

From BSL; to BSL and Cued Speech; to BSL, Cued Speech and spoken English; and on to full literacy and full bilingualism: Will's story

Sometimes, in life, just one chance comment can utterly change the course of someone's life. That is what happened in the case of our 7 year-old son, Will, when he was little over a year old and had recently been diagnosed as profoundly deaf. The comment was from another mother of two older profoundly deaf boys, advising me that it would be worth everything in the world to Will if we could help him to gain age-appropriate understanding of English by the time he reached school age. This, she said, would give him the foundation that he would need for his development and learning, especially his literacy, for the rest of his life. She had achieved this for her children, who have virtually no hearing, so there was no reason why we shouldn't be able to achieve it for Will, despite his having no aided hearing at all.

This conversation marked a major milestone in our understanding of nature of the struggle ahead of us. After our initial preoccupation with worries about his hearing and speech, we realised, for the first time, that the most crucial thing for Will at that point was his *language* development. He needed a full language for thought, as well as communication, and he needed the conceptual skills associated with a full language to be able to learn and develop on a par with hearing children.

If *language* and communication, rather than speech and communication, was our primary challenge, then what language was Will to learn and how? At that point, we were doing what we could to begin using some BSL at home, but with no one to help with evening childcare, my husband and I couldn't both attend the local signing course, and, in any case, one lesson a week in a beginner's language course hardly seemed adequate given the urgency of Will's language needs.

Despite our success in getting some rudimentary signing going in those early months, the most momentous transition for Will came when we started to use Cued Speech with him at home alongside BSL. We recognised that he still needed the BSL to communicate. However, our own signing skills were so poor and improving so slowly, it was quickly obvious that if he was to access a full and grammatical language from us at home in his early years (when he needed it), his first language had to be English. And since he couldn't hear a single sound of English at that stage, the only option for him to acquire it was through Cued Speech. Luckily for us, Cued Speech can be learnt extremely rapidly if you are willing and able to put the practice in and get on and use it (much like typing). Within a few months, Will had a receptive vocabulary of over fifty words in (Cued) English, alongside his expanding BSL vocabulary, and he was switching automatically between languages, using BSL as his primary expressive language and English as his first receptive language. The ease with which he took to both languages made us hopeful that, if we could find a way to keep both languages going over the longer term, it might be possible for Will to eventually become fully fluent in both languages, and thus *truly* bilingual. That remains our aim.

The second most significant transition for Will has been his shift from purely visual communication to predominantly aural/oral communication since his cochlear implant, which he received five years ago when he was two and half. His chances of benefiting a great deal from an implant had looked slim due to the nature of his hearing loss – a highly unusual combination of auditory neuropathy and thin (or, on his left side, virtually absent) auditory nerves. It is clear that he doesn't get as much useful hearing from the implant as would be expected in a more straightforward case. Yet, despite this, he has managed an extraordinary transition from a child who was totally dependent on visual communication to one who is almost entirely reliant on spoken English for all communication at home and at school. Given the comparatively poor quality of his hearing with the implant, we are convinced that a crucial factor enabling this transition must have been his early understanding of Cued English, which, as we continued to use it after his implant, provided him with a supporting 'scaffold' to help him make sense of the new speech sounds that he was hearing and relate them directly to the language that he already knew.

By the time Will was ready to start school, he had attained an age-appropriate level in his comprehension of English, albeit with various gaps and delays. Of course, he had a more significant delay in his own expressive spoken English due to the limited time that he had had his implant and the imperfect hearing that he has with it. We weren't unduly concerned by this, since we remained confident that his speech would, over time, begin to catch up with his comprehension. As predicted by my friend all those years earlier, the fact that Will had good knowledge of spoken English by that stage made his transition from nursery to school considerably less stressful and difficult than it might otherwise have been. Having tried extended specialist and mainstream placements during his nursery years, it was clear to us that the most appropriate place for him would be in a very small mainstream school with full-time one-to-one communication support in Cued Speech. English was to be his first language for education, since this was his first language at home, and consolidation and development of his use of spoken English and early literacy were to take precedence during his first two years at school.

With outstanding support from his communication support worker and other staff at his village school, Will quickly began to catch up with his hearing peers across all areas of the curriculum and in his social and communication skills more generally.

His spoken language is now more or less age-appropriate across most areas of English vocabulary, grammar and syntax. His speech is fully intelligible to people who know him well, enabling, for example, easy communication in spoken English with his younger brothers. And, five years on from the implant, he no longer relies on Cued Speech to access spoken English, at least in a quiet environment, as long as people speak clearly and he can lip-read.

A momentous transition for Will came about as he began to be introduced to phonics alongside his hearing peers in the classroom. Much to our amazement, he not only coped with phonics, but seemed to take to it more quickly and easily than many of the other children in his year-group. Perhaps, we wondered, similar pathways in a child's brain are important for reading text as for "reading" Cued Speech? Since Cued Speech is a phonic-based system, it is, perhaps, not surprising that four years of previous exposure to Cued Speech helped him get to grips with early phonics-based reading skills at school? The ease with which he mastered phonics, combined with his knowledge of English language, has made Will's rapid transition to literacy a joy to be involved in. He is now in Year 2, and his reading age, measured alongside his hearing peers in a recent standardised test conducted by his class teachers, when he was 6 years old, came out as equivalent to 9.5 years. His ability to read and write is already opening up so many doors for him in his wider learning and development. He accesses a great deal at school now through his reading, and this, we hope, will help him in his transition to Key Stage 2 next year. He reads constantly all kinds of books at home; he is able to surf the internet independently to find sites and information about all manner of things that he is interested in; and he now reads all the subtitles when watching TV because he doesn't want to miss a single thing. He fully expects to access and be included in everything these days, and he is very assertive in making sure that that happens.

The next important transition that we hope is achievable for Will is for him to attain *full* bilingualism in (spoken and written) English and BSL. By this we mean complete fluency in both languages. Our intention had always been to try to support Will's language acquisition by sequencing the input according to his changing needs. Before his implant, he depended on BSL for all his expressive language. Following his implant, we put less emphasis on BSL while consolidating his use and understanding of English. Now that his spoken English is well established, it feels like the right time to begin putting more emphasis on his BSL again. We had always hoped that he could learn BSL by using it with deaf people who use sign as their first language. Our local peripatetic service has organised for Will to be visited regularly at home by a deaf member of their staff, and she is now teaching BSL to all of us at home. Will is enjoying it a great deal. He is confident using it, building on the BSL he already knew, and likes practicing it at school and teaching it to his hearing peers in the playground.

Overall, perhaps the most important transition for Will has been from a baby who seemed to us severely disadvantaged and disabled to, today, a confident, happy and well-adjusted boy who has every advantage that could be expected of a kid of his age, with everything to look forward to. It took years of extremely hard work on his part and ours to get to this point, but every bit of it was worth it.

Sarah Collinson, Devon, February 2007. BAToD Transitions Article