A professional view:

Ruth Campbell, Ph.D. (Professor Emeritus, Department of Cognitive, Perceptual and Brain Sciences Division of Psychology and Language Sciences University College London) writes in her Foreword to the book, Cued Speech and Cued Language for Deaf and Hard of Hearing Children (edited by Carol J. LaLassso, Kelly Lamar Crain and Jacqueline Leybaert):

"The importance of Cued Speech is that it opens up the world of spoken language to the deaf child in a clear and simple way, from the outset. This has, as Cornett envisioned, the potential to allow a form of the traditionally spoken language to develop naturally in a deaf child, via a communication modality that the child and the child's caregiver can use easily, fluently, and collaboratively."  

[Research] has shown conclusively that children exposed consistently to Cued Speech gained and maintained a headstart over deaf children of similar intelligence and skill who did not have Cued Speech. Those who started using Cued Speech before school were even more likely to forge ahead, often with literacy levels and styles indistinguishable from hearing children.

Because this understanding is sound-based it is uniquely beneficial for deaf children both pre- and post-cochlear implant.

How does CS work?

Put simply, when sounds look the same on the lips (as they are spoken) an accompanying handshape or position will make each lip-pattern look different. For example the sounds /p/ /b/ and /m/ sound quite different to hearing people, but they are indistinguishable by watching the lips. So people who rely on lip-reading alone have no way of distinguishing words such as 'baby' and 'maybe' or 'pay', 'bay' and 'may'. When you use CS each consonant sound has a different accompanying handshape so each sound now looks quite different. Vowel sounds are clarified by positions.

When people speak they join sounds to make words. Similarly, with Cued Speech the handshapes and positions are joined to clarify a word. CS sounds complicated but in practice it's quite easy; there are only 8 handshapes and 4 positions in total. Cued Speech was devised by Orin Cornett in 1966.

How is CS different from using BSL?

BSL is a completely different language to English; CS on the other hand IS English but visual English rather than spoken English.

CS can give language and communication in English before an implant and 'fill in the gaps' after an implant.

It only takes about 20 hours to learn CS so your baby can learn English without delay.

When to use CS:

1. Before an implant to ensure that language development and communication is not delayed.
2. Continue after an implant:
   - to help as your baby or child learns to listen
   - to give on-going help in situations where listening conditions are poor (when there is background noise etc.)
   - when the implant is not used (in the bath etc.)
3. If your child is not making good progress with the implant alone:
   - ask about Cued Speech use if your child, like A-J in the story overleaf and above, is not keeping up with hearing peers or is struggling to fully understand.

CS is effective with children at home and at school. Regardless of how much a child can hear prior to, or with, an implant, CS can be used a part of a continuum of support to ensure full access to English at all times.

It takes only about 20 hours to learn Cued Speech.

For more information about Cued Speech and Cochlear Implantation, please see the information sheet 'Cochlear Implantation - In more depth'
Because Cued Speech is just speech with an added ‘cue’

children and have equal literacy levels.

Also because the 44 phonemes of Cued Speech are

to communicate with the general public.

With a full understanding of English deaf children can

parents. Also with unambiguous communication, parents
can be effective as language models of the family. Also with unambiguous communication, parents can

so they can learn English, easily and naturally - regardless of what they can hear.

With Cued Speech deaf children can join in with the rest of the family. Also with unambiguous communication, parents can be effective as language models and just as parents.

With a full understanding of English deaf children can more easily communicate with the general public.

Also because the 44 phonemes of Cued Speech are exactly the same as the 44 phonemes of speech (indeed they are speech with an added ‘cue’) deaf children can learn to read using the same techniques as hearing children and have equal literacy levels.

Because Cued Speech is just speech with an added ‘cue’ it is uniquely helpful paired with cochlear implantation.

Over 90% of deaf children are born to hearing parents that have no ready way of communicating with their baby. 1

Without Cued Speech deaf children can have problems understanding English, low literacy levels, and may become isolated at home. 2

Deaf children brought up with Cued Speech can think in English and they can use this internal language to learn to read and write. Research and case studies show that, with Cued Speech, deaf children, can have literacy levels equivalent to hearing children. 3

A survey in the USA of 32 deaf adults brought up with Cued Speech found high levels of self-esteem and self-confidence, which they credited to Cued Speech. The vast majority reported that they were always included in family conversations and activities. 4

Once a deaf child starts school a Teaching Assistant (or Communication Support Worker) who is trained in Cued Speech can use it to give them full access to the curriculum.

Charlotte Lynch, a Teacher of the Deaf in Devon, explains how one implanted little girl has benefited from Cued Speech.

A-J is 7 years old, and has a cochlear implant. She attends her local school in Devon. She was implanted at the age of 16 months and although she was hearing sounds across the frequency range at 30-40dB, she did not make the expected progress with her speaking and listening skills in the years post-implant. It became apparent that there were underlying difficulties hindering her progress. Following investigations and assessments, a language disorder was diagnosed at the age of 6.

We first introduced Cued Speech to A-J a few months before the diagnosis of language disorder had been confirmed. I had hesitated to introduce this as she had made slow progress with both her British Sign Language skills and her speaking and listening and I wondered if we were overloading her with yet another thing.

However, after discussion with her school and parents, the two TAs working with A-J and mum agreed to an introductory session with our Cued Speech tutor. After only half a day’s training the TAs immediately started putting this into practice and picked up the system incredibly quickly. They have had very little formal teaching of the system but both gained the Level 1 exam within less than a year and one went on to pass the Level 2 Cued Speech exam a month later!

Whilst visual phonics had been used previously at single sound level, Cued Speech was able to take phonics a step further and make blending sounds together possible. A-J absorbed cueing as just another visual sign and picked it up straight away. She was fascinated by all the displays of handshapes and cue script [written handshapes showing the cues] that went up around the room. Very quickly her eye contact improved and she began to vocalise much more clearly and copy what was cued to her. It did not take her long to cue and say the names of all the children in her class, starting with simple one syllable names and progressing to multi-syllabic names. In one to one sessions she works on becoming familiar with vocabulary on the THRASS chart, [phonics teaching materials] cueing the words and putting them into a sentence. She loves breaking down the words into separate sounds, and understands that phonemes can be represented by different combinations of graphemes.

A-J has been able to access the full programme of Letters and Sounds on an equal basis with her hearing peers and fully participates in group literacy activities. This includes the teaching of high frequency words and putting them into meaningful contexts. Although the school have not adopted Cued Speech for hearing children, A-J works with other children in small groups for Letters and Sounds and TAs have noted the benefits for hearing children too who pick up the cueing alongside her. A-J’s knowledge of English has progressed rapidly and I was amazed to see her do an internet search recently looking up her favourite TV character at the time: Venom Black Spiderman! The combination of BSL and English and her interest in reptilian creatures meant that she understood the word venom which she demonstrated through BSL. She was also able to spell the word herself and took pride in showing off her new found vocabulary.

Cued Speech fits in beautifully with the bilingual policy in Devon. Interestingly A-J’s BSL skills have accelerated at the same time as her Cued Speech and the two together seem to complement each other. A-J can now cue her own reading book (pink and red band) and is beginning to read with increased understanding. BSL helps her to talk about the meanings and Cued Speech develops her awareness of how English structure works.

Since the introduction of Cued Speech, huge gains have been noted in eye contact, speech discrimination, word blending, literacy skills and behaviour. A-J’s mum wishes she had been introduced to Cued Speech earlier. There is still a long way to go, and it will be interesting to observe how her language develops over the next few years.

First published in the January 2012 magazine of the British Association of Teachers of the Deaf.

A-J’s mum Laura and TA Andrea can be found talking about their experience of using Cued Speech on Youtube at: http://www.youtube.com/watch?v=SV7r4y_IA&feature=player_embedded

Or through the Cued Speech Association UK website at www.cuedspeech.co.uk

Research references:

2. Department for Education figures in 2011 show that 77% of deaf children are starting school having failed to achieve a level of development in the early years foundation stage assessment, with 59% of them in the lowest 20% of achievement.
4. Conrad, R. A government-funded review in 1999 concluded ‘We have no evidence to demonstrate an overall significant improvement since Conrad’s study’.
5. A-J was 18 months and although she was hearing when the diagnosis of language disorder had been confirmed. I had hesitated to introduce this as she had made slow progress with both her British Sign Language skills and her speaking and listening and I wondered if we were overloading her with yet another thing.
6. There’s more information about research on our website.