“To whom it concerns,

I am a research psychologist, and have not examined the child of concern. I have been asked for my expertise advice in this case.

Social communication extends beyond that of having a certain number of signs/words.

In my doctoral research with deaf children, I found a significant relationship between the development of social cognition (namely, Theory of Mind, emotional awareness and referential communication) and conversational access during early childhood. I compared two main groups of deaf young children, those from families where the parents are also deaf (native signers) and those with families where the parents are hearing (late signers). Although it was not ideal to use parental hearing status as the main determinant as some hearing parents can be very good signers, in this research the parents were distinctive in sign language fluency.

Despite controlling for many factors such as degree of hearing loss, pre-existing sign language fluency and intelligence, the main attribution for differences in social cognition had to be one’s exposure to good conversational environments, the language fluency of adults and children in the family unit. I cannot emphasise how important the role of conversational environments is, where pluralistic and accessible social settings provide incidental learning which are powerful mediums for social cognitive growth.

My research findings have been replicated in many studies with deaf children, below are a selection:

Courtin, C., & Melot, A-M. (2005). Metacognitive development of deaf children: Lessons from the appearance-reality and false belief tasks. Developmental Science, 8,16-25.

Falkman, K., Roos, C., & Hjelmquist, E. (in press). Mentalizing skills of non-native, early signers: A longitudinal perspective. European Journal of Developmental Psychology

Harris, P. L., de Rosnay, M., & Pons, F. (2005). Language and children’s understaning of mental states. Current Directions in Psychological Science, 14, 69-73.

Moeller, M. P., & Schick, B. (2006). Relations between maternal input and theory of mind understanding in deaf children. Child Development, 77, 751-766.

Morgan, G., & Kegl, J. (2006). Nicaraguan Sign Language and Theory of Mind: The issue of critical periods and abilities. Journal of Child Psychology and Psychiatry, 47, 811-819.

Peterson, C. C. (2004). Theory of mind development in oral deaf children with cochlear implants or conventional hearing aids. Journal of Child Psychology and Psychiatry, 45, 1096-1106.

Peterson, C. C., Wellman, H. M., & Liu, D. (2005). Steps in theory-of-mind development for children with deafness of autism. Child Development, 76, 502-517.

Schick, B., de Villiers, P., de Villiers, J., & Hoffmeister, R. (in press). Language and Theory of Mind: A study of deaf children. Child Development.

It is notable that research has also been carried out on Theory of Mind with deaf children who have cochlear implants or conventional hearing aids where consistent delays have been demonstrated. Therefore we cannot rely on audiological devices per se as a solution for the common social cognitive problems associated with lack of conversations.

It is therefore concluded that limited efforts to support deaf children in their local schools or nurseries with regard to conversational access, in either modality – speech or BSL – is inadequate to develop natural conversational skills. Such conversational access needs to be measured and evaluated objectively. A lot of work will have to be applied to be able to be certain that the deaf child can understand and access conversations at a fluent level.

It is well established that deaf children and young people are approximately 1.5 times more likely to develop mental health problems than their hearing peers, with the prevalence of problems (ranging from emotional and behavioural difficulties to major mental illnesses) being approximately 40 percent (Hindley, 1993). No one can confidently attribute this problem to the poor conversational awareness found in many deaf children, but we can certainly try and prevent mental health problems by ensuring that conversational access is that of optimal.

Yours sincerely

Dr Tyron Woolfe”