

This document is to be used as a guide when working with deaf children who do not use British Sign Language as their first or preferred language.

It is important when working with any child that you establish which language they prefer to communicate in. Not all deaf children use British Sign Language (BSL), and in 2017 it was estimated that 67% of severely or profoundly deaf children communicate using spoken English or Welsh in school, where only 7% were reported to use BSL alone, and 21% use sign language alongside English or Welsh. In addition 13% of deaf children use an additional spoken language other than English in the home. **(CRIDE Report 2017)**

As part of our assessment process we spend substantial time in establishing how the deaf child best communicates. This takes place by observing them in their natural environments, and talking about communication openly. Talk to your local National Deaf CAMHS team who referred the child, as they may have done this piece of work already and maybe able to share it. Every deaf child is different and has different needs and strengths dealing with their communication requirements on a daily basis, dependant on a lot of demands.

Once you have established preferred language, if the child communicates using spoken English, the following strategies maybe helpful when thinking about how you engage the deaf child. The strategies suggested here are not a blanket method for every deaf child you will encounter, but they may aid, and facilitate better communication for the child you are working with. This is not a comprehensive list.

1. **Visibility:** this means ensuring there is good lighting, appropriate distance for lip reading, ensuring the child has their glasses on or contacts in, not having the sun or a bright light behind you. Make sure you obtain the child's eye contact before speaking to them.
2. **Lip Reading:** speak at a normal pace, don't over enunciate, enunciate properly (no mumbling), face the child, and make sure they are looking at you, if you are a fast speaker, slow down a little, trim the facial hair so they can see your lips (or better yet be clean shaven), keep hands and objects away from the face/mouth as they are very distracting, don't talk while chewing food or gum. Don't whisper or speak too loudly, as they can be distracted by that, and prefer normal speech volume.
3. **Body Positioning:** position yourself where you can be lipread, heard (within the normal range of spatial proximity usually being three feet away from one another. Sit down if needed to be on their level, and do not speak behind the child when they are not facing you.
4. **Noise:** be aware of background noise and eliminate it where possible, by turning down or muting the stereo, TV, or relocating to a quieter setting if possible. If noise cannot be eliminated, be prepared to repeat, either a word or the full sentence. Or better yet, sign, finger spell, or write down what you are trying to say. Speak up if needed.
5. **Gesturing & Body Movement:** reduce gesturing while talking and stay still if possible, don't move around while talking because doing so means lip reading is harder and the child become distracted by your actions. If you must move around because you are demonstrating

something, then be prepared to explain again, or break it down into segments. Keep your head up so that your mouth is visible. Give eye contact.

6. **Repeat:** repetition is often necessary. When you are asked to, please do not be frustrated, or change the words you used. The child may tell you if it is a word they missed or the whole thing, so repeat back only what they ask for. Speak up if you are a quiet speaker. A note: a single syllable word is harder to lipread and decipher than a multisyllabic word, so if one must change a word, use a multisyllabic one instead.
7. **Timing:** timing is crucial, and this holds for everyone. If the child is actively doing something, either wait until they are finished, or get their attention and ask them to stop if it's important and they are able to do so. Also give the child time to process what has been said, stop periodically to check to see if they have comprehended what you have said.
8. **Attention:** ensure you have the child's attention, by making sure they are looking at you and aware that they are being spoken to, tap the person on the shoulder, stand in front, eliminate distractions, and even ask 'are we ready'.
9. **Assumptions:** do not assume the child is following every word, or understood every word simply because they are looking at you, actively participating, saying yes, or responding appropriately. Don't assume that because the child doesn't respond, that they are ignoring you. Just because the child get part of the conversation does not mean they get it all. Sometimes one word missed derails the rest of the conversation, or they become distracted and miss key elements of the conversation. Ask if they understood, clarify what they think we heard. Most of us do this by habit, but often, we also don't like to admit when we didn't understand something.
10. **Understand:** that like anyone else, if the child is ill, tired, distracted, that we are affected by things we cannot always control or eliminate. If these things affect your own abilities to communicate effectively, then understand it is doubly difficult for us to overcome these as well. No one is always at their best, and that always impacts successful communication. Also understand that sometimes, no matter how hard the child try to focus, or participate, the BRAIN will simply shut down and say it has had enough. The child may tell you if they are having a bad communication day, and why.
11. **Contact:** Instead of phoning, think of other ways in which you could keep in contact with the child outside the time you meet face to face. This maybe using text or email to contact the deaf child depending on their age and literacy skills.