

Deaf Children's modality preference in a bimodal bilingual programme

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Of the four workshops I attended this was one that really captured my attention. There were excellent video clips to support her findings.

This was presented as a research project which investigated Deaf children's communication and language development in an early childhood intervention bimodal/bilingual programme (English and Auslan). Each family had access to a sign language tutor for a set period of time in their homes every week.

The case study focused on 8 prelingually Deaf children of hearing parents and the detailed exploration of the children's bilingual development and the ways in which parents facilitate their children's communication and language skills. She also hypothesised "Is it true that a cochlear implant is incompatible with a bilingual approach?" Five variables were identified: family background, level of parental engagement, child's auditory development and management, child's language development in English and Auslan and lastly, frequency and quality of parental bilingual input.

Data was collected over an 18 month period, parent-child interactions were observed every two months. The analysis investigated the proportion of use of both languages, the children's attention to each language and the contexts in which they used their language skills. The results suggest that there are trends in children's language modality preferences and identify the factors contributing to their choices. The parent's level of commitment in engaging with their children bilingually is significantly affected by the availability of support for Auslan acquisition, access to appropriate resources and availability of fluent Auslan language models.

Many 'sign bilingual' programmes prescribe that the first language (L1) of bilingual Deaf children will be the signed language. Preliminary findings suggest that L1 changes according to the communication context and, that **when young deaf children have frequent access to both languages, they determine the modality that best suits their needs.** Data analysis showed that the child's preferred expressive language changed frequently over the course of the 18 months of the study. The child frequently code switched and sometimes the parents /child's modality preferences did not match, i.e. the parent would be talking to the child in spoken English and the child would be using full Auslan in response and visa-versa.

The child's degree of hearing loss did not determine their modality preference. Children in the study who were diagnosed at a younger age e.g. six months did not necessarily have better language outcomes than those diagnosed later in the period, e.g. nine months. All of the parents at the start of the study said they wanted spoken English to be their child's preferred mode of communication, over the course of the study more than half changed to preferring Auslan. The use of a cochlear implant was fully compatible with a bilingual approach.

The study is designed to inform early childhood practitioners in the field of Deaf education and suggests that there should be a less prescriptive approach to language modality than is currently practised.