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The Need for an Assessment of Deaf Children's Signing Skills

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Abstract

A questionnaire was distributed to education services in the UK where British Sign Language (BSL) is used. Questions were asked about communication policies, current assessment methods and perceived assessment needs. The results of the survey suggest that a comprehensive range of aspects of children's signing are recognised as requiring assessment, but that there is a general lack of agreement on which aspects are routinely assessed and how this should be done. The need for a more standard assessment protocol to be developed is discussed. This survey was carried out in the early stages of a project to develop and standardise an assessment of BSL, based at City University, London.

Introduction

Deaf education has undergone significant changes over the past one hundred years, none more major than the swing away from using sign languages at the end of the last century to the reverse of that trend today. Sign languages are increasingly being used in bilingual deaf education programmes in Europe and the USA (Kyle 1987, Strong 1988, Paul & Quigley 1987, Johnson, Liddell & Erting 1989). Reasons relate to the superior performance of deaf children in deaf families for whom Sign Language is acquired naturally as a first language. These children have been shown to be better adjusted, achieve higher literacy levels and make greater academic progress than deaf children in hearing families (Stuckless & Birch 1966, Meadow 1968).

However, the majority of deaf children are born into hearing families with no prior experience of deafness. Exposed to spoken language or Total Communication approaches, many fail to acquire language at an early age or in a natural way (Quigley & Paul, 1994), with devastating consequences for their educational progress (ibid). Bilingual programmes seek to introduce deaf children to Sign Language through native signers from the moment their deafness is identified with the aim of developing a first language in sign. Families need to acquire Sign Language too if they are to support their children's language development.

It is clearly important to have some way of monitoring the success of such programmes, and in particular, the progress made by children in acquiring Sign Language. Indeed, for children to be appropriately placed and supported in education, we need to be able to fully describe their communication skills and needs as part of the statementing process. With the exception of the pioneering work of Kyle and colleagues at Bristol University (Kyle 1990, Jansma 1994), there has been little research in the UK on assessment of BSL and there are as yet no standardised measures which can be used by professionals working with deaf children to assess children's developing competence in Sign Language.

The present study reports the results of a postal questionnaire developed to investigate if and how deaf children's signing skills are being assessed in educational contexts where BSL is used. In the questionnaire, questions were asked about the communication policies in the schools and units where the respondents worked; current policy on assessment in terms of what was assessed and how; who was involved in assessment and what assessment needs were perceived to be. The questionnaire was circulated to schools in the UK as part of a project at City University, London, to develop and standardise an assessment of BSL.

The sample

The questionnaire (see appendix) was distributed via Speech & Language Therapy services for deaf children and Teachers of the Deaf working in schools and units listed in the RNID Directory as using BSL as part of their communication policy. These two groups of professionals were identified as having been traditionally involved in the assessment of deaf children's communication. In some schools, Deaf staff are employed to assist with Sign Language assessment and development, therefore a covering letter asked the recipient to pass the questionnaire on to the person responsible for assessing signing skills in their school or unit in order to access these individuals.

A total of forty-four questionnaires were distributed and twenty-nine completed forms (66%) were returned. Twelve of these were completed by Speech & Language Therapists and twelve by qualified Teachers of the Deaf, all of whom were hearing. Five were completed by professionals who described themselves variously as follows: a Communicator (a hearing individual with some signing skills but who is not a fully qualified interpreter), a Sign Communication/Training Co-ordinator (a hearing person with high level signing skills and a qualification in Deaf Studies), two Deaf Instructors (Deaf people working in school settings with native signing skills) and a Deaf person employed on a project to develop materials for Sign Language assessment in a school for deaf children.

All of the respondents reported that their schools used signing in some form, however a variety of communication approaches were presented. Five schools described themselves as bilingual (British Sign Language (BSL)/English) and a further four as "moving towards a bilingual policy". Fifteen schools reported that they adopted a Total Communication policy and one previously oral unit was described as "moving towards Total Communication". Four schools used terms such as "child-centred communication" or "accessible communication" or "Sign Supported English (SSE)/ BSL/ Makaton". SSE is the use of key signs alongside spoken English; Makaton is a sign vocabulary originally developed from BSL and used mainly within the learning disabled population.

Are signing skills assessed in school?

Of the twenty-nine respondents, twenty-two (76%) reported that they were assessing signing in some way and seven said that they were not attempting to do so. All seven respondents were working in Total Communication contexts. Five of these added comments to their form: one noted that s/he only worked with one deaf child who was fully integrated and that therefore no assessment of signing was necessary. Another pointed out that there were time and cost implications in assessing signing, hence signing was not assessed. Two schools were currently engaged in training staff in signing before looking at the children's skills. One school felt that use of SSE led to good English in their children and therefore did not see the need to assess signing.

When asked whether they were satisfied with the current assessment format, nine (45%) of the twenty respondents answering this question reported satisfaction, although there were comments relating to the need to share ideas on assessment and difficulty in finding time to complete assessments. One respondent felt that, although satisfactory at present, the situation might change in the near future with less verbal children entering the school. Eleven respondents reported that they were not satisfied, frequently noting problems with the lack of training and limited or no access to native BSL users. One person commented on the danger of an unstructured approach to BSL assessment.

How are signing skills assessed?

A variety of assessment methods were described: observation of live conversation, video analysis of a conversation with either another child or a Deaf adult, a video of "sign tasks" (not specified), video of children re-telling a story they had watched in cartoon form, asking graded questions on a signed story, adapting existing tests of spoken language (e.g. Test for the Reception of Grammar, Derbyshire Language Scheme, Sentence Comprehension Test), Webster profiles, Council for the Advancement of Communication with Deaf People (CACDP) assessments.

Respondents were asked what, specifically, was assessed. Some respondents provided general answers such as "receptive and expressive skills" and "language development", whereas others identified features of BSL such as proforms, classifiers, time markers, role shift, multichannel signs, facial expression, placement, modifiers. In addition, vocabulary, conversational skills with Deaf and hearing partners, fluency, handshapes, fingerspelling and attention were areas to be considered. There was the little overlap between what was being assessed in different schools.

Who is involved in assessment?

Most respondents reported that a variety of people were involved in assessing children's signing. Typically, the Teacher of the Deaf and Speech and Language Therapist were identified. Many respondents felt that a Deaf adult should be involved. This was the case in only 11 (28%) settings. The need for a broad cross section of people to be involved in assessment was stated, comprising Deaf adults who are native BSL users, preferably with training, Speech and Language Therapists, Teachers of the Deaf and/or mainstream teachers and parents**.**

Perceived assessment needs: training

The need for specific training in assessment was investigated. Twenty-two people answered this question and all but one felt that training was essential. The need for recognised qualifications in BSL, training in BSL linguistics and knowledge of BSL development were cited. The latter was expanded by several respondents to include knowledge of the differences in BSL development for deaf children with deaf parents compared with deaf children from hearing backgrounds. Specific training on the development of hand function and how to understand child BSL was also felt to be a training need.

Further training was needed in transcription of BSL, selection of features of BSL to assess, distinguishing immature versus deviant BSL and how to move from assessment to planning and teaching. More general training in assessment was also felt to be necessary by many respondents, e.g. the appropriate situations to sample, materials to use, elicitation techniques and use of video.

What assessment tools are needed?

All but two respondents answering this question identified a need for BSL assessments to be developed. Those most frequently mentioned were vocabulary assessments and tests of syntax which were norm-referenced. Other suggested assessments were: receptive and expressive tests, test of

concept development, comprehension of BSL questions, stories and instructions, visual tests and tests involving explanations. Assessments which took account of communication in real-life situations were felt to be important and the need for assessment to be economical on time was repeatedly stressed.

Discussion

This study has presented information on how deaf children's signing skills are currently assessed in the UK. Of those schools where some form of signing is used who completed the questionnaire, over 75% regularly assess signing in some way. Looking across all respondents, a comprehensive range of aspects of children's signing are recognised as requiring assessment but there is a lack of agreement between different schools on which aspects are routinely assessed and how this should be done. As a result, signing appears to be assessed in an ad hoc way in all but a few settings. Furthermore, the methods described are necessarily subjective in nature. A forum is clearly needed in which ideas on assessment may be shared in order to develop a range of more objective procedures.

The type of communication approach adopted influences the approach to assessment. The majority of schools adopt a Total Communication approach where signing is typically used alongside spoken English. In such cases, assessment of signing separately from English may not be considered. Indeed, all seven schools where signing was not assessed were using a Total Communication approach. Where children are perceived as communicating mainly in English, albeit bimodally using SSE or Signed English, standard English assessments are used. A danger here is that important aspects of language development will be missed: non-English communication may be ignored or wrongly labelled as gesture when it may in fact be linguistic; conversely, gesturing may be interpreted as being linguistic.

Research on the language development of deaf children exposed to Total Communication has suggested that many go beyond the input they receive to create language structures which more closely resemble Sign Language than English (Gee & Goodhart, 1988). Knowledge of Sign Language, its development and assessment cannot therefore be ignored by those concerned with deaf children's language development.

In some educational settings, translations of tests of spoken English are used. It should be noted, however, that there are problems with this approach. Vocabulary frequency has never been recorded for BSL, so direct borrowing of English vocabulary assessments is not appropriate. In addition, vocabulary differences exist between spoken and sign languages, e.g. an English word may not have an equivalent single sign. Moreover, where vocabulary items in Sign Language are denoted by pointing (e.g. body parts), the level of task

difficulty is necessarily affected. Similarly with syntax, certain spoken language constructions, e.g. passive sentences, do not have direct equivalents in Sign Language where the preferred structure is quite different.

Use of assessments developed to examine adult BSL skills (CACDP examinations) is used in some settings. These assessments are graded to look at different levels of skill in BSL, however they have not been designed with a developmental sequence in mind and are therefore not appropriate to use with young children.

In schools where BSL is used as part of a bilingual approach, the need to assess features of BSL separately from English is readily identified but, as mentioned above, there exists much variation between schools in the features to select and how this is achieved. Furthermore, it is unlikely that developmental norms for any of these features are being used; in many cases, they are simply not available.

Most respondents acknowledge the need to involve people with different skills and knowledge when assessing children's signing skills. In practice, the majority of assessors work in teams but often lack the necessary expertise, in particular access to native BSL users. In a few cases, assessors work in isolation. Three teachers of the deaf reported that they alone assessed signing skills and felt unqualified to do so, especially in view of their limited knowledge of Sign Language. Three deaf instructors also worked alone and felt that, although fluent in BSL, they would benefit from wider discussion of and training in assessment. The availability of such training is currently limited and should be identified as an area for future development.

Finally there is a clear need for published assessment tools. Some schools and services are developing their own assessments, however these are not yet widely available. The need to develop norm referenced tests was raised by many respondents. Such tests are organised developmentally based on empirical data. However the difficulty in developing norm referenced tests with deaf children is highlighted by the recent work of Kyle and colleagues (1990). A vocabulary measure was developed and administered to deaf children of different ages who were exposed to signing at school. The majority of subjects were from hearing families. The results contained such a high degree of variability that no consistent order of difficulty for items could be isolated. The research team concluded that no standardisation was therefore possible.

Although tests are typically most needed for deaf children from hearing families, there are difficulties in standardising assessments on this group because of the variability of performance on language measures. Ideally, any standardisation should use a more homogeneous population. When looking at

the spoken language development of deaf children it has been customary to use tests which have been standardised first on hearing children and secondly on deaf children (a number of tests have been standardised on deaf children in the USA e.g. the Grammatical Analysis of Elicited Language (GAEL) Moog & Geers 1979). The most appropriate population to use when standardising a test of Sign Language is children from native signing backgrounds. These children receive consistent input in Sign Language from birth and are thus in a position to acquire Sign Language normally. The language performance of deaf children from hearing families can then be compared with this group.

This study was carried out in the early stages of developing a BSL assessment at City University, London. An assessment battery encompassing receptive and productive signing subtests has since been piloted on children from native signing families aged three to eleven years and a standardisation study is currently being carried out. It is hoped that the finished assessment will go some way towards meeting the need for an available range of repeatable and comprehensive assessment procedures. It is also hoped that it will lead to greater discussion on Sign Language assessment by professionals working with deaf children.

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