

Aim: To raise standards and achievement for all children, particularly those with sensory impairment.



Communication Policy

Introduction:

It is recognised that there needs to be a degree of flexibility when implementing a communication policy for children and their families depending on the individual child and family profile. A child's communication method should promote an enjoyable and meaningful experience with other people through language. Parents should be fully involved in all discussions regarding how their child will communicate and how that will be promoted, developed and monitored. In this way they will be able to make an informed choice.

The Berkshire Sensory Consortium Service (BSCS) supports children and families for:

1. Hearing Impairment
2. Visual Impairment
3. Multi Sensory Impairment

1. Hearing Impairment

Most children with hearing impairment, who are identified through the neonatal screening programme, have the potential to acquire a high level of competency in spoken and written language. In recent years this has been facilitated by early identification leading to appropriate amplification and opportunities to develop spoken language through stimulating interaction with family and others. On this basis the BSCS promotes the use of an auditory-oral communication approach from diagnosis. The development of language in children with hearing impairment will usually follow the same language acquisition process as for hearing children, through meaningful interaction and conversation. Although language may be delayed due to hearing impairment, for the majority of children with hearing impairment language acquisition will match other aspects of the child's development. However, individual children with a hearing impairment have a variety of communication needs and these may change over time. The BSCS, together with partner agencies, provides the parents of newly diagnosed children with information about methods of communication.

Approaches to Communication

Auditory – Oral

Auditory – Oral approaches are based on the belief that children can learn to use their residual hearing well enough to develop good listening and speaking skills. This will enable them to communicate and mix with hearing people as part of the wider hearing community. It is also believed that oral language better supports the development of English literacy skills – reading and writing, because written language is built on an understanding of the sounds and structure of the spoken language.

Sign Bilingualism

Sign Bilingualism uses sign language as the child's first language and the spoken language of the family is learned as a second language. This may mean that children learn three languages: sign language, the language of the home and English. A sign bilingual approach believes that for deaf children to have full access to language, learning, education, information and the world around them, together with a strong positive deaf identity, a visual language is essential rather than one which relies on hearing and speech.

Total Communication

Total Communication is not a single approach and uses a variety of methods flexibly. These may include sign, speech and hearing, fingerspelling, gesture, facial expression and lip-reading - in whatever combination works best for the child.

Taken from "Communication with your Deaf Child" Gwen Carr / NDCS

2. Visual Impairment

'Vision is our most powerful sense, providing instant access to information and helping us to make sense of the world around us. It plays a vital part in children's play and their development of language and social interaction.'
(RNIB 2012)

A child's first experiences have a very important effect on their future so children who have a visual impairment will have Sensory Consortium Service involvement, depending on the levels of vision. Working closely with parents, the QTVI will teach effective communication and listening skills to allow children to fulfil their potential. Attention will be given to providing real objects and experiences to support the visually impaired child's understanding of language. Tactile and oral methods will be promoted. Pre Braille skills will be introduced when appropriate and as a child matures Braille support can be offered in school if necessary.

3. Multi-Sensory Impairment

Deafblind/Multi-sensory-impaired children are all very unique and their communication needs will vary considerably. Much will depend on whether the child has been multi-sensory impaired from birth or whether they have acquired deafblindness later in life. The methods used will depend on the

amount of residual vision and hearing a pupil may have as well as if they have additional difficulties. In all cases the BSCS recognises the importance of being consistent, allowing the child time and the importance of building trust.

Some MSI children will use speech, whilst others may use sign or augmentative communication systems as described below.

Approaches to Communication

BSL or SSE (Signed Supported English) (refer to HI Section). Some MSI children might use sign but within their visual frame only or using tactile signing. This involves putting your hands over the hands of the person communicating so they can feel the signs. The person listening has their hands on top whilst the person communicating has their hands underneath.

Makaton – a language system which uses sign, symbols and speech.

Objects of reference - Particular objects are used to symbolise an activity. E.g. a spoon may symbolise food or a towel may symbolise bath time.

Picture symbols - These may be used to support the development of language.

Deafblind manual alphabet - Each letter is denoted by a particular sign or place on the hand. You can download a copy of the deafblind manual alphabet from Sense www.sense.org-uk.

The Sensory Consortium Service:

- Promotes the use of Early Support Materials to be accessed online.
- Works jointly with audiology departments, to obtain an accurate hearing profile in the shortest time possible.
- Ensures residual hearing is maximised via carefully selected and maintained hearing aids, cochlear implants, radio aids and soundfield systems.
- Responds as flexibly as possible to parental choice of communication mode within available BSCS resources and signposting to other agencies and support.
- Draws up a care plan for family support through discussion with family and liaison with other interested professionals.
- Offers regular home visits to families of pre-school hearing impaired, visually impaired and multi sensory impaired children to support the development of the skills they will need to access their education.
- Offers a series of playgroup and workshop sessions to support the home programme.
- Offers a regular programme of support to hearing impaired children in mainstream schools.

- Liaises regularly with all other agencies involved in the linguistic and educational development of each individual child.
- Ensures that all teachers working with hearing impaired children are qualified teachers of the hearing impaired or achieves qualified status within three years of joining the Service.
- Provides on-going professional development for teachers of the hearing impaired to ensure an up-to-date understanding of child language acquisition, affective/effective work practices with families of young hearing impaired children and current developments in audiological equipment.
- Ensures that, when the child is in a position to do so, that his/her views and preferences are sought and acted upon.
- Liaises with Education Authorities.
- Contributes to statutory processes for those with special educational needs, including assessments, advice and reports.

SCS website: <http://berkshirescs.btck.co.uk/>