

TEACHERS WORKING WITH EAL DEAF CHILDREN IN THE NURSERY CLASS

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Teachers of the deaf will be familiar with the complexities of working with nursery-aged deaf children from hearing families where English is an additional language (EAL). These children present an exceptional challenge: not only does each one have a unique way of learning language due to the combination of their hearing loss and the benefit derived from their hearing aids (like all deaf children), but each one also comes to school with individual communicative skills depending on their language environment at home. It is often difficult to assess their skills and even to know what their first language may be. Important questions underpin the teachers' work: are they developing the child's first language? Are they facilitating the learning of English as an additional language? Are they doing both? Findings from a recent longitudinal study of interaction between teachers and deaf children in one nursery class have contributed some answers to these questions, and importantly, have shed light on the way these challenges are being met in the classroom.

Three teachers were recorded twice each term over a two-year period working individually with each of 11 EAL deaf children and 10 deaf children from English-speaking families (E1L). The analysis of this data revealed that teachers did not overtly teach English, in fact, irrespective of the child's language background, the teachers used interactional strategies very similar to those used by mothers of much younger typically developing children, that is, strategies to support first language development.

A striking example of this was the role of gesture in the interactions. Teachers and children were shown to use gestures and words in their turns during sequences of conversation, at the end of which the child accomplished putting two and more words together – a clear indication of spoken language development. This gave two insights: that for deaf children (as is the case for hearing children) combining gesture and speech

is a transitional way to express complex ideas before they can do so verbally, and that interactionally, gesture is a way of bootstrapping language development.

To illustrate, here's the transcript of a conversation between a four year old deaf child (C) and her teacher (T). C has a severe bilateral congenital hearing impairment, wears binaural digital hearing aids and comes from a Sylheti (Bengali)-speaking family. In the example, C and T are talking about the final scene in the "Enormous Turnip" story where all the characters are pictured pulling the turnip out of the ground.

Example

1	T	(2.1) ((T points to picture of girl))	
2	C	Girl	
3	T	((gestures pulling))	
4	C	[hur [((gestures pulling))]] (1.0) [hurnip [((points to picture))]]	<i>C combines 1 word and 1 gesture</i>
5	T	[pulling the turnip [((nods head))]] ((points to picture of boy))	<i>T 'translates' word + gesture into words only.</i>
6	C	(0.8) (2 syllables) (.) [pull hurnip [((gestures pulling))]]	<i>C combines 2 words and keeps the gesture</i>
7	T	[pulling the turnip [((nods head)) (laughing)]] (0.9) ((points to picture of cat))	<i>T gives feedback of key words (no gesture).</i>
8	C	[kah [((points to book))]] (0.9) [pulling hurnip [((gestures pulling))]]	<i>C combines 3 words and keeps 1 gesture</i>
9	T	[is pulling the turnip [((nods head))]] ((T points to picture of mouse))	<i>T gives feedback of key words (no gesture).</i>
10	C	mouse (0.7) [pull it [((gestures pulling))]] hurnip	<i>C combines 4 words and keeps 1 gesture</i>
11	T	and the ↑ mouse is pulling the turnip	<i>T gives feedback of all words (no gesture).</i>

[]

square brackets indicate overlapping talk or actions

Note: [] single round brackets indicate timing of pauses in 10ths of a second
(0.7)
((gestures...)) double round brackets indicate actions
↑↓ marked rising or falling shifts in intonation

It's clear from this example that the teacher's turns build contingently on the child's contributions and thus provide the language learning opportunities that the child then acts on in successive turns. By 'translating' child's gesture plus speech combinations into words (as in lines 5, 7, 9 & 11) the teacher also provides timely verbal input in which she confirms the meaning of the child's turn, and, incidentally, gives a model of the correct 'form' that turn. She does this quite naturally and effortlessly, without resorting to the 'conversational control' that teachers are so often said to use when talking to deaf children. In all the data sets, there were only a few instances where the teachers overtly corrected a child's pronunciation, and there were no instances where teachers insisted on the child using speech.

These findings point to the interactional similarities between teachers and parents of much younger hearing children in that their conversational strategies support the transition from single to multi-word turns. So are the teachers then actually facilitating the deaf child's first language development? It's worth exploring this question a bit further. Even though deaf children typically start nursery with little more than single-word speech, they cannot really be described as being at a 'one word stage' in the same way as their younger hearing counterparts, because they already skilfully combine their communicative resources - words, vocalisations, gestures, pointing, facial expressions, etc to effectively produce multi-'element' turns. In other words, they are developmentally more advanced in their cognitive and communication skills than their hearing counterparts. This is the case for both E1L and EAL deaf children.

Is this then English language development? EAL deaf children are likely to have had a complex exposure to languages before starting school, exposed to their family's first spoken language (or languages), and to English some of the time, (e.g. if older siblings speak English to each other). For second and third generation immigrant families, English may predominate, with other languages being used by older family members. Some parents may have embarked on learning a sign language like BSL or at least

learnt some signs; other families may even evolve their own system of homesigns. All the families will almost certainly use lots of non-verbal communication. Early intervention will have influenced the child's language exposure: the family may have been advised to speak English to their deaf child, and if not fluent in English themselves, they may use non-standard variants of English. Preschool intervention following early diagnosis will probably have been delivered mainly in English. However, once in an oral school (chosen by their parents), the expectation is that spoken English will become their primary communication modality and the key to accessing the National Curriculum. In this respect, EAL deaf children's difficulties with spoken English may raise an immediate barrier to their learning and teachers thus rightly focus on spoken English development as the prime objective in the early years.

When asked to reflect on this issue at the end of the study, the teachers confirmed that indeed, in the early years, they treat EAL and E1L deaf children similarly with respect to early language learning: that is, they adapt their interactional strategies to facilitate spoken English, and pedagogical issues to do with EAL are subsumed by the necessity of dealing with what are perceived as being deafness-related developmental language difficulties. Regular, frequent one-to-one sessions are essential to this work, which, in effect, aids both first language development and the learning of English. The study showed that all the teachers were remarkably adept at meeting the challenge of working with EAL deaf children, providing language learning opportunities within their conversational turns, without limiting the child's communicative endeavours. They make use of their intuitive interactive skills to kickstart language development and the question of whether or not this is the child's first language is not crucial at this stage. The teachers basically give the children consistent support as they move from single to multiword turns in the spoken English modality.