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From Communication to Language

Ros Herman & Jane Thomas

Communication concerns the exchange of information between a sender and a receiver. Communication can often take place entirely without language, e.g. a baby's cries can communicate distress or need to their carer, but we would not call this language. Similarly, our tone of voice or use of gesture can be communicative, but taken alone do not constitute language. By 'language', we mean *symbolic* communication, where symbols are used to refer to things in the real world. These symbols may be the words of a spoken language or the signs of a sign language.

Although there are some signs/words that look or sound like their referent, e.g. signs like BALL and words such as 'splash', for the most part, the link between word/sign and referent is completely arbitrary. For example, there is no particular reason why a four-legged loyal pet should be called 'dog' or signed DOG, yet these are the terms that communities of language users have implicitly agreed upon. Children who are members of a language community must acquire these arbitrary symbols: they must learn what words and signs they mean and how to produce them accurately and at the appropriate time. Children must also master the grammatical rules of the language, which allow users to modify and combine the units of the language, leading to the understanding and expression of more complex meanings.

So how does a young child manage the challenge of going beyond basic communication to master the intricacies of language? As Judy Kegl once said in an inspiring talk about deaf children learning language in Nicaragua, you have the raw ingredients – vegetables, seasonings, water - but when is it soup?

Children learn best when they have opportunities to experience language in action and try out their developing skills from a very early age, when they are developmentally ideally suited to do so. In practice, this takes place from birth, when parents and carers naturally engage babies in conversation, speaking to them regularly and laying the foundations for later learning. Parents spend time looking at their infant, in turn commenting on what the child does and then responding on the child's behalf. This teaches the basic skills that language takes place between people during face-to-face interaction and that conversational partners take turns, initiating and responding to each other. The timing of these first interactions is ideal: children are predisposed to be social and look at faces; they are ready to learn the rules of engagement for language, before they become mobile and are able to divert their attention to other activities.

Parents engage in child-friendly activities - playing, singing, looking at books with their children – all designed to provide further opportunities for language exposure and practice. Later, as children produce their first attempts at the

sounds of language, parents respond by babbling back to them, providing an opportunity for the child to subconsciously compare their own sound production with that of the adult. As first words appear, parents focus on what the child is trying to say, rather than how they say it. They repeat the child's utterance and by modelling an adult version, encourage further development.

As children grow, parents adjust to the child's developing language skills by using more complex language. Parents serve as language models, demonstrating how language is used in context, supplemented by other key family members such as grandparents, siblings, and later on, children and adults outside the family setting. Older children learn much through incidental learning, i.e. over hearing other people talk, as well as from being spoken to directly.

So how do we help a deaf child to progress beyond basic communication to acquire language? When deafness is identified at birth and effective amplification is used well, the crucial early months and years for language learning can be maximised. However, delays in diagnosis and late intervention can reduce the critical period for language acquisition with potentially long-lasting consequences, not only for language but also for literacy and later academic learning. In such cases, language exposure must be optimised and parents supported to ensure that they provide an enhanced environment for language learning from the start.

Many parents communicate effectively with their deaf child. However, some need help to go beyond basic communication in order to stretch their child's language development. They need encouragement to use a wider vocabulary (e.g. 'disappointed' and 'relieved' rather than 'sad' and 'happy'), and more advanced grammar (e.g. 'can you fetch your coat' rather than 'get your coat'). Deaf children need opportunities to over-learn new vocabulary in order to consolidate it. They need to be taught to attend to others' conversations as a further source of language input. The aim for all deaf children is for them to start school ready to acquire knowledge with age appropriate language skills, rather than lagging behind from the outset. Age appropriate language paves the way to literacy; reading in turn fuels further language development.

For the small number of deaf children with deaf parents who sign, language development generally proceeds in much the same way as it does in hearing children from hearing families. The foundations need to be laid early through established turn taking, and since turns need to be signalled visually, encouraging children's visual attention is crucial. Child sign language users require regular opportunities to communicate with other sign language users, plus exposure to good language models to extend their learning. Many deaf families introduce children to English through sharing books, presenting signs in English word order accompanied by lip patterns. Reading English text provides an ideal opportunity to explain differences between English and BSL, starting the process of becoming bilingual.

For hearing families who use sign language with their deaf child, it is the responsibility of intervention services to support the development of strong sign language skills within the entire family. A basic sign vocabulary is not enough: this may facilitate early communication, but *language* cannot develop without fluent sign language input. The deaf signing child in a hearing family will therefore additionally need regular access to adults who are native signers and to other children who sign, in order to observe sign language in use and benefit from incidental learning. Good language skills within the family are vital to maintaining healthy family relationships; access to adult language models and a peer group of signers is crucial for the development of a healthy identity.

Speech and Language Therapists are knowledgeable about the process of spoken language acquisition in typically developing children and what to expect at different ages and stages of development. They study the ways in which speech and language development can go awry, and why this may occur. Therapists who have undertaken further specialist training are also aware of the growing body of research on sign language acquisition, the linguistic structure of sign languages and research into bilingualism. They work collaboratively with parents and the team of professionals surrounding the deaf child, using this knowledge to pinpoint where an individual child is in their spoken and/or sign language development and to guide the child to the next stage in development. In this way, families can be supported to implement strategies that enhance early language development and more advanced language skills and deaf children can be helped towards achieving their potential.