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welcome to RIT NTID.

Adapting learning materials to support the language acquisition of black minority ethnic deaf individuals.

Presenter: Sadaqat Ali. This is the session T1C.

>> Hello? Mr. or Mrs. captioning person? I can see you typing. Sorry, I'll leave you alone. I'll be back in a minute.

>> DARLENE(writer): Hello, back.

>> Hello Darlene, are you in a little room no windows?

>> Hey, what's up?

>> Good afternoon. My name is Linda and I work on the center of employment here at NTID, I'm serving as facilitator today. We're very, very happy to have a guest with us today from London, England. His name is Sadaqat Ali. As well as Saduf Naqbi. Both of them work for Deafax in London. And Sadaqat is a black minority ethnic consultant there. And Saduf also works there and she'll be signing using British sign language and will be interpreting back to him in British sign language while our two ASL interpreters, Cheryl Bovard and Cheryl minder will be doing American Sign Language. So as normal, we have about 30 minutes for the presentation, 10 minutes for questions.

There's handouts at the back there if you could pick up. As you come in.

And we look forward to your presentation on this very interesting topic which we have right up here.

>> Thank you, I'm really honored to be here today and I'd like to thank you all for coming and I hope you enjoy the presentation. As you know, the title is on the Power Point. Before I start, I'd just like to inform you all that my colleague, is not qualified BSL interpreter. So she's happy to voice for me today. But please be patient and also if there are any mistakes that happen, just clarify. Thank you.

>> Is that better? Okay.

Today the outline for the presentation is a background into the initial study. Initial case studies and the foundationals that were established and advances in the initial study and finding with focus on the U.K. study. With this UK study we have an initial assessment and summary of points. And then information about working with the case study with additional roles to support the language needs for black minority ethnic people. In summary we'll have a summary of findings conclusions and acknowledgements. Just to let you know the word BME means Black Minority Ethnic. So BME is an acronym

for our presentation. Importance for deaf people is not necessarily the deafness but the isolation that's experienced. Most deaf children themselves have normal intelligence but the average reading age is a lot lower. In capacity to hearing. Evidence has shown evidence has shown that young deaf people have lower development compared to hearing. 95% of deaf children are born into hearing families. But parents themselves rarely sign. Which means that deaf people themselves and their identity development happens mainly through school and meeting deaf people and rarely are they through their parents. In BME families, deaf children have additional barriers. Extra barriers can be around language because -- the reason is that the evidence has shown that 97,000 BME deaf people born in the U.K. over the age of 15 suffer from deafness. So you can imagine the numbers very big. There's not enough research into the needs. Communication problems, I keep forgetting to press the slide, sorry. Okay.

Communication problems happen in our -- there's often additional languages for the user to experience and research has shown that you can find -- oh, sorry, our initial findings we found how to design deaf sign materials to match with the BME complex language background for deaf individuals. BME speak for themselves often don't have a good understanding of their own heritage and their own identity. And their own cultures, BME deaf adults themselves don't really understand their own identities compared to hearing people. Ethnic and religious diversity is great but services still cannot support the BME deaf person's needs. This leads to a variety of problems. Recognized by young deaf professionals and families.

This means that hearing families themselves often make the decisions of choices of languages for their deaf children. Sorry, the deaf people don't necessarily have that choice of sign language as their method of communication. Interpreters who work with the BME community that can sign but they have very limited knowledge around their cultural issues which means often there's not a full understanding of the BME culture. These issues have been raised as a fact and has been limited to research. Around BME deaf people themselves and their profiles and this shows why many services can't support BME deaf people's needs. This presentation will share some initial finding and some initial guide lines for the specific community needs now we'll focus on the background.

In our initial research we found that many BME deaf individuals had no languages in their homes in one there may be speaking, there may be signing. You need to remember that most BME people are not the same. They have different languages in their homes. So we explored the initial findings and researched on how to create deaf friendly materials and resources that can be adapted to needs for a BME deaf person. Just wanted to remind you all -- I just want to remind you all of this common -- it's common for deaf BME people to have a variety of languages in their background. Some have signing variations, home signing or they have signing styles with their own friends mixed lipreading as well. And how we identify that in many cases there was no strong foundation of the language in place.

Have an impact on their learning needs and their development. Also effective in a negative way. Affected in a negative way. In this situation we started to set out rules to include deaf BME when designing deaf friendly resources to make them accessible for them.

Traditional methods of visual communication very important. Like images plain English, modification of layouts. Also less words and more visual methods. Deaf BME themselves still are behind the education compared to main stream deaf communities. How come we provide a service to improve this, to support deaf education, communication skills and additional information. So we had four initial rules, recommendations. And they've been made on how to create deaf individuals. First of all, sign language. It is important to

use sign language because it's a deaf method of communication, but do you remember deaf around the world are diverse and signing ASL, BSL, SSE is used in both -- some families use home signing and some people gesturing. Push toward more of a structure to make it more appropriate. It depends on how their learning needs are and how we can match that.

Writing communication traditionally deaf writing materials are written in plain English to make it easy for deaf people themselves to read. If individuals are from different backgrounds or different languages, they need to have that additional language used within the resources that will be useful. For example, as you can see in this image on the slide we use English with English flag with a picture of water tap, and a person signing water. And then we worked on making our alternative for someone from a BME background use a Turkish flag with the Turkish words with the same picture of the water with the same sign. Helps clarify the link between the words in different languages into all the same signs. It means the words that you give should -- so it gives -- by using this style, it gives a total explanation of a word. And how it can help an individual learn in the learning process. So it means similarly related to the second rule. The third rule is images. We'll show you images here.

It means with BME backgrounds where they come from in the world, if you give them pictures, it's not relevant. You can't develop an association with it. So you have to associate it with something that's relevant to that individual to match their learning needs within the image and the word. The fourth rule is the individual. You have to understand particular background if you talk about any BME person as a general thing. It means that they're not all the same. Their understanding is different. They're all individual. Their backgrounds are different, their countries are different. Their skills are different. So it should be related to that person's background based on that. One example we look at a community they don't necessarily like facial images. Because it's rejected from their region's perspective. So for example if you created personified image of a face on a clock for example, it may not be acceptable. So you need to make it friendly but you need to make it clear but not necessarily have facial images within that. And that's relevant to the person's background and understanding.

The fourth initial findings. Sorry, advances and initial findings. In order to understand this, we use the rules to create deaf friendly materials and then we use important English words for them to get involved. And then the group found -- in the group we found one person with a lot of language deprivation. Himself he had his development of his language is quite ruined. He -- so we need to create something for his learning needs. So when you set up an area, which was for you to see, create visual resources to match his learning needs. So the student himself was either Turkish or signing. His background was not confirmed. So where he was from the teacher had to give his full information. His age was 19, profoundly deaf. He used to go to college and learn life skills as his course. And his course works BME deaf people. He'd lipread and matter from another language is either Turkish or Sconee and his signing was not really okay, he didn't really have a signing in place. The teacher would sign at the same time. Only when he understood, he'd sign a response sorry, just to clarify my voiceover. So he didn't really have strong signing in place. He'd copy the signing of the teacher and just mimic the signing back and the only will way we realize that he's actually learning is when he'd create his own response and sign back so you'd have to watch the way he'd sign quite closely. This allowed us to find out what he's shown and what he'd mean. the next step.

Information is confidential so we'd use S. to represent his name. We'd check to see what his skills like and we have service to see what his experience is like we asked him what's your name? So he put down the first name. So

we asked him a second name. And he didn't know. So we stopped there. So we wanted to check his skills and levels. So we gave him an enrollment form and we signed with him. And he had a very different text. Even that one when he tried to write he stopped again at the name. So we asked him what's your date of birth? He didn't know. We tried to adapt to his signing and still it was very complicated. We communicated with him. We tried to ask him simpler questions. So we asked him again what's your name a few more times. We tried to ask him where he lived. We tried to sign -- we tried to sign in the house but couldn't understand his sign for house. It's very difficult. So then we decided to draw a house and a road with someone walking down and we drew the house. Straight away, he got it. And he said the door number. 47. And that's it. So that was a first step towards moving towards an understanding. Then we asked him a street name and the address was too complicated. He didn't understand. We asked other questions. Are you deaf or hard of hearing? Or profoundly deaf or hearing. Still couldn't understand the questions or the information. We agreed that his communication was quite complex and he didn't have any English in place. Lipreading was very poor. He was very lightly speaking. Started muttering in Turkish, he was gesturing but there wasn't really any structure in place. We asked what would you like in the future and he was wondered that his dream was that -- his dream was to be able to write but he was not clear of the question. So we started teaching and assessing on topic 1. We started talking about me and yourself and who are you as a person? So as we explained we used the four rules from before to try and link with him to develop his understanding. So we explained to him about me. This is an example. Very, very simple form his name and his physical description. Also eyes, nose, mouth, where is he from. So on and so forth. Very, very simple. Visual frame and he'd look at himself and answer. He still didn't understand. So he wrote on the white board different signing vocabulary it took two hours for a person to understand the topic and to realize you have to really focus on him and his learning needs. The second topic we taught was focused on what signs around hospital signs, road signs, so on and so forth. Again that's a visual topic. So we tried to use what he could understand about his environment. And we noticed it had to be something that was relevant to his everyday life. If it was slightly off, he couldn't do it with his life skills. For example road signs, we showed him a motor way sign. He didn't understand it because it wasn't relevant to everyday life. But when we showed him another sign which was a round circle, then he understood that straight away. An example of that is -- okay, that's the motor way sign. He's never driven, he didn't know what one was. But a sign pointing towards left he got that straight away. But it had to be very simple to match his needs. And something that he uses every day. This session carried on over five sessions every week two to three hours per session. Really focusing on how to develop basic vocabulary through topics, teaching vocabulary so he could understand how to respond to the question. You propose the following roles needs and support for BME deaf people. One around teaching practice. It needs to be gestural and very demonstrative to the learning process. So we have to use a lot of mime around the topic to make it relevant. Also abstract topics for a deaf person it wasn't clear. So we need to explain before an abstract topic was introduced to make sure they understand what was being discussed. With abstract you have to really explain if there was no explanation, then it could become very confusing for the person. Also additional roles of support. It needs to be relevant. For example, the topic needs to be relevant. It can't be something they're familiar with. It needs to be better for learning knowledge. If the topic is not relevant to their learning that they have in place, it becomes very

difficult to teach them a topic in place. And to build on their knowledge base. I'll be quicker now.

Another role is rapport. If the teacher is just teaching out, they're not going to really learn. Or develop a relationship. It's very important to develop a relationship. So they have a better rapport and the teacher should be very engaged with the learner. Otherwise they can't engage with them you don't necessarily know that you lost the learner. Vocabulary is another role. Very important role. You need to teach the vocabulary first before you start teaching the topic so they can understand and carry on with the learning.

In summary of our findings, we've been outlining to understand the needs of BME deaf people and their disadvantages of technology has been developing but learning. Developing resources through technology is brilliant but we need to control a lot of support for BME deaf people as well. And we're going to remember that this is a case example. We want to use that testing our work on larger groups to test and develop pilots further. How we've been able to understand the impact of the learning needs for BME persons, BME deaf person. We aim -- oh, sorry, my mistake. That's how we aim to develop impact of the learning for BME deaf person. Okay.

Where we got to focus on these individuals they're born in Britain we're focusing also on foreign deaf people to see how they learn as well. And we do know it's quite important to work with the teachers and family to get involved with the development. And for the development of their friendly resources and accessible resources as a person. Positive start but we hope to continue the work. And see how the communication develops. For the language needs for the only deaf people. And we'd just like to thank penny Rasham. Herself is a teacher of the deaf. She's involved in the college and I'd like to thank U.S., the person involved in the research himself. Also like to thank Deafax who supports this work and the funding that's gone towards the work by parochial and lastly my college status. Thank you.

>> Thank you. Does anyone have any questions?

>> Does BME fall under the category of African descent or Caribbean descent in some cases? And the U.K., how is black minority -- for black minority in England, the biggest population we have in England would be African and Jamaican Caribbean. But they often label themselves as black. But, if -- when a black person will to to another black person they'll be more specific and say I'm Jamaican or I'm African. But they're also defined African to Nigerian or I'm Guyanaian. Did you mean how it's defined statistically or defined by individual?

>> (Inaudible).

>> I wanted to add for minorities it's also linking in eastern European or basically whose first language is not English and ethnic also people from Asia. So BME becomes this big group of different people.

>> Other questions? Yes. Could you use the mic please? Okay.

>> Focused on a foreign of these common -- people that don't have language -- I'm sorry.

>> Can you say that again? Sure. Since you're focusing on foreigners coming to your country in England, do you provide language support to those individuals that are coming to your country? And they're all adults, correct? What do you do with families that are coming to England that live in your country that have babies? Do you provide support for babies and toddlers and children as well or just adults? What does your plan look like for babies?

>> ALI SADAQAT: Okay.

Sorry. We've just clarifying. I have two hats. So I work with Deafax and I focus on the technology aspects for developing resources for BME deaf people.

For myself I work with ethnic -- for deaf ethnic U.K. That's focusing on the BME community and their specific needs. Now there's two things we focus on BME deaf individuals who are born in the UK and deaf BME people and refugees. So BME deaf people themselves are born in the U.K. like the first generation means their parents may not be speaking English and they already have no clear communication with the parents. So this means that when they go to the schools, they use BSL but when they're home with parents, they rarely use signing. So parents follow the medical perspective. So they tried their best with the all approach for teaching. And using their own languages rather than English. But whoever's come to the U.K. themselves. They have their own languages already based on their own countries. So it means to have their own sign languages. Parents themselves they don't always come with the individuals. There may be individuals coming in by themselves. Their parents situation, I'm not sure. But when you're talking about babies can I ask you do you mean babies or younger people who may have come from abroad or babies born in the U.K. from BME families?

>> Either/or both?

>> ALI SADAQAT: Okay.

Most when you've come to babies you come to the U.K. again usually get something straight with the perspective. How can I help my child with cochlear implants, hearing aids, which means it depends a lot on the parents choices and that's quite hard to work with. But we have set up and would support for a mentoring service for deaf adult role models to visit the homes for BME children before the child grows up and starts having issues around identity crisis and a variety of -- we support their levels of literacy and language development. And what we're finding is sometimes with BME families, they're just more nervous to approach a service that's predominantly in English. But because we have interpreters like myself when I speak of additional languages, we will work within the community environment to bring families to come forward with their deaf child and start working on the fact that they don't necessarily need to be embarrassed around deafness and it's working with a stigma that she they associated deafness and clarifying that. So far it's been quite successful but a lot of the councils and social services we're working with don't necessarily recognize the service as something that's essential and we're arguing it is essential for the individual and of course their deaf identity should not be something they're ashamed to cross. Luckily we're getting a lot of interest from higher levels now and the department of health is wanting to get involved with our work. So it's looking quite positive in terms of what we're doing, but I think in the long run it can still work very much in development and it will take more time for it to have a larger impact but it's getting -- starting to get stronger.

>> I'm afraid we have run out of time with this fascinating topic. We want to thank you very much. Well, if someone has another question, perhaps they could come up to the front of the room singly. We have to stop now because they've asked us to get the room free for the next presenter. I'm so sorry. So I have paper handouts in case anyone would like to fill it out. Hard copy or please go to the NTID center to fill it out for the Web site on this conference. Thank you so much for your excellent presentation.

>> You're welcome

>> The number of the presentation for your evaluation is T1C. T1C. Thanks. 4619 2 .04%.

>> I have a question.

>> I'm going to turn the mic off.

>> Thank you, Darlene.

