students in achieving post-secondary outcomes:	
Schools	• advised to promote in-person/online connections with other DHH peers and mentors • need to promote self-acceptance and normalise deafness through open discussion
Teachers	• need to teach DHH students about social capital and how to build connections • need to help DHH students understand the range of jobs available to them • need to support DHH students with self-advocacy
Families	• can connect the DHH student to mentoring programs • can ensure that there is an extended family network that can discuss opportunities and options

Jill Duncan of the School of Education at the University of Newcastle (Australia) provided a presentation on 'Voices of young deaf adults – supporting adolescent social capital development'. Social capital is the benefit you derive from social relationships. It correlates with wellbeing and future job prospects or economic participation. The research looked at what happens post-secondary education and asked whether we are equipping DHH students with the necessary skills. The research involved two interviews of young DHH students. The questions asked were:

1 What helped you get to university?
2 Imagine you are talking to a DHH student at high school: what advice would you give them?

There were four main themes:

1 Community: The importance of interactions with peers and deaf role models or mentors.
2 School: The importance of having a teacher who believed in them, and access to career guidance.
3 Family: Parents who are highly involved and supportive of choices are important.
4 Individual: Students were highly motivated if they had ecological support around them.

The research also identified two social-capital barriers:

- Reluctance to appear different and the reluctance to disclose one's hearing loss.
- Limiting attitudes: some described their worries that hearing loss may be a potential obstacle.

In addition, a poster was presented by Louise Viney, National Deaf Children's Society (NDCS) entitled 'Children's hearing services working groups: Capturing young people's views as they transition beyond secondary education – NDCS Moving on survey'.

The survey (2022) collected the views of deaf young people aged 16 to 25. It offered an opportunity to reflect on their experience of children's audiology, education, and preparedness for work and careers.

Thirty two percent reported that most of their class teachers didn't show good deaf awareness and eight percent of young people reported that none of their class teachers showed good deaf awareness. Only twenty nine percent of young people experienced teachers with good deaf awareness at primary and secondary school. When asked about one thing teachers could do better, there were three main themes: deaf awareness, class knowledge of assistive technology, and support.

Survey responses identified gaps in young people's knowledge about what assistive technology and human support (BSL interpreters) they might want to consider at the next stage of their education or work life. Young people shared concerns about their future. The key areas of concern were preparedness for entering the workplace, inclusion, employability, support, and communication.

All of the 14 young people who indicated that they used sign language, or a combination of speech and signing in one or more situations (at home, with friends, at school, college, or at work), had been at school with other deaf children. The results indicate an association between having a Qualified Teacher of Deaf Children and Young People (QToD) and a class teacher's increased ability to use assistive technology well or very well to support deaf young people in class; about seventy four percent of children who had a QToD said that their class teacher used assistive technology well or very well.

Conclusion

- Capturing the views and reflections of deaf young people about their journey through education is key to influencing positive changes to the pathway for deaf children and their families, from early years right

Poster presentation - Capturing young people's views: National Deaf Children's Society Moving On Survey (Louise Viney - NDCS)

through to their transition to adult services and work.
- Having a QToD appears to increase a class teacher's ability to use assistive technology well. A class teacher's competency in using assistive technology may influence students' use of the equipment.
- As part of preparation for adulthood it is important to increase young people's knowledge of assistive technology and human support available.
- Deaf young people need to be confident in understanding their rights when applying for a job, ensuring they understand the obligations of employers to provide equal opportunities.


NCSE staff

How smiLE therapy supported a deaf and visually impaired teenager on their journey to independence and self-advocacy

A key message from Karin Schamroth is that smiLE (strategies and measurable interaction in Live English) is designed to help CYP with additional needs to advocate for themselves, develop independence, and to focus on their ability over their disability. It is an incremental process and the key to it is:

- parent training, which helps parents become confident and gives them skills to support their child
- identifying the skills, eg the child may need to explain to shop staff that they need help
- using role play to try out different skills: a role play video is made, they watch it again with the practitioner and discuss additional skills they need.

Supporting communication among deaf children and their caregivers in diverse language contexts. The early care and support of deaf children in Ghana

Professor Ruth Swanwick of Leeds University indicated that there are 34 million children worldwide affected with deafness. Ninety percent of these live in the South, particularly sub-Saharan Africa. However, early childhood and education research is based on 'Western' parenting and their school system. The aim of the research was to produce knowledge that was sensitive to early child development and parent and caregiver practices, cultural understanding of deafness and sign language, and local communication practices. In the context of Ghana, three different sign languages have been linguistically documented. Ghanaian Sign Language is used in the school for the deaf but is not officially recognised. Therefore, there are barriers to access and also stigma. There is less of a rights-based environment; policies have been adopted but not put into practice.

Participants in the research included teachers, clinicians, caregivers, and also deaf advisers. Data gathering included a review of policy and interviews with parents, and not only observations of parent-child interactions but also interactions with 'home parents' as opposed to biological parents.

The research found that most DHH children were born to hearing parents who spoke more than one indigenous language and used a combination of drawing, gesture, and some sign language. Early identification and use of technology was not a given. Caregivers are under-confident in their communication strategies but need to be shown that this is a resource they have. Caregivers were generally disconnected from the school for the deaf. The official language of the school was English. One of the most active communities was within the church.

Implications for early childhood education planning include: choice and agency around language and communication, resources around the child need to be recognised, and caregivers can be supported to understand the importance of maximising the visual aspects of communication. This will include speech reading, gestures, signs, and text, and the way that deafness and sign language are viewed by society is critical.

Madeline Hickey and John Culhane lead the Sensory Inclusion Team in the National Council for Special Education (NCSE) in Ireland.

Madeline is the Specialist Lead (Sensory) and John is the National Development Lead (Sensory).

Hearing screening

Isabel Azevedo, Qualified Teacher of Multi-Sensory Impairment (QTMSI) and Specialist Teacher of deafblind students, provides an insight into the successful hearing screenings that took place at Linden Lodge School

Introducing the school

Linden Lodge School, located in Wimbledon, southwest London, is a specialist day and residential school for children with vision impairment, deafness, and multi-sensory impairment. Serving students aged 2 to 19, the school offers a personalised curriculum with specialist teachers and resources tailored to support sensory needs. We provide a supportive and inclusive environment that empowers students to develop independence and confidence.

The Alba Centre and its involvement in the National Health Service (NHS) and University College London (UCL) hearing checks pilot project

At the Alba Centre, a dedicated department within Linden Lodge School, we specialise in supporting students with dual-sensory impairments, particularly those who are deafblind. The Centre is home to a team of three highly skilled multi-sensory impairment (MSI) teachers, and one of our co-headteachers is a Qualified Teacher of Deaf Children and Young People (QToD). Our team is committed to adapting teaching strategies to meet the unique needs of our diverse learners. At the core of our work is an adapted Victoria School curriculum, designed specifically for deafblind students and others with complex learning difficulties.

We were very aware that the number of young people identified as deaf at our school did not match with the level of complexity of our population. As specialist teachers, we have always recognised the importance of understanding how all senses contribute to how our students access information and interact with the world. This awareness led us to express interest in joining the NHS and UCL's hearing checks pilot project for residential special schools. We understood the critical role early hearing screenings could play in supporting our students' holistic development, and we were thrilled to be invited to participate.

Why this project fits in so well at Linden Lodge

Being part of this pilot project was a natural extension of the work we do at the Alba Centre. All our teaching staff are specialists in working with sensory impairments, and we pride ourselves on adopting a multi-disciplinary approach to support learning. Our teachers are experienced in using a variety of techniques to assess and address the diverse needs of our students, so integrating hearing checks into our routine felt like an ideal fit.

Moreover, our understanding of the challenges associated with sensory impairments, particularly when multiple senses are affected, reinforced how vital it is to address hearing needs – even when they may seem secondary to other impairments. Many of our students rely on their hearing to gain a better understanding of the world, to communicate, and to navigate their environment. Ensuring their hearing is optimal is essential for providing them with the best educational experience possible.

When we expressed our interest in the project, NHS and UCL coordinators were eager to have us on board, recognising our expertise and commitment to the development of young people with sensory impairments. We were equally excited to contribute to this initiative, which offered an opportunity to enhance our own practices while helping improve support for special educational needs (SEN) students nationwide.

The practicalities of participation

To begin, several practical steps were required. First, we underwent training to ensure all staff involved were fully equipped to conduct hearing checks. This training was vital in allowing us to carry out the process confidently and effectively.

We also sought consent from parents, which involved clear communication about the project's goals and how the hearing checks would be carried out. Ensuring parents were informed and on board was crucial to the project's success. We worked hard to ensure that parents understood the benefits of the initiative, providing updates through newsletters and other communication channels.

Once we obtained consent, it was time to engage our students. Given the nature of our learners, the process had to be highly individualised. Each student was supported in a way that suited their needs, requiring collaboration among teachers, therapists, other staff, and the students themselves. To involve the students, we implemented a variety of strategies tailored to their individual needs, including mock equipment, earphones, social stories with symbols, photos, and sign language, as well as videos and role play. The range of different methods enabled us to encourage active participation and make the students co-creators of the project through the support of UCL collaboration.

One challenge we faced was the volume of work involved. Alongside the hearing checks, we had our regular school activities to manage, and our teachers and staff were already working at full capacity. Time coordination became crucial, and we made adjustments to our schedules to ensure we could balance both responsibilities.

Despite these challenges, teamwork was key to making the project a success. The support from colleagues – whether from the leadership team, the audiology team at St George's University Hospital, or fellow teachers – was invaluable. The school is fortunate to be equipped with an NHS standard audiology room which made practical aspects of the hearing checks easier to manage.

Overcoming obstacles and the rewards of teamwork

Like any ambitious project, there were obstacles along the way. The time pressures were significant, and the amount of paperwork – such as completing multiple forms for each student and uploading data – could be overwhelming. However, as a team, we tackled each challenge together. Whether it was dividing tasks, offering emotional support, or encouraging each other to push forward, the collaborative spirit made the project possible.

On a personal level, one of the biggest challenges I faced was building the confidence to conduct tests with students who occasionally exhibited unpredictable movements. My primary concern was ensuring their safety and avoiding any risk of harm. Additionally, interpreting a range of test results sometimes left me questioning if I had performed the tests correctly. During otoscopies, I often sought second opinions from colleagues to ensure I was making the right decision when referring students for further evaluation. The St George’s audiologist's guidance was invaluable, helping me gain clarity and confidence in my decisions.

Having now conducted these tests for two years, I am far more confident in my abilities. Looking back, I realise that the insecurities I faced were part of the learning curve – challenging but ultimately worthwhile. My growing confidence has allowed me to handle these procedures with greater ease and precision, ensuring that I make well-informed decisions for our students. The rewards for the young people have undoubtedly been worth the effort.

Lasting impact and looking ahead

The hearing checks provided valuable insights into our students’ hearing health, allowing us to identify potential issues early and make necessary adjustments. Through the hearing checks we were able to identify some infections, a punctured tympanic membrane, and even an undiagnosed hearing loss that has resulted in early interventions for treatment for our young people. Additionally, a young person with a new identification of deafness was prescribed bilateral behind the ear (BTE) hearing aids. The students also expressed through words and actions how much more comfortable they felt undergoing these checks at school, where they were supported by familiar staff in a trusted, reassuring environment.

For our staff, participating in the project was an opportunity to enhance professional development and gain new skills in audiology, which will continue to benefit our work with students. Even after the official conclusion of the project, we continued hearing screenings, ensuring ongoing access to essential support for all our students.

As part of the project’s conclusion, we were asked to create a video to share our experience with other schools, helping spread awareness about the importance of conducting hearing checks for students in their own school environment.

Building on success

Since completing the project, we've seen growing involvement from parents, with many expressing enthusiasm about the screenings. We were able to showcase the success of the pilot and the continued work we have done at our school on BBC Breakfast television as well as BBC Radio 5 Live. It was a proud moment for all of us, and we were grateful for the opportunity to share our work with a wider audience.

In conclusion, the hearing checks pilot project has been a remarkable experience for everyone at Linden Lodge School. It reinforced the importance of teamwork, professional collaboration, and ongoing support for our students. The project has helped us better understand the hearing needs of our students and will continue to shape our practices for years to come. We are proud to have been part of this valuable initiative and remain committed to supporting the development and well-being of young people with sensory impairments.

Reflecting on the experience, I am incredibly grateful for the opportunity to contribute to such a pioneering project. The insights, training, and collaboration have enriched my professional skills and deepened my understanding of the importance of early identification of hearing issues for students with sensory impairments. The success of this project has only reinforced my commitment to a proactive, inclusive approach to education, where every student’s sensory health is considered a vital component of their overall well-being.

Looking ahead, we are excited to continue offering regular, comprehensive hearing screenings as part of our educational framework, ensuring that each student’s sensory health is prioritised. This project has demonstrated how small interventions, like early hearing checks, can significantly impact student development and well-being, and we are eager to build on this success in the future.

Isabel Azevedo, QTMSI, is a Specialist Teacher of deafblind students at Linden Lodge School. She has over ten years of experience in supporting students with special needs and over four years’ experience working with students with sensory impairments.

Lead QToD RP

A forum has been created specifically for Resource Provision Lead Qualified Teachers of Deaf Children and Young People. This platform is to enable Lead QToDs to exchange good practice, ask questions and discuss issues of current interest. The value of the forum lies in the ease and openness with which individual Lead QToDs can ask questions about working practice, developments specific to specialist resource provisions, and share information and experience. The forum should inform strategic planning and development for resource provisions.
siforums.org.uk/9-lead-qtod-rp-forum

A pilot project to develop time efficient support for families following hearing aid fittings for OME

Sarah Evans and **Katy Mitchell** share an overview of Bristol Sensory Support Service's response to the new NICE Guidelines on otitis media with effusion (OME), supporting families with a glue ear resource pack

Bristol's Sensory Support Service covers the four local authorities of Bristol, South Gloucestershire, Bath and North East Somerset, and North Somerset under joint arrangements. Last year new referrals to the service totalled 195 children. Approximately 50% of these referrals were children who had been aided with a temporary fluctuating conductive hearing loss caused by OME, commonly known as glue ear.

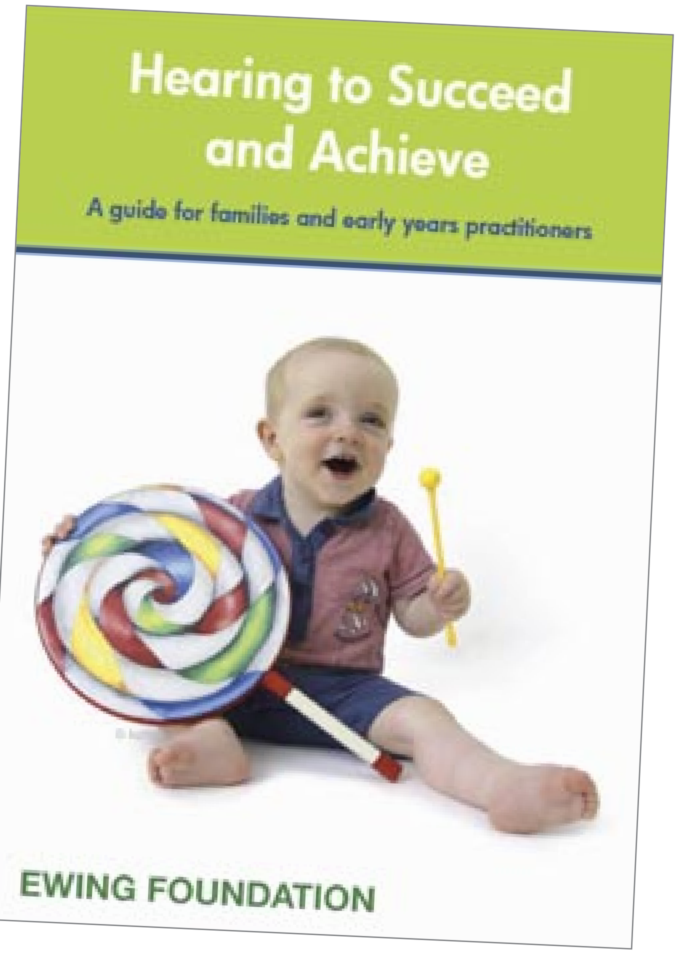
Post-Covid waiting lists for grommet surgery in Bristol are currently around 18 months, so we are seeing a larger number of children being fitted with hearing aids. The vast majority of referrals are young preschool children attending nurseries.

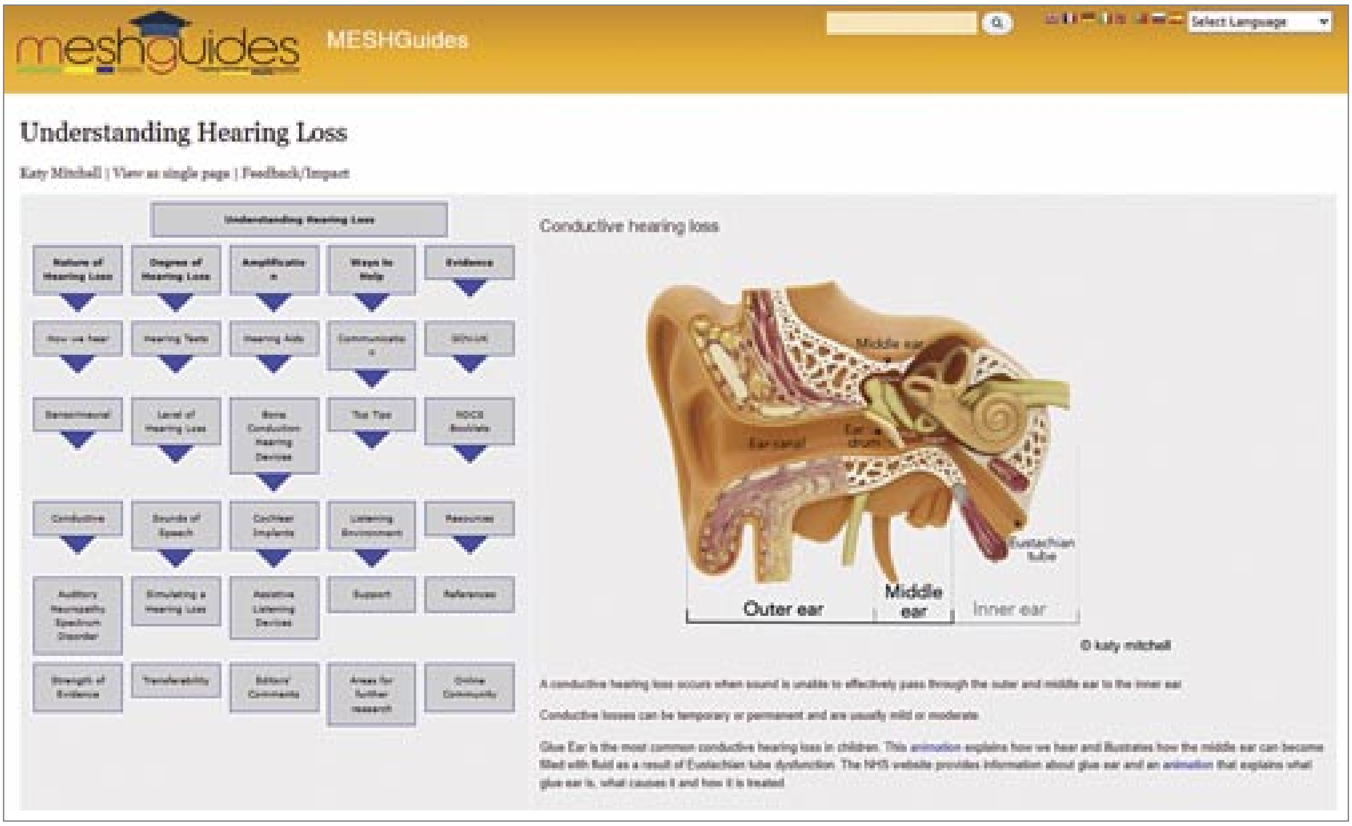
The importance of the first five years of life for developing early listening skills, attention, and speech and language is well documented. This is also a really important time for developing social skills and learning to interact with adults and peers. While OME is a temporary condition and children will ultimately grow out of it, the impact can be significant as it occurs at a crucial time of early development.

As a support service, we are keen to provide parents and carers along with early years practitioners with all the information that they need to be able to support a child with glue ear, while acknowledging capacity-related issues in the amount of time available to do this. A pilot project was planned to manage the high number of glue ear referrals efficiently.

For the pilot project, all referrals from paediatric audiology of hearing aid fittings for children with fluctuating conductive deafness caused by OME were sent to one Teacher of the Deaf on the team. The aim was to develop a system and support package that could be put into practice long-term.

At the start of the project, it became evident that a triage





Understanding Hearing Loss

Katy Mitchell | View as single page | Feedback/Impact

Conductive hearing loss

A conductive hearing loss occurs when sound is unable to effectively pass through the outer and middle ear to the inner ear.

Conductive losses can be temporary or permanent and are usually mild or moderate.

Glue Ear is the most common conductive hearing loss in children. This animation explains how we hear and illustrates how the middle ear can become filled with fluid as a result of Eustachian tube dysfunction. The NHS website provides information about glue ear and an animation that explains what glue ear is, what causes it and how it is treated.

form was needed for the initial point of telephone contact with the child's family. We needed consistency and a method of ascertaining the impact that glue ear was having on the child's listening skills, speech and language, behaviour, and well-being.

The normal introductory information that would routinely be covered in an initial telephone conversation about the service, such as ways of working and support provided, was deemed unnecessary when considering the key information that we wanted to share with families in a time-efficient way. It was agreed that merely acknowledging the service that we work for and that a referral has been received from paediatric audiology, followed by asking the parents if they had time to talk, would suffice.

NICE National Institute for Health and Care Excellence

NICE guideline

Otitis media with effusion in under 12s

NICE guideline
Published: 30 August 2023

www.nice.org.uk/guidance/ng233

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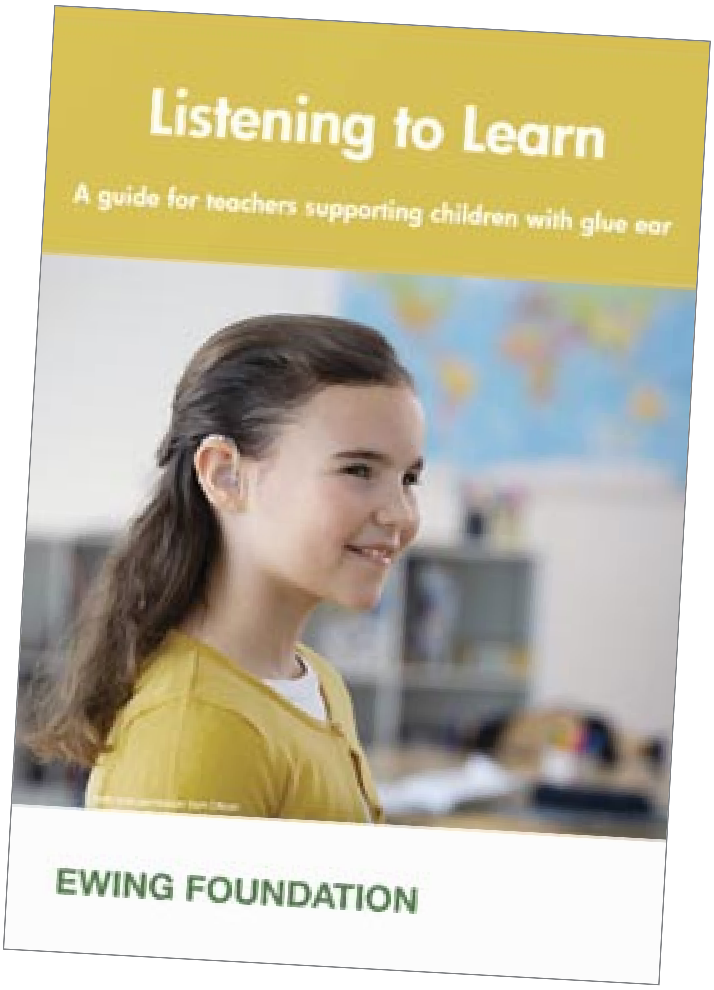
The triage form was devised to consider key questions to ask, to glean the information in a time-efficient way. The simple question of 'How's 'Freddy' doing?' provides the parent/carer with an opportunity to talk about their child and we have found this to be very useful in providing a good overview of the situation. A further question to gain an understanding of the parent's/carer's journey to this point provides a wealth of information about timescales, appointments, and concerns that have been raised.

Additional information about speech and language, well-being, and hearing aid-use provides useful information about the child's needs.

Given the high number of referrals, it became evident that we needed an efficient way to share key information with the family and as such, the second part of the project was to collate a resource pack that was easy to navigate. We put together a list of resources we felt would be most useful. Included in our pack are a few easy-access resources such as the National Deaf Children's Society (NDCS) Glue ear booklet, our own information sheets on grommets and hearing aids, the Ewing Foundation's booklet 'Hearing to succeed and achieve', and suggested books aimed at children. We also included more in-depth information such as links to the MESH guides and National Institute for Health and Care Excellence (NICE) guidance should parents want to research further.Research has shown that parents also want information that they can share with their child's school or nursery. To do this efficiently, it was agreed that parents/carers would be encouraged to share the resources that they had been sent. Parents would be asked during the telephone conversation for their email address and the pack would be sent there and then, taking time to explain the different resources in the pack. The simple steps that can be taken to improve access are now outlined as part of the telephone conversation and parents/carers are made aware of where they could find more help, guidance, and support in the information pack sent.

Both the Triage Form and the Resource Pack were modified and adapted throughout the pilot project, with a constant cycle of review following ongoing telephone conversations with parents/carers. After a period of approximately six months, a programme was in place to roll to all Teachers of the Deaf in the service.

While reviewing the impact of the pilot stage, we realised that for some parents a more direct approach was needed. We have established sessions at our base for groups of parents to come together for teacher-led talk sessions. These would include more information about glue ear, an opportunity to try hearing aids, and to share experiences with other families. These are held once a term, either as an online event or in-person at our base.

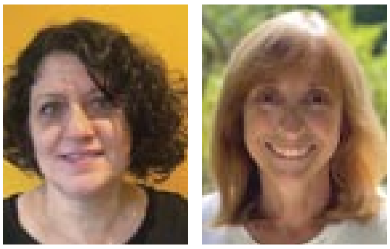

Listening to Learn

A guide for teachers supporting children with glue ear

EWING FOUNDATION

Co-production with our families is vitally important. We have been fortunate to be able to work in partnership with Jen Royds from Glue Ear Together. Jen was the parent representative on the new NICE OME guidelines and has reviewed our information pack and jointly delivers our new Glue Ear Talks. We have worked in partnership with our local paediatric audiology department benefitting from their guidance and support.

Tiffany Moorcroft, Lead Specialist Teacher of Deaf Children and Young People, Cheshire West and Chester Council, has developed a Glue Ear Padlet, which effectively collates information into an easy access format for parents/carers. As we continue to evaluate our work, we will consider different ways and formats to effectively and efficiently provide families with the information they need to support young children with glue ear.



Sarah Evans is a Qualified Teacher of Deaf Children and Young People and Team Leader for Bristol Sensory Support Service Hearing Support Team, providing joint authority support for children, families, and schools.

Katy Mitchell is a Qualified Teacher of Deaf Children and Young People working for Bristol Sensory Support Service specialising in working in the early years, and an education advisor for the Ewing Foundation. Katy was the BATOD representative on the NICE OME committee.

The educational experiences of pupils with Down syndrome

Dr Kelly Burgoyne shares an overview of her recent research that used surveys to learn more about the educational experiences of pupils with Down syndrome in the UK

Many individuals with Down syndrome experience some degree of deafness; consequently, Qualified Teachers of Deaf Children and Young People (QToD) will often support children and young people with Down syndrome in schools and understanding their school and educational experiences is important. This article summarises key findings from data collected using an online survey of parents, teachers, and teaching assistants working with pupils with Down syndrome in United Kingdom (UK) schools in 2019–2020. The broad aim of the survey was to better understand the educational experiences of pupils with Down syndrome in the UK, including educational placement, participation in academic subjects and social activities, support in place for learning, and parent and educator satisfaction with provision. The data summarised here has been previously published in two academic journal articles: Hargreaves et al (2021) report data from 569 parents of pupils (Reception to Year 11) in mainstream and specialist settings. Boundy et al (2023) focus on data collected from 94 teachers and 105 teaching assistants working with pupils with Down syndrome in mainstream primary settings.

Pupil difficulties

Respondents rated their perceptions of the difficulties that pupils experience across a range of developmental areas. Parents, teachers, and teaching assistants reported that communication was the greatest area of difficulty for pupils. Around 70% of pupils were reported as having some levels of hearing difficulties. On average, teacher ratings of pupil difficulties were higher than ratings from teaching assistants, perhaps indicating that teachers perceive pupils with Down syndrome to have more developmental challenges than teaching assistants do. It wasn't possible to tell, however, whether this was a true reflection of the pupils they were working with or more reflective of educator perceptions.

School placement

Parent survey responses showed that most children (65%) attended mainstream schools, with 28% of children attending special schools. Smaller numbers of children attended a specialist unit within a mainstream setting (4%) or were flexi-schooled (3%). Given the reported benefits of mainstream provision for students with Down syndrome, it is encouraging to see high rates of inclusion in mainstream education settings. It is important to note, however, that this pattern was influenced by age/school stage, gender, the level of reported pupil difficulties, and geographical location of respondents. Whilst primary-aged pupils with Down syndrome were more likely to be in mainstream schools (80%), only 37% of pupils in secondary education were in mainstream schools, with the majority (63%) of secondary-aged pupils in specialist settings. Males were more likely to be in specialist provision than females (41% vs 29%). Students in special schools were rated as having more difficulties than those in mainstream settings regarding communication, sensory processing, social skills, and avoidance behaviours. Lastly, there was some evidence of geographical variation with the largest regional differences in mainstream inclusion seen in the primary junior years. A critical question is how to better support effective inclusion for pupils beyond the early primary years and particularly in secondary schools. This may require earlier and more careful planning and communication to support primary – mainstream secondary transition (perhaps beginning in primary junior years) and greater levels of specialist support for secondary schools.

Educational practice

Participation

Parents reported their understanding of their child's participation in academic subjects and school social events. Responses suggested that many pupils were receiving a broad and balanced curriculum, and that this was typically delivered in the classroom alongside peers. Participation in literacy, numeracy, physical education, and the arts was high for all pupils (=>78% of pupils), as was participation in science, and personal, social, health and economic (PSHE) education in secondary schools. However, some subjects were less likely to form part of regular instruction for pupils; fewer pupils participated in humanities, foreign language lessons, or design and technology subjects. The reasons for this were not clear, but it is reasonable to speculate that these subjects may sometimes be seen as too challenging and/or to have limited utility and may consequently be subjects that pupils would be more likely to be taken out of to receive specific forms of intervention (eg reading intervention or speech and language therapy).

Participation in social activities was similarly variable across pupils and types of activity. The majority of primary-aged pupils in mainstream schools and pupils in specialist secondary settings participated in breaks, lunchtimes, day trips, and school events; participation in these activities was lower for pupils in mainstream secondary schools with 20–30% of pupils not taking part in these social activities. Participation in school clubs and residential trips was more variable across settings. Further work is needed to examine the potential barriers to participating in social activities and the forms of support that may be needed to increase participation, especially given the importance of these activities for social development and friendships with peers.

Support for learning

More than half (59%) of pupils in special schools did not have support from a one-to-one teaching assistant, which is likely a consequence of smaller class sizes and the higher adult-to-child ratio in these settings. In contrast, most students (95%) in mainstream schools had one-to-one support from a teaching assistant, and often for 26 or more hours a week including lunch and break times. Whilst this level of support may enable pupils to access many learning activities, it is important to recognise that adult support and supervision can at times limit opportunities for social development, friendships, and independence. It is also important to ensure that pupils experience times in the school day with less adult supervision and support, so they are encouraged and enabled to develop independence and social skills within the school environment.

A range of specialist external advisory services were in place to support pupils across settings with the most common support being from speech and language therapy services. This is encouraging, particularly given that parents and educators noted communication as the greatest area of challenge; although, given these noted challenges, it is perhaps somewhat surprising that 10–28% of pupils across settings did not receive support from a speech and language therapist. Specialist Down syndrome advisory services were in place for only 30% of pupils in mainstream primary and 52% of secondary school pupils; fewer pupils in specialist primary (11%) and secondary settings (12%) received support from Down syndrome specialist advisory services. Less than half of pupils received support from occupational health or physiotherapy and very few received support from mental health services. Ensuring that schools and families have access to adequate support from external advisory agencies is critical to ensuring children are provided with the necessary support for full access to educational opportunities, but this can be challenging, especially in the current climate where many services are stretched.

Respondents were asked to indicate who they believed was primarily responsible for a range of teaching and learning activities. Parents of pupils in special schools were most likely to rate the teacher as having primary responsibility across learning and teaching activities, which might be expected given fewer pupils in these settings were supported by a teaching assistant. In contrast, parents of pupils in mainstream schools reported more variable responsibility between teachers and teaching assistants, with high numbers of parents indicating that teaching assistants had primary responsibility for a range of teaching and learning activities, including delivering teaching and preparing teaching materials.

Data from educators showed that teachers typically regarded themselves as primarily responsible for almost all activities, including adapting lesson plans (87%), assessing progress (86%), and setting learning targets (86%). They were more divided regarding responsibility for delivering teaching, with 50% of teachers viewing this as their own responsibility, but just as many teachers (49%) viewing this activity as the responsibility of the teaching assistant. Interestingly, the majority of teaching assistants similarly rated themselves as having primary responsibility for most teaching and learning activities, including delivering teaching (84%) and adapting lesson plans (60%). Many teaching assistants (40%) also viewed themselves as responsible for setting learning targets, though just as many (44%) regarded this as the teacher's responsibility.

Taken together, these data indicate a worrying lack of clarity and consistency in the roles and responsibilities of educators undertaking teaching and learning activities for pupils with Down syndrome in mainstream schools. Perhaps of most concern is the high numbers of respondents in all groups perceiving that delivery of teaching is the primary responsibility of the teaching assistant. If this accurately reflects practice, it is concerning given that teachers are typically more qualified and have more experience than teaching assistants. It is also in clear contrast to education policy which states that teaching assistants should only assist in teaching.

Collaboration between parents and teachers, and parents and teaching assistants in primary schools was high, on average. Meetings between parents and school staff were less regular in secondary settings, which is likely due to less frequent opportunities to meet (eg as pupils may be more likely to be travelling to school independently). Data from teachers and teaching assistants indicated less satisfaction with planning and preparation time, indicating that more support is needed for collaboration between teaching staff in support of teaching and learning.

Satisfaction with provision

A high proportion of parents (70%+) indicated satisfaction with their child's education provision, including that schools understood and were able to meet their child's needs and that their child was making progress in their school setting. This was echoed in the data from educators, as teachers and teaching assistants indicated that they understood the strengths and needs of pupils they were supporting and that pupils were making progress in their settings. This is encouraging, but it is important to note this reflects current levels of satisfaction at one point in time, where satisfaction is likely to be somewhat variable over time. Indeed, the numbers of children transitioning from mainstream to alternative provision at later primary school and secondary stages suggests that satisfaction with provision is subject to change. It is also worth noting that some parents reported less satisfaction with provision, which is likely related to variable quality.

Across setting types, between 24% and 47% of parents disagreed with a statement that the school had sufficient access to external professionals and 69%–88% of parents reported that schools would benefit from more Down syndrome specific training. Teachers and teaching assistants agreed that they would benefit from more Down syndrome-specific training. Notably, 31% of teaching assistants and 53% of teachers responding to the survey reported that they had not attended any Down syndrome specific training. This suggests that schools may not prioritise Down syndrome-specific training for staff, and where such training is accessed, schools may be more likely to send teaching assistants than teachers. This could well reflect the finding that teaching assistants are often seen as responsible for teaching and learning activities for pupils with Down syndrome. Interestingly, teaching assistants reported higher ratings of self-competence and confidence in working with pupils with Down syndrome, which may reflect their higher levels of specific training, and potentially, more experience working with these pupils in the classroom.

Conclusion

Data from this large-scale survey suggest that many pupils with Down syndrome in the UK are included in mainstream education settings. This is not the case for all pupils; however, it is particularly found in upper primary and secondary stages of education. Inclusion is, of course, about much more than placement type; the data suggest that, regardless of placement, the educational experiences of this population are highly variable. Thus, whilst much progress has been made towards educational inclusion of pupils with Down syndrome in the UK, the data raise some concerns related to practice, particularly around the roles and responsibilities of educators supporting these pupils. For QToDs supporting pupils with Down syndrome in the UK, it is hoped that this article will inform their understanding of the range of educational experiences of these pupils and highlight potential issues that these professionals may be very well-placed to support.

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Dr Kelly Burgoyne is a senior lecturer in Psychology and Education at Manchester Institute of Education, teaching on the BSc Educational Psychology programme. Her research focuses on reading and language development and disorders, and she has particular interests in the development and evaluation of educational interventions and working with parents and children with Down syndrome. Her research work includes experimental studies of language and reading, large-scale longitudinal studies of children's cognitive development, and randomised controlled trials of educational interventions. Kelly is lead author on three evidence-based educational intervention programmes: Reading and Language Intervention (RLI) for children with Down syndrome; Parents and Children Together (PACT), a parent-delivered early language teaching programme; and PACT-DS, which is an adaptation of PACT for children with Down syndrome. Kelly is co-convenor of the Education and Psychology research group at the Manchester Institute of Education.

Access to Work and the time the dog ate my hearing aids

Sarah Hercod, QToD, shares a personal account of transition into employment. This article was first published on the Limping Chicken blog and has been reprinted with permission as an article for BATOD

When I first entered the world of work, I was keen to cover up my deafness. If I'm honest, I didn't fully understand the impact that deafness was having on my day-to-day interactions; I wasn't a consistent hearing aid wearer and couldn't engage in the back and forth of conversations in the staff room or in the corridors.

But I was well rehearsed at reading facial expressions and body language, so I followed along and laughed when everyone else did, never fully comprehending the punchline.

I now cringe as I realise how rude I must have seemed when I interrupted, how ignorant when I changed the subject, walked away, or appeared to ignore people because I hadn't picked up what they were saying. I was fooling everyone, including myself. Or so I thought…

Within three years of qualifying and getting my first teaching job, I was exhausted and disheartened by the daily effort of keeping up. I left my role to pursue a passion for art, thinking that it would be quieter and more reflective, and would suit me better.

But I still wasn't making use of my hearing aids and I found that day-to-day interactions outside of work continued to be challenging.

I was also a lot poorer, and on one occasion, having failed to sustain a conversation across the counter and get the help I needed from the bank, I left in tears. I was promptly told by my friend, who was waiting outside for me, to go back in and, "tell them you can't hear". I didn't argue.

After this, I went back to audiology, was fitted with discreet in-the-ear hearing aids and started to wear them for work.

A few years later the dog ate my hearing aids (luckily, not the poisonous batteries), and I naively thought the National Health Service (NHS) would provide like-for-like replacements. I liked the fact that, unless I said I was deaf, no one had to know that under my long hair (which I always wore down) I was wearing two hearing aids.

I was devastated when the audiologist supplied me with a new pair that sat behind the ear, not just because they were less well hidden, but because of their tendency to feedback with every wisp of hair that brushed past the microphone.

I wasn't ready to wear my hair up and to broadcast to the world the fact that I was deaf. I wrote to the audiologist, asking them to reconsider but was only offered Hearing Therapy and some information about Access to Work (AtW).

At that time, I'd left teaching again and was a self-employed childminder. The dog was my assistant – trotting around the house to let me know when the baby woke up from naptime, or if there was someone at the door.

AtW issued me with a range of equipment, some of which was instantly useful like flashing lights to alert me to the phone, fire alarm and baby monitor, and a landline phone that could be programmed to my audiological profile. I was also given a Roger Pen radio aid, which I mostly used to amplify the speaker on the television.

You can see how this all worked out nicely for the delinquent dog because all this equipment meant that she could spend less time doing my job for me and more time working out how to eat things she shouldn't.

When I returned to teaching, AtW supported me again. I was provided with a cordless adaptive telephone for the classroom and deaf awareness training for the team.

This time, I learned the importance of applying for support within six weeks of starting a new role. Applying beyond this deadline means your employer will have to pay more towards the cost of equipment.

Last summer, having moved to a new teaching role in a nursery, AtW funded acoustic treatment. Young children are very loud and research suggests that indoor sound levels in nurseries are typically around 80 dB (decibel) – not far off the levels where hearing protection is recommended.

We can't wholly blame the children though because buildings and contents also have a role to play in how sound travels. Rectangular rooms, like the one I work in, create flutter echo as sound distorts off the walls and ceiling. Plus, wooden, metal, and plastic surfaces can bounce sound around too.

The acoustic panels are made of wool and shaped like fluffy clouds. They're installed on the ceiling to absorb sound waves and create a better environment for communication. Speech is not only easier to hear but it is easier to deliver, as we don't have to strain our voices to be heard and this has the knock-on effect of bringing overall sound levels down.

It also means that children's attention levels can be more effectively supported.

During the process of getting the clouds installed, conversations opened up with colleagues about their own levels of deafness and listening comfort and the great thing about acoustic treatment is that it benefits everyone – a feature of true inclusion.

Cutting noise levels creates a calmer atmosphere for everyone, not just those of us with interaction challenges. Everyone has a better chance of hearing and understanding each other.

AtW isn't easy to navigate and if you're juggling with work, life, family etc it can be time consuming on top of everything else. I found it helpful to keep a notebook for audiology appointments, to write down their advice and the details of my hearing aids, so I had these to hand when communicating with AtW about my challenges.

They wanted to know lots of information including:

- When were you diagnosed or when did the disability/condition occur?
- What level of hearing loss do you have (with aids if applicable)?
- How does this condition affect you at work? Where are you having difficulties?
- Which days in the week do you work and hours?
- Do you work at home any day? If so, how many days per week?

I connected with other d/Deaf/hard-of-hearing teachers to find out what they found useful in their day-to-day work and used an app called 'Decibel X' to take sound level readings when the children were in nursery (this app needs to be calibrated).

Another app, called 'Clap Reverb', measured reverberation in the nursery when it was empty at the end of the day. In the United Kingdom, legislation exists for reverberation levels in certain types of buildings and the best people to advise on this are acoustic treatment companies.

Roberts Audio Solutions provided a free acoustic audit and quoted for the work, then I had to secure two more quotes from similar companies. After I had submitted my application and my employer had been contacted by AtW, an assessor came out to verify the need for acoustic clouds – she didn't question this once she stepped into the playroom!

The application was approved, I received a report via email and my employer booked the install. The work was completed within AtW's specified time frame.

This is all thanks, I guess, to that time when the dog ate my hearing aids.

Sarah Hercod is a Qualified Teacher of Deaf Children and Young People and an illustrator. She lives with her husband and two dogs in the South Cornwall riverside town where she grew up. Sarah would love to hear from you if you're keen to chat about AtW. You can connect with Sarah on Instagram and X/Twitter @sarahhercodillustrates

Top tips...

Supporting children through transition points

Whether they're starting a new school or leaving home for the first time, all deaf children and young people will face change. Our experts share their top tips for embracing new experiences.

Key ● Early years settings and primary school ● Secondary school ● Further education settings and university

1 Before starting early years settings, make sure workers have a one-page profile on your child's needs and how to support them.
Gail Collins, Advice and Guidance Officer.

2 Arrange a termly meeting with a special educational needs coordinator (SENCO) and a class teacher to talk through your child's progress and set new targets.
Dina Marden, Advice and Guidance Officer.

3 I talked staff through my daughter's equipment before she started nursery and let them be hands-on so they weren't afraid to break it! I also provide a cheat sheet of her communication needs at the start of each academic year.
Nicky, mum to Isabelle (5) and Jack (1). All are profoundly deaf.

4 An extra transition visit to the new school at the end of the summer holidays can help to reduce nerves. Arrange for a key adult like your child's form tutor to be there and do a 'walk through' to highlight where important things are like their form room and locker.
Katie, mum to twins George and Ella (12) who are both profoundly deaf.

5 Have several trial runs of the journey to school, building up their level of independence gradually. If they'll be travelling by bus, get them used to making the journey by themselves.
Jo Maxwell-Heron, Advice and Guidance Manager.

6 Encouraging our daughter to do her own research before a new transition point helps her to emotionally invest in her next steps and to focus on all the good possibilities.
Josie, mum to Maia (17) who has Treacher Collins syndrome and moderate to severe hearing loss.

7 See new settings as an opportunity to shape people's understanding of deafness. When I moved in with my flatmates, I worried about explaining my deafness to them but found they were really receptive.
Kirsty (20) who's moderately deaf.

8 We encourage our daughter to liaise independently with her teachers wherever possible so she can develop self-advocacy and problem-solving skills ready for university.
Josie, mum to Maia (17) who has Treacher Collins syndrome and moderate to severe hearing loss.

➜ We have information about different transition points in our education section, including resources you can pass on to professionals, visit **ndcs.org.uk/education** to find out more.

Supporting deaf young people in their transition through education

Katherine Clements, Assistant Principal of Mary Hare School, discusses how children and young people at the school are supported in navigating transitions throughout the different settings

In the last few years, there has been a greater focus on transition in education, and provision around this is now often specified in Education, Health, and Care plans. Change happens all the time, but how we deal and cope with change is key to success. Not only do our deaf young people have to respond to typical transitions that occur naturally as they move through school, but they also have to navigate changes associated with their deafness including the impact of this on their social, cultural, and emotional development. Coupled with this is the staggering impact of poor mental health and low self-esteem, which are widely experienced by young deaf people. Within an educational setting, transition takes on various forms, but there is always one aim: to equip the young person with the skills to cope, overcome, master, and flourish in each of their next steps, whatever that may be.

At Mary Hare School for deaf children, there are a number of ways we support our young people to thrive when navigating change. These are:

- ensuring that an individual approach is central to all transition plans
- equipping our young people with the skills they need to cope, adjust, and overcome difficulties around change and transition
- creating appropriate resources to support and develop resilience with deaf friendly and accessible language
- providing opportunities to experience change and embrace it
- developing skills that support self-advocacy
- recognising and overcoming barriers when dealing with change.

Transition to Mary Hare Primary School: taking an individual approach to planning transition

At Mary Hare School, we welcome and value every child who joins our school. We understand and respect that all children and their families have been on their own personal journey from diagnosis and that each child comes to school with different lived experiences. We recognise that children's listening and language experiences vary dramatically and that, due to this, their communication and interaction skills are all unique to them and require different support. This means that any transition plan needs to be personalised and individual. We develop individual learning pathways for each child that, due to our small classes taught by Teachers of the Deaf, provide experiences, teaching, and opportunities that support their development and progress through equal access to the curriculum.

Personalised transition plans may include attending regular stay and play visits prior to starting reception, as well as working alongside parents and key staff in current settings to ensure key structures are in place or a staggered start to allow for adjustments and new routines to be established. In key stage (KS)2 we support overnight stays to experience the residential setting as well as opportunities to engage in lunchtime clubs to develop friendships in structured environments. Access to well-being support is available to allow time to talk about changes in a supported, nurturing space. From KS2 to KS3 we hold meetings between staff to discuss each pupil and their learning to ensure that every child is set up to succeed from day one. No two transition plans are the same, and this is vital in order for each young deaf learner to thrive.

Transition to an auditory oral setting: Equipping young people with the skills they need to achieve

Transitioning to a school that uses a different approach to language can be an adjustment for some of our students.

Transition to Mary Hare Primary School Taking an individual approach to planning transition

Transition to an auditory oral setting Equipping young people with the skills they need to achieve - Speech and Language Therapy

Students may have been taught by a Total Communication approach or have British Sign Language as their first language. Learning through spoken communication is a change to the way they learn and access information and transitioning successfully is fundamental to their progress and attainment. At Mary Hare School, we support their transition to a spoken language-enriched environment in several ways.

Inclusivity

For students who may not have used their voice before, we allow them the opportunity to build self-esteem and confidence in using voice and speech in an environment where they feel safe and comfortable to communicate orally and experience a sense of belonging.

Children often relate more easily to others who are like themselves, ie learning amongst other students who use cochlear implants/hearing aids and who may face similar communication differences.

The Buddy System

It is important that our students are not only supported by the adults in school and in the residential houses, but also by other students. Our sixth form students act as role models for students lower down the school and, as such, an 'integration prefect' is nominated and appointed in Year 13.

The Buddy System operates in all year groups from years 7–12. In each year group, 'Buddy Prefects' are nominated by the head of year to support new starters. Their role is to ensure that any new students are made to feel welcome, as well as supporting prospective students who visit the school.

Appropriate teaching methods

The Teachers of the Deaf are trained specialists in modifying the national curriculum and delivering it in a way that is accessible to students with limited experience of an oral classroom setting. This includes:

- Reducing the pace of lessons and the pace of speech delivered within the lesson.
- Ensuring that all students are optimally amplified and connected to the wireless group hearing aid system to give them the best possible auditory experience.
- Controlling classroom discussion to make sure that only one person speaks at a time.
- Ensuring that lip patterns of the teaching staff and other students are clearly visible at all times.
- Structuring lessons so that short periods of lipreading/listening are spaced out by practical 'quiet' activities so that the effects of listening fatigue are minimised.
- Encouraging the use of clarification strategies and actively checking that students are understanding the lesson content.
- Using written support to aid the understanding of the context and cueing in to new topics.
- Explicitly teaching new vocabulary, including how these look when lipreading (lip shapes) as well as how to pronounce them.

Intensive communication support from speech and language therapy

Students transitioning to an oral environment often request support with developing their speech reading skills, listening, clarity of speech, or more functional targets such as being able to say the names of their family members or ordering their favourite meal in a restaurant. All our young people are supported by completing group therapy programmes which are specifically designed to support transition to an oral educational setting. Students develop their active listening skills and complete a lipreading/speech reading programme in order to develop an awareness of how to best utilise lip patterns to aid understanding and social skills, to develop skills in turn-taking, developing friendships, and problem solving.

Communication profiles

Students seek a place at Mary Hare School because they would like to learn in an immersive English-speaking environment where they will be academically challenged. Despite following an auditory/oral approach during the educational day, we believe it is important that at times of crisis every young person is able to express themselves freely and readily via the mode of communication they are most comfortable with, whether this be through sign, speech, or a mixture of both. We also want our young people to have the skills to communicate in the 'hearing world' and employ strategies that support their interaction with unfamiliar adults and peers. Students complete a communication profile with their key workers and speech therapists. This includes how they would prefer to communicate in times of crisis but also what strategies can be employed when communication breaks down.

Mary Hare School employs ELSAs (Emotional Literacy Support Assistants) and Wellbeing Support Workers who are able to provide support through both oral communication and British Sign Language (BSL). These staff are available throughout both the educational day and after school and can be accessed to support with behaviour, anxiety, and wellbeing issues.

Transition into Mary Hare Secondary School: The role of social stories in easing transition

Transitioning from one education placement to another is a daunting experience from both the parent or carer and child's perspective. Often parents and carers have faced a long and difficult journey to securing a change of placement, and this inevitably leads to some frustrations and fatigue. This is especially true for a child transitioning with an Education, Health, and Care Plan. For any transition to be successful, it is important that the child or young person involved feels supported, safe, and informed about the process, which is another responsibility that is often placed on the parent or carer at this already emotionally charged time.

To aid the final part of this process once placement is agreed, we have created a series of social stories for parents to share with their child in preparation. One of these is 'Transitions' and others in the series are 'Tribunal' and 'Assessment' for supporting visits. It is important to us at Mary Hare School that the families of our students feel supported right from pre-assessment, all the way through to admission. The social story guides the young person through what they may encounter on their first day and serves as a precursor for potential fears and emotions they may experience in the lead up to their start date. The social stories are written with age-appropriate language and challenging multi-syllabic words are phonetically transcribed to support our deaf cohort. Images and formatting are also carefully considered to ensure accessibility. Our social stories are received gratefully by our transitioning families, and reading them together often facilitates an opportunity for parents and carers to have meaningful conversations with their young person ahead of their start.

Transition to the residential care setting: Opportunities to experience the change

As part of the transition to Mary Hare School, the Residential Care Team works closely with the families to support a stress-free transition, answering any questions along the way. We understand that for many young people this will be their first time staying away from home which can be daunting for both the young person and their family. We offer opportunities to become familiar with the environment beforehand, including overnight stays and inviting family to visit, as well as being on hand to answer any queries and sharing our house handbook for families to refer to.

When a young person joins, they will be allocated a key worker within the residential house who will have weekly sessions with them and ensure that their family are kept up to date with their progress, as well as having a named person they can contact. All our staff working within residential care have completed deaf awareness training and work with the young people in a child-centred approach taking into consideration their needs. We have a very clear residential care model focusing on creating a safe, nurturing, predictable environment in which children flourish and achieve their best possible outcomes. Support with transition is embedded into our practice as we continue to support young people's transition throughout

Preparing to leave Mary Hare Sixth Form Recognising and overcoming barriers the school moving to different houses for their age ranges. As part of this, parents are encouraged to come and visit these houses and meet the new teams who will be supporting their child. The young people also have the opportunity to spend time in and experience their new houses prior to moving.

Audiology Leavers' Project: Developing skills that lead to self-advocacy

All students transitioning from Mary Hare are involved in our Audiology Leaver's Project, with the aim to equip all students leaving Mary Hare with the skills needed to manage their hearing and personal amplification needs. Through whole class teaching and individual sessions, students learn to talk about their deafness and explain their needs and how they are supported, as well as discussing equipment and types of support available to them after they leave Mary Hare. Individual needs will be discussed through one-to-one sessions and a programme of suggested support and equipment created.

For those students going to university, the Disabled Student Allowance (DSA) process, from application form to assessment, will be supported including being able to supply medical evidence.

For those going to college or work, advice and support will be provided as well as an opportunity for the college or work placement to communicate with us.

An audiology report and booklet are produced, personalised for each student, which can be taken away with the student to enable them to self-advocate for themselves in the future.

Preparing to leave Mary Hare sixth form: recognising and overcoming barriers

At Mary Hare School, we recognise that leaving school is a pivotal moment in a young person's life. Whether students are heading to university, apprenticeships, college, work, or taking a gap year to explore personal interests, we ensure that they are as well-prepared as possible for this transition. For many students, this transition also marks their first experience of independent living, which can present unique challenges as well as opportunities for growth. At Mary Hare, we address these barriers through a holistic, early, and individualised approach to transition planning.

Key strategies include:

- Ensuring students, parents, and carers understand the transition process
- Offering taster sessions and work experiences to explore options
- Collaborating with families, employers, and universities to create tailored support plans.

The transition to life beyond Mary Hare School often involves adapting to new routines and expectations. Both hearing and deaf students may find it challenging to:

- Develop practical skills like managing finances, cooking, and maintaining a household
- Navigate unfamiliar environments and public transport systems. Meet new people and build friendships
- Understand unwritten social rules in professional and academic settings
- Advocate for their own support needs, particularly in accessing services or managing health requirements.

To help address these challenges, Mary Hare offers comprehensive transition support for all students. The Careers Team plays a central role in helping students plan for the future, embracing every aspect of the Gatsby Benchmarks. Support includes:

- Careers programme: From Year 12, students explore post-18 options, including apprenticeships, university, supported internships, employment, college, and gap years
- Workshops: Covering topics such as interview techniques, CV writing, workplace skills, and preparing for professional environments
- Work placements: Through the 'Get SET (Skills, Experience, and Training)' programme, sixth form students participate in extended placements with local employers. Year 12 students also complete a dedicated three-day work experience placement at the end of the academic year. These opportunities help students explore career paths and make informed decisions
- Individual guidance: Independent advice is provided by an independent Careers Adviser and by our own Transition and Careers Development Officer who supports students with applications and decision-making
- Visits and talks: Students attend careers fairs, university open days, and industry events, with insights from external professionals and alumni
- Parental engagement: Staff work closely with parents and carers through presentations and annual reviews to offer tailored advice
- Speech and language therapy: Students have access to regular speech and language therapy sessions which focus on promoting life skills such as driving theory, independent living, and creating a communication profile that can be used to support their communication needs in their next setting.

Conclusion

Finally, the success of any transition plan, no matter how detailed, can only be successful if those who deliver and implement it do so effectively. In our specialist experience, the key to successful transition relies on a team of dedicated staff who ensure that students have the skills to achieve. Whatever the change is, we all play an important role in the transition of our young deaf people and this will have a long-lasting impact on their future success. ■

Katherine Clements is the Assistant Principal at Mary Hare School.

Deaf awareness starts in the early years

Vicky Lowther, a Qualified Teacher of Deaf Children and Young People (QToD), and **Jason Trotter**, a Deaf Communication Support Worker (CSW), discuss their work on raising deaf awareness in the early years. This article was first printed in the CICS July 2024 edition

Vicky Lowther (QToD) has many years of experience of working with d/Deaf children and is fortunate to be working in a very flexible and fully inclusive educational provision using speech, British Sign Language (BSL), Signed Supported English (SSE), and Cued Speech. Vicky wrote an article for our March edition explaining the principles of the language first approach. She has been collaborating for a number of years with Jason Trotter (Deaf CSW) at the Deaf Education Centre in which they work. Here, they share some insights into the work they are doing to raise Deaf Awareness in their school – starting from nursery, and remind us that … Deaf Awareness starts in the early years!

More children who are d/Deaf than ever are now educated in a mainstream provision than specialist – 65% in mainstream in 2019 and 77% in 2022 (Consortium for Research into Deaf Education (CRIDE) 2019, 2022) – this is known as an 'Inclusion model' (Warnock, 1978). Alongside this, children continue to have better access to improved amplification, radio aid devices, and soundfield systems which allow greater access to an oral language system.

However, evidence also shows that children who are d/Deaf remain behind their hearing peers in educational outcomes in both early years (NDCS, Right from the start) and KS (key stage) 1 (NDCS, 2022). In addition, there is a wealth of evidence that children who are d/Deaf may have lower language levels, take part in fewer interactions, have fewer peer learning opportunities, and have reduced social skills.

So, having spent time supporting children who are d/Deaf in mainstream provisions, we have worked to embed Deaf Awareness from the early years onwards in our mainstream school. Though our provision is unique, it is important to know that these tips and ideas can be shared with mainstream teachers and support staff. If we can work towards a more Deaf Aware experience for children who are d/Deaf, then those children have a far better chance of hearing new language, being able to hear and take part in conversations in English or BSL, practise their social skills, and importantly, make good progress.

In our Early Years we promote Deaf Awareness in many different ways:

- Weekly Deaf Awareness sessions – role playing in good/bad listening environments such as giving instructions with loud noise in the background vs low levels of noise, practising lip reading with and without access to lip patterns, allowing the children to wear ear defenders to experience hearing loss, or acting out tapping each other on the shoulder to get their attention.
- Sign language teaching through play or direct teaching. During free play, staff may play alongside hearing children whilst signing; this may be BSL or SSE, and encourage them to learn the signs of the toys and activities in their environment.
- All children are given sign names – these relate to their hobbies/characteristics. Teaching these directly also gives d/Deaf children the chance to learn their friends' names – you may be surprised by just how many d/Deaf children struggle to know the names of their friends, and even of their teachers, sometimes!
- Modelling during free play how to get the attention of and communicate with friends who are d/Deaf – this may be tapping their shoulder for attention, saying/signing their names first, and showing how to wait until the deaf child is facing you before trying to talk/sign.
- Reverse integration-creating opportunities for children who are d/Deaf to have some quiet time with friends just playing games or sharing a book. These quiet moments need to be facilitated by staff as children who are d/Deaf have fewer interactions than their hearing peers naturally.
- We are lucky to have wonderful Deaf role models and our Year 6 d/Deaf children come in and help support these sessions!
- Using stories such as Freddy and the fairy to teach about good communication.
- Using a talking teddy so children learn to talk one at a time in a group.

In KS1 we offer weekly Deaf Awareness sessions to the whole class. This may include:

- understanding a bit more about what Deaf means
- taking part in lipreading challenges
- starting a BSL curriculum and having simple conversations
- creating Deaf Awareness posters using pictures and words.

This certainly represents a thorough and comprehensive approach to raising Deaf Awareness, and we are sure that many of our readers will be wishing that their children's schools would adopt some of the measures that Vicky describes.

Vicky Lowther is a QToD at the Deaf Education Centre in Eggbuckland Vale Primary School in Plymouth.

Jason Trotter is a Deaf Communication Support Worker (CSW) at the Deaf Education Centre in Eggbuckland Vale Primary School in Plymouth.

Empowering Deaf students: a new vision for specialist education

Natalie Pollard, British Sign Language Manager at Doncaster Deaf Trust, shares her thoughts on Communication Specialist College Doncaster's new dedicated Deaf provision

As the British Sign Language (BSL) Manager at Doncaster Deaf Trust, I've dedicated my career to supporting Deaf communication and education. After 14 years of teaching BSL to students and staff, I'm incredibly excited about our latest milestone, the launch of a dedicated Deaf provision at Communication Specialist College Doncaster.

This is a transformative space that represents everything we believe in: culture, identity, communication, and empowerment.

A space designed by listening

Our new provision was born from genuine dialogue with Deaf students. We didn't just create a space; we co-created it. By listening to the experiences, challenges, and aspirations of our students, we've developed an environment that truly understands and celebrates Deaf identity.

The core of our approach is simple, every student is unique, and their communication needs are equally distinctive. We've developed a student-centred model that recognises the diversity within the Deaf community. Whether a student prefers BSL, Sign Supported English (SSE), or spoken communication, we adapt our support to meet their individual requirements.

Natalie Pollard and Tracey Jamison

Breaking down barriers

Communication is more than just an exchange of words – it's about connection, understanding, and self-expression.

For our Deaf students aged 16–25, this provision represents more than education. It's a sanctuary where they can develop their skills, explore their identity, and build confidence. We're not just teaching – we're nurturing people for their future.

We have appointed a new Deaf Centre Coordinator marking a significant step in our commitment to comprehensive student support in our new centre. This key position represents our holistic approach to deaf education, recognising that effective learning goes far beyond the classroom.

The Deaf Centre Coordinator will play a crucial role in creating a seamless experience for our students. Their responsibilities include intricate co-ordination between students, communication support workers, and teaching staff to create an environment of true accessibility and inclusion. We are particularly excited to have a dedicated team of communication support workers working within the Deaf provision, guiding and supporting each learner to achieve their full potential.

The provision is designed to support Deaf students in accessing a full curriculum, and there is a particular focus on BSL and Deaf independence, which aids students in becoming more confident and gaining independence throughout their educational journey.

By investing in a comprehensive support system, we're doing more than facilitating education. We're creating an environment where Deaf students can truly thrive, and where their communication needs are not just met, but celebrated.

This approach creates an accessible, inclusive, and safe space for all Deaf young people. We place a real emphasis on embracing Deaf culture, Deaf identity, and the Deaf community, with the ultimate goal of seeing our learners truly thrive.

This commitment reflects our broader mission – to provide an educational experience that is as rich, dynamic, and full of potential as the students we serve.

Beyond communication – celebrating culture

Our provision goes far beyond traditional educational

▶ Continued at bottom of next page

Inclusive environments

Joy Ainsley, Educational and Clinical Audiologist, explores the relationship between speech-in-noise challenges faced by deaf and autistic pupils at St John's Catholic Specialist School

Hearing is a complex process involving the ear and brain, and listening is the brain's interpretation of what we hear. Listening is a skill that develops over time and with experience, relying heavily on the ability to focus on a primary sound while filtering out background noise. This relationship between the primary auditory stimulus (signal) and unwanted background sounds (noise) is crucial, as a favourable signal-to-noise ratio (SNR) greatly enhances the intelligibility of spoken messages.

Unlike adults, children lack fully developed auditory perception, with research indicating that their speech perception abilities may not reach adult levels until their late teens. For deaf children, auditory development can be further delayed due to factors such as the cause, onset, and degree of deafness. Similarly, children with autism spectrum condition (ASC) may experience similar delays or in some cases, may never fully develop typical auditory processing abilities. Both groups have distinct needs regarding SNR and learning environments, which are rarely addressed by standard mainstream classroom designs.

Under the Equality Act 2010, schools must make reasonable adjustments to ensure disabled pupils are not placed at a substantial disadvantage compared to their non-disabled peers. The Act recognises autism as a disability, requiring schools to support autistic pupils by addressing sensory differences that hinder their ability to navigate classrooms, corridors, and playgrounds. These adjustments are essential to help pupils not only cope but thrive, enjoying school and reaching their full potential.

Good classroom acoustics play a significant role in this process. Building regulations define performance standards for teaching spaces in terms of ambient noise levels, reverberation times, and sound transfer from adjoining spaces:

- Adults require the speaker's voice to be at least +6 decibels (dB) louder than background noise to understand speech.
- Children need an SNR of +16 dB, while deaf children require +20 to +30dB.

Typical mainstream classrooms, however, often have SNRs ranging from +5dB to -7dB, with even higher noise levels in communal areas.

St John's Catholic Specialist School

St John's Catholic Specialist School, formerly known as St John's Catholic School for the Deaf, caters to a diverse cohort of pupils with a wide range of special educational needs (SEN). Among our current cohort, we have 52 pupils

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▶ *Empowering Deaf students – Continued from bottom of previous page*

support. By embedding cultural understanding alongside language skills, we're helping students develop a strong sense of self and community.

The BSL vocabulary development is particularly exciting. We're not just teaching a language; we're providing a key to unlock broader communication, social connections, and career opportunities. Our curriculum ensures students develop sign language skills that empower them to express themselves fully and confidently.

Independence – the ultimate goal

While communication is crucial, our aim is independence. Every aspect of our provision is designed to equip students with the skills they need to navigate the world confidently. From practical life skills to professional development, we're preparing our students for a future of limitless possibilities.

A personal commitment

As someone who has spent more than a decade in deaf education, this provision represents the culmination of years of passion and dedication. It reflects our long-standing commitment to deaf education – a commitment that dates back to the founding of Doncaster School for the Deaf in 1829 and has continued to run through the Communication Specialist College Doncaster and into our employability service, Aspire to Be.

A large part of my role is also to work with the local community and the business community to raise deaf awareness. We run training sessions with businesses and community groups to equip hearing people with knowledge about the Deaf community and provide communication tips.

We also have a free online BSL course, which has already attracted over 20,000 learners. This is a further example of how we're working to break down communication barriers and spread deaf awareness.

Looking forward

The Deaf Education Centre is more than a service – it's a statement. A statement that Deaf students deserve specialised and innovative educational support.
A statement that communication is a fundamental right, not a privilege.

We're not just changing educational approaches; we're changing lives. ■

Natalie Pollard is the BSL Manager at the Doncaster Deaf Trust.

Mr Privett (teacher) using the pendant-style microphone

diagnosed with ASC, some of whom are also deaf, making St John's a unique environment for exploring the intersection of these needs. Research into ASC and associated sensory issues is vast and has shown that children with autism often have reduced capacity to integrate sensory information across modalities, leading to significant challenges in understanding speech amid background noise, much like deaf children. As a former school for deaf students, inclusion and accessibility are central to our building design, with carefully considered acoustics remaining a top priority. We address acoustical challenges in a number of ways, carpeting all teaching areas, using acoustic hanging boards in larger areas, having small teaching groups in horseshoe-seating configurations, and using the Redcat Access Classroom Soundfield System in every teaching space. This system integrates a receiver, amplifier, and flat sound panel speaker. Teachers wear pendant-style microphones, while handheld microphones are available for group discussions.

Initially, the system was primarily intended to support our deaf students. However, during deaf awareness lessons conducted by me as the school audiologist, several ASC pupils remarked on how much they also benefited from the system. In some classes without deaf pupils, microphones were often not used regularly and pupils with ASC were asking teachers to put them on. These comments sparked an idea: to evaluate and compare the speech perception abilities of hearing pupils with ASC against deaf people with no ASC diagnosis.

Speech testing: Beadman SPiN Protocol (2023)

Setup

- A laptop was used to play a compressed babble track from the Ewing Foundation, positioned two metres behind the child.
- The babble noise was calibrated to 50 dB(A) at the child's ear using a sound level meter (SLM).
- Pre-recorded Bamford-Kowal-Bench (BKB) sentences were played through a speaker in front of the child, measured at 50 dB(A).

Testing procedure

1. Baseline testing in quiet

Conducted at a distance of one metre, the optimal listening range for hearing aids.

The first list of sentences was delivered in quiet conditions at 50 dB(A).

2. Introduction of noise

The speaker distance was increased to three metres, and noise at 50 dB(A) was introduced.

The second list of sentences was delivered at 50 dB(A) (SNR of 0 dB) .

3. Increased noise levels

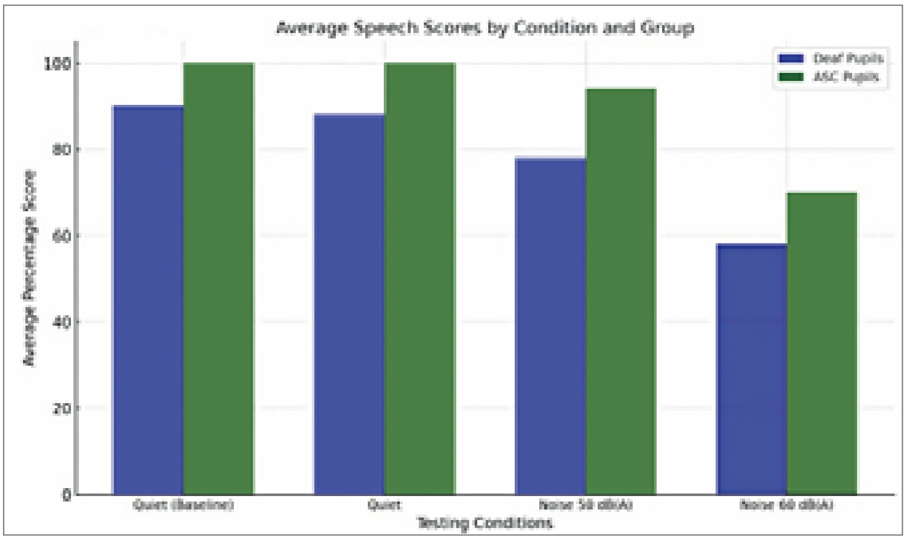
Background babble was raised to 60 dB(A), verified using the SLM, while the speaker remained at 50 dB(A).

The third list of sentences was delivered (SNR of -10dB).

Participant details

Deaf pupils

Speech scores for deaf pupils were obtained from routine



Average speech scores by condition and group

The RedCat Soundfield system

audiological tests conducted over the past 12 months.

All participants were good hearing aid users with moderate to severe sensorineural hearing loss and no ASC diagnosis.

ASC pupils

Nine pupils with ASC initially participated in this test, all with hearing within normal limits as verified by pure-tone audiometry.

This was their first experience performing any speech-in-noise testing.

Results

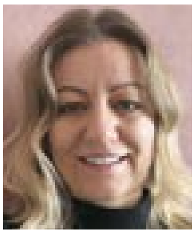
Deaf pupils using hearing aids struggled to understand speech as noise levels were increased and this is expected given the nature of deafness and the limitations of amplification. The children with ASC and typical hearing faced similar challenges in understanding speech as the background noise increased. These difficulties were not only in terms of speech recognition; five out of six ASC participants asked for a break from the noise at some point throughout the testing, and a further three who were initially recruited were unable to complete the testing due to the overwhelming noise, highlighting their heightened sensitivity and the fatigue caused by auditory overstimulation.

The use of the Redcat Access Classroom Soundfield System significantly improves the ability of deaf pupils to hear and understand speech, and importantly, ASC pupils noted how much the system helps them too. The findings emphasise that typical classroom noise levels, which frequently exceed the levels used during our testing, are inadequate for students with sensory or auditory challenges. The study underscores that typical classroom environments with average SNRs often fall short in meeting the auditory needs of students with conditions, such as ASC, and deafness. For ASC pupils, even though their hearing is often within normal limits, their challenges lie in processing and making sense of sounds in noisy environments. This is compounded by their reduced ability to filter out background noise, which makes it harder for them to focus on speech. We are lucky to have good acoustics in our specialist setting; however, to address these disparities, mainstream schools must take proactive steps to improve classroom acoustics, including investing in acoustic treatments and other technologies that create a more favourable SNR.

I am an educational and clinical audiologist working at St John's and also for the local authority. I visit mainstream schools supporting staff and pupils while providing acoustical advice. The information gathered from measuring ambient noise levels and reverberation times is used to highlight the difficulties deaf students face, but also, these results have reinforced the need to explain how neurodiverse pupils can benefit from acoustic intervention. Ideally, soundfield systems would be present in every mainstream classroom; however, as we all know, there is no funding for the provision and maintenance of such technology, but schools can still take other practical steps to make improvements.

No funds for improvements? Improving the acoustic environment can be achieved with reasonable adjustments and improving noise awareness amongst staff and pupils. My acoustic reports have historically offered general advice on microphone limitations, distance, background noise, use of assistive listening devices, and acoustic materials that can be added to a classroom. I have now included information on how this not only helps deaf pupils but also how all pupils will benefit from any acoustical improvements made, and particularly those who are neurodiverse.

Improving the SNR should be a priority for schools to ensure an inclusive learning environment that supports everyone. Most mainstream schools will have more neurodiverse pupils on their school roll than deaf pupils, and therefore, good classroom acoustics should be considered a critical variable in the educational achievement of children. This also helps schools meet their legal and moral obligations under the Equality Act 2010, giving every pupil equal access to education.



Joy Ainsley (MSc, BHSc) is an Educational and Clinical Audiologist who splits her time between working at St John's Catholic Specialist School and the Deaf and Hearing Impairment Team at Leeds City Council.

Adjusting to an ASD diagnosis for my deaf son (BSL)

Keighley Miles, a deaf mum to three boys, originally wrote this article for Limping Chicken and has given permission for this reprint in BATOD Magazine

Hi everyone, I am Keighley. I'm a profoundly deaf mum of three boys. We live in Essex by the seaside, and I work as a childminder.

One of my sons is also deaf and the other two are hearing. As a family we are all oral, but we use Signed Supported English/British Sign Language as a backup form of communication, too.

My son and I both have cochlear implants. I just have the one implant as I was implanted as an adult, but Leo has two due to having them when he was a toddler.

As I work in childcare, I have been around children who have ASD (autistic spectrum disorder), but it still came as a shock when my own son was diagnosed with autism.

When Leo was about 18 months old, we started questioning some of his behaviour. His emotions were over the top, which was the main thing we noticed, and then as he was getting older, we noticed he was struggling lots with friendships.

He didn't understand jokes or questions. He wouldn't understand simple sayings either or get his mind round things that weren't black and white, so to speak.

We had lots of support in the form of a Teacher of the Deaf and a play worker who signposted us, but they always just told us his challenges were because of his deafness. Then later on, when he was diagnosed with Usher syndrome and registered blind, they put it down to having to deal with that.

They gave us lots of resources to work on his emotions and build friendships, and we were eventually referred to Deaf Child and Adolescent Mental Health Service (CAMHS).

Leo was – at this point – around six or seven years old and was putting himself in situations that could be dangerous. Up until this time, all of his support was accessible as they were still saying it was due to his deafness, so we were kept under 'deaf' services.

Once his care was moved over to ADHD (attention deficit hyperactivity disorder)/ASD services, things became more of a struggle. I had to remind them to book interpreters for me at appointments. This meant things often got delayed when they forgot to book an interpreter.

Sometimes they had to re-arrange appointments, and one appointment was over a video call. I thought it would have captions but there were none, so I had to end the appointment and wait two months for a new face-to-face appointment.

Leo's case wasn't straightforward as a lot of the earlier signs were dismissed as he was deaf and they assumed it was all down to his deafness, such as how he struggled in crowds and found it hard to make friends.

The school didn't see the struggles we saw in Leo, so it took us even longer to get to the bottom of why Leo was struggling. At first, we suspected ADHD, but they came back and said he didn't present as having ADHD but had traits of ASD. That was when he was put on the ASD pathway.

From a young age, Leo had a lot of therapy in place, and I believe this has helped him mask his ASD. It is still early days following his diagnosis and we are still adjusting as a family.

We are still trying to find out more information; I am sure there must be accessible information somewhere out there about ASD in deaf children!

Aside from all of this, Leo is an amazing, confident boy; he loves football – especially West Ham – and he really enjoys art and crafts. He also loves to sing and dance all the time.

It's been a lonely journey; I think Leo masked his difficulties so well that when he did have meltdowns people didn't believe me when I told them he was struggling, or he was overwhelmed.

This has affected relationships as I often come away from playdates feeling upset and not wanting to put myself and Leo in that situation again.

One big positive is that we have found an amazing football club with other children who have ASD and are also deaf or have other disabilities. Leo has been going for a few years now and it's helped him so much.

If anyone reading this has just received an ASD diagnosis for their child, remember they are still the same person; what you love about them before is still what you love about them after.

Keighley Miles lives with her family in Essex.

Exploring accessibility in gaming for deaf gamers: challenges and recommendations

Hasan Demirel outlines his research on the challenges facing deaf gamers and his recommendations for greater accessibility

Introduction

Gaming has become a universal form of entertainment, providing immersive experiences that appeal to diverse audiences. However, accessibility for deaf and hard-of-hearing gamers remains an area requiring significant attention. This report explores the challenges faced by deaf gamers, the accessibility features they find beneficial, and offers recommendations for game developers to create more inclusive gaming experiences. The findings are based on survey responses collected from a group of participants, including deaf and hard-of-hearing individuals.

Demographic overview

The survey collected responses from individuals aged 12 to 15. Participants identified various levels of deafness:

- deaf (no hearing): some respondents experience complete hearing loss
- mild hearing loss: respondents sometimes struggle to hear
- profound hearing loss: very little to no effective hearing
- prefer not to disclose: a few participants chose not to specify their hearing status.

This diversity underscores the need for versatile accessibility solutions that cater to varying levels of auditory ability.

Gaming habits and preferences

Gamer identification

The survey showed a mixed response to whether participants considered themselves gamers. Some identified strongly as gamers, while others cited limited time or interest as reasons for not gaming.

Preferred platforms

Among gamers, platform preferences included:

- consoles (eg PlayStation, Xbox, Nintendo Switch) were highly favoured
- personal computer (PC) gaming, preferred for its flexibility and availability of customisation options.

Frequency of gaming

Participants reported varying gaming frequencies:

- daily gamers engage with games regularly as a primary leisure activity
- weekly and monthly gamers play less often but still value the experience
- rare gamers tend to engage occasionally due to personal or external factors.

Favourite genres

Respondents expressed diverse gaming interests, with popular genres including:

- adventure
- sports
- puzzle and strategy
- sandbox and indie games.

These preferences reflect a broad spectrum of gaming interests, suggesting accessibility improvements should extend across all genres.

Challenges faced by deaf gamers

Deaf gamers encounter unique challenges that can hinder their gaming experience:

Audio-dependent gameplay

Many games rely on audio cues for:

- navigational guidance
- enemy detection
- dialogue and storytelling.

The absence of visual or haptic alternatives for these cues can create barriers to progression and enjoyment.

Percentage of respondents highlighting audio challenges:

- 68.75% of respondents cited difficulties with understanding audio-dependent gameplay due to the lack of visual or alternative sensory cues.

Lack of accessibility features

Participants noted a shortage of key accessibility features, such as:

- subtitles or closed captions for non-verbal sound effects
- customisable audio-to-visual indicators.

Percentage of respondents highlighting accessibility gaps:

- 75% of participants expressed the need for improved closed captions and subtitles
- 62.5% desired more detailed visual indicators to replace sound-based mechanics.

Genre-specific challenges

Certain genres were highlighted as particularly challenging:

- role-playing games (RPGs) often feature complex dialogue systems with minimal visual assistance.
- fighting games and shooters rely heavily on reaction-based sound cues, such as approaching enemies or warning signals.

Percentage of respondents highlighting genre challenges:

- 56.25% noted RPGs as the most challenging genre
- 43.75% found fighting and shooter games particularly inaccessible.

Overlooked accessibility needs

Some respondents felt that developers assume a baseline level of hearing ability, neglecting the needs of deaf players. For instance, ambient soundscapes often lack alternative sensory representations, and haptic feedback is inconsistently implemented.

Existing accessibility features

Respondents acknowledged positive examples of accessibility features:

- Subtitles: widely appreciated for making dialogue and some audio cues accessible. Some games were specifically mentioned for their effective use of subtitles
- Basic visual indicators: simple icons or alerts were noted as helpful but often lacked depth
- British Sign Language (BSL): respondents mentioned that while games like Forza Horizon use BSL in parts, some sequences were too quick to follow effectively. This highlights the importance of pacing and clarity when implementing accessibility features for deaf gamers.

While these features are appreciated, there remains significant room for improvement in their scope and implementation.

Recommendations for game developers

To enhance accessibility for deaf gamers, the following recommendations should be considered:

1 Comprehensive subtitles and closed captions

- Include subtitles for all spoken dialogue and in-game text
- Provide closed captions for non-verbal sounds, such as explosions, footsteps, or environmental noises
- Allow customisation of subtitle size, colour, and background opacity to suit individual preferences.

Percentage of respondents supporting subtitles and captions:

- 87.5% of respondents indicated subtitles and captions as the most crucial accessibility feature.

2 Visual sound indicators

- Implement visual cues for all audio elements, such as directional arrows for approaching enemies or flashing icons for nearby events
- Offer adjustable levels of detail, from basic to high fidelity, catering to different user preferences.

Percentage of respondents supporting visual indicators:

- 81.25% supported visual indicators as essential for improving accessibility.

3 Haptic feedback enhancements

- Use haptic feedback to replicate sound-based cues, such as vibrations for explosions or rhythmic pulses for footsteps
- Allow players to customise the intensity and type of feedback.

Percentage of respondents supporting haptic feedback:

- 50% highlighted haptic feedback as a helpful feature when properly implemented.

4 Genre-specific solutions

- RPGs: provide visual representations of dialogue tone or urgency
- Shooters: use visual indicators for enemy proximity or gunfire direction
- Fighting games: include on-screen prompts for timing-based mechanics.

5 Accessibility testing and feedback

- Involve deaf gamers in the development process to identify gaps and improve features
- Conduct accessibility testing with diverse groups to ensure inclusivity.

6 Education and awareness

- Educate game developers and studios on the challenges faced by deaf gamers
- Raise awareness of best practices for designing accessible games.

Conclusion

Deaf gamers face a range of challenges, from limited accessibility features to genre-specific barriers. While some progress has been made, there remains significant scope for improvement. By implementing comprehensive subtitles, visual indicators, and haptic feedback, developers can create a more inclusive gaming environment. Engaging with the deaf community and prioritising accessibility in the design process will not only benefit deaf gamers but also enhance the overall user experience for all players.

Through commitment and innovation, the gaming industry has the potential to become a truly universal platform for entertainment and connection.

Thanks to: Akikur Rahman, Alice Clay, and DSD at Lister Community School; Emma Edwards; Devin Seto; Rebekah Simpson, Rebecca Kalam, and Playground Games.

Hasan Demirel is a specialist Computer Science Teacher at Lister Community School in London.

Facebook group for Educational CSWs (UK)

A new support group for Educational Communication Support Workers (CSWs) has been set-up. Regardless of where you work or what qualifications you hold, all Educational CSWs and teaching assistants working in a support role with a deaf child/young person can join.

www.facebook.com/share/ExXCg5kd5wscTXyb/

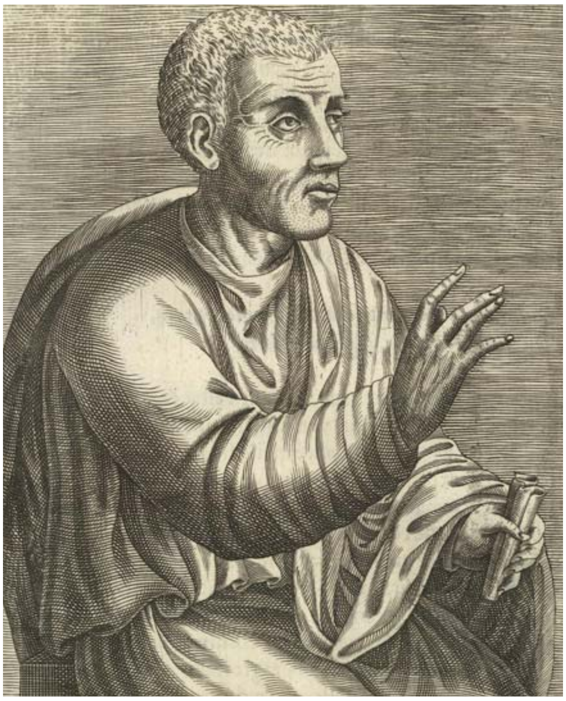
BSL: a cultural legacy of Quintilian and the Romans?

Peter R Brown, a BSL Teacher Co-ordinator and Deaf Historian at City Lit, discusses the historical roots of BSL in ancient civilisations

The discussion on whether sign languages are young languages or not is a widespread new topic nowadays. I would argue that British Sign Language (BSL) as we see it today is a young language, which was moulded and formed by deaf and hearing people at the first free and mass educating residential school for the deaf, the London Asylum, established in Grange Road, Bermondsey in 1792. Our modern BSL is particularly indebted to its predecessor, the old BSL used by deaf and hearing people at Thomas Braidwood's small, private residential school for the deaf which was established in Scotland in 1760 and then passed to Joseph Watson, the headteacher of the London Asylum.

Despite the formation of the language at the London Asylum as a young language, some modern BSL handshapes may have their origins in 2000-year-old Roman gestures and maintain a strikingly similar meaning. Most of those conveyed specific emotions, and some were derived and adopted from the Greeks.

In 1933 James Perkins and Walter W. Beal, both from *The British Deaf Times*, and others undertook research on this subject which "may throw light on the exact origins of deaf signs". No trace of their work has been found yet. In 1988 Dorothy Miles, the pioneer of deaf BSL poetry, insisted that "some" of the handshapes from John Bulwer's 1644 gesture handbook "are still used in BSL today"; however, she did not tell us which ones.

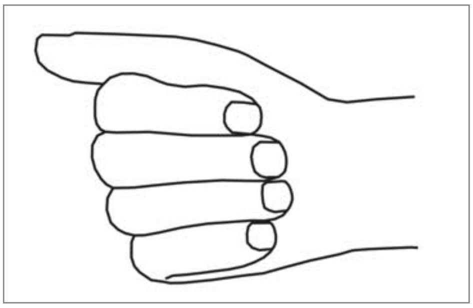

Quintilian by André Thevet, 1584. Author's collection

John Bulwer, a Royalist London physician, published a comprehensive gesture handbook called *Chirologia* concerning natural gesture alongside with *Chiromatia*, concerning "artificiall" gesture used by the orators, both of which contained pictures of 120 gestures; many of the handshapes were inherited from the Romans, along with some modern ones he was witness to himself. British neurologist and writer MacDonald Critchley, in 1939, argued that it is "obvious that Bulwer was inspired directly by the precepts of Quintilian", as Bulwer insisted that he "cannot see how an orator can be perfect and absolutely compleat, that hath not consulted with the Oracle of *Quintilian*, about his manuall pronunciations". Quintilian was a Roman orating expert from the first century Common Era (CE), who published a rhetorical handbook titled *Institutio oratoria* (Institutes of oratory). The handbook explained how to appropriately use gestures as a powerful tool to reinforce their speech to explain and argue with the audience. It involved about 24 different handshapes, along with different movements from the parts of the face such as the eyebrows, the arms, the legs, and the head. He collected samples through observation and research from the early classical writings of Cicero, Tacitus, and others. Quintilian's collection became a respected handbook of rules for gestures, with examples such as "never make gestures with your nose", or "your hand should never be raised higher than the eyes or lower than the chest in the art of oratory".

Similarly, Bulwer's handbook was intended for use by William Laud's High Church Anglican preachers to improve their own preaching skills in the pulpit; this was in response to the increase of Puritans and other religious dissidents using enthusiastic sermons to spread their message during the English Civil War.

Some writers expressed interesting thoughts about the gestures used by the hearing population which were acquired by the Deaf community. American linguist Barbara Shaffer described and compared, in 2002, the origin and development of obligation verbs in American Sign Language (ASL) and French Sign Language (LSF). She noted that the ASL sign for MUST, executed with a downward movement of the dominant hand, with the palm facing down and crooked index extended, is related to the LSF sign for IL FAUT (it is necessary) showed as the BSL sign for BUT, though the movement is in a straight line. Another American linguist, Sherman Wilcox, reasoned in 2004 that it was likely that they both derived from the Roman gesture for insistence – an extended index finger pointing to the ground, which can be found in Quintilian's work. The current BSL sign for COME (with the index finger extended) could perhaps share the same origin, for instance.

Furthermore, in 2022 American researchers Justin Power and Richard Meier insisted that people used signs at Hartford Deaf School, which were "likely contributed gestures in wide use in the American population". Similarly, in France in 1776, Abbé de l'Épée noted the existence of gestures widely used by the French population, which were in use amongst the deaf during the 1760s; this observation can be found on pages 36 and 37 of his book.



Handshape representing an ancient magical Egyptian symbol

The sign that we use today for GOOD, the gesture in which the thumb is held up, was apparently used by the scholars at Braidwood School. It had already been widely used for centuries across Britain and other countries within the old boundaries of the Roman territory, not by the Roman orators but the ordinary Romans. It then spread to areas further afield, such as China, where the sign was reported in the early 20th century to indicate approval. The description of this handshape can also be found in Bulwer's text and some of the Italian Renaissance texts.

Giovanni Bonifacio was a late 16th-century Italian lawyer, author of the *Arte de cenni* (The art of hints); written in the 1590s, it stated that the thumb has a "power, for being much stronger than the others, means robustness and fortitude" and "will indicate power, and strength, and the desire to help and favour someone, and in this way encourage them".

The held-up thumb gesture can also be seen in the early 17th century Spanish painting T*he breakfast,* painted by Diego Velazquez, where the scene shows a man expressing satisfaction in his breakfast, and in *The farmers' lunch*, where a young man is listening and agreeing with an elderly man.

Bonifacio mentioned Valeriano, who published a popular handbook of symbols called *Hieroglyhica* (Hieroglyphs) in 1556. We can find this held-up thumb gesture at page 260, expressing how the Roman supporters in the game "wanted to praise someone who was doing something energetically, it was expressed by a raised thumb". In addition, Valeriano mentioned how Horace, a Roman writer, described that every "supporter will praise your game with a thumbs up" and he also mentioned Quintilian's writing regarding the held-up thumb but with all fingers extended, used by Roman speakers to address their audiences in a positive way. There is a clear description from Macrobius, a Roman writer, in his book about Roman culture, *Saturnalia*. Written in the early 50th century CE, it explained how the thumb (*pollex* in Latin) derived its name from the fact that it has power or strength (polleo). Valeriano also explained that in ancient Greece, it was used within the army (presumably Spartans, Athenians, Corinthians and others on the mainland) to signal surrender, and then signalled back from the victors to seal the agreement.

Bonifacio also stated that this same handshape, originating from the Roman gladiators and performed with the held-up thumb, "was a sign of death, as on the other hand tightening it, and pressing it was a sign of life". When used with a stabbing upward motion it indicated the agreement from the crowd in the arena to kill a downed gladiator (the thumb is a metaphor for a sword's blade); the thumb bent inside the palm and covered by the other fingers indicated life. It is interesting to note, that in several Hollywood films when showing gladiator fights, the gesture was used with the opposite meaning (agreement to let the gladiator live), which is inaccurate.

This evidence supports the idea that the sign we use for GOOD today is not derived from the thumb being a metaphor for a sword's blade, but instead from its power and being much stronger than the other fingers.

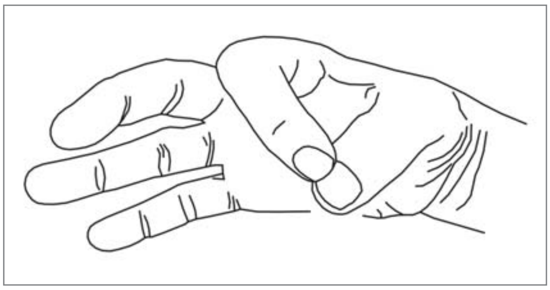
Finally, another interesting anecdote revealed by Bonifacio (although not related to the topic discussed above) is that in ancient Egypt, a magical symbol was used, signifying "God is here meaning that he could not resist the divine Power", performed with a closed fist and the thumb resting on the side of the index finger (instead of held up). It can be observed in several ancient Egyptian statues, murals, and other artworks.

This GOOD sign also helped establish some of the signs in the goodness family within the old BSL. Scottish philosopher Dugald Steward visited Braidwood School in 1770 and wrote that he recalled "to have heard Mr Braidwood remark that his dumb pupils, from whatever part of the country they came, agreed, in most instances, in expressing assent by holding up the thumb", which could be easily "anticipated from the commencement; and in this matter might arise those apparent arbitrary marks of assent". There is a snippet of information from *The British Deaf Times*, 141 years after Stewart's visit, in 1911, concerning how with the "uplifted thumb and little finger we can transact no end of business we can buy and sell, make love, criticise and swear".

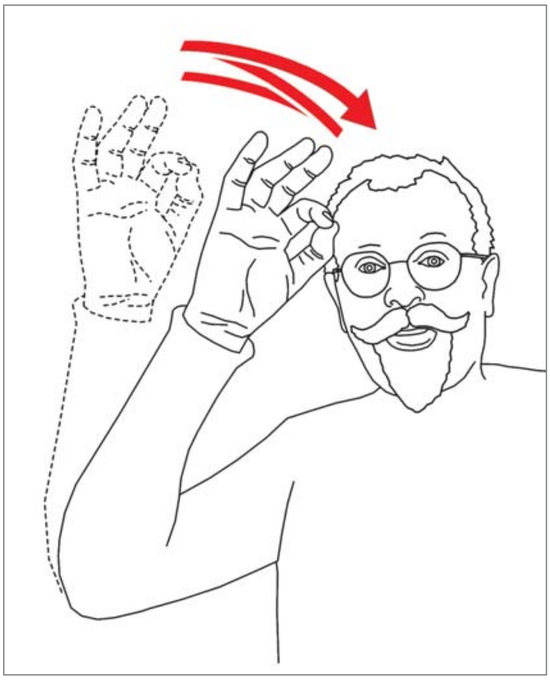
We have now lost the held-up thumb handshape in BSL signs for BUY, SELL, and MAKE LOVE; however, we retain the sign for CRITICISE and SWEAR with the little finger held up. I assume there are possibly more gestures derived from Roman times that were in use amongst Braidwood's scholars. Firstly, the common and easy handshape with index finger extended for pointing at oneself, objects, places, or at another person about whom they were speaking to in Roman times. The second was another common and rather complex shape with clenched fingers pressed into the chest denoting grief or anger, used by the Romans and found in Quintilian's work. We can still see the latter in the BSL signs for FRIGHT, SCARE, SORRY, WORRY, etc As Bulwer pointed out, the clasped shape is the metaphor for compressing the brain.

It is believed that during the 1760s, Braidwood deaf newcomers, in addition to these already acquired handshapes, became aware of some more while attending and watching sermons, or during other events during the 1750s, and then used them within the school. At that time, the ancient classic handshapes were flourishing more within the British population compared to the 1780s. The contemporary orating expert John Walker, in his 1785 work A rhetorical grammar, stated that he observed the "beauties" of ancient classic gesture in the British population which was "least cultivated among the moderns" than its predecessors. He added that the reason for this decline "is foreign to the present purpose". The invasion of the "awkward and improper gesture" may have contributed to the dramatic developments from the Industrial Revolution, and the Methodist and Romantic movements.

There is also the possibility that other Roman handshapes were brought into the school. For example, the religious salutation gesture after addressing divinities – a hand placed on the lips, then moved toward the god or goddess – which is the sign we see today for THANK YOU (in ASL as well). Another example is the 'O' handshape formed with the tip of the index finger touching the edge of the thumbnail with the other fingers relaxed; it denotes factual things when trying to argue and persuade someone, and it is also used "to mark the distinction our different points" in the conversation, signalling when we are moving on to the next. It was indeed used by the Romans and can be found in Quintilian's work.



The 'O' handshape



1920 BSL sign PARTICULAR

The 'O' handshape can also be seen in William Hogarth's 1736 painting *Noon* and in another 1754–1755 painting, *The polling*, showing a Whig arguing with a Tory about his statements. In 1920, the Deaf community in Britain used this same handshape for the BSL sign PARTICULAR (now lost), performed by touching the right side of the forehead twice with the tip of the thumb. This sign may have come from the contemporary preciseness family, where other signs that we see today (such as ACCURATE, STRICT, PERFECT, SPECIAL, FORMAL, etc) belong.

According to Woodward's 1978 work, about 120 years after the emergence of sign languages, signs "do not change appreciably faster", so that the preciseness sign family may have also been used through the four generations of the newly formed, mass Deaf community in England within the span of 128 years from 1792 up to 1920, and still continues today. The first-generation signers from the early cohorts who attended the London Asylum acquired "arbitrary signs", which made me determine they included the Roman handshapes directly from their teacher, Joseph Watson, former Braidwood teacher.

Creating new sign families in BSL from gestures belonging to widespread cultures is an activity that will not cease to be undertaken during our time, such as the American/Roman 'O' handshape for 'okay', which was probably pervasive in the British population during the Second World War and acquired by the deaf community to create the signs for FLOWER, TEA, PEACE, QUIET, and some others belonging to the comfort sign family.

In conclusion, this article has explained that some of the present BSL signs use the same handshape and have a similar meaning as Roman gestures; this theory could challenge the current understanding of the moulding of modern BSL. I already presented more than ten Roman handshapes, including the BSL sign for HAVE, which possibly derives from the Romans as well and maintains the same motion. This too can be found in Quintilian's work, described as a "familiar gesture by which we drive home our words, consisting in the rapid opening and shutting of the hand: but this is a common rather than an artistic gesture". It is worth noting that the Romans used not only handshapes but also facial expressions, which are pretty much the same as those that we have today.

As a final note, I would like to thank Victoria Nyst and others for their interest in discussing this subject, and my deaf friend James Gibson for the drawings. During the revival of signs in deaf education in the early 1980s, he was responsible for drawing a very impactful sign dictionary for the Working Party on Signed English (WPSE), which provided a needed and useful tool in deaf education. In 1984 he also designed (with the assistance of the Royal National Institute for the Deaf (RNID)) a basic sign folded leaflet for the Greater London Equal Opportunities Unit, which included the sign for BOMB and was entitled *Work survival signs*, aimed at hearing people working with deaf colleagues.

Peter R Brown is a BSL Teacher Co-ordinator and Deaf Historian at City Lit, London. He writes articles for Deaf History Journal and the City Lit BSL Facebook page. He also wrote 'Naming British Sign Language 1960–1975' with Anne Leahy in Sign Language Studies. He's currently investigating the roots of the modern BSL that we see today.

Meet… the first deaf UK Youth Ambassador for the Duke of Edinburgh’s Award

Freya Fredriksson shares her journey to becoming the first deaf UK-wide Youth Ambassador for the Duke of Edinburgh’s Award (DofE), inspiring more deaf children and young people to follow in her footsteps

The DofE is a non-competitive personal challenge which, every year, inspires hundreds of thousands of young people aged 14–24 to follow their passions, make a difference to their communities, and discover talents they never knew they had.

The DofE’s Youth Ambassador programme puts young people front and centre as future leaders, involving them in shaping the DofE’s work and inspiring others. Freya, 18, from Putney in South London, is the DofE’s first deaf UK Youth Ambassador and wants to use her role to show that there are no limits to what young deaf people can achieve.

Freya

I’ve been deaf since birth, but I have an auditory brainstem implant (ABI), so unlike most deaf people my age, I use spoken language instead of British Sign Language (BSL). I initially got involved with the Duke of Edinburgh’s Award because my Year 9 teacher encouraged our class to do the Bronze Award.

The DofE has given me some amazing opportunities and helped push me out of my comfort zone. I’d never been camping before, and because I’m hard of hearing, I found my Bronze Expedition section a real challenge. It was very hard to lip read while walking, so I found it difficult to know what was happening, especially when it got dark in the evening. I felt quite isolated! But I’m a very determined person, and when it came to my Silver Expedition, thanks to some adaptations – like carrying a day bag and using walking poles to help maintain my balance – I had much more fun.

I’ve always loved reading, so when I had to pick something for my Bronze Skills section, I wanted to have a go at writing a story myself. I wrote a romance story between a deaf girl and a mute boy, called Muted. Everyone was so supportive of the book; it was even picked up and printed by a small publishing house – my school put some copies in the library! Looking back now, the story is maybe a bit cringey, but I’m really proud of what I achieved at such a young age.

It was important to me to make a positive contribution to my community through DofE, too, so for my Bronze Physical section, I raised over £2,800 for deaf children’s charities doing sponsored cross-country running. And I’m still learning new skills through DofE – for my Gold Skills section, I have been cooking pescatarian meals to help me get ready for university. My parents are happy that they don’t always have to cook! This has helped me find my way around the kitchen, because being deaf, sometimes, I can’t hear if the oven is on, or the tap is running. It’s an important skill for me to learn so I can stay safe as I get older.

For my Gold Residential section, I had the opportunity to attend a leadership programme

for deaf and hard of hearing students in Washington DC, called LOFT (Leadership Opportunities for Teens). There, I learnt from Irving King Jordan, the first deaf president of Gallaudet University; met with Disability Services at Georgetown University, and took part in an improvisational comedy session with DC Improv.

LOFT was an incredible opportunity that allowed me to strengthen my leadership, teamwork, public speaking, and most importantly, self-advocacy skills. It was a brilliant way to meet other deaf and hard-of-hearing teenagers, but the other great thing was that the counsellors themselves were deaf, which was so inspiring – they were all amazing role models to us. Our shared experiences meant we could really relate to each other.

Doing DofE has shown me that my disability is an asset rather than a disadvantage. It has made me feel more secure in my identity, and I feel much more confident about becoming an independent young adult. I want to go on to study law and be an education lawyer. There are so many children with special educational needs and disabilities (SEND) who are out of school due to a lack of provision, so I want to change this.

Last year, Hafwen Clarke, a Cymru Youth Ambassador for the DofE in Wales, was the first person to make a speech in BSL at Buckingham Palace, as part of the DofE's Gold Award celebrations. Although I'm not a BSL user due to my ABI, Hafwen's speech was an inspiration for me. It was a powerful reminder that our words, whether they are signed or spoken, are just as important as those of hearing people. She is a role model for young deaf people facing adversity.

Through my role as a UK Youth Ambassador, I'm looking forward to being that role model to other young deaf people who want to do their DofE and represent the deaf community. DofE has shown me that I have real drive and resilience, and I can do things that I didn't believe I could. It would have been easy to think 'I'm deaf, I can't do this', but I can.

Freya Fredriksson shares her journey to becoming the first deaf UK-wide Youth Ambassador for the Duke of Edinburgh's Award (DofE), inspiring more deaf children and young people to follow in her footsteps

The Duke of Edinburgh's Award in brief

- To do their DofE, young people aged 14–24 choose activities in four sections: improving a physical and skills activity, volunteering for a cause of their choice, and completing a demanding expedition. Along the way they have fun, grow in resilience, discover new talents, and learn practical skills to help them in the future – while working towards a highly respected award.
- The Duke of Edinburgh's Award is open to any young person aged 14–24. Participants build their own programmes – choosing activities and a cause to volunteer for, in order to achieve a Bronze, Silver, or Gold DofE Award.
- In 2023/24, more than 330,000 young people started their DofE, with participants giving more than 4.7 million hours of volunteering in their communities.
- Funded by The Gosling Foundation, the Youth Ambassador programme puts young people front and centre as future leaders, involving them in shaping the DofE's work to benefit other young people.
- DofE Youth Ambassadors have met Ministers and MPs (Members of Parliament), spoken at high-profile events such as party conferences and DofE Gold Award celebrations in Buckingham Palace Garden, represented the DofE at international forums and played a pivotal role feeding into key decisions across the charity.
- The Duke of Edinburgh's Award charity wants to see 1.6 million young people start their life-changing DofE by spring 2026. Find out more at DofE.org

Tackling taboos and breaking barriers in relationships and sex education

Dolly Padalia, School of Sexuality Education, shares how inclusive relationships and sex education (RSE) can be life-changing for young people and how the charity is investing in developing British Sign Language and Sign Supported English RSE workshops for schools

Thankfully for young people today, many decades of research have demonstrated the importance of inclusive RSE from a young age. Not only does inclusive RSE empower young people by equipping them with the knowledge to make informed decisions about their health, wellbeing, and relationships, it also promotes equity, consent, and critical thinking, both online and offline.

This relatively recent transition, with education providers welcoming truly open and honest RSE, has, however, raised additional barriers that School of Sexuality are investing in combatting, in partnership with education providers.

Young people will always ask questions of trusted adults; however, many adults may not have the experience or language to explain the concepts of relationships and sexual health fully and confidently in an inclusive and factual way.

Explaining what a vulva is to a d/Deaf student isn't something many people can confidently do, for example! This is just one of the topics, naming body parts accurately, that School of Sexuality has found is a challenge for many young people they work with.

The taboo and stigma around discussing topics such as sexual health, consent, and pornography is also widespread and d/Deaf people face additional barriers to accessing the necessary evidence-based, inclusive, and trauma-informed RSE.

Only 43% of disabled students aged 16–17 rated their RSE as good (Sex Education Forum (SEF), 2024). Only 20% of those in that age group learnt about pornography in school. What raises further concern is the limited information and research on d/Deaf young people and their experience of RSE in educational settings.

Knowing that inclusive RSE is key to supporting schools with safeguarding, these statistics are not acceptable.

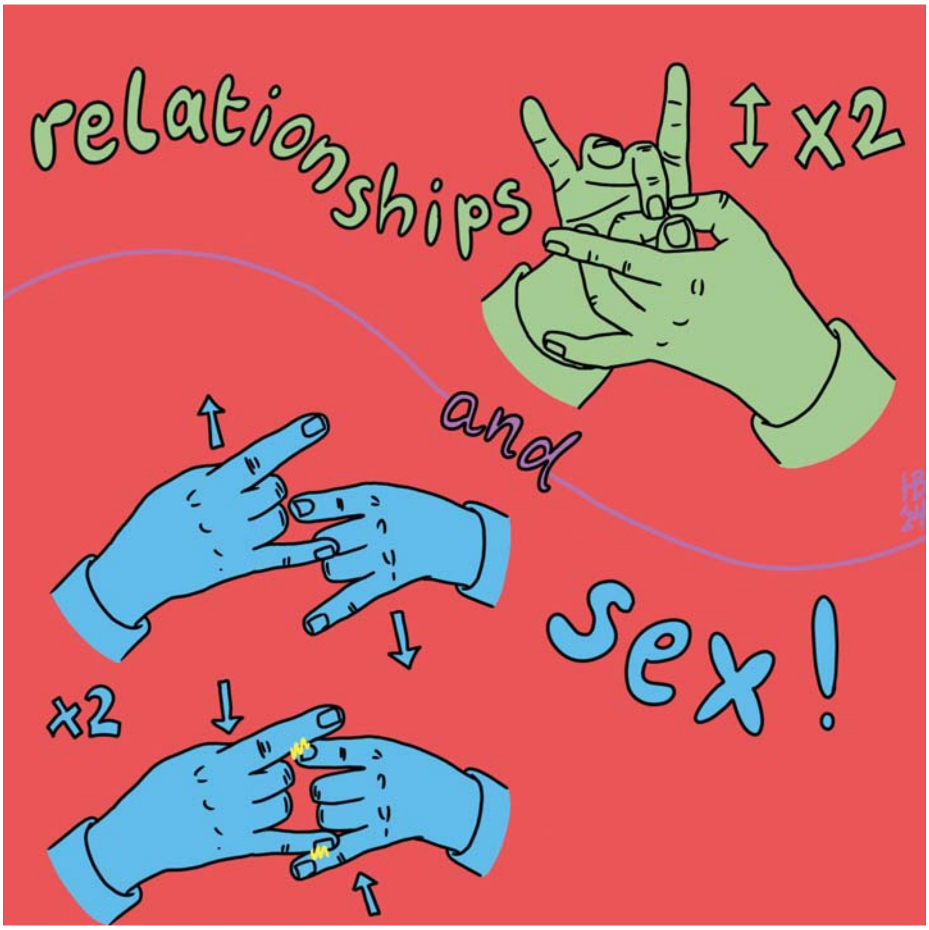
One of the ways that the charity is improving access to RSE is through the development of a bespoke pilot programme, which enables d/Deaf students and deaf schools to receive British Sign Language (BSL) or Sign Supported English RSE workshops.

Development of a bespoke RSE programme for d/Deaf students

Over the past four years, School of Sexuality Education has developed a bespoke pilot programme in collaboration with learners' needs to enable Deaf students to receive BSL or Sign Supported English RSE workshops in schools across England, Scotland, and Wales.

The charity has been working with Deaf consultants, a BSL interpreter, a team of doctors, school teachers, Qualified Teachers of Deaf Children and Young People (QToDs), and sexual violence prevention specialists to ensure they were meeting the needs of the community with sessions on puberty, body image, identity, consent, and relationships.

The project was



established in 2020 and placed a focus on d/Deaf creators and culture, ensuring that all visual and BSL resources such as films, animations, and drawings are all deaf friendly and broken down into more digestible chunks.

All School of Sexuality Education work is evidence-led, meaning the programmes have evolved over the years following feedback from participants and experts, ensuring all elements of workshops meet the highest standards and are informed by the most current research.

A typical RSE workshop

Workshops delivered in schools aim to support education providers to elevate their existing RSE provision. Sessions involve both one-to-one and group work, to empower d/Deaf young people to manage their individual, emotional, and physical wellbeing.

The programmes explore the diversity of bodies and how they change during puberty, understanding different factors that impact self-esteem, the importance of promoting healthy behaviours in relationships, and providing the knowledge of how to spot signs of abuse. In ‘consent’ sessions, students are educated on understanding consent (online and offline) through practical strategies as a positive means to safe and enjoyable experiences.

Prior to any workshop, expectations for the session are agreed with all participants – a safe space with no judgement, with respect for all experiences and opinions is established. If anyone has any questions or feels uncomfortable within a session or from what they have learnt, they are invited to communicate with the facilitator or a teacher at any time. Workshops include many different independent or paired/group activities, are interactive, and encourage critical thinking.

At the end of each workshop, students are signposted to support services, and feedback is encouraged from the learners and teachers, asking them to highlight one interesting thing that they learnt. Feedback has been overwhelmingly positive from both participants and teachers who are always invited to take part and

support the students throughout.

The future

RSE has to evolve and transition to be inclusive to all; School of Sexuality Education is continually working towards this goal.

Following the success of the pilot from 2020 to 2023, the d/Deaf programmes have been expanded; incorporating feedback from d/Deaf schools, the content has been adapted and broken down into additional versions for more age groups, a broader range of language and learning needs, as well as a progressive pathway of learning for students.

There is a small team supporting the project made up of members of the d/Deaf community and a BSL interpreter, plus a working group of experts in d/Deaf education and culture who advise on the programme and resources. Working with experts alongside people with lived experience means workshops that meet the needs of the participants.

Efforts to raise awareness for the need for inclusive RSE collaborations have included working with the Ewing Foundation, Remark!, Deaf Rainbow, and Jazzy Whipps, a Deaf presenter and content creator.

Another project currently being developed is a continuing professional development (CPD) programme for teachers of the d/Deaf community, helping them to gain confidence in facilitating inclusive RSE in d/Deaf schools and with d/Deaf students.

What School of Sexuality Education stands for

School of Sexuality Education is a registered charity that delivers inclusive, and evidence-based RSE for young people, caregivers, and educators, adhering to the government guidelines on relationships, sex, and health education (RSHE) and the 2010 Equality Act.

School of Sexuality Education has worked with over 170,000 young people across 550 organisations (including schools, universities, other charities and specialist services) since being established eight years ago.

The curriculum it delivers is designed by expert researchers, medical professionals, sexual violence prevention specialists, and teachers. The charity has been recognised by professional bodies like Ofsted and the Association of School and College Leaders (ASCL) for their excellence in supporting and enhancing the RSE curriculum, upholding the highest standards of safeguarding, and driving meaningful impact in sexual health education.

School of Sexuality Education's mission is to provide comprehensive and inclusive RSE for young people, which confronts taboos and social injustices.

Get involved

Education providers are welcome to contact School of Sexuality Education directly to ask questions about the curriculum, workshops, and staff continuing professional development (CPD) and explore opportunities to work together: info@schoolofsexed.org

Teacher and student feedback

"I liked how well it was paced; it went at a very comfortable speed with room to stop and discuss when issues arose. There were plenty of opportunities for group discussions and to address any questions or concerns that students raised. Content was very visual with the emphasis on discussion rather than reading, allowing better access for D/deaf students." Teacher, resource provision, Yorkshire.

"Thank you again for running such a fantastically informative and enjoyable session; the children were fully engaged and were able to discuss what they had learnt after the session, as well as feeling much more comfortable signing about previous 'taboo' subjects. The fact that you were able to sign all the information only made it all the better, as they were able to receive the learning straight from the source! We would love to have you back again next year if you are able – I will be highly recommending you!" Teacher, Frank Barnes School.

"Personable and professional, knowledgeable, appropriate level, understanding of deafness and BSL, Hands of Learning, use of 'people with' in order to include all gender identities. Also, the visual nature of the PowerPoint (PPT) with visual aids." Teacher, Frank Barnes School.

"I liked the engagement with the children and the freedom to ask any question we had in mind. This made us comfortable. I found the anatomy workshop really interesting and the 'up-to-date' terms and information that was delivered during the session." Teacher, Great Baddow High School.

"I learnt a lot about what everyone goes through at that point in their life [puberty]. I liked all of the supplies she [Angela] used and helped out others that had a question. She is part of the group to trust about talking about things they are worried about. I like how they give tips on how to stay safe and not to worry about what others think of your body. I learnt that there are different ways to use period products and not to be embarrassed when speaking about periods. I liked the BSL and shaping playdoh because it's a good and unique way of learning." Student, Great Baddow High School.

All images courtesy of the School of Sexuality Education.

This project has been funded by Ovingdean Foundation with support from the Ewing Foundation.

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Dolly Padalia is the CEO at School of Sexuality Education.

Characterisation of the treatment provided for children with UHL

Roshni Patel and **Sally Thornton**, University of Nottingham, report on their study that aimed to characterise treatment for children with unilateral hearing loss (UHL). This article was first published in the British Society of Audiology's Audacity publication in March 2024

The option of trialling a device should be available for all children with UHL. Most children whose families engaged with audiological services and trialled a device, indicated that they wore it all day or daily in school.

Introduction

The current prevalence of UHL is estimated at 0.3–1 per 1,000 births (Berninger and Westling, 2011). This is likely to be higher as UHL cases are not always referred from the newborn hearing screen, and cases can be acquired or progressive. Children with UHL are a very diverse group of children in terms of their aetiology, degree of loss, and their treatment options, so their management is often not straightforward.

Perhaps because of this diversity, there are currently no national management guidelines in the United Kingdom (UK), and many guidelines recommend a case-by-case approach. Whilst multiple organisations have established candidacy guidelines for paediatric amplification for children with UHL (Specialised Commissioning Team, 2016; NHSP Clinical Group, 2019; NHS Commissioning Board Clinical Commissioning Policy: Bone Anchored Hearing Aids, 2013), there is considerable variation with criteria ranging from 15 to 30 decibels hearing level (dB HL) (Doshi et al, 2013).

Moreover, the uptake of devices for UHL can be variable with as few as 31% of children (9–18 years old) with UHL using a hearing device (Purcell et al, 2018). Together, low device uptake and current lack of guidelines most likely reflect the disparate nature of the degree of UHL, its aetiology and the variety of treatment options available. The morbidity of UHL can be similar to those with bilateral hearing loss (BHL), and there is a wealth of evidence that UHL can affect preverbal vocalisation, speech and language development and cognition (Rohlfs et al 2017; Fitzpatrick et al, 2019; Lieu et al, 2010; Lieu, 2004; Lieu, 2018; Purcell et al, 2016; Ead et al, 2013).

Collation and comparison of datasets for paediatric UHL studies in the current literature can be difficult, with no firm evidence for the efficacy of current available devices, nor evidence to inform decisions as to which devices are most suitable (Bagatto et al, 2019; Huttunen et al, 2019). Through our study, we were able to characterise the

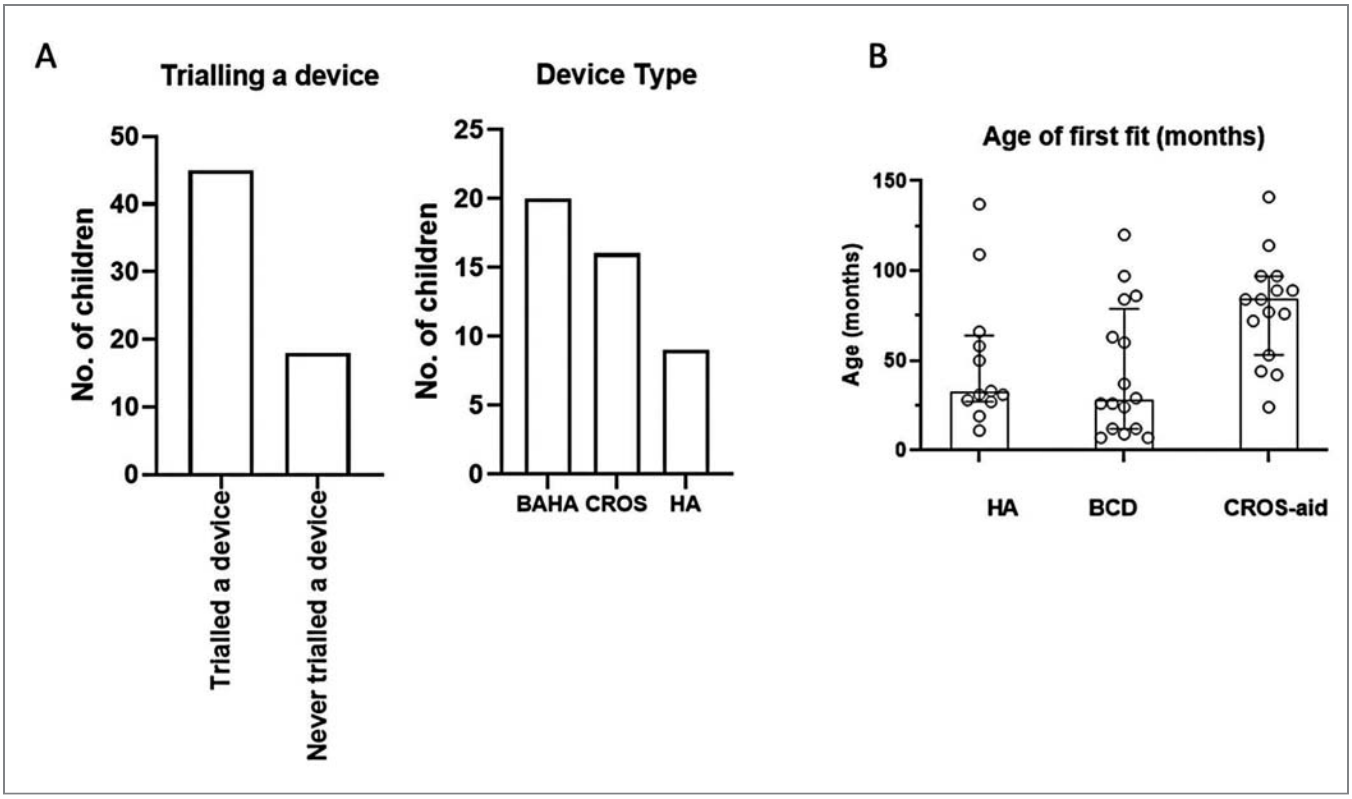

Figure 1A The number of children who trialled a device and the type of device trialled.
Figure 1B Boxplot of age of first fit within each device type.

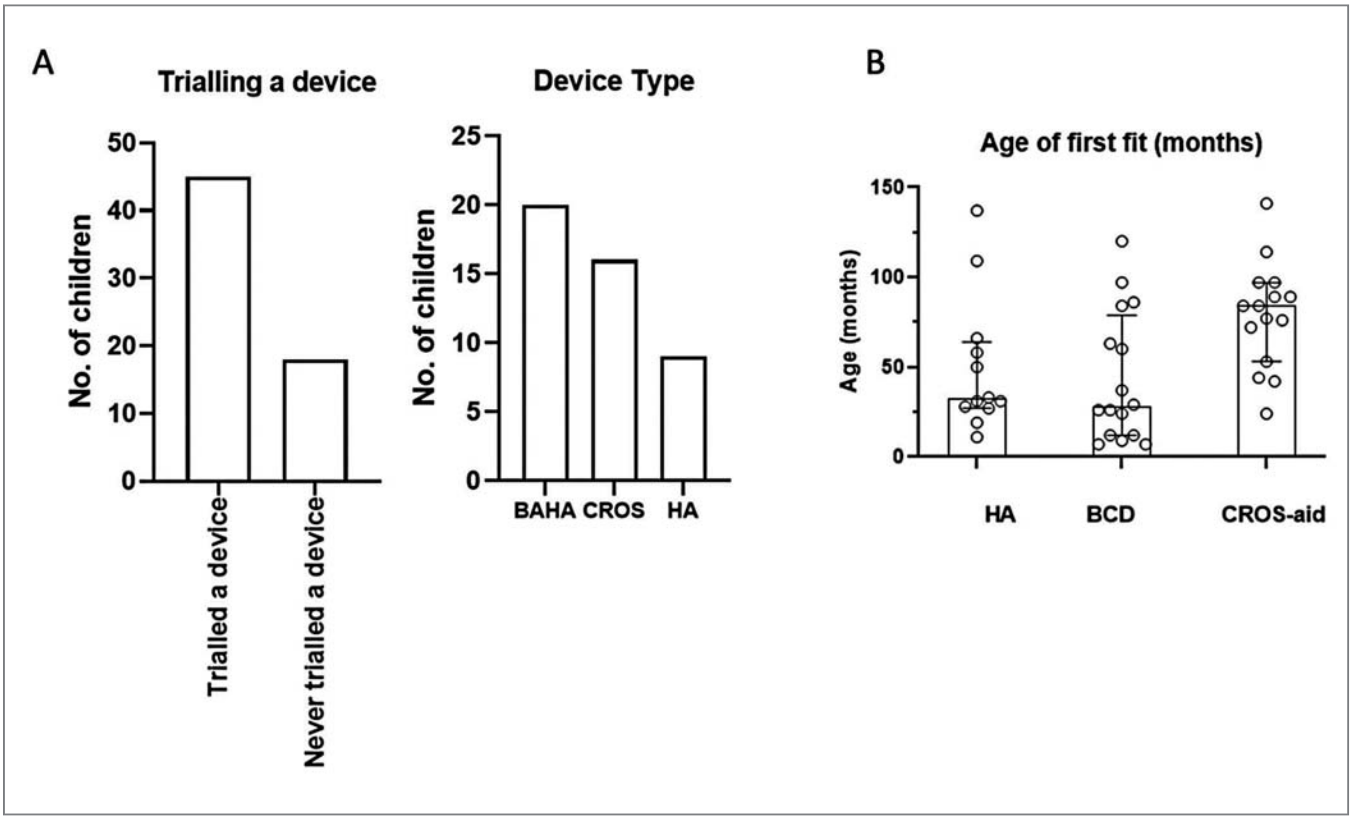

Figure 2A: Frequency of device use.
Figure 2B: Device use vs person to lead device use.

management of children with UHL within the Nottingham area, their device uptake and frequency of device use, and support services provided. Concerns raised by the child or their team were also reported.

Methods

Data from our study was collected across 17 years (2002–2019) for 63 children with permanent congenital confirmed UHL in a large tertiary regional referral centre for hearing loss in Nottingham, UK. Data were taken from their diagnostic ABR (auditory brainstem responses) and their two most recent hearing assessments from paediatric audiology. Descriptors were recorded of UHL diagnoses and treatments including age, degree of hearing loss, device type provided, when and which type of device was used, support services provided, and any concerns raised. All hearing loss types were included: sensorineural, conductive, and mixed.

Results

Within children with confirmed UHL, 71% trialled a device, of which 44% trialled a bone conduction device (BCD), 33% trialled a contralateral routing of signal (CROS) aid, and 20% trialled a hearing aid (HA) (Figure 1A).

The age at which children were first fitted with their device ranged widely depending on device type: a median of 2.5 years for hearing aids and BCDs, and 7 years for a CROS aid (Figure 1B).

A device was reported to be predominately worn (36/45, 80%) 'at school' or 'all day' (Figure 2A).
A parent-led decision for device trial was documented in half (51%) of all cases, followed by child-led decision (13.3%), and clinician-led decision (8.9%) (Figure 2B).
In six cases (13.3%, 6/45), 'other' represented cases where the overall lead for the decision taken was unclear and likely to be a joint decision between the clinician, parent, and child (Figure 2B). In six cases (13.3%, 6/45), there was no reason for device trial documented.

In the 36 children who wore their device all day, 13 (36%) had moderate hearing loss, one (3%) had severe, seven (19%) had profound (19%), and 15 (42%) had an unknown degree of hearing loss, likely to be severe-profound. BCDs were most used by children who wore their device all day, including at school (44%, 16/36), followed by CROS aids (39%, 14/36). Six (8%, 6/36) children wore their hearing aids all day, including at school.

Within the eight children who wore their device infrequently, three experienced bullying, two experienced feedback from their device, two found them uncomfortable to wear, and one found their HA not to be helpful with their hearing. Within the 29% of children who had no device trial, the majority had anatomical inner ear abnormalities. When looking at lead decision makers, 50% of no trial decisions were parent-led.

Of the children referred to further support services (eg educational support), 72.5% were followed up with no issue, whilst the remaining 27.5% encountered an issue leading to an unsuccessful provision of support. In terms of outcome, 65% of children had no reported concerns, 28.5% (18/63) of children went on to have a documented concern at some point during their audiological care: six with hearing aid difficulties, five with speech issues, four with no improvement in hearing, two facing self-image or bullying issues, and one case of a child struggling to interact socially with friends.

Discussion and conclusions

To discover what management will most benefit individual children with permanent UHL, we first must characterise the treatment. Children with UHL are a highly disparate population in terms of their device use, their hearing loss, and the age at which they trial a device. In lieu of available data, it will be vital to support families and clinicians in understanding the range and type of devices available and what is most beneficial.

The option of trialling a device should be available for all children with UHL. Most children whose families engaged with audiological services and trialled a device indicated that they wore it all day or daily in school. Age of trialling a device is wide-ranging, which may reflect the suitability of devices (eg, CROS aids cannot be trialled in very young children), parental choice, and the changing needs of the child during development.

'Take-home' message

Characterisation of the treatment provided for children with UHL within this single site study has demonstrated that most UHL children are provided with hearing devices, which are worn predominantly throughout the school day.

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Working together for children with glue ear

Katy Mitchell, Education Advisor at the Ewing Foundation, and **Jen Royds**, a parent–carer of two daughters, one of whom has Down syndrome, introduce their charity, Glue Ear Together, founded in 2023. The organisation aims to provide accessible information about glue ear to parents and professionals

Glue Ear Together was inspired by our work on the 2023 revision of the National Institute for Health and Care Excellence (NICE) Guideline NG233 'Otitis media with effusion in under 12s'[1] (otitis media with effusion (OME) being the medical term for glue ear). Katy represented BATOD as a Qualified Teacher of Deaf Children and Young People (QToD) on the committee, with Jen sitting as a lay member to represent a parent's perspective. This was the first review of the guidelines in 15 years, with the previous guidelines published in 2008. Katy was topic group lead for evidence review 6.1 on information valued by children and parents/carers. Jen was part of this group.

Within the 'Information and advice' section of the new guidelines are aspirational recommendations putting patient wellbeing first and foremost, guiding practitioners and clinicians to "ask children with suspected or confirmed otitis media with effusion (OME) and their parents and carers, about their concerns and the impact that OME is having on their day-to-day living (Recommendation 1.1.1)".

Following on from the previous guidelines' recommendations to provide "children with OME and their parents and carers with the following information about the condition: what it is, its cause and its fluctuating nature", a new recommendation for 2023 was added to provide information on "its possible impact on the child's hearing, listening, language development, behaviour, and emotional and social wellbeing' (Recommendation 1.1.2).

Recommendations include discussing management options, and new for the 2023, guidelines discussing "supportive strategies, for example, modifying the environment and listening strategies" (Recommendation 1.1.5).

It was a privilege to have been part of creating ambitious recommendations on information and advice to be given to families of children with glue ear, and this resulted in much discussion between us to reflect on how these recommendations could actually be delivered in practice! Many young children with glue ear will not be referred to sensory support services, and we are aware that time is at a premium in clinic appointments. Clinicians and health care professionals – such as general practitioners (GPs), health visitors, and audiologists – will find it difficult to cover all the information and advice of the new recommendations alongside other parts of the clinic appointment time, such as testing hearing and fitting aids.

We also knew how beneficial close working relationships between parents and professionals could be. Katy was the QToD assigned to Jen's daughter after her diagnosis of glue ear at 15 months. We had a strong history of communicating closely with each other to monitor her hearing loss and put in place strategies, and we shared a belief in positive, active support. Now aged eight, Jen's daughter is still a hearing aid user and succeeding in terms of her speech progression, ability to communicate, and understanding of her own hearing needs.

We considered what information was currently being provided about glue ear by other sources, including the National Deaf Children's Society (NDCS), in the valuable role they fulfil of providing excellent family-friendly resources. We know there is a high prevalence of glue ear amongst children with Down syndrome (DS) – studies show that at age one, 93% of children with DS have glue ear, with a rate of 68% by age five[2] – so we were cognisant of ensuring we represented the experience of this group. In both Jen's experience as a parent of a child with DS and the work that Katy has done in her role as a QToD, supporting children with DS who have ongoing fluctuating glue ear, we recognise that the term 'deaf' may not always be the language of choice for these families. Katy recalls an occasion when she took an NDCS publication to a family of a young child with DS who had just received hearing aids due to glue ear. Katy explained that the term 'deaf' was used to describe all degrees of hearing loss. In response, the family shared

how difficult it had been to accept ‘Down syndrome’ as the term that their child would be labelled by for life, that to then think of adding the term ‘deaf’ to describe their child’s needs was overwhelming. They stated that they would not be choosing to refer to their child as deaf.

We had the benefit of considering how Jen felt when she was given information following her daughter’s hearing tests. Jen shares how she found the term deaf difficult to identify with when she was reading the resources she was given when her daughter was first diagnosed with glue ear. She explains that it just didn’t feel like the right fit for the experience of her daughter’s condition – hearing that was affected by a condition that was considered temporary, that fluctuated, and on which the impact was mild to moderate. Jen felt that referring to her daughter as having hearing loss sat more comfortably, and it did not sit at odds with the ways in which she was learning to communicate, as she adopted the Makaton programme using gestures to support communication through speech. Jen describes how, like many parents of children with DS, she feels she is constantly juggling the additional conditions that affect her daughter individually, so alongside hypermobility, low muscle tone, sensory processing difficulties, poor visual acuity, etc, hearing loss due to glue ear is just another condition on the list for her daughter, and not one that she personally feels the need to single out with an additional label.

In creating Glue Ear Together, we wanted to ensure that we were representing the experience particular to this condition and gave a platform to the voice of all children with glue ear and their families – whether or not, at any given time, they were experiencing any impact on their hearing.

This was the starting point of a very positive conversation with the NDCS. The NDCS acknowledged that they had had telephone conversations with families about terminology and were very supportive of our idea to create a condition-specific website to succinctly provide the information and advice required to meet the recommendations of the new NICE guidelines.

We decided the best way to provide information to families would be to produce a website as a ‘one stop shop’, covering the areas of information that the NICE guidelines recommend families should be given (what glue ear is, its cause, its fluctuating nature, and its possible impact on hearing, listening, language development, behaviour, and emotional and social wellbeing).

We met with Sarah Armstrong, Chief Executive Officer

Glue Ear Together

Parents and professionals together for children with glue ear

www.glueeartogether.org.uk

Working together with families, education and health, to provide clear, up-to-date information that promotes positive outcomes for children with glue ear

Scan to visit

getintouch@glueeartogether.org.uk

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(CEO) of the Ewing Foundation, to ask her advice about orgaguidelational structures in the charity sector. Sarah has extensive experience working in the charity sector and is a fount of knowledge. Sarah agreed that it would be possible for Katy to support this venture in her role as Education Advisor for the Ewing Foundation.

Following further discussion, we established the organisation as an unincorporated charity, with a plan to produce the website ready to go live to coincide with the launch of the new NICE guidelines. Following a successful application, we were kindly supported by the Ovingdean Hall Foundation who granted funds for us to produce the website and running costs for three years, and we were delighted to have the support of the Ewing Foundation to be able to draw content from Katy's recently published Ewing Foundation e-booklet about glue ear 'Hearing to Succeed and Achieve – A guide for families and early years practitioners'. We were delighted to achieve everything within the necessary time scales to be listed in the 'Information for the public' section of the NICE guidelines as a source of further information.

The Glue Ear Together website is very deliberately clean and simple – we wanted users to be able to easily access information without having to delve through several menus. Text is concise and supported with bold visuals as we aimed for readers to be able to take away key information quickly. Even if a user visits the website for just a few minutes, we wanted them to be able to come away with useful, practical knowledge. At the heart of the website is the 'Help me hear – ways to support a child with glue ear' page (and analytics show this is our most visited page), as we feel that most of all, it is important for families to know the simple steps that they can take to help their child to access speech.

Jen's personal experience of trying to navigate and understand audiology appointments as a parent was the inspiration behind the 'Frequently used terms' page, explaining key vocabulary such as unilateral, bilateral, otoscopy, tympanometry, etc. The term 'Monitoring and support' is used in the new NICE guidelines for the period of time previously known as 'watchful waiting', and we detail what this phrase means in practice as part of the interventions overview.

As our name suggests, Glue Ear Together exemplifies partnership-working between families, health, and education. We work closely with our local audiology and sensory support services, benefitting from their expertise, advice, and guidance. We have also benefitted from the advice and guidance of other professionals who were on the OME NICE committee and are grateful for their support.

Several paediatric audiology services have reached out to us and now include a QR code to the Glue Ear Together website on department leaflets and patient letters to signpost families to our support. Our next step is to produce posters to signpost paediatric audiology services to the Glue Ear Together website, and for families to scan the QR code and access the site whilst waiting for their appointment.

The website is developed to help families help themselves, and we feel that it is a useful tool for busy QToDs and speech and language therapists to signpost to families.

It was a privilege for our work to be acknowledged through being invited to speak at the Royal College of Paediatrics and Child Health (RCPCH) conference in March 2024, as part of the British Association of Paediatricians in Audiology and Down Syndrome Medical Interest Group 'Trisomy tones' session. We were so pleased at how warmly received our project was, and by the enthusiastic feedback from the many professionals who attended our talk. With glue ear being of high prevalence in children with DS, forging links with the DS community is important to us, and we were pleased to recently deliver a parent online 'Information sharing session' about glue ear on behalf of Down Syndrome UK.

As we move forward in 2025, we are excited to take our service to the next level via registration with the Charity Commission as a charitable incorporated organisation (CIO) as we build our offering with further information and resources, and continue to deliver on our mission statement 'working together with families, education, and health, to provide clear, up-to-date information that promotes positive outcomes for children with glue ear'.

To see Glue Ear Together's resources please visit
www.glueeartogether.org.uk
For further information contact
getintouch@glueeartogether.org.uk

Katy is an Education Advisor for the Ewing Foundation and co-founder of Glue Ear Together. She represented BATOD on the NICE OME Committee and was the Topic Group Lead for reviewing evidence on information valued by children and parents/carers. Katy is a QToD with Bristol Sensory Support Service.

Jen is a parent carer and co-founder of Glue Ear Together. She has seven- and eight-year-old daughters, her eldest has Down syndrome and has had glue ear since she was 15 months old. Jen represented parents as a lay member of the NICE Committee for the latest guideline on glue ear in under 12s (NG233).

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Demystifying bone conduction and middle ear devices

Marsha Jenkins, Principal Clinical Scientist (Audiology) at St Thomas' Hearing Implant Centre (Paediatric), details bone conduction and middle ear devices for patients unable to use other assistive listening devices. This article was first published in the British Society of Audiology's Audacity publication in March 2024

Introduction

Most clinicians are used to working with patients with hearing loss who are either managed by a behind-the-ear (BTE) fitting or referred for a cochlear implant assessment. However, what about the patient group who cannot wear hearing aids due to external and/or middle ear conditions precluding use, or hearing aids are not providing sufficient benefit due to the conductive element of the loss?

The range of bone conduction devices available for hearing rehabilitation is growing, and along with middle ear implants (MEIs), the choices for patients unable to wear conventional hearing aids have never been better. This article will focus on the currently available bone conduction and middle ear devices. Candidacy will not be covered in this article but will feature in future editions, so keep an eye out!

To understand the differences in these devices it is useful to understand how they have been categorised.

Bone conduction versus middle ear devices

Bone conduction devices (BCDs), whether implantable or non-implantable, work in the same way using vibration to stimulate the skull bone, leading to stimulation of the cochlea. MEIs do not vibrate the mastoid bone but vibrate the middle ear directly through vibration of the ossicles or the round window, and in turn the cochlea. Currently, there is only one MEI on the market; however, there is a range of BCDs.

Terms for bone conduction devices

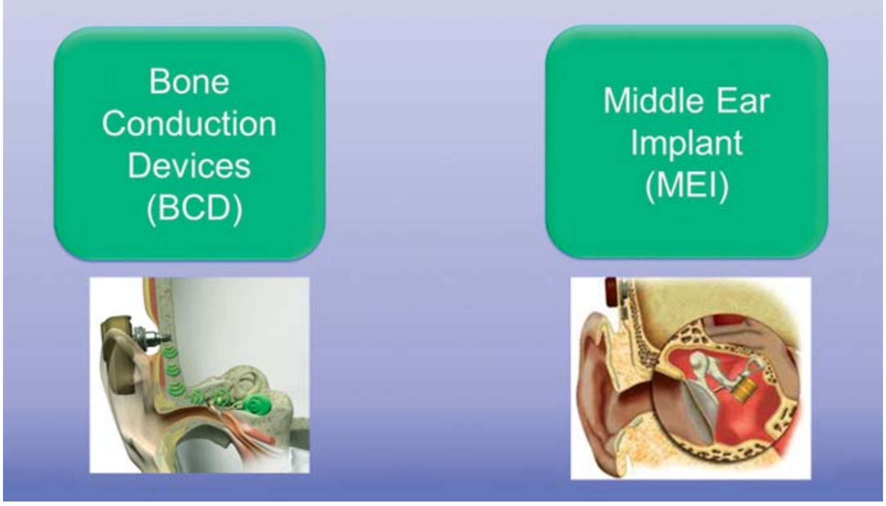
BCDs have been traditionally known as bone anchored hearing aids (BAHAs), which only refers to the percutaneous option (Figure 1 and Figure 2). There are now several devices available; therefore, the terms BCD or bone conduction hearing device (BCHD), spanning both implantable and non-implantable devices, or bone conduction implant (BCI), are far more readily used. Another term you may have heard is implantable acoustic device (IAD). This is an excellent term for all implants (BCIs and MEIs), but does not take into consideration non-surgical devices like Softband, Contact Mini, and the Adhear devices, which stimulate the mastoid bone without surgical intervention.

There are four types of BCDs

- the percutaneous BCD (implantable)
- the passive transcutaneous BCD (implantable)
- the active transcutaneous BCD (implantable)
- the non-implantable BCD.

Percutaneous and transcutaneous implants

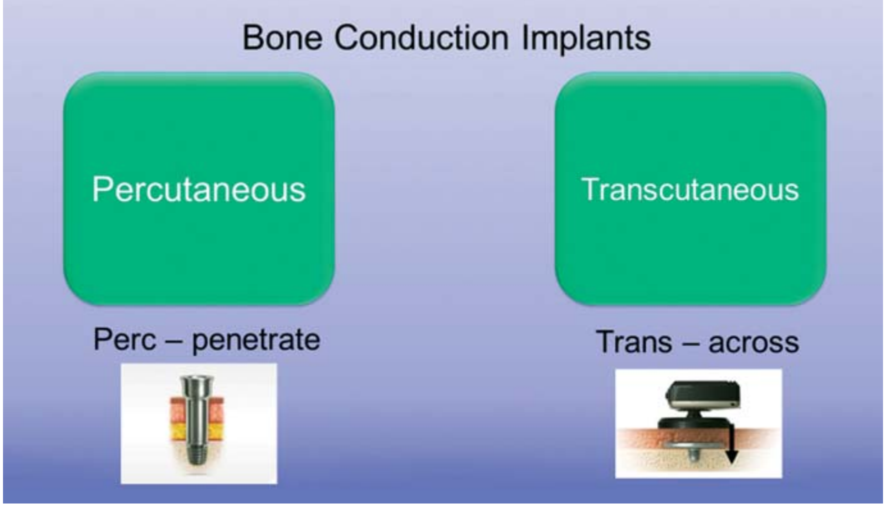
Let's discuss this categorisation first as transcutaneous



Bone Conduction Devices (BCD)

Middle Ear Implant (MEI)

Figure 1



Bone Conduction Implants

Percutaneous

Transcutaneous

Perc – penetrate

Trans – across

Figure 2

devices have seen the biggest growth.

Percutaneous bone conduction implants

This traditional BCI works with the internal implant and the external speech processor connected directly to each other through the skin using a connector (abutment). This type of implant penetrates the skin and that is why it is called percutaneous (Figure 2).

There are currently two types of percutaneous implants:

1. Ponto system by Oticon MedicalTM
2. Baha system by Cochlear™.

The percutaneous implant has three parts (Figure 3):

1. Sound processor
2. Abutment
3. Titanium implant.

The percutaneous implant involves:

- Surgery to place a small titanium implant in the skull bone.
- A titanium abutment is attached to the implant and protrudes through the skin.
- The sound processor connects directly to the abutment and is worn externally.
- The sound processor captures sound signals and converts them to vibrations that transmit through the skin and tissue to the internal implant.
- There can be issues with osseointegration and skin complications, and it needs regular cleaning.

Transcutaneous bone conduction implants

Transcutaneous implants keep the skin intact with the internal and external equipment communicating across the skin using a magnet. This type of implant communicates across the skin, which is why it is called transcutaneous.

Passive transcutaneous versus active transcutaneous devices

With passive devices, the transducer is placed externally on the processor; therefore, the vibrations generated have to be transmitted across skin and tissue to reach the skull bone. With active devices, the transducer is placed under intact skin; therefore, vibrations are transmitted directly to the skull bone.

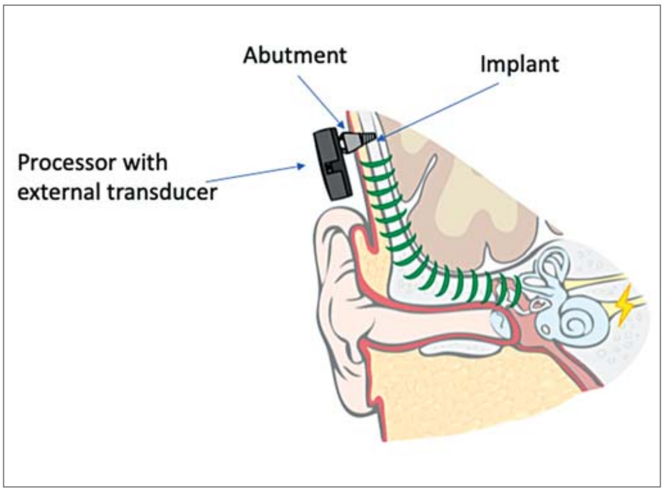


Figure 3

There are currently four types of transcutaneous implants:

- Attract system by Cochlear™
- MED-EL BoneBridge™
- CochlearTM Osia®
- Sentio System by Oticon MedicalTM, which is due for release this year.

Attract system (passive transcutaneous system)

This implant has four parts (Figure 4):

1. Sound processor
2. External magnet
3. Internal magnet
4. Implant.

This transcutaneous implant involves:

- Surgery to place a small implant and internal magnet on the skull bone. These internal components are completely under the skin.
- The externally worn sound processor is attached to an external magnet with a soft pad for wearing comfort.
- The internal and external magnets create a connection between the sound processor and the implant.
- The sound processor converts sounds to vibrations and transmits these via the magnets to the implant.

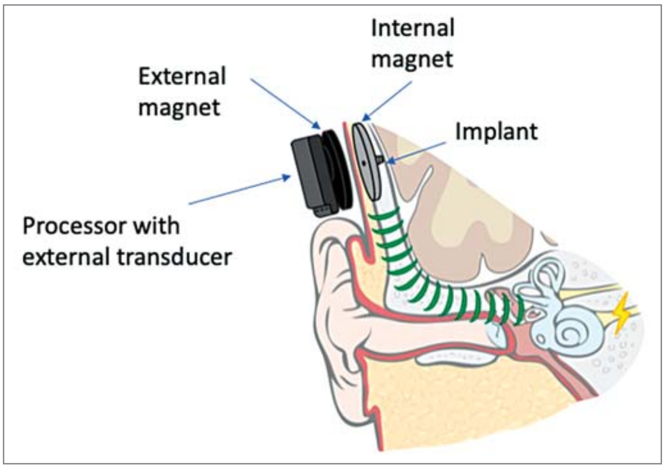


Figure 4

MED-EL BoneBridge™, CochlearTM Osia® and Oticon MedicalTM, Sentio systems (Active transcutaneous systems).

The MED-EL BoneBridge™, CochlearTM Osia® and Sentio systems have two parts (Figure 5):

1. Sound processor with magnet
2. Implant with magnet.

This transcutaneous implant involves:

- Surgery to place the internal implant on the skull bone.
- The internal implant contains an active vibratory transducer and an internal magnet. These internal components are completely under the skin.
- The internal and external magnets create a connection between the sound processor and the implant.
- The sound processor captures sound signals and sends them to the internal implant.
- The implant converts the sound into vibrations and

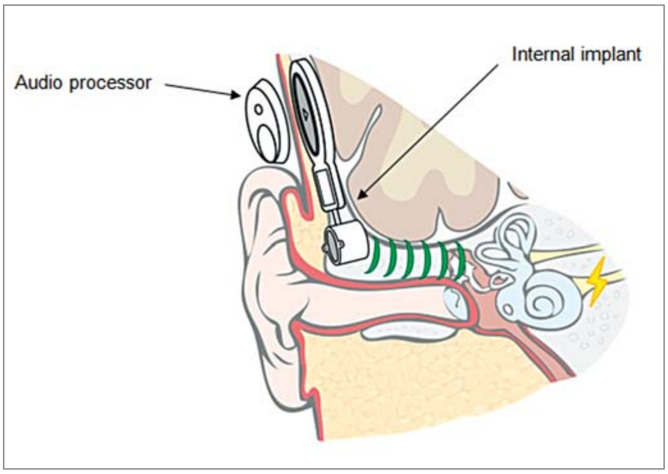


Figure 5

sends them through the bone to the inner ear.

Non-implantable BCDs

These devices require no surgery to be fitted onto the patient's skull. The sound processor can be attached to a hardband, softband, or adhesive sticker to be worn. These devices have to send vibrations created by the transducer in the processor across the skin and tissue to bone with no direct connection. While they are the least efficient at transmitting vibrational stimulation, they can be a great solution for many patients.

This device has two parts:

1. Sound processor
2. Band/sticker.

For non-implantable devices:

- The sound processor connects directly to the band/sticker and is worn externally.
- The sound processor captures sound signals and converts these to vibrations that transmit through the skin and tissue to the skull bone.

Middle ear implant (active transcutaneous device)

An MEI is an implant which stimulates the bones of the middle ear or the round window on the cochlea.

The middle ear implant has four main parts (Figure 6):

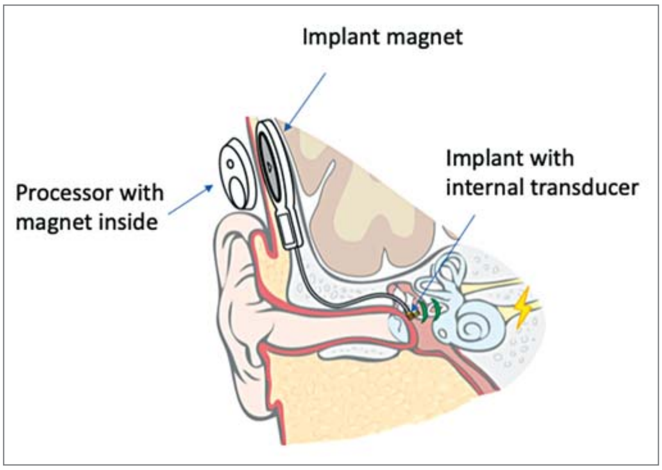


Figure 6

1. Sound processor
2. External magnet
3. Internal magnet
4. Implant

The MEI involves:

- Surgery to place the internal implant in the middle ear or round window.
- The internal implant contains an active vibratory transducer and an internal magnet. These internal components are completely under the skin.
- The externally worn sound processor has a magnet which is attracted to the magnet in the internal equipment.
- The internal and external magnets create a connection between the sound processor and the implant.
- The sound processor captures sound signals and sends them to the internal implant.
- The implant converts the sound into vibrations and sends them directly to the middle ear bones or round window.

Current trends

Thanks to the scientists and manufacturers, the options have really expanded for patients who cannot wear hearing aids or have a significant conductive element to their hearing loss. It's obvious that there has been a firm trend for transcutaneous devices, to avoid the possible issues that can come with percutaneous implants and, of course, aesthetics. As hearing healthcare clinicians, we have never had so many options for these patient groups (Figure 7), to overcome the issues BTEs cannot typically overcome. ■

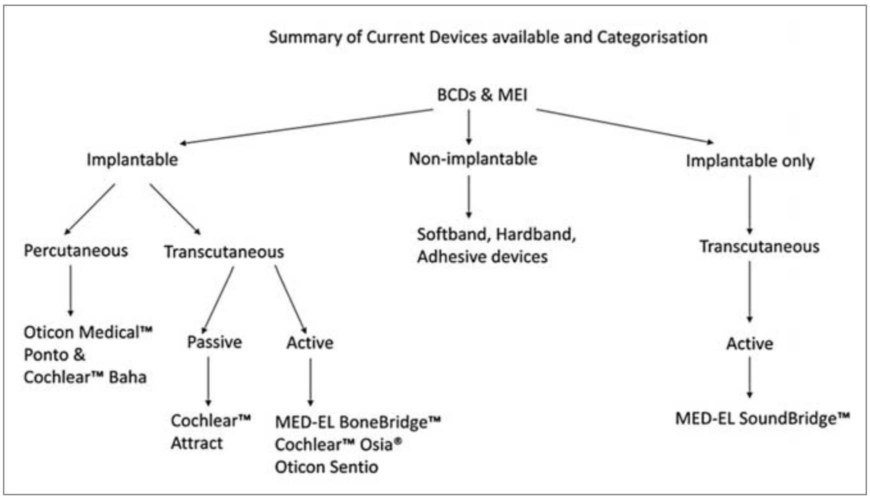


Figure 7 Summary of Current Devices available and Categorisation

Marsha Jenkins is Principal Clinical Scientist (Audiology) at St Thomas' Hearing Implant Centre (Paediatric).

Pawsitive change: animal-assisted therapy in action

Angela Howgate, DQToD, shares the benefits of animal-assisted therapy for children and young people who are d/Deaf, or have vision or multi-sensory impairments. She also introduces us to Bella, their trained therapy dog

We are excited to share insights from a recent action research project exploring the positive effects of animal-assisted therapy (AAT) on children who are d/Deaf, vision impaired, or multi-sensory impaired. This centres on our therapy dog, Bella, a trained cockapoo who provides emotional support in our educational settings.

"It was so impactful so quickly!"

"Lots of children (and staff!) enjoy seeing Bella but these sessions were powerful in enabling deaf plus children to be able to make improved progress."

Background and rationale

Our journey to incorporate AAT into the classroom began with personal experiences that highlighted Bella's remarkable ability to comfort and support children. We recognised that such therapy could significantly benefit children with complex needs. While the therapeutic benefits of animals are well documented, we noted a gap in research specifically addressing AAT for these populations within the education system.

"Prior interventions were not enabling progress, the PAT [Pets As Therapy] visits came in on a totally different angle and set the pupils off on a journey they were motivated to be involved in, helped overcome their challenges, and had a very real emotional impact on them."

What we learned

Our action research showed that AAT sessions with Bella, had profound effects on children's emotional and educational outcomes:

1. Emotional wellbeing: Many children reported feeling happier and more relaxed during sessions with Bella, which in turn improved their mood and confidence.
2. Academic engagement: Participation in structured activities with Bella encouraged children to engage more actively in reading and other academic tasks, leading to noticeable improvements in their performance.

"The sessions really have been useful. Our daughter has not spoken about the sessions, but we can see she is more regulated at home on the days she sees Bella."

3. Social skills growth: Interactions with Bella fostered essential social skills such as communication and self-advocacy, particularly among neurodivergent children.
4. Personalised support: Bella's handler was able to communicate using British Sign Language (BSL), which allowed for individualised support tailored to each child's needs, fostering trust and independence.

"They are less anxious to attend lessons, less worried about making mistakes and more motivated to attend lessons and complete work to the best of their ability."

Highlights from case studies

Here are a few inspiring stories from children who participated in the project:

Child A: Profoundly deaf and autistic – they demonstrated significant engagement in reading activities. Weekly sessions with Bella led to increased motivation to read and communicate, breaking down barriers to learning and fostering a comfortable environment for expression.

"I'm so glad to see beautiful dog, and I'm so happy to play with Bella and we are playing `HIDE AND SEEK` and trying to teach Bella for listening instructions, and she did well."

Child B: Profoundly deaf with attention deficit hyperactivity disorder (ADHD) – they showed reduced anxiety and increased willingness to engage in reading tasks through the calming presence of Bella. The therapy sessions led to improvements in both academic engagement and emotional regulation. To support the child further in the home, the family indulged in the chaos of an additional family member, a puppy!

"Bella likes me reading and telling her stories. She good at listening for a treat."

Child C: A profoundly deaf student with Usher syndrome – they experienced increased motivation and resilience, leading to successful completion of mock exams. Interactions with Bella enhanced self-esteem and reduced feelings of inadequacy associated with academic challenges. It also provoked thoughts about how to enter adulthood independently and the benefits of an assistance dog.

"Bella really allowed us to see the impact a dog can have and surprised us on the difference it made. "

Child D: This student is profoundly deaf – they used sessions with Bella to reflect on personal challenges related to deafness, ADHD, and anxiety. The relaxed environment allowed for greater insight and self-advocacy, impacting on their academic motivation to attend lessons, and complete assignments and homework. It also provided a space to talk about friendships, bullying, and addressing daily barriers they faced.

"Bella is the best PAT dog to make me feel better and it keeps me calm and makes me attend to lessons, and on time doing my homework,

and Bella helps me think and make me do the right choice."

Child E: A profoundly deaf and autistic student – despite initial reluctance, they began engaging more openly during sessions, discussing personal feelings and experiences, while building confidence in interacting with both Bella and peers. This led to some meaningful and exploratory conversations, encouraging the development and practice of theory of mind concepts.

"They have been keen to use their additional hearing technology and set up Bluetooth to stream from their phone. They have rejected their technology for a few years now, so it is great they are more motivated to use technology to enjoy listening to music to help him relax."

Child F: Has unilateral deafness and they utilised the comfort provided by Bella to explore challenges related to their deafness and recent identification of neurodivergence. This supported them in developing strategies to communicate their needs effectively and negotiate their wishes in shaping the support they were comfortable in engaging with. The impact of these sessions embraced their social reflections and encouraged them to try out new experiences beyond school and home.

"The new dog addition to our family provides company and comfort when needed, and gets some of his energy out with walks. Most of the time he is just happy to know that she is in the house or watching him build his inventions."

Cambridgeshire County Council

Conclusion

Our findings confirm that incorporating animal-assisted therapies like those with Bella can profoundly enhance the emotional and academic experiences of children with complex needs. These sessions not only offer support but significantly contribute to social skill development and academic success.

"She is much more open to discussion, more honest, and less defensive about talking about her deafness and how it affects her."

Recommendations for schools

1. Adoption of AAT programmes: We recommend that schools consider implementing AAT programmes to improve wellbeing and educational outcomes for children with additional needs.
2. Staff training: Training in understanding and addressing specific additional needs, including deafness and vision impairment, should be prioritised for staff involved in AAT.
3. Research: Continued research is essential to explore AAT's role in diverse educational settings and among various learner populations.

We believe that this action research showcases the potential of AAT to support vulnerable learners, promoting both their emotional wellbeing and academic success. ■

Angela Howgate, Deaf QToD, and Bella, Pets As Therapy-registered and owner-trained assistance dog. Angela has a special interest in holistically supporting d/Deaf plus children to thrive.

Acknowledgements

With thanks for ongoing support and holistic pedagogy approaches: Rachel Fazakerley, Qualified Teacher of Deaf Children and Young people (QToD); Linda Whiterod, Specialist Teaching Assistant (TA) for Deaf Children and Young People (C/YP); Danni Le Brun, Qualified Teacher of Multi-Sensory Impairment (QTMSI); Helen Purnell, Specialist TA for Deaf C/YP; Joanna Lyall, QToD.

A special thanks to the children, young people, and families for their permission to share their inspiring and thought-provoking stories.

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Why can’t we just give deaf people a leaflet?

In the first of a mini-series of reprinted articles from the AIMS (Association for Improvements in the Maternity Services) Journal, **Alex Smith**, Editor, shares some key points on deaf awareness to provide better access and support for d/Deaf people

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

This article offers an introduction to key issues to consider when you are seeking to provide good – equitable – support to Deaf people, whether within or beyond the maternity services.

If you are interested in British Sign Language (BSL), enjoy exploring the links in this article for more information and some really useful videos.

For both hearing and deaf people alike, written information (about maternity care, for example) is a one-way exchange. It does nothing to elicit the hopes, fears, and aspirations of the individual, and it does not usually remind the person of their right to accept or decline some or all elements of the care described. This is where hearing/deaf equality stops.

People often assume that giving written information to someone who is deaf will help them to be fully informed and will constitute an access to knowledge that is equal to that enjoyed by hearing people. This is not always the case. Many deaf people, especially those with BSL as a first language, find written information challenging and unhelpful.[1]

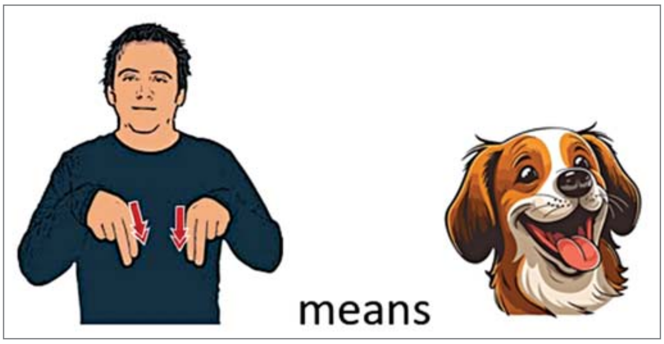
‘Interpreting for the Deaf’ by Nancy Rourke (deaf-art.org/profiles/nancy-rourke)

So, why would this be?

- BSL is not English. It is a language in its own right. It is used by about 151,000 people in the UK, 87,000 of whom are deaf.[2]
- Sign Supported English (SSE) and Makaton are different. They use some BSL signs but they are not BSL. SSE is helpful for English-speaking people who have become deaf later on.
- BSL was recognised as a language by the UK government on 18 March 2003, but it took almost 20 years before the BSL Act 2022 became law.[3]
- BSL is a visual language with its own grammar. It uses hand shapes (signs), body language, facial expressions, and lip patterns to communicate information, tone, emphasis, and meaning.[4]
- Sign language is different in every country. For example, American Sign Languge and Irish Sign Language (ASL and ISL) are very different from BSL. A Deaf woman from Ireland visiting the UK may need an ISL sign language interpreter.
- BSL has regional variations like regional dialects. Numbers, for example, can be very different around the country. As with spoken languages, BSL is evolving with each generation.[5]
- The history of BSL is marked by oppression from hearing people.[6] Oppression and marginalisation is ongoing. For example, almost all Qualified Teachers of Deaf Children and Young People (QToDs), and most BSL teachers, are hearing. This is because deaf children have not been given full access to education and consequently have not been supported to gain teaching qualifications. This has far-reaching implications for deaf people and for the future of BSL.[7]
- In addition, the number of QToDs is steadily declining with the result that deaf children are being failed.[8] The National Deaf Children’s Society (NDCS) has put out this video asking people to contact their MPs to ask for more specialist support for deaf children.

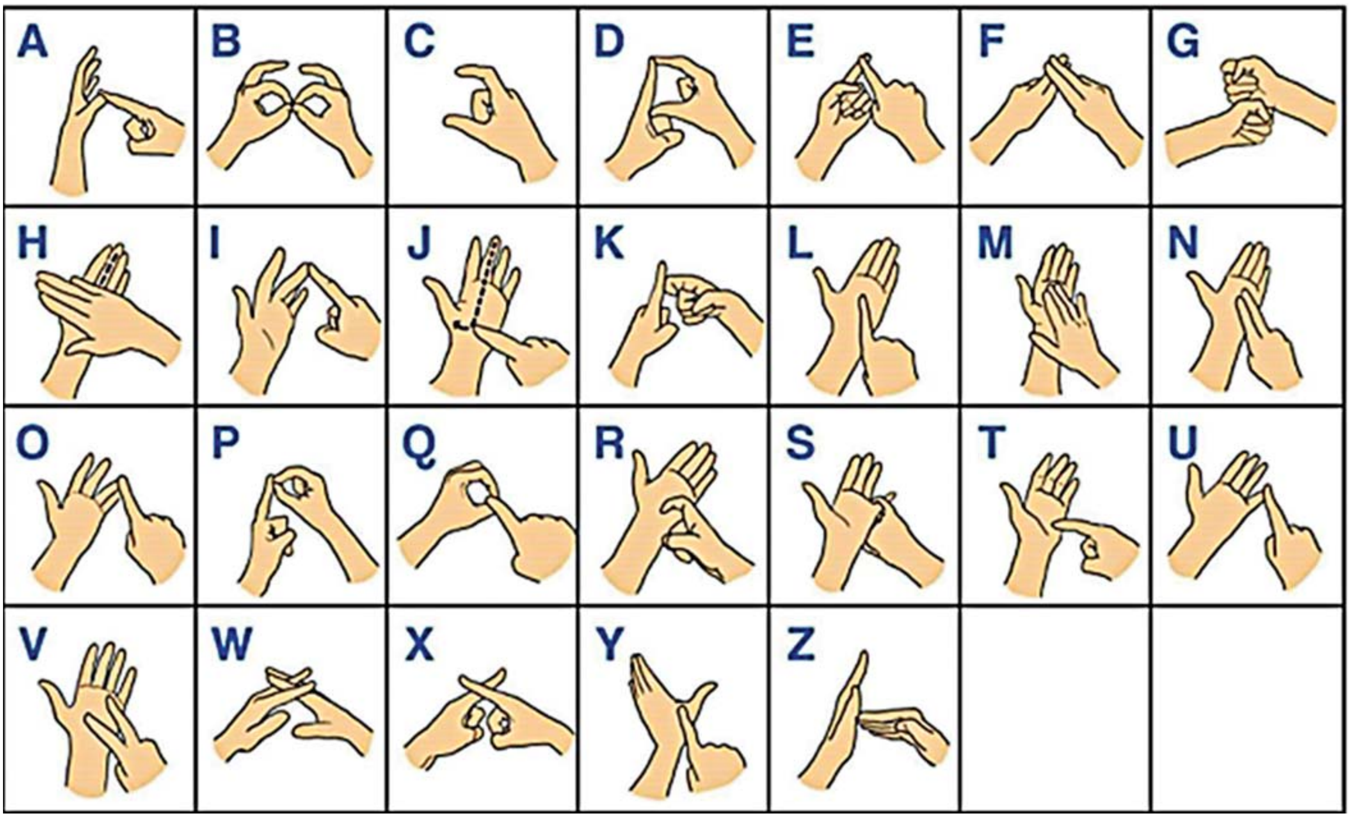
Hearing children grow up hearing spoken language around them all the time. They naturally absorb words, idioms, and even abstract concepts without any effort. What about deaf children?

- If a person who has been deaf since infancy was exposed to fluent sign language from birth (usually by being born into a deaf family), they will have acquired a full and rich language.
- But they will not have absorbed spoken language as hearing children do. For example, the spoken word DOG has no meaning. Communication for the deaf child is visual and:



A fluent signer can almost instantly convey the size, appearance, nature, and activity of the dog, with a mixture of signs, facial expressions, and body language.

- We can begin to understand visual language if we think about someone waving from across the street. Whether hearing or deaf, we do not need to have a word for 'wave' to understand what is being signified by the wave. Depending on the facial expression and body language of the waver, what we see might mean: 'Goodbye'; or 'Hi there, I'm excited to see you'; or 'I know you have seen me but I don't want to stop'; or 'Help!'; or 'Watch out!; or 'No thank you'; or it could even be a secret pre-arranged sign (a signal) given with a furtive look. The word 'wave' is not essential to the meaning of the communication. In fact, we do not need any words to understand.
- BSL, however, is not the same as mime. While they share some common traits, BSL is a full language with its own grammatical structure and syntax.
- When a hearing child starts to learn to read at school, the blended sounds of the letters D, O, and G instantly summon the image of a dog, but also the sound memory of the spoken word 'dog'. They have probably heard that word, linked to the presence or image of a dog, almost every day of their lives, whereas the profoundly deaf child has no sound reference for those three letter shapes. Every word may need to be learned from scratch, and learning by phonics is impossible.
- This makes learning to read and write much harder and, for many profoundly deaf adults, it remains hard – perhaps even harder than you or I would find it to read and write about important matters in a second language we learned at school.
- Deaf children from hearing families may have learned to lip read, but it is estimated that only 30% to 40% of speech sounds can be lip read even under the best conditions, and the concentration required is exhausting. Lip reading is also impossible when the speaker is wearing a face mask, or simply if they turn their head away as they speak.
- For deaf children with hearing parents who want to assist their child in learning English from the earliest age, a system called Cued Speech helps the child to lip read. Some speech sounds, like P, B, and M, share the same lip pattern. Cued Speech uses eight different hand shapes placed in four positions near the face to distinguish every sound visually. The advantage of providing BSL as well (but not intermixed) is that the child will be able to communicate and express their feelings much sooner with BSL and this helps their development in every way.
- 90% of deaf children are born to hearing parents and many hearing parents are not supported to learn sign language. For those who do manage to get to classes (and this can be a huge struggle and expense), BSL will still always be a second language, and the child will not see other family members signing fluently with each other. This hugely limits their incidental learning, and they can all too easily feel left out of all of the important family conversation and laughter that is happening around them.
- Many QToDs are not fluent in BSL and may resort to SSE (signing key words in English order). Speech and language therapists are focused on English and may not understand or value the child's ability to communicate in BSL.[10] Communication support workers assigned to help a deaf child in school generally have Level 1 or Level 2 BSL, which, in communication terms, is barely literate. Deaf children of hearing parents are not exposed to fluent BSL at home or at school, so many are likely to grow up without a strong grasp of English or of BSL. Deaf children desperately need strong deaf role models in order to achieve their full potential.[11]
- Not having a good grasp of English does not mean the deaf child or adult is any less bright. It must be soul destroying (and life impacting) to have one's passion, interest and knowledge of the world assessed by hearing people and on hearing terms, in ways that severely limit the expression of what the deaf person truly knows and feels. It must also be heartbreaking for parents of deaf children to see them do less well than their hearing peers simply because they have not been provided with equal access to learning. It is the system's failure, not the child's, but it is the child who pays the price.
- Just as a deaf child has not been able to absorb English organically and effortlessly as they grew up, Deaf adults have not absorbed the same range of incidental knowledge about healthcare systems about their rights, and about medical terminology as hearing people – and



This image is from Deaf Action, an organisation that offers a range of useful courses.

an information page or leaflet, rather than addressing inequality, may actually compound it. For an incredibly poignant example of this, watch Sandra's story of postnatal depression. Her video account is included in the SignHealth 'Sick of it' report.

What I would like to see:

- All health information (National Health Service (NHS) and charities) provided in BSL too – funded by the government.
- All health information presented as options and offers, with the person's right to choose or decline made very clear.
- A network of doulas emerging from within the Deaf community supported by specialist interpreters.

In the meantime, what can you do as a maternity services improvement campaigner and/or health practitioner?

- Whenever the terms 'equity/equality, diversity, and inclusion' are used, ask whether all information is also in sign language, visual images, and simplified written language. Keep campaigning until this happens.
- Remind yourself and colleagues that any care given, however routine, must be truly consensual. Make sure that you and your colleagues routinely offer all the options and always reassure the person that their decision will be respected.
- Try to provide 'continuity of carer' and to allow more time at appointments.
- Ask the mother what she expects and needs from an appointment. Really listen to her, believe her, and support her.
- If you need to wear a mask when you are caring for someone who is deaf or even slightly hard of hearing, use one that has a clear window. Make sure your unit stocks these.

- Take a Deaf awareness course. Tell your colleagues all about it. Invite them to read this article.
- Take some sign language classes. It will help you appreciate how a basic knowledge of BSL is not enough to replace a skilled interpreter – and this will put you into campaign mode!

While the need for a skilled interpreter cannot be too highly stressed, learning a few basic BSL greetings shows that you care. If you have ten minutes, why not make a start now with this video. It is very clear and introduces a useful range of basic greetings, manners and phrases, including how to introduce yourself by name and how to ask the other person's name. Names in BSL are signed using fingerspelling – see the illustration above.

British-Sign.co.uk also offers basic online BSL courses and useful resources for the beginner. Nothing, however, beats a face-to-face course with a Deaf teacher who will also be teaching you about Deaf history and politics!

This link takes you to a video that teaches the BSL alphabet and shares a few tips about fingerspelling.

This page, from the Bright BSL website, has a few useful signs including: 'pregnant', 'baby', 'newborn', 'breastfeeding', and so on. You will notice, though, that the signs for 'birth', 'contractions', 'labour', 'pain', or 'midwife' are not in their lexicon. I have found it really hard to find birth-related signs in any of the usual BSL dictionaries.

Useful organisations and websites

- The British Deaf Association (BDA)
  Founded in 1890, the BDA is a national Deaf-led organisation that works directly with Deaf people that use BSL. Their work concentrates on campaigning for equal rights on a national level and working at a local level empowering Deaf people to achieve access to their local public services.
- British-sign.co.uk
  British-sign.co.uk offers lots of resources for people wanting to learn BSL.
- BSL Zone
  The British Sign Language Broadcasting Trust (BSLBT) commissions television programmes made in BSL by Deaf people for Deaf people.
- CODA UK & Ireland: Heritage, Community, Diversity
  CODA stands for Children of Deaf Adults. CODA works to bring CODAs together for social interaction and peer support, and to celebrate their Deaf heritage.
- Deaf Action
  Deaf Action exists to support the diversity of deaf people, including Deaf users of BSL, and those who are deafened, deafblind, or hard of hearing. Their work is geared towards empowering all deaf people to achieve their potential and fully participate in society, with equality of rights, access, and opportunity.
- Deaf Choices UK
  Deaf Choices UK supports parents of deaf children, and professionals to make the best CHOICE(S) for Communication, language, and literacy.

▶

Braille 200

From September 2024 to August 2025, the Royal National Institute of Blind People (RNIB) is celebrating Louis Braille's 200th anniversary with Braille 200.

Louis Braille, born on 4 January 1809 in France, became blind at the age of three after an accident. He went on to invent the tactile system of reading and writing for blind and visually impaired people, 'braille', which he introduced in 1824.

Braille 200
Powered by
RNIB EBU

Along with World Braille Day on 4 January, the RNIB is celebrating Braille 200 in a series of events

Key events:

- the British Library launch event last November included 11-year-old panellist, Betsy Griffin, a published author and YouTuber Introduction to Betsy's New Positive Video's Channel
- pupils from the Royal Blind School, Edinburgh represented children and young people at the Scottish Parliament in January
- a UK library tour showing archival braille artefacts alongside talks and workshops on braille.

Resources from the RNIB's Children, Young People and Family (CYPF) team include:

- activity packs for children: Lots of Dots Activity Pack and World Braille Day | RNIB
- the World Book Day Shape and Share event in March will include Braille 200, with the creative writing competition also accepting entries in braille
- the Summer Reading Challenge will be inclusive and reference Braille 200
- a series of interviews on RNIB's Connect Radio following a braille learner's journey (the first of which has already aired).

Other activities:

- in Scotland, streets have been named in honour of Louis Braille New housing development will mark invention of Braille
- on World Braille Day, RNIB's social media team invited people to have their names generated in braille Celebrating World Braille Day with 'braille name generator' | RNIB

For more information, see www.rnib.org.uk/about-us/braille-200 or search for #Braille200 on social media.

- Deaf Ethnic Women's Association
  Deaf Ethnic Women's Association (DEWA) is a national organisation run and controlled by Deaf women from Minority Ethnic groups. DEWA provides a range of support and empowers Minority Ethnic Deaf women to have choice and control, be active, and be successful in all aspects of their lives without compromising their identity.
- Deaf Parents Deaf Children
  Deaf Parents Deaf Children (DPDC) is a group for deaf parents with deaf children from all over the UK. The aim of DPDC is to show a positive view of deafness, to show what deaf people can achieve and to give deaf parents an equal voice in the decision-making process. They want to make sure that the system currently in place is improved to ensure it is in the best interests of all deaf children.
- Disability Plus: Deaf Counselling
  Disability Plus provides support to individuals with disabilities and their carers, including BSL counselling for adults and teenagers with counsellors and psychotherapists who are either deaf themselves or who come from a deaf background and can sign fluently.
- Jewish Deaf Association (JDA)
  The JDA is an independent, national charity offering professional support services, information, and a range of social, cultural, and educational programmes to the Deaf community, people with all levels of hearing loss, people experiencing tinnitus, their friends, families, and those caring for them.
- National Deaf Children's Association (NDCA)
  The NDCA gives expert support on childhood deafness, raises awareness, and campaigns for deaf children's rights, so they have the same opportunities as everyone else.
- Royal National Institute of the Deaf (RNID)
  The RNID is a national charity supporting the 18 million people in the UK who are deaf, or have hearing loss or tinnitus. They are the only charity in the UK dedicated to funding hearing research. The RNID can be contacted for support between 8.30 am and 5.00 pm Monday to Friday.
- Sense
  Sense provides support for anyone who is deafblind or living with complex disabilities. They have services for disabled adults and children all over the UK.
- SignHealth
  SignHealth aims to promote easier access to healthcare and information. They partner with the NHS and other services and take on projects, carry out research, and raise awareness. They have useful health information videos in BSL.

They also deliver their own services to reach deaf people in their moment of need, through domestic abuse support, therapy, advocacy, and residential services.

- Terptree: changing the world for deaf people
  Terptree provides Communication and BSL Interpreting Services across the UK. They also provide training and have a focus on improving deaf people's lives in the workplace and in education. Their page on how to work with a BSL interpreter may be useful.

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

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Into the home straight

Dr Emmanouela Terlektsi and **Angie Wootten** provide an overview of the PGDip/MA University of Birmingham course

Back in 2023, a number of closely related changes took place at the University of Birmingham. Firstly, the course at the University of Birmingham was re-accredited to meet the new Department of Education (DfE) outcomes for Qualified Teachers of Deaf Children and Young People (QToDs). As part of the re-accreditation, we were able to offer, in addition to the Postgraduate Diploma (PGDip) Mandatory Qualification in Deaf Education, a Master of Arts (MA) Mandatory Qualification in Deaf Education.

Secondly, at the same time, driven by students' feedback and the necessities for a more consistent and comprehensive provision, a sensory impairment programme including three distinct pathways was developed. Deaf Education became a pathway on this programme together with Vision Impairment and Multisensory Impairment. As a result of this change and the development of the new DfE outcomes, the Deaf Education course was restructured and new modules were developed. In addition, all three pathways are now sharing two modules ('Policy and professional identity' and 'Effective teaching of learners with sensory impairment') with specific content for the respective specialism. Thirdly, the January study week is now delivered over two weekends. Previously, students came together at the University of Birmingham to attend hands-on workshops on various aspects of the programme to meet the practice-based outcomes. They are now required to come to the University for two days in November (usually Saturday and Sunday) and two days in May (usually Friday and Saturday).

The success of the course lies mainly in its flexible distance-learning approach (students can study from any part of England/the UK and abroad), which offers online interactive materials in combination with online group tutorials, and face-to-face, hands-on workshops. We are currently in the second year of running the newly accredited and restructured programme and can truthfully say that the changes have been very well received by students as well as by internal and external collaborators. Despite the huge amount of work that has gone into developing new modules, the course has already been a huge success. In September 2024 we recruited above and beyond our target and we are currently the largest course provider of deaf education in the country. We believe that the newly restructured and re-accredited programme in Deaf Education, based on our many years of experience of running the course, in combination with our continuous passion and commitment to effectively support our students and adhere to their needs, has contributed to the continuous and accelerated success of our course.

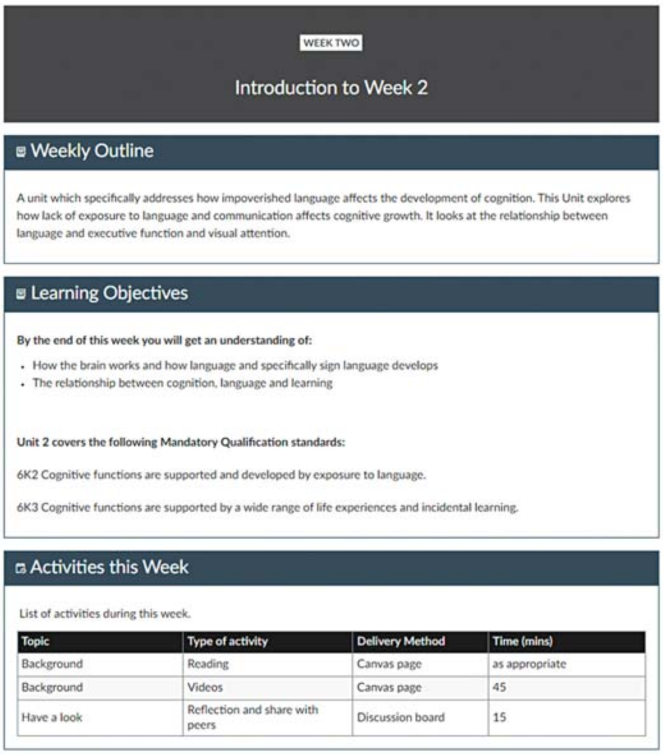
The success of our newly developed programme is based on a number of new developments. Here, we pick only a couple: bite-sized units and a comprehensive new module on effective teaching, including teaching practice. Combined, all of the above provide an excellent opportunity to put theory into practice, contributing to an overwhelmingly positive student experience.

Bite-sized units

Each module comprises 11 online units spread over 11 weeks, arranged in a 'Read-Watch-Do' structure that provides clear guidance for students about how to interact with the module. This new structure of the units is particularly welcomed by the students as they are guided as to what they need to focus on in each topic, the materials to interact with, and also opportunities for peer engagement through the discussion board of the module. Each unit covers a specific topic to meet the specific mandatory qualification outcomes.

An example below illustrates how the topic of language and cognition is dealt with within one of the units of the 'Development of deaf children and young people' module, the module that the students study at the beginning of the second year of their studies.

For each unit students are given the aim, the DfE standards that the unit covers, and an approximation of how long it will take them to go through each unit.



WEEK TWO

Introduction to Week 2

Weekly Outline

A unit which specifically addresses how impoverished language affects the development of cognition. This Unit explores how lack of exposure to language and communication affects cognitive growth. It looks at the relationship between language and executive function and visual attention.

Learning Objectives

By the end of this week you will get an understanding of:

- How the brain works and how language and specifically sign language develops
- The relationship between cognition, language and learning

Unit 2 covers the following Mandatory Qualification standards:

6K2 Cognitive functions are supported and developed by exposure to language.

6K3 Cognitive functions are supported by a wide range of life experiences and incidental learning.

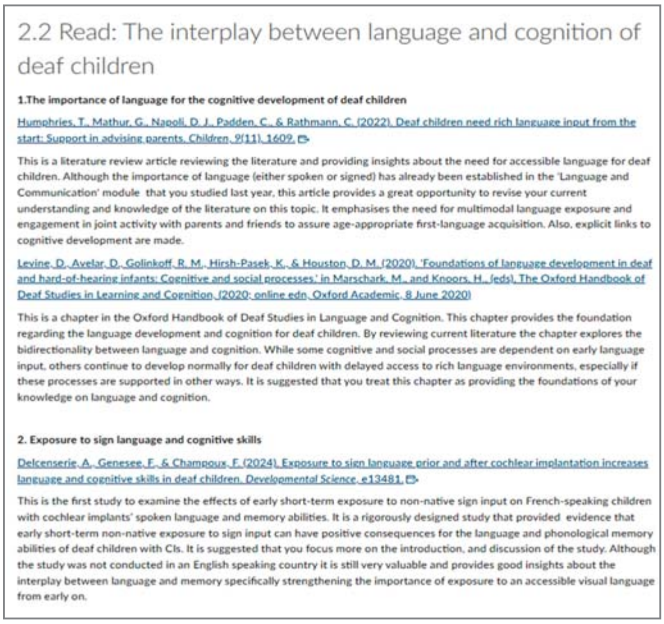
Activities this Week

List of activities during this week.

Topic	Type of activity	Delivery Method	Time (mins)
Background	Reading	Canvas page	as appropriate
Background	Videos	Canvas page	45
Have a look	Reflection and share with peers	Discussion board	15

In the 'Read' section that follows, the students are given a range of two to five articles or book chapters to read, with a direct link to access them and also a summary of the suggested reading and what they are advised to focus on.

Following the reading of the articles, the students are then asked to watch videos linked to the reading, aimed at consolidating the students' learning. For instance, in this



2.2 Read: The interplay between language and cognition of deaf children

1.The importance of language for the cognitive development of deaf children

Humphries, T., Mathur, G., Napoli, D. J., Padden, C., & Rathmann, C. (2022). Deaf children need rich language input from the start: Support in advising parents. Children, 9(11), 1609.

This is a literature review article reviewing the literature and providing insights about the need for accessible language for deaf children. Although the importance of language (either spoken or signed) has already been established in the 'Language and Communication' module that you studied last year, this article provides a great opportunity to revise your current understanding and knowledge of the literature on this topic. It emphasises the need for multimodal language exposure and engagement in joint activity with parents and friends to assure age-appropriate first-language acquisition. Also, explicit links to cognitive development are made.

Levine, D., Avelar, D., Golinkoff, R. M., Hirsh-Pasek, K., & Houston, D. M. (2020), 'Foundations of language development in deaf and hard-of-hearing infants: Cognitive and social processes,' in Marschark, M., and Knoors, H., (eds), The Oxford Handbook of Deaf Studies in Learning and Cognition, (2020; online edn, Oxford Academic, 8 June 2020)

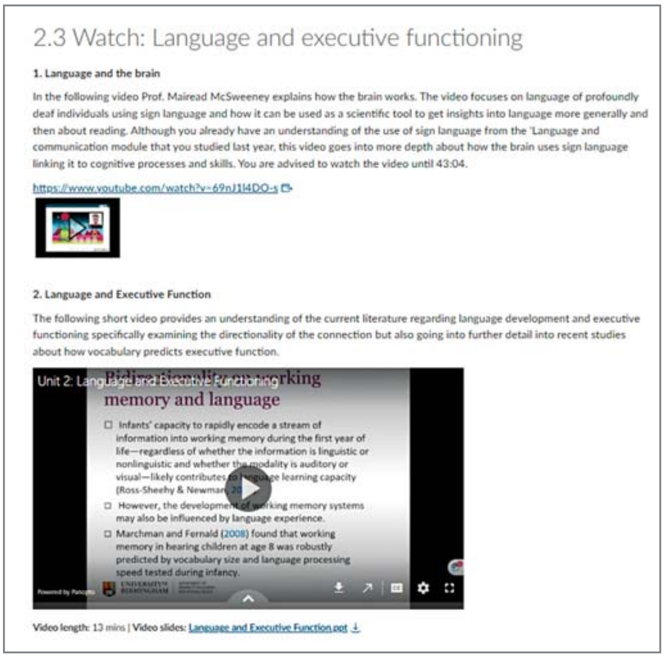
This is a chapter in the Oxford Handbook of Deaf Studies in Language and Cognition. This chapter provides the foundation regarding the language development and cognition for deaf children. By reviewing current literature the chapter explores the bidirectionality between language and cognition. While some cognitive and social processes are dependent on early language input, others continue to develop normally for deaf children with delayed access to rich language environments, especially if these processes are supported in other ways. It is suggested that you treat this chapter as providing the foundations of your knowledge on language and cognition.

2. Exposure to sign language and cognitive skills

Delcenserie, A., Genesee, F., & Champoux, F. (2024). Exposure to sign language prior and after cochlear implantation increases language and cognitive skills in deaf children. Developmental Science, e13481.

This is the first study to examine the effects of early short-term exposure to non-native sign input on French-speaking children with cochlear implants' spoken language and memory abilities. It is a rigorously designed study that provided evidence that early short-term non-native exposure to sign input can have positive consequences for the language and phonological memory abilities of deaf children with CIs. It is suggested that you focus more on the introduction, and discussion of the study. Although the study was not conducted in an English speaking country it is still very valuable and provides good insights about the interplay between language and memory specifically strengthening the importance of exposure to an accessible visual language from early on.

unit the students are asked to watch a video establishing the connection between language and the brain and a lecture by the programme lead further explaining the connection between language and executive function, and how vocabulary predicts executive function for deaf children. Links to practice are also made.



2.3 Watch: Language and executive functioning

1. Language and the brain

In the following video Prof. Mairead McSweeney explains how the brain works. The video focuses on language of profoundly deaf individuals using sign language and how it can be used as a scientific tool to get insights into language more generally and then about reading. Although you already have an understanding of the use of sign language from the 'Language and communication module that you studied last year, this video goes into more depth about how the brain uses sign language linking it to cognitive processes and skills. You are advised to watch the video until 43:04.

https://www.youtube.com/watch?v=69nJ1l4DO-s

2. Language and Executive Function

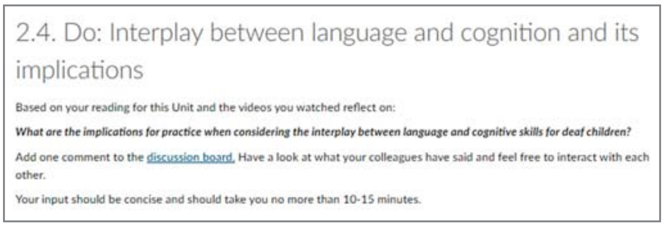
The following short video provides an understanding of the current literature regarding language development and executive functioning specifically examining the directionality of the connection but also going into further detail into recent studies about how vocabulary predicts executive function.

Bidirectionality on working memory and language

- ☐ Infants' capacity to rapidly encode a stream of information into working memory during the first year of life—regardless of whether the information is linguistic or nonlinguistic and whether the modality is auditory or visual—likely contributes to language learning capacity (Ross-Sheehy & Newman, 20
- ☐ However, the development of working memory systems may also be influenced by language experience.
- ☐ Marchman and Fernald (2008) found that working memory in hearing children at age 8 was robustly predicted by vocabulary size and language processing speed tested during infancy.

Video length: 13 mins | Video slides: Language and Executive Function.ppt

In the 'Do' section that follows, the students are usually asked to think about what they have read, watched etc, and how this relates to their own practice and that of their peers. This is a great opportunity to engage with peers but also to explore other practices, etc.



2.4. Do: Interplay between language and cognition and its implications

Based on your reading for this Unit and the videos you watched reflect on:

What are the implications for practice when considering the interplay between language and cognitive skills for deaf children?

Add one comment to the discussion board. Have a look at what your colleagues have said and feel free to interact with each other.

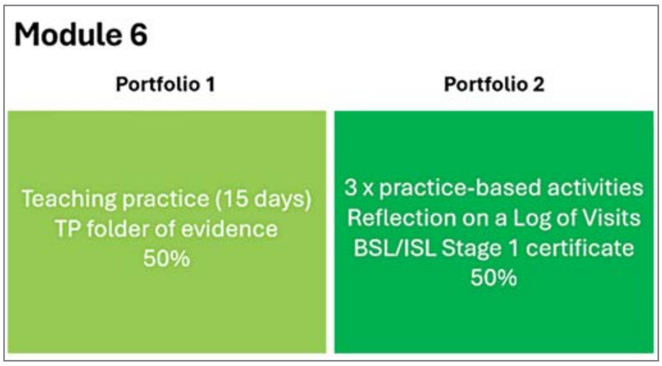
Your input should be concise and should take you no more than 10-15 minutes.

All in all, having implemented the new 'Read-Watch-Do' structure in the last year, we feel confident that it offers our students bite-sized focused studying, engaging and interactive materials which enable them not only to gain evidence-based knowledge and understanding of specific topics to meet the mandatory qualification outcomes, but also ample opportunities to reflect on how these topics link to theirs and their peers' professional practice and experience.

Effective teaching of learners with sensory impairment

In the last module of the course 'Effective teaching of learners with sensory impairment', students have the opportunity to demonstrate the skills they have developed throughout the course and in their professional lives. It is an entirely practical module. The mandatory qualification (MQ) outcomes covered are ones that can only be demonstrated in the classroom or in wider professional activities. Therefore, it is the module which includes the 15-day teaching practice. The module is represented in two parts: Portfolio 1 and Portfolio 2. Portfolio 1 represents teaching practice and an associated folder of specific documents. Portfolio 2 is made up of professional activities. Both parts must be passed for the student to be successful in this module.

The title of the module is significant as throughout the course we lay emphasis on students considering how effective their teaching is and how to assess impact – whether it is an intervention tackling cognitive development, facilitating language, or dealing with social and emotional issues. In this final module, students have the chance to show these principles in action.

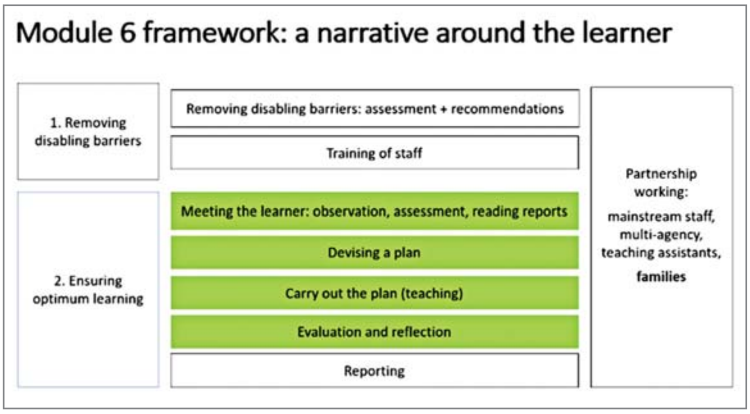


Module 6

Portfolio 1	Portfolio 2
Teaching practice (15 days) TP folder of evidence 50%	3 x practice-based activities Reflection on a Log of Visits BSL/ISL Stage 1 certificate 50%

The new conceptual framework for the module is 'Narrative around the learner'. We encourage students to consider what steps they take when they meet a new deaf child for the first time, and to relate this to the different practical activities they might undertake in their teaching practice and in their wider professional activities. The activities in green are covered while the student is on placement (and represented by Portfolio 1) and the rest are represented in the professional activities they undertake in their usual practice (Portfolio 2).

Teaching practice takes place over 15 days in a setting/provision that is not the student's usual one. The concentration is on preparing for teaching, teaching itself, and evaluating effectiveness. Reflection is also key. A robust matrix with descriptors for use by supervisors ensures parity for students.



Module 6 framework: a narrative around the learner

1. Removing disabling barriers	Removing disabling barriers: assessment + recommendations Training of staff	Partnership working: mainstream staff, multi-agency, teaching assistants, families
2. Ensuring optimum learning	Meeting the learner: observation, assessment, reading reports Devising a plan Carry out the plan (teaching) Evaluation and reflection Reporting	

In another new development, for Portfolio 2 students are required to:

- carry out five visits to different provisions and reflect on them
- design a newsletter for parents and explain the rationale
- create a training PowerPoint for staff designed to remove barriers for a deaf learner
- write a report for a defined audience interpreting an assessment and making recommendations.

As you will no doubt acknowledge, the activities we've described are very relevant to the daily work of a QToD. We believe that carrying them out will give the student an opportunity to show that their skills are solidly based.

Positive student experience

Students are overwhelmingly positive about the newly restructured course. One of the main aspects they are particularly fond of is the support they receive from the practitioner tutors who often go above and beyond their role to meet the students' needs.

“I'd recommend this course because it puts a lot into context. Practitioner tutors often go above and beyond their role to support students in any possible way, to remove any barriers to student learning, and accommodate their needs.”

Students also comment on the great opportunities that the study weekends offer, not only in putting skills into practice but also in meeting with their peers and sharing their practice.

“All the things that I've learned in the classroom, I wanted to get a deeper understanding and really get the qualification that goes with being a Teacher of the Deaf. I've enjoyed being here on the campus and getting the hands-on experience with all the technical equipment and having the expertise. And all of the tutors know exactly what's going on. So, they're great for getting advice from and learning about audiograms and all the things that you really need to know to be good at your job and helping deaf children.”

“I chose the University of Birmingham because it's recommended to me from other colleagues, and I really enjoyed the course so far. The things that I've enjoyed most is our residential weekends, getting together with lots of other trainee Teachers of the Deaf, and learning about the different aspects of the role so far. I've had fantastic tutor support and great communication throughout the study so far and looking forward to year two.”

One of the strongest aspects of the course as described by the students is the fact that the course advocates for evidence-based practice achieved by providing the theoretical background and encouraging students to put theory into practice.

“The course is very useful because it actually turns out that we do a lot of this in practice day by day. It gives us a lot of theory background, really makes us think about what we're doing and why we're doing it, and the different alternatives. I'd recommend this course because it puts a lot into context. It also gives you hands-on experience, you get a chance to meet other teachers, deaf young people, and generally it's just really good experience, so go for it.”

Research at the University of Birmingham

Our National Deaf Children's Society (NDCS)-funded project, on the effect of peripatetic QToDs on deaf children's outcomes, within an anticipatory research approach employing mixed methods design, came to an end in November. The finale was celebrated by an Impact Day where the QToDs and other professionals from Sandwell Local Authority (the co-researcher on the project) came to the university and we discussed the findings of the study. We envisage running a webinar with NDCS to disseminate our results to practitioners. Details will follow via social media.

Our British Academy-funded project on identifying good practice to support deaf autistic children is well under way. We are currently collecting responses to our questionnaire, and we would love to hear from you all. Please follow the link tinyurl.com/2w27zn5v

Our pilot study with schools in Birmingham and in Ireland, to adapt the Foundations for Literacy intervention (the only programme specifically designed for deaf children) to support early reading of deaf children, is ongoing.

To summarise, despite the extremely hard work that the whole Deaf Education team has had to put into designing and delivering the newly structured course, we are all extremely delighted that these changes have taken place to respond to the needs of busy professionals, and to provide them with the specialist skills and confidence to transform the lives of deaf children by unlocking their potential. ■

Dr Emmanouela Terlektsi is an Associate Professor in the Disability Inclusion and Special Needs Department (DISN) and the Programme co-Coordinator of the Deaf Education course at the School of Education, University of Birmingham.

Angie Wootten is Assistant Course Coordinator, Module Lead, and a Teaching Fellow in the same department.

Recognising the unique disability of deafblindness (multi-sensory impairment)

Hester Richardson, Programme Lead at the University of Birmingham, introduces an updated approach

The Master of Art (MA)/mandatory qualification (MQ)/Postgraduate Diploma (PGDip) in 'Educating Children with Multi-Sensory Impairments (deafblindness) offered by the University of Birmingham has been re-imagined and re-developed since September 2022 to reflect the changing face of special educational needs and disability (SEND) in the United Kingdom (UK), as well as the new standards issued by the Department for Education (DfE) for Qualified Teachers of Multi-Sensory Impairment (QTMSIs). The result is a vibrant, 'transformative' course, where students are encouraged to build their practical skills through their ongoing professional experiences, as well as through reading, discussion, reflection, visits, and teaching practice. The new format of the course aims to equip graduates with a 'toolbox' of skills, practice, and theory, which can be combined to respond flexibly to the wide range of children, families, and settings affected by multi-sensory impairment.

Which pathway?

The MA/MQ has been designed to offer a range of pathways to different qualifications. As a two-year course, the MA/MQ can be completed to PGDip level, alongside working to achieve the MQ standards specified by the DfE for QTMSI status. However, non-teachers working in the field or supporting an individual with MSI can complete the PGDip without the MQ option, and all students can, if they wish to, continue their studies to a third year to complete an MA, either as a standalone qualification or as an MA/MQ. This flexibility means that participants wishing to take up the government loan offer for an MA in education can complete the MQ as part of this career development.

Parents of children with MSI are also very welcome to study with us and gain a postgraduate qualification.

As with the learning and course materials, our emphasis is on flexibility, accommodating a wide range of needs and interests, and ensuring that higher education is inclusive and accessible.

Why study at Birmingham?

An MQ in Sensory Impairment is studied to the same master's level wherever you study and all universities are held to the same standards, so there will be parity of academic demand wherever you study. What makes Birmingham so successful? All students who have completed the learning for the MSI MQ in its new form have achieved a good pass or higher, with many achieving distinctions. Graduates report that they have achieved promotions or new career goals, which they link to their academic success with us. They also feed back how practical, useful, and impactful they found their learning. We think there are a few reasons:

A long history of delivering sensory specialist qualifications and learning

The University of Birmingham is a Russell Group university, with an impressive reputation in educational qualifications as well as in research in the field of disability in education, and sensory impairment in particular. Uniquely in the UK, the Teachers for the Education of Children with Multi-Sensory Impairment qualification springs from a department supporting all three specialisms, so that research, new developments, and shared good practice form a part of the learning across the Sensory Impairment programmes.

Study weekend – an MSI community

This long history of supporting learners who are often making a daunting return to further study, and moreover, taking this on alongside work, family, and personal responsibilities means we can bring a wide background of support, experience, and advice to ensure that students with us gain study skills, confidence, and above all, that they don't feel alone when tackling this new challenge.

A relevant, meaningful learning experience

Teaching children with multi-sensory impairments (deafblindness) and supporting settings to include them well often means a new adventure every day. Each child is different, unique, and amazing. Each family is special in a range of different ways, and each setting has its own culture, approach, and priorities. How can a specialist teacher for MSI continue to offer something important, relevant, and useful in all of these new situations?

The University of Birmingham has a strong background in identifying the important theories and philosophies that lie behind high-quality inclusive practice. This means that we can help those who study with us to become 'agents for change' in the truest sense of the word by:

- working with settings to build capacity to deliver 'bespoke' approaches needed to support children with MSI
- up-skilling managers and strategists within their organisations
- modelling high-quality direct teaching
- demonstrating approaches to help manage learning, equipment, and staff.

What can you expect to do and learn?

The MA/MQ PGDip in Teaching Children with Multi-sensory Impairment at the University of Birmingham is made up of six modules which are taught via distance learning, including online tutorials and clear, accessible teaching materials that support you to build on your current practice and reflect on it. The DfE teaching standards and the academic requirements of a PGDip are thus blended together for accessible study.

You will also have the opportunity to attend two study weekends per year, and a fifteen-day teaching practice forms an important aspect of your second year. Five modules follow a ten-week teaching pattern, with opportunities to apply your learning to your own setting and experiences. You are required to complete one summative assessment per module which supports you to draw on your practice in a reflective way. The final module is much more practical, including a teaching practice and a portfolio of reflections on your own teaching and learning. Topics taught include:

- Vision and hearing loss and the combined impact of this on access to learning and learning to access, sensory development, and wider sensory needs (Module One)
- SEND, inclusion, and disability in education (Module Two – a shared Sensory Pathway module)
- The unique nature of multi-sensory impairment (deafblindness), and strategies to support development (Module Three)
- Communication and language development (Module Four)
- Settings, models of inclusion, education, and provision (Module Five)
- Teaching and learning (Module Six).

Skilled, supportive, and enthusiastic teachers

The teachers for the Education of Children and Young People with Multi-Sensory Impairment programme are both very recent practitioners in MSI Specialist Teaching. They both bring this recent, inclusive, and practical experience to the course, with authentic tasks and assessment, which aims at building relevant, useful knowledge and skills.

Hester Richardson, the course leader, is undertaking a PhD in supporting early identification of children with MSI. She has also gained a qualification in teaching adults in higher education settings. She especially values this qualification because of the skills it has brought her in devising learning for busy working people, which are authentic, accessible, and relevant.

Claire Manford comes to the course with a background in SEN and 15 years' experience as a peripatetic MSI specialist teacher. She is currently studying for her own PhD exploring interventions that support inclusive practice for learners with MSI.

Access to a range of expert voices

A further development in the programme has been the range of voices students can hear from. Hester and Claire work hard to ensure that you get the opportunity to meet a range of experts in the field of MSI through face-to-face study opportunities as well as through online lectures. Recent lectures have been delivered by speakers including

Hester and Risa Nara exchanging experiences of teaching children with MSI in Britain and Japan

Dr Maggie Woodhouse, a world-leading expert in assessing the visual needs of children with Down syndrome, and Dr Peter Simcock, whose background in law and social care means he can build our confidence to work with local authorities to recognise the rights of children and families with MSI. We have also been lucky to work with Dr Steve Rose and Dr Gail Deuce. All of these specialists in MSI have shared their enthusiasm and expertise in generous, accessible ways and have complemented lectures and teaching provided by experienced MSI teachers working in a range of settings and services.

We have been privileged to welcome Chloe Joyner, Chief Executive of Usher Kids, and the mother of a child with Usher syndrome, as well as Dr Risa Nara, a deafblind researcher from Japan, who generously shared her own experience of education and higher education as an individual with MSI.

Josh Horrobin, an ambassador for the Norrie's Disease Family Group, and his Mum, Wendy shared their experiences of inclusion in an insightful and powerful way at our last study weekend.

Raising the profile of MSI

Raising the profile of MSI as widely as possible has been an important aspect of the development of this new course. Hester and Claire are active contributors to the professional network of specialist MSI teachers and to a range of initiatives in education and in academic circles that seek to learn more, and to share new knowledge with practitioners in the field. An important event in this agenda is the upcoming practitioner-facing conference 'Raising the profile of Multi-Sensory Impairment', which Birmingham is hosting in partnership with Kent CC Sensory Support Service and National Sensory Impairment Partnership (NatSIP). Please click on this link if you would like to learn more about this event on 21st May 2025: https://www.natsip.org.uk/public-documents/event-flyers-and-booking-forms/2025-05-21-conference/1730-2025-05-21-flyer-about-the-day/file

What is next?

A new emphasis from the government in supporting children with complex SEN, new courses, new research, and events like the MSI Conference mean that now is an exciting time in the world of MSI for a whole range of reasons. We believe that this greater awareness of the needs of children with MSI will mean a continuing development in our knowledge about how to include them and how to support their learning, and that this in turn will foster the continuing development and evolution of the PGDip/MA/MQ at Birmingham.

Meanwhile, previous and current students can speak for themselves, describing their time with Birmingham studying MSI as "inspirational", "the best course I've taken", and "already showing me ways I can develop the provision in my setting".

If you would like to find out more, please make contact: multisensoryimpairment@contact.bham.ac.uk ■

Hester Richardson qualified as a Teacher of Children with Visual Impairment (VI) in 2001 and has worked with children with VI since 1997, starting in a specialist school for children with VI before moving to work as a peripatetic specialist teacher in London. She qualified as a Teacher of Children with MSI in 2015 and worked from 2012 to 2022 as a Senior Specialist Teacher in MSI and VI in Cardiff, managing a large and successful team. During a long career as a specialist teacher, she has enjoyed the opportunities to develop her skills in the extra-curricular support of children with sensory impairment, volunteering as a ski guide and guide runner. Her particular interests are in teaching early literacy and numeracy through Braille and tactile means, and in developing early communication with little ones who are deafblind from birth.

Since moving to the University of Birmingham to develop and deliver the PGDip/MA/MQ in MSI, Hester continues to pursue her own studies. She is currently in the second year of a part-time PhD, investigating ways of improving our success in identifying children who are deafblind early on in their contact with SEN specialists, and she has gained a Postgraduate Certificate in Higher Education, so that she can learn more about teaching adults through distance and inclusive teaching and learning. Hester is committed to accessible education that includes all learners, whether teaching children with sensory impairment, or teaching adults returning to higher education and balancing work and study.

Study at the University of Edinburgh to become a QToD!

Rachel O'Neill outlines the University of Edinburgh's deaf education pathway for those wanting to gain a Postgraduate Diploma in Deaf Education and qualify as a QToD

The Postgraduate Diploma in Deaf Education at the University of Edinburgh sits alongside the Master of Sciences (MSc) Inclusive Education. This informs our work as we are able to learn from and challenge educational ideas from within the Moray House School of Education and Sport. The diploma has 120 credits, that is two-thirds of a master's degree. We welcome students to continue to gain the MSc Inclusive Education.

Research and practice reinforce each other

The course at Edinburgh is closely linked to a number of current research projects. Audrey Cameron is researching how deaf children use technical signs in science classrooms, linked to her leadership of the British Sign Language (BSL) Glossary project. Rachel O'Neill is investigating how AI summaries of lessons can support Teachers of Deaf Children and Young People (ToDs), and deaf young people to keep track of their learning. She is also completing a project on professionalism and ethical decision-making for Qualified Teachers of Deaf Children and Young People (QToDs), which is looking at whether a code of practice would be useful for the profession. Imran Mulla is working on publications relating to his Doctor of Philosophy (PhD) thesis around early use of radio aids. The results of these research projects feed into our teaching. In the case of the summaries project, the practical experience of the course team led to the research starting. Research and practice are closely related in a two-way flow at the University of Edinburgh.

How the deaf education pathway operates

As part of the 120 credits, students choose 20 credits from the wider inclusive education programme. Recently, students have chosen Collaborative Working in Children's Services, Inclusive Pedagogies, Autism and Developmental Disabilities, Multilingual Learners, and Additional Support Needs. As a third of deaf children have other additional support needs, we think this collaboration with the broader inclusive education programme supports new ToDs well.

The Diploma in Deaf Education at the University of Edinburgh accepts students from across the United Kingdom (UK) and the Republic of Ireland. Numbers are high already for a September 2025 start, so please apply by May in order to be considered in time.

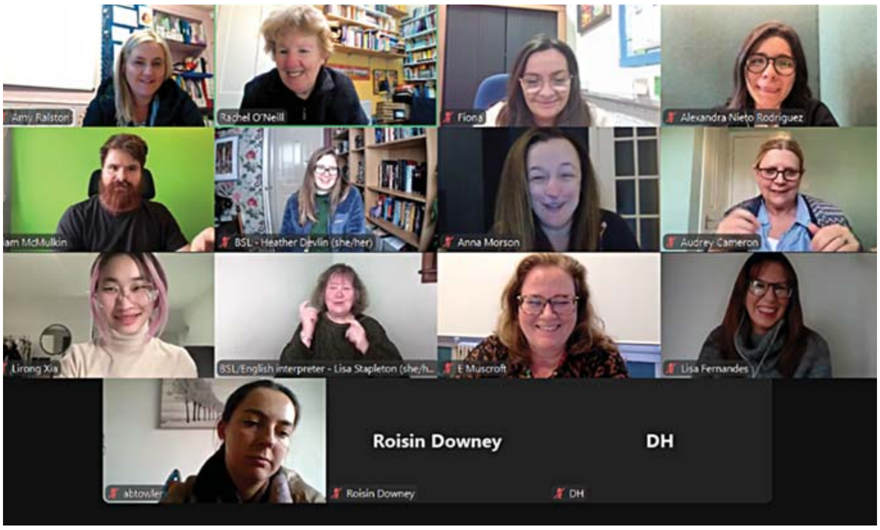
We teach students from outside Scotland in relation to the relevant competencies for England or other frameworks. We also teach comparative policy. So, for example, we compare the impact of Individualised Educational Programmes (IEPs) and Coordinated Support Plans in Scotland, with Education and Health Plans in England, and Statements in Wales and NI. As a graduate of the University of Edinburgh diploma, you will be able to critically examine policy about deaf children and young people's access and support from across the UK and internationally.

Highlighting three of our courses

The Deaf Studies course is a popular part of the University of Edinburgh programme. Students learn about ways of critically examining concepts affecting deaf people's lives such as equality, disability, community, and access. Students enjoy meeting a wide range of deaf people on this course to consider their perspectives. They undertake a mini project for this course that introduces them to research methods. This year, Audrey Cameron organised an online Deaf Studies Festival so students could showcase their work to other students on the deaf education pathway and the wider inclusive education master's programme.

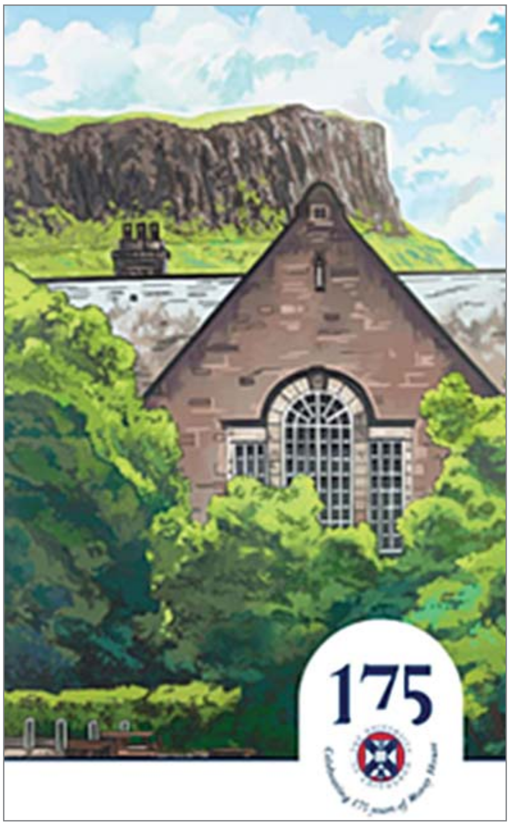
"I was honoured and very proud to present and be included in the first Deaf Festival. Of course, I forgot some of my key points, but such is life and technology! My department did ask me to share my presentation with them, but I was a little shy before. Now, though, I will show them my findings when I get back from placement in a few weeks" (Fiona Reid).

Some courses on the deaf education pathway at Edinburgh are online, for example, the introductory course to find out how to critically examine educational research



Screenshot of some of the participants of the Deaf Studies Online Festival articles. Some of the 20 credit inclusive education courses are online. The core deaf education courses are face to face on campus in blocks of two or three days. The advantage of this is the networking opportunities from which important professional collaboration grows for ToDs into their careers. These courses are Language and Communication, Promoting Achievement and Curriculum Access, Deaf Studies, Audiology, and Audiometry.

Currently, students are on the Language and Communication course, which involves finding out about language development in both spoken English and BSL. They produce a case study about a deaf child where they carry out language assessments, and from the results, they work out a programme to support the child's language(s) development. We expect students to be confident in the use of assessments such as the Assessment of Comprehension and Expression (ACE) and the Deafness, Cognition and Language Research Centre (DCAL) assessments, and to develop targets and materials to focus on language and pragmatic trajectories. In order to do this confidently, they need a firm grounding in understanding how children's languages develop.



Moray House

The placement courses take place in the teacher's own workplace, and for the external placement, in an alternative setting. Students can choose where to do their external placement, so long as their head of service agrees. Some students self-fund, and in this case, we facilitate voluntary work placements throughout the programme with support from deaf education services. If teachers are primary trained, we encourage them to choose a secondary external placement. If they usually work only with deaf children and young people who use spoken English, we encourage them to choose a placement where they can use or observe BSL or Sign Supported English (SSE) being used so that they understand the range of the QToD profession.

Student support

A large range of partners support the Edinburgh course: local authorities and heads of services, the cochlear implant centre at Kilmarnock, Deaf Action in Edinburgh, the National Deaf Children's Society (NDCS), the British Deaf Association, BATOD, and the Scottish Deaf Teachers' Group. The Scottish Sensory Centre, located in the School of Education and Sport, provides additional resources for the deaf education pathway, and the Placement Unit keeps the administration running smoothly.

Student support is an important part of the deaf education pathway at the University of Edinburgh. Alison Hendry is a deaf cochlear implant (CI) user who works in the student support office and supports our students. For example, she signposts university services and supports extensions where needed. Audrey Cameron is the academic cohort lead for the programme. This means she offers one-to-one support tutorials about any aspect of academic literacies. She also organises social events for when students are on campus. All tutors provide detailed feedback on assignments and guidance on how to write more confidently at master's level.

Some students are working solo in rural local authorities such as Argyll and Bute, Shetland, Orkney, Skye, and the Western Isles. Here the University and the whole network of local authority services in Scotland provide support to new ToDs as they learn about the role. One such student who will graduate in July with a distinction is Elena Adair. Elena has been supported by the Ayrshires and the Highlands services. With these mentors advising, she has set up new systems in the authority to track and work in partnership with schools to support deaf children and young people better. Hopefully, her energy and enthusiasm will prove the need for the workforce to expand in this geographically huge local authority.

Moray House celebrated its 175th anniversary in 2024. As part of the celebrations, Audrey Cameron and Rachel O'Neill gave a lecture to the school about the contribution of Moray House to deaf education. You can watch it online here: https://edin.ac/4gCnSnN

Make contact with us

Lecturers and PhD students from the University of Edinburgh Deaf Education Team will be presenting at conferences during 2025 where you will be able to talk to us further: the BATOD Conference in Exmouth in March, and the International Congress on the Education of the Deaf (ICED) Conference in Rome in July. You can email us at any time to set up a Teams or Zoom meeting to discuss the deaf education diploma further. We can hold meetings in English or BSL Rachel.oneill@ed.ac.uk ■

Rachel O'Neill is a senior lecturer in deaf education at the University of Edinburgh where she teaches on the Postgraduate Diploma to qualify teachers of deaf children. Her research interests include language policies, literacies, and bilingual education.

New university partner for historic high-quality training at Mary Hare

Sarah Davis and **Dr Joy Rosenberg** from Mary Hare announce their exciting new partnership for their two postgraduate courses: PGDip Teaching Deaf Learners and PGDip Educational Audiology

Mary Hare Courses are delighted to announce our new university partner: Liverpool John Moores University (LJMU). This exciting new partnership will ensure that we continue to secure the future of deaf children and young people through the delivery of our two postgraduate courses: Postgraduate Diploma (PGDip) Teaching Deaf Learners and PGDip Educational Audiology.

Our alliance with LJMU completes a tripartite offer from partnered courses for teachers working with learners with sensory impairments, each of which are offered close-to-practice at special schools. Whilst we are excited about this transition, it is important to note that our historic high-quality delivery (based on more than 100 years of expertise since Mary Hare herself began teaching) remains, along with these points:

- Our PGDip Teaching Deaf Learners is the only course delivered in the South and the only one hosted at a special school for deaf children and young people.
- Our PGDip Educational Audiology is the only educational audiology course in the UK.
- Early years-focus options are available as part of the Educational Audiology course.

PGDip Teaching Deaf Learners

Course delivery

Course delivery

Both courses are accomplished through blended learning, with four to five residential study weekends per year delivered at Mary Hare School; our students consistently note the evidence-based benefit of regular peer-to-peer learning and networking with fellow professionals across the two years of study, combined with opportunities to access asynchronous materials and attend online tutorials. One student from the graduating cohort of 2024 noted, "It was fascinating to learn informally from each other as well as formally; coffee times spent chatting were as vital as the lectures!".

Our courses provide evidence-based lectures and a strong practical aspect, including work-based placements and hands-on audiology learning that students find are a very beneficial opportunity for consolidating learning.

PGDip Teaching Deaf Learners

The Teaching Deaf Learners course trains qualified teachers to be able to meet the needs of deaf learners from 0–25 years old in a variety of settings (mainstream, resource units, and special schools) and using a full range of communication modes. The curriculum teaches to the competencies of the Mandatory Qualification.

The course is structured around eight modules:

Year 1: Language Development and the Impact of Deafness, Introduction to Audiology, Teaching Deaf Learners in Practice, Developing

Audiological Understanding.

Year 2: Holistic Development and the Impact of Deafness, Policy and Practice, Language Assessment and Facilitation, Evidencing Outcomes.

The design and timing of each module has been carefully considered to enable consolidation in the workplace before skills and knowledge are then developed further. This includes a 20-day external placement in Year 1 and a developmental, self-assessed, internal placement in Year 2.

PGDip Educational Audiology

Apprenticeship

The Teacher for Sensory Impaired PGDip apprenticeship was approved in November 2023. At the time of this writing, the potential to offer the apprenticeship rests with pending decisions from Skills England. Expressions of interest in the apprenticeship are being taken by Mary Hare (see QR code).

PGDip Educational Audiology

Our Educational Audiology course is delivered in accordance with the roles and competencies set out by the British Association of Educational Audiologists, and voluntary professional registration is available to graduates with the Academy for Healthcare Science. The course fully embraces the advantages of inter-professional training and collaboration; it trains Qualified Teachers of Deaf Children and Young People, audiology clinicians, and other related professionals. The course has a strong focus on technology and functional hearing and aims to support graduates to create a liaison between the educational setting, the home, and audiology clinic, as well as other professionals. For those students whose roles and/or interests are focused on children in their early years, there is an early years-focus option for each of the module assignments.

The next intake for the PGDip Educational Audiology is 2026. Watch the website for information regarding opportunities for bursaries.

It is anticipated that starting September 2026, students will be able to take stand-alone modules, allowing them to access Level 7, accredited continuing professional development (CPD). This also has the great advantage of allowing the student to 'dip their toe in' before committing to the full course of study. We will also then offer MA/MSc dissertation opportunities to add to the growing body of research produced at Mary Hare.

BTEC (Business and Technology Education Council) Level 3 for Teaching Assistants Working with Sensory Impaired Children and Young People

The BTEC course, accredited by Pearson on their self-regulation framework, is also the only course of its type in the UK. It is delivered in collaboration with the Berkshire Sensory Consortium Service. The course is delivered online, with five units delivered over ten afternoon sessions. The modules support students to learn about sensory impairment and special educational needs provision, hearing loss, personal and assistive amplification, the impact of deafness on learning, as well as providing support for deaf learners.

More information

To learn more about our professional courses please visit our website. Here you will find links to our course information, research and publications, and our professional courses online open event.

Our professional courses online open event will be held on Thursday 15th May at 4pm. To book a space email courses@maryhare.org.uk or visit www.maryhare.org.uk/events/professional-courses-online-open-day ■

Sarah Davis is the Course Lecturer and Dr Joy F Rosenberg is the Director of Courses at Mary Hare.

Postgraduate Diploma MQ in MSI/Deafblindness

To offer breadth and choice to educators wishing to specialise in multi-sensory impairment (MSI) the Department for Education (DfE) confirmed **Seashell Trust** and **Liverpool John Moores University** (LJMU) in 2023 as a provider of the Postgraduate Diploma Mandatory Qualification (MQ) in MSI/Deafblindness. The course successfully launched with its first cohort in Autumn 2024

MSI is the lowest of the low-incidence sensory impairment sectors, even allowing for the highly probable under-diagnosis and recognition of MSI in children and young people in the United Kingdom (UK). It is a catch-22 whether under-diagnosis and under-recognition of MSI or the lack of MSI specialist teachers comes first; the most important thing is that there are more specialist MSI teachers to identify and support those with MSI, and having two courses on offer to educators can only work to address the shortage of specialists.

The Seashell course is delivered in collaboration with LJMU, which facilitates access to academic resources and the online learning platform, and holds the degree-awarding power. Seashell provides the specialists, the content writers, the presenters, the tutors, families and young people, the hands on experience, knowledge and skills, the setting, and broad access to the MSI sector and community.

The collaboration between Seashell and LJMU was just the start of the collaborative elements for this course. Seashell is a keen, committed, passionate member of the MSI community and recognises that the strength of this specialist area comes from the knowledge and skills within the sector itself, and that Seashell is just one part of that. To capture this and train reflective practitioners who are committed to and part of the wider sector, the Seashell course has uniquely brought the voices and knowledge of colleagues into the course.

Online content has been developed to be varied and engaging, using a range of presentation styles, formats, and levels of interactivity. The course captures a broad range of professionals from across education, and health and social care, presenting individual passions and areas of interest, including content written and produced by a range of national and international MSI practitioners. The Programme Lead and tutor team oversee the quality and consistency of the course, ensuring the course flows and seamlessly incorporates the standards for the MQ as laid out by the DfE.

The course has a blended learning approach and is designed to fit alongside teachers' busy working lives and be immediately applicable in a practical way. It is a two-year, distance-learning course delivered at level 7. It is structured across eight 15-credit modules, four per academic year, each with a core theme ranging from functional assessments through curriculum, skill development, communication, and much more. The content is delivered both synchronously and asynchronously, with live tutorials, innovative online content, in-person study sessions at Seashell campus, visits, and teaching placements.

In keeping with Seashell's values and approach, this course was designed to be directly relevant to the work of an MSI teacher, and it holds an evidence-based practical approach at its core. The content is clearly structured and laid out, written in an accessible, user-friendly way, with the aim that content can be applied directly to practice while teachers are undertaking the course and beginning to develop their skills in this specialist field.

Course tutors

This course uniquely captures and shares the knowledge from a range of professionals across the two-year content; however, the Seashell Programme Lead, Caireen Sutherland, and Course Tutor, Michelle Jones are present throughout and available for the students.

Caireen is an experienced Qualified Teacher of MSI and Vision impairment (VI) and has worked in the field of sensory impairment, in a range of settings and sectors for 20 years. She is chair of National Sensory Impairment Partnership (NatSIP) and presents regularly at national and international conferences, as well as having published various pieces.

Michelle is the Head of the Seashell Sensory Support Service and a Qualified Teacher of MSI who has worked for 25 years across a range of settings and organisations within the sensory impairment sector. Michelle regularly speaks at national events and is passionate about training the next generation of MSI teachers.

Manchester Deaf Education

Dr Helen Chilton and **Dr Lindsey Jones**, Senior Lecturers in Deaf Education, outline the offer from the University of Manchester

Now, more than ever, it is important that newly Qualified Teachers of Deaf Children and Young People (NQToDs) are trained to enter the profession with a sound understanding of the needs of deaf children. At Manchester our graduates are highly skilled to meet those needs. NQToDs also need to be resilient, flexible, and able to problem solve. They need to stay solution focused but empathetic. To achieve this, we ensure our learners have access to a wide and varied curriculum that is underpinned by a strong ethos of research to practice. We spend time laying secure foundations and then build upon these to provide opportunities for the students to apply their knowledge to real life contexts. Irrespective of mode of study chosen (on-campus or e-blended) all our learners participate in simulated learning tasks such as troubleshooting in the audiology unit and report writing in the dedicated language assessment unit.

Facilities at Manchester

The University of Manchester has dedicated audiological facilities for Deaf Education students. These help us to offer a robust practical component to our teaching, mapping to the Mandatory Competencies and the most up to date research in the field as well as across disciplines. Our teaching room has soundfield technology, we have a fully equipped audiology laboratory, as well as specialist equipment for speech discrimination testing. The lab is equipped with a range of hearing aids and assistive listening devices which our students work with, using both the FP35 and the Auricle HiT (hearing instrument test box). We motivate our students to become experts in the field with a commitment to disseminate knowledge to support the continuing professional development (CPD) of colleagues working in the field. The programme team works closely with colleagues in speech and language therapy and audiology, which gives learners unrivalled access to expertise from our related disciplines through guest lectures and tailored resources.

Modes of study, flexibility by design, and exit routes (standard programme or the new apprenticeship route)

As well as our traditional routes to study, from September 2025 we have had approval for a new, additional way to study the programme for students who are employed as ToDs. This will be through the Level 7 Apprenticeship Levy. We are happy to talk to schools and services about the programme, but we are not yet open for applications as we await news from the Department for Education (DfE).

The academic content for the apprenticeship training will be the same as the existing routes and learners will still graduate with a Postgraduate Diploma in Deaf Education. Therefore, there should be three routes to qualify as a QToD:

- Postgraduate Diploma in Deaf Education (Apprenticeship route)
- Postgraduate Diploma in Deaf Education
- Master of Science (MSc) Deaf Education

Students can study with us part time on-campus or on a fully e-blended (distance) course on all routes. This provides flexible and accessible learning pathways which allow students to learn in a way that fits with their work and life commitments.

Across all routes to study, we build in many opportunities for our learners to come together, network, and build relationships. Feeling part of Team Manchester is important to us and this extends across all our learners and alumni. Whilst our full-time and part-time on-campus students are with us each week, our e-blended learners join us on campus twice a year (in both years of study) and make the most of our facilities during their on-campus workshops. In year 1 we invite our e-blended and on-campus first years to get together at our e-conference where we host national and international speakers to share their research and practice with us, many of whom are Manchester alumni as well as friends of Manchester, who extend across the world.

Placements

Our excellent relationships with schools and services for D/deaf children and young people (CYP) continues to grow and our partners welcome students to complete their teaching placements with them. At Manchester our students do two 20-day placements over the duration of their study with us. Our understanding of the complexity of the role and our work with heads of service nationally shows us that this is vital. We consider this to be the minimum preparation that learners need to broach the diversity of the needs of D/deaf CYP across the 0–25 age range, taking into consideration communication choices, educational settings, and multi-disciplinary approaches that are required to secure outcomes in language and learning. We want our learners to be able to demonstrate increasing confidence and understanding of the role and feel that this prepares them for the diverse challenges they might encounter in the field. The DfE in their approval of the new manMQ is clear that this qualification must be firmly embedded in practice and, for this, the opportunities to do so in training are vital to ensure sufficient skills and knowledge in the profession.

We arrange our placements for learners based on their learning needs and local availability. We try to ensure that placements give contrasting experiences wherever possible. Regular readers of the *BATOD Magazine* or those connected to our programmes via their supervisory roles will know that the first placement is assessed by physical visits to schools from supervisors. For their qualifying placement, learners are assessed by their supervisors using

Swivl technology. This small, remote camera enables supervisors to access the lesson remotely and develops reflective practice, a vital skill for our learners to take forward into their role as an NQToD. Whilst remote supervision clearly helped us to overcome the challenges of Covid, it is important to remember that this was added to our programme nine years ago, long before the impact of Covid bubbles and visitor restrictions. The use of this technology along with our adaptive approach to teaching and learning has seen the Deaf Education Team at Manchester acknowledged with a teaching excellence award and continues to see us leading the way in ensuring learners have high levels of reflective practice. Swivl also allows the opportunity to quality-assure learners irrelevant of where they are placed in the country so that we can be sure that they meet the requirements of the qualification and role.

Our students' achievements

Our learners continue to make us proud through their work with us and through their continued commitment to contribute to the profession.

- We have been able to continue to offer bursaries to self-funded students who are not currently working with D/deaf children. We work hard to support our students into employment and many of our learners are in high demand after having outstanding teaching placements.
- This year we have had excellent feedback from employers on the quality of our graduates. Our learners have shown themselves to be knowledgeable and well equipped to meet the needs of D/deaf CYP and their families across peri services, resource-based provision, and in schools for D/deaf CYP.
- Several of our recently graduated alumni have shown continued commitment to ongoing CPD in the profession. We were delighted to see Claire Allison present her work at BATOD North in November 2024, showcasing the work submitted to us as part of our Policy and Practice unit. Claire presented alongside Carly Humphries, a recent alumnus who carried out research into assistive technology in services for deaf children for her MSc. Carly has gone on to publish her research in *Deafness and Educational International (D&EI)* journal. Ellie Smith's expertise on genetics and deafness also contributed to the BATOD North day. Ellie is a recent graduate who carried out important work on SLT/ToD collaboration for her MSc – keep your eyes open for when we share these findings too! These contributions to the field of Deaf Education from our alumni shows the quality of our graduates who continue to add expertise and value to the profession year upon year. It's a very proud moment for us to see our students out there continuing to challenge expectations for D/deaf CYP and working to secure the best possible outcomes for the children and families they serve.

Dr Helen Chilton, Senior Lecturer in Deaf Education, and Dr Lindsey Jones, Senior Lecturer in Deaf Education at the University of Manchester.

Bursaries to study at Manchester

We welcome applications to our programme and can offer bursaries for those who are self-funding and who are not currently employed as a ToD.

Our Birkdale Bursary is entering its third year in 2024 and awards to up to four students per year who can show a commitment to raising standards in deaf education. We continue to offer the Lawrence Werth bursary to two students per year who can demonstrate exceptional classroom practice. In 2024 we began also offering the Jennifer Gough bursary which seeks to bring learners with potential around technology into the field.

Students can apply for a bursary via our website and we are accepting applications now. If you're reading this and can think of a mainstream teacher who would make a great QToD, let them know about us and our bursaries.

Get in touch!

We have never been prouder of our Team Manchester students and alumni who work tirelessly for deaf children and their families, and we love to talk about our programme. If you have any questions about our course and whether it's right for you or your potential trainee, please get in touch with us:
Helen.Chilton@manchester.ac.uk or
Lindsey.Jones@manchester.ac.uk

If you'd like to learn more about our programme from our learners and the experience that students get at Manchester take a look at our blogs, they might inspire someone you know to think about training!
Deaf education: Biology, medicine and health student blog:
https://manchesterbmhstudents.wordpress.com/tag/deaf-education/

Affiliation: Division of Psychology, Communication and Human Neuroscience, University of Manchester.

Through an international lens

Janet DesGeorges, Hands & Voices and The Global Coalition of Parents of Children who are Deaf or Hard of Hearing, discusses the essential role of parental engagement

I will always remember the day I stood in front of a room full of early intervention practitioners, where I was sharing the story of my involvement and advocacy strategies as a parent in navigating the medical and educational systems that were serving our family. One of the professionals raised her hand and commented, "I wish we had parents like you in our area." I was flattered, of course. But later, as I reflected on that comment, I thought of the thousands of families across the world I have had the honor to meet through my work as a director for a non-profit organization, Hands & Voices (based in the United States of America (USA)), as well as my involvement with the Global Coalition of Parents of Children who are Deaf or Hard of Hearing (GPODHH) and realized, of course, there were "other parents like me." I knew that I was not born a natural advocate and had learned advocacy and parent engagement skills along the way. For many parents, becoming an effective advocate for their child may not occur naturally but is something that is learned over time and modeled by other parents and the professionals that serve them. Learning advocacy was a first step in achieving leadership skills that empowered me to lead others towards systemic improvements.

The ability to lead in a complex world is at the heart of accomplishing successful outcomes. In other words, those involved in 'systems', ie deaf education, may know what needs to be accomplished, but leadership is the essential element for how to get there. Effective leadership can lead to improved outcomes and should be a shared responsibility among all those who are a part of effective programming (Clegg, 2000). All practitioners and families who seek to improve the educational system, regardless of their position of authority, have an opportunity as well as responsibility to take the mantle of leadership to create success. And yes, that means parents, too, should and can be seen as leaders. Parents across the globe, whether they come from a culture where terms like 'leadership' and 'advocacy' are not typically ascribed to the parent voice, have learned and taken on their role in partnership with professionals to ensure good services for children and young people who are deaf or hard of hearing (d/hh).

In ensuring an appropriate education and/or medical support for their child who is d/hh, families of students may find delivery of services inferior to established standards and are often forced into the role of reactionary advocacy to overcome lack of effective services in the real world. Examples of the challenges that families face include long wait times for audiological support, educators who do not understand the unique needs of children who are d/hh, or ensuring inclusion in community life. Frustration occurs for both practitioners and parents who know what appropriate practices should be in place, and then find their own experience is far from that in real life. Imagine a world where standards are implemented in programs and society regardless of geography, disability status, socio-economic status, culture, and other barriers. The gap between what should be and can be is often the leadership ability directly related to effective services for our children (Maxwell, 2007).

Parents as co-leaders

"Simply put, we are in the trenches 24/7 and live the life we advocate for on an individual and organizational level. We live that life; we are not distant from it … we never stop being parents to a special needs child and we grow as they grow and their needs grow. We are constantly aware, constantly in touch and we never forget where we have come from and that guides where we are going. Yes, we wear the hat of a leader, but we always wear the hat of a parent … we are always in touch with what it means to be simply a parent of a special needs child and the journey of balancing those needs and the creativity in leading others, and how those two needs flow one into another and instead of in tension, ultimately encouraging harmony." (Parent from the USA).

Viewing parents as co-leaders as part of the paradigm towards successful outcomes goes beyond simply viewing family roles as partners in the process, or recipients of programming. Co-leading can also occur within the concept of co-production theory. The theory of co-production of services (Batalden, 2015) encouraged collaborative work, initially implemented in healthcare system design. As noted in 'A conceptual model of healthcare service,' co-production of services should not be viewed as a 'product delivered'; it is better conceived as a service. Services are always co-produced by service professionals and service users. Partnership is a relationship where professionals and families share power to plan and deliver support together, [each group] recognizing that [the other has] vital contributions to make to improve quality of life for people and communities (National Co-production Critical Friends, 2015).

Parent involvement is a major predictor of a child's developmental outcomes and educational success and includes being an active participant in the decision-making process. Many studies have been conducted over the past 30 years that identify parent involvement as the one most important factor in student success in school (Henderson and Berla, 1995). Benefits of parent involvement include higher reading scores, higher grades on homework, improved attitudes towards school, and improved relationships between parents and teachers (Donahoo, 2001). In the past, parents were often invited to share their feelings and experiences about their lives but were not integrally involved in the actual hands-on processes of developing systems. Today, you will find parents at the decision-making tables of systems development, state advisory councils, staff positions in agencies, and directing their own family-based organizations such as Hands & Voices (www.handsandvoices.org) and GPODHH (www.gpodhh.org). Engaged families often learn their skills in leadership from one another in these types of organizations.

Hands & Voices is a US-based non-profit organization with chapters in the US and Canada, which has found the key to successful representation and parent-to-parent support through developing leaders in the skills needed for parents to support their own child, other parents, and improvement in systems building. Hands & Voices emphasizes that every child and family is different, and there is no single "right" way to approach raising a d/hh child. Our slogan, 'What works for your child is what makes the choice right,' reflects our focus on family-driven decision-making. The parent-driven yet professionally collaborative model of Hands & Voices leverages the strengths of both parents and professionals, ensuring that children who are d/hh receive the best possible support and opportunities. This partnership creates a culture of mutual respect, shared learning, and better outcomes for children and their families.

GPODHH is an international alliance of parent-led organizations that advocate for the rights and well-being of children who are d/hh. GPODHH unites parents and caregivers across the globe to share knowledge, collaborate, and advocate for policies and practices that benefit children with hearing differences and their families. The mission of GPODHH is to empower and support parents and caregivers to ensure the full inclusion, participation, and development of children who are d/hh, regardless of their circumstances or communication preferences. GPODHH has strengthened

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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 five 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.

Retiring?

As another school year draws to an end, you may be thinking of changing your membership arrangements.

If you are retiring, 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.

If we are alerted early, we can take the necessary steps to ensure that payments are amended as required.

Our terms and conditions state that once a payment period has commenced, no refunds can be allocated for payments made.

Please let us know:

- what changes you wish to make
- 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.

the collective voice of parents worldwide, ensuring that their insights and experiences are central to shaping policies and practices. By working across borders and collaborating with key stakeholders, the coalition has become a powerful advocate for creating a more inclusive and supportive world for children who are d/hh. Through its efforts, GPODHH strives to ensure that no child or family is left behind, fostering a global network of support and decision-making processes, we pave the way for systemic improvements that benefit all children and families. Together, parents and professionals have the power to bridge gaps, overcome challenges, and build a future where every child, regardless of circumstance, can thrive.

Janet DesGeorges lives in Boulder, Colorado, USA with her husband Joe and is mom to three daughters, including Sara, who is deaf/hard of hearing. She is a co-founder and the Executive Director of Hands & Voices Headquarters, a parent support and advocacy organization for families who have children who are deaf/hard of hearing. Janet has presented to groups worldwide on a wide variety of topics, including leadership development for parents who participate in systemic improvement, Deaf Education improvement, Children's Safety and Success (preventing child abuse and neglect), Early Hearing Detection and Intervention Systems, and Parent/Professional partnerships. Her starting point is always about the experiences of families as they journey through life with a child with deafness or hearing loss. She is also a founding and current member of GPODHH.

Ms DesGeorges has contributed to many publications, including the 'Hands & Voices guidebook'; 'Educational advocacy for students who are deaf or hard of hearing; the 'Consensus practice parameter': audiological assessment and management of unilateral hearing loss in children, International Journal of Audiology, along with a companion user guide for families; 'Avoiding assumptions: Communication decisions by hearing parents of deaf children, American Medical Association Journal of Ethics; and a self-published book, Not a leader, now a leader. Ms DesGeorges received a program certificate from the MCH Public Health Leadership Institute in 2011 at the University of North Carolina, Chapel Hill.

As an advocate, Janet believes in the principles and guiding philosophies of Hands & Voices towards a parent-driven, professionally collaborative approach when supporting families and working towards systemic improvements.

To find out more about Hands & Voices and GPODHH, contact the author at janet@handsandvoices.org

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We all need personal assistants

Several months ago, I created hear2learnGPT as an expert artificial intelligence (AI) assistant, designed to support practising Qualified Teachers of Deaf Children and Young People, including those in advisory, peripatetic, leadership, and management roles. Particular attention was given to the Special Educational Needs and Disability (SEND) Code of Practice and best practices in inclusion and deaf education. The GPT (generative pre-trained transformer) offers tailored guidance to help educators navigate complex educational landscapes.

For busy teachers and educational professionals, hear2learnGPT can be a significant time saver. It provides, amongst many functions, quick access to specialised information, assists with improving educational plans, and offers insights into effective inclusive teaching strategies. While hear2learnGPT strives to be a valuable resource, it is a tool meant to complement, not replace, professional expertise and judgement.

If you are not a user of OpenAI, you will need to create a free account to use this tool.
I'd love to hear if it helps, and if there is the demand, I'll develop other tools.
Expert assistant: bit.ly/hear2learnGPT
David Canning is an Educational Audiologist, and an Educational Consultant with Hear2Learn

Meet…

an Advanced Bionics Consumer Engagement Specialist

Rebecca Bentley details her alternative pathway into deaf education

My journey into the field of deaf education has been anything but conventional, my route has been shaped by a blend of academic study, hands-on experience, and a deep-seated passion for supporting deaf children. My role has evolved into diverse career opportunities, demonstrating the many pathways available in this field.

My interest in deaf education was first sparked during my undergraduate studies at the University of Manchester, where I completed a degree in Human Communication and Communication Disorders. This programme provided a strong theoretical foundation in linguistics, audiology, and communication development, but it was during a pivotal year of hands-on experience that I truly found my calling.

After graduating, I spent a year working at what was then the Seashell Trust (previously known as the Royal Schools for the Deaf). This experience proved invaluable, offering me an immersive introduction to the complexities of working with deaf children who have additional needs. While my degree had provided me with academic knowledge, this role grounded my learning in real-life practice, helping me to understand the importance of individualised approaches, multi-sensory learning, and the broader implications of deafness beyond communication.

Inspired by this experience, I pursued my Postgraduate Certificate in Education (PGCE), balancing my studies with a full-time role as a mainstream teacher. While teaching, I undertook the Postgraduate Diploma (PGDip) in Deaf Education, a challenging but rewarding experience that allowed me to apply my growing expertise directly to classroom practice. The dual demands of studying and teaching enhanced my resilience, adaptability, and practical understanding of the field.

For 21 years I worked within the National Health Service (NHS) as a Cochlear Implant Teacher of the Deaf on the paediatric team, collaborating with a committed and experienced group of professionals dedicated to supporting children and their families navigate their journey through hearing loss and later implantation. Over the years, I have formed strong professional connections and collaborated with many supporting services across different geographical areas. Rehabilitation and its influence on outcomes have been a strong passion of mine, leading me to certify as an Auditory Verbal Therapist in 2009. Since then, I have mentored others in achieving similar success, reinforcing my belief in the power of rehabilitation and structured intervention.

My experience has taught me many things, but above all, it has reinforced the importance of continually learning from families – understanding their stories and supporting them with empathy and empowerment.

I have recently transitioned to Advanced Bionics, where I am pursuing my passion from a different perspective. Using a new lens, I am focused on finding innovative solutions while maintaining the same fundamental goal – to help individuals listen without limitations! I am excited to continue this journey, collaborating with colleagues and advocating for the best outcomes for the children and families we serve.

Please feel free to contact me directly at rebecca.bentley@advancedbionics.com for further conversation and discussion. If I can offer any advice or support, I'd love to hear from you!

Rebecca Bentley is a Consumer Engagement Specialist at Advanced Bionics, and QToD.

Meet… an AIMS for a better birth volunteer

Alex Smith, a childbirth educator and editor of the AIMS journal, shares her journey to being an AIMS better birth volunteer

I was drawn to the birth world from a very young age. Even before I knew about where babies came from and how they were born, I used to ‘deliver’ my hot water bottle from the foot of my bed. I remember a wonderful sense of ‘rightness’ as the weight of the bottle left the bed and was received into my hands. I think this was the first expression of my very deeply held trust in physiological birth, and a feeling that led me to working with the National Childbirth Trust (NCT) from 1976, shortly after the birth of my second baby, until the present day. It was through my work as a childbirth educator that I first came to learn about Association for Improvements in the Maternity Services (AIMS). I was always uplifted, inspired, and informed by their strong, clear, evidence-based voice, and in 2020, with the pandemic in full swing, I was thrilled to join AIMS as an editor for their online journal, and as a volunteer on their helpline.

AIMS was founded in 1960 by Sally Willington “to support women and families to achieve the birth that they wanted.”

Since the 1960s, AIMS has campaigned tirelessly for improvements to the UK's maternity services, as well as supporting women, their families, and others who support them, both directly through our helpline, and by sharing information with our books, journal, and website resources.

In 2014 we became a registered charity. AIMS accepts no commercial sponsorship so relies on membership subscriptions, donations, profits from AIMS shop sales, grants, and other fundraising to be able to continue our work. Our vision is a future where every family has a positive maternity experience where they feel informed, heard, and respected, and our mission is to support all maternity service users to navigate the system as it exists, and campaign for a system that truly meets the needs of all.

Our candle image has been the AIMS logo since the late 60s. It represents our commitment to change, no matter how large or small the change may be. "It is better to light a single candle than to curse the darkness.” AIMS is a long-standing member of ENCA, the European Network of Childbirth Associations.

AIMS works towards better births for all by campaigning and information sharing, protecting human rights in childbirth, and by helping everyone to know their rights, whatever birth they want, and wherever they want it.

AIMS’ mission is supported by the following three pillars of work:

- Providing objective, accessible, evidence-based information tailored to the needs of maternity service users and those who support them
- Providing individual support and tools for self-advocacy
- Campaigning and lobbying at national level for the service improvements that we believe are needed.

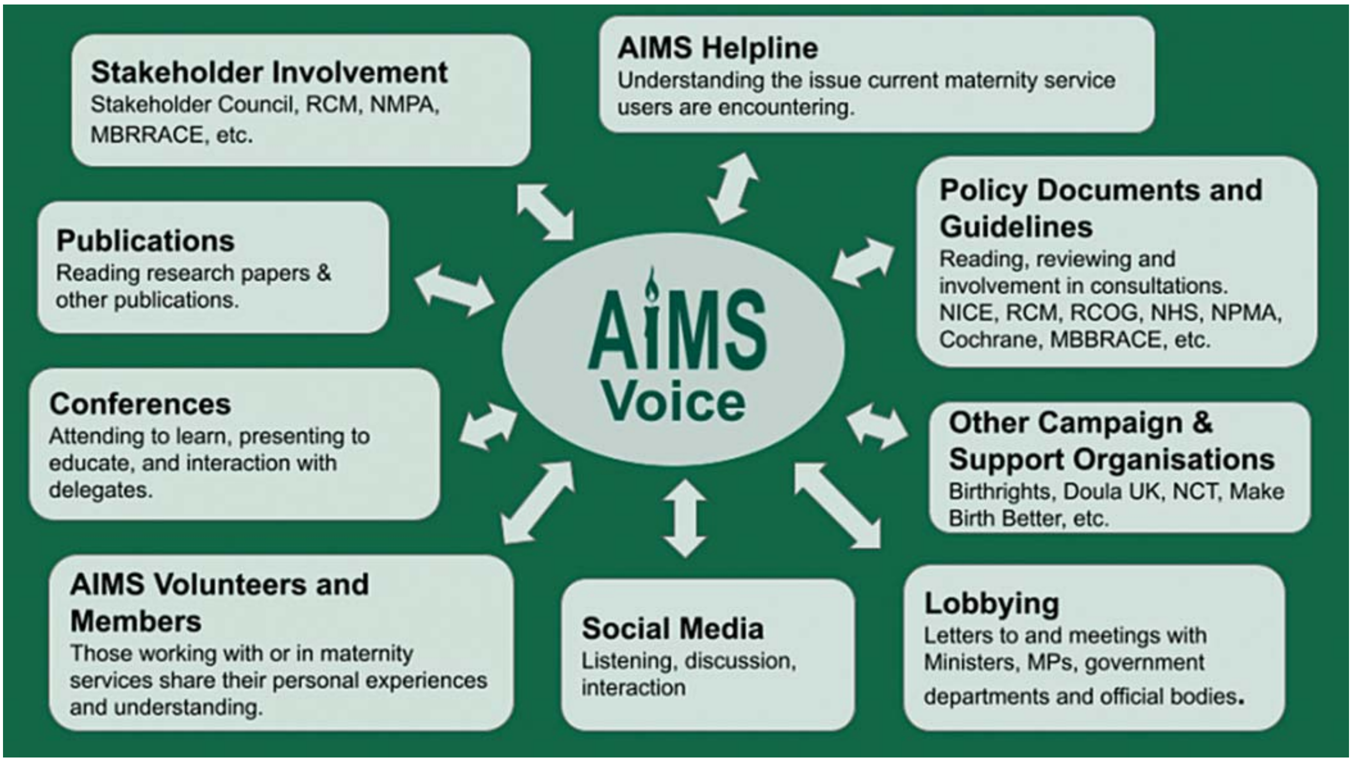
How does AIMS know what is needed? We listen to organisations and individuals, and gather information from a wide range of sources.

AIMS has set out its position on a number of important maternity services issues in a series of position papers. These cover the following topics:

- Physiology-informed maternity services
- Decision-making in maternity
- Continuity of carer
- Obstetric violence
- Choice of birthplace
- Freebirth
- Racial inequalities in maternity services.

These position papers, the journal, and all of our information can be found on the AIMS website www.aims.org.uk. It is freely available to everyone, members and non-members alike. However, AIMS is run by a small team of volunteers, and we are always grateful to welcome more members and new volunteers.

So, back to me (as Miranda Hart would say), what am I doing saying hello to the readers of *BATOD Magazine*? I find myself here because we have deafness in the family. My second child was diagnosed as being deaf when he was a baby, and although he seemed to ‘grow out of it', my deaf awareness had been sparked. We were a home-educating family and, as part of her home curriculum, my eldest daughter visited a profoundly deaf neighbour each week for one year to learn British Sign Language (BSL). Whether her choice of learning activity was through some mysterious sense of foresight, or whether it was simply a coincidence, I don’t know, but it turned out to have been more useful than we could have imagined as her second child was found to be profoundly deaf. I cannot say he was deaf from birth because we don’t know for sure. He was deaf when the hearing test was conducted at three to four weeks old, but he had received the antibiotic gentamicin at six days old, and this may or may not be the reason for his deafness. This



diagnosis found us all learning BSL again – my daughter, her husband, my other children, and myself. In fact, we even won a family learning award! www.learningandwork.wales/the-smith-family

We were very lucky to have BSL teachers who were profoundly deaf themselves. BSL was their first language and, after our first lesson, spoken English wasn't used again. Deaf history and politics were impressed upon us. We also came to understand that the hearing world is in charge of health and education and that the default setting is to regard deafness as a disability that needs fixing – rather than to regard society as lacking and in need of fixing in order to accommodate deafness in a truly equitable way. This resonated strongly with my interest in women's rights in childbirth. I knew that a majority of hearing women giving birth in the United Kingdom (UK) did not feel that they received the care that they truly consented to, and I wondered how much worse this must be for deaf women.

This is how we came to choose deafness as a theme for the AIMS December 2024 issue of our journal. We called the issue, 'The deafness loop: a cycle of inequality' because barriers to equitable healthcare are the result of barriers to equitable education. I recently said to someone that I would like to see BSL versions of National Institute for Health and Care Excellence (NICE) guidelines, and her answer was, "Why? They are intended for health professionals." The person I was speaking with, a doctor, assumed that profoundly deaf people with BSL as a first language would never be able to become doctors, or midwives, or teachers, or senior policy and decision-makers in deaf education – but why? What would need to change for that to happen?

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

Missed a publication

Occasionally we learn from members that they have not received their journal or magazine. If you are concerned you may have missed an issue, please contact us as soon as possible exec@batod.org.uk

We will endeavour to send a replacement as soon as possible. However, if we are not informed of a missing issue for sometime, we may be unable to provide a replacement.

BATOD and SSC forum

BATOD in partnership with the Scottish Sensory Centre (SSC) has launched a new closed forum 'SSCBATODResourcedprovisions' for staff in deaf school and deaf resources provisions in UK and Republic of Ireland. Members of the forum are invited to exchange information and for the dissemination of research and best practice.

The forum will be moderated by BATOD. Contact sscmail@ed.ac.uk to sign up.

BATOD was there representing you...

Between the NEC meetings, members of BATOD attend various meetings that are of particular interest to Qualified Teachers of Deaf Children and Young People (QToDs). This list is not exhaustive.
Your representatives at the meetings listed (as known at the time of writing) included: Lisa Bull, Sue Denny, Sibel Djemal, Steph Halder, Helen Maiden, Amanda McNamara, Teresa Quail, Sheila Squires, Emily Troddyn.

Date	External participants	Venue
January		
9	BATOD/National Deaf Children's Society (NDCS) regular meeting	Teams
14	Alliance Hearing Loss and Deafness Alliance Steering Group	Teams
21	Welsh Government British Sign Language (BSL) stakeholder group	Teams
22	National Special Educational Needs and Disabilities (SEND) forum meeting	Zoom
29	University College London (UCL) Research Project Visual Communication and Reading Development in Deaf Children advisory group	Zoom
29	University of East Anglia – Early Development & Deafness Network	Zoom
31	National Sensory Impairment Partnership (NatSIP) Steering group	Zoom
February		
4	University of Edinburgh Captions and Summaries project	Zoom
5	Cross Party Group (Deafness) Scotland	Zoom
6	NatSIP drop-in for Consortium for Research into Deaf Education (CRIDE) survey	Teams
20	Welsh Government BSL stakeholder group	Teams
20	Hearing Impairment Network for Children & Young People (HINCYP)	Teams
March		
3	Department for Education (DfE) Research: Assistive technology in education settings	Teams
4	Consortium for Research into Deaf Education (CRIDE) reference group	Zoom
6	National Sensory Impairment Partnership (NatSIP) Futures group	Zoom
12	Cochlear Implant International Community of Action webinar	Zoom
12	BATOD/National Deaf Children's Society (NDCS) regular meeting	Teams

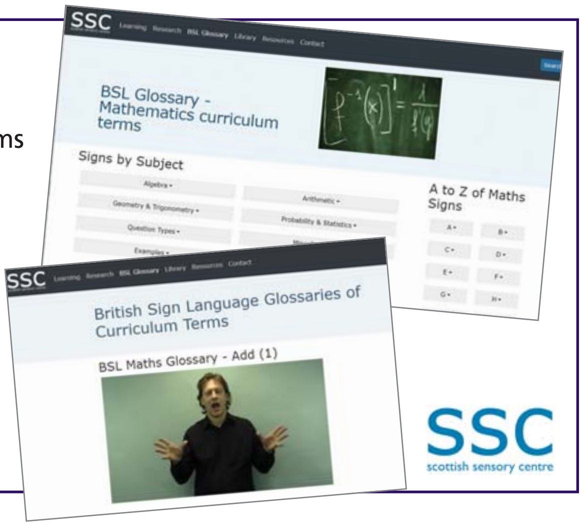
Please inform the National Executive Officer Teresa Quail via exec@batod.org.uk, if you know of any meetings where you feel representation on behalf of QToDs would be of benefit. Although there is no guarantee that BATOD would be able to attend every meeting, situations could be monitored and the interests of QToDs represented.

British Sign Language Glossaries of Curriculum Terms

With the BSL Glossary project, the Scottish Sensory Centre aims to develop lists of subject-specific terms (called a glossary) in British Sign Language.

"Teams of BSL linguists and subject specialists have created this resource by gathering any existing terms and creating new terms in BSL for those that do not. The glossary terms are supported by signed definitions, lab experiments and examples."

The glossary includes Mathematics curriculum terms as well as a range of other topics. Visit the website for further information www.ssc.education.ed.ac.uk/BSL/maths.html



BATOD membership

BATOD Membership fees 2024-5

BATOD activities are funded from your membership fee and some advertising income.

Colleagues who share your Magazine and Journal also benefit from BATOD negotiations with government and other influential bodies – but they are not contributing!

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

ToDs in training will be entitled to a £20 reduction in annual membership fee. This applies for the two years of the course.

The BATOD Treasurer may be contacted via treasurer@batod.org.uk

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