smiLE in action: Interaction that counts

Jenna Quirk and **Linda Montgomery**, Qualified Teachers of Deaf Children and Young People (QToDs), and **Karin Schamroth**, Specialist Speech and Language Therapist (SaLT), describe the journey to implementing smiLE Therapy into their school setting

Why smiLE Therapy?

We have always endeavoured to find ways to develop our pupils' independence and self-advocacy skills and become active participants in the school and wider community. The Specialist Deaf Curriculum framework (SDCF) by BATOD and the National Deaf Children's Society (NDCS) provided a scaffold for us to develop our pupil's understanding of how to effectively communicate within the hearing world.

We also required a way to capture and measure their progress with this over time. We explored smiLE Therapy (strategies and measurable interaction in Live English) through the Scottish Sensory Centre and attended a free one-hour taster session online. smiLE Therapy seemed to encompass all we were looking for in developing pupils' understanding of their individual communication strengths and equipping them with the skills to communicate effectively within school and in the wider world. We were excited to see how we could put smiLE Therapy into action and measure progress.

We shared our enthusiasm with the headteacher. She could see that it fitted well with the school values of Acceptance, Respect, and Teamwork and gave us the go-ahead for training. smiLE Therapy is now embedded in our school improvement plan.

Over the course of 13 months, we have carried out smiLE Therapy successfully with a range of pupils and have established smiLE across the provision, including two-way inclusion groups with hearing peers. We will share with you the successes and challenges, including the impact it's had on our pupils, staff, catering staff, families, and ourselves.

What is smiLE Therapy?

smiLE Therapy teaches pragmatic skills – that is, how to use communication for effective social interaction. Karin Schamroth, a Specialist Speech and Language Therapist (SaLT), created smiLE Therapy for deaf and hard-of-hearing (DHH) students from ages 7 to 25, including DHH Plus students. It empowers students to be effective and confident for everyday interactions in the community with hearing people.

For many DHH students, pragmatics is a real challenge. Even those in mainstream schools who have age-appropriate language skills often struggle with pragmatics. Pragmatic skills include understanding expectations in social situations, repairing misunderstandings, negotiation, and problem solving. We know that language deprivation, delayed theory of mind, reduced opportunities for real interactions, and reduced incidental learning are some of the reasons why pragmatics development can be compromised in DHH students. The impact of poor pragmatic skills for DHH people, on a wide range of outcomes is well researched. It includes risk of poorer mental and physical health, poorer employment outcomes, and likely social isolation.

smiLE Therapy is evidence-based, pupil-centred, and flexible. It uses authentic real-life tasks with before- and after-therapy videos of real interaction and delivers clear, visual measurable outcomes. It includes training parents to actively work on generalisation and give their children real practice opportunities to manage interactions independently.

Pupil requesting in office

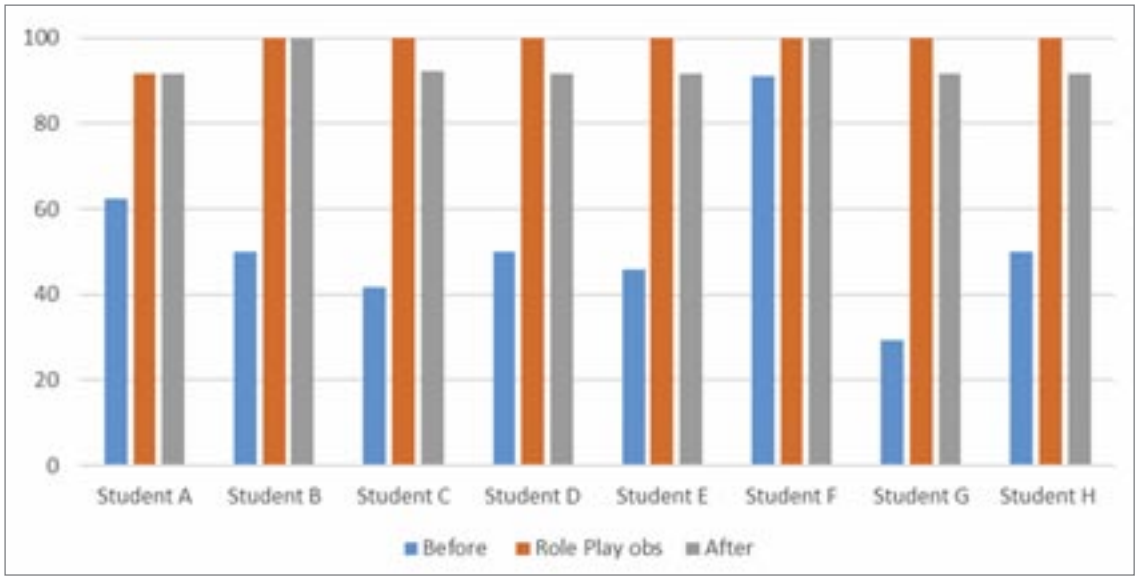

Chart 1: 'Requesting and refusing in an office'. Percentage scores of pupils carrying out the real interaction task. Scores from: the before-therapy video, the final role play observation in the group, and the after-therapy video.

How we got started...

We staggered training: Jenna first (October 2024), Linda next (March 2025), and a third teacher followed (November 2025). Working collaboratively has helped us learn faster, respond quicker to meeting the learning needs of our pupils, and see the potential of smiLE Therapy in our school.

We started with the smiLE Therapy module 'Requesting and refusing in an office'. Pupils learned how to enter a school office, to wait if someone was on the phone, to initiate the interaction, and make their request. If they were given the wrong item they learned to refuse it and leave with the item they needed. Finally, they learned how to end the interaction and leave.

Chart 1 shows the results from this module. The eight pupils were in three separate groups, depending on their rate of learning and processing.

Later we ran this module with our first mixed group of deaf and hearing pupils. There were two deaf pupils and a hearing pupil with a stammer. The results were very positive. We have subsequently included other hearing children in our modules.

We were delighted by the progress shown as we began role play sessions with the pupils. They looked forward to weekly sessions, and we could see the immediate

Parent workshop where the children lead their parents' learning

impact. The pupils' mainstream teachers commented on increased confidence of our deaf learners in the mainstream classroom. Parents also noticed an increased confidence in communication.

We went on to run the smiLE Therapy 'Clarification skills' module, to help develop self-advocacy within the classroom. We ran a generalisation module six months later called 'Requesting and refusing in a kitchen'. We chose this setting to target independence skills in the everyday lunch environment. This was to see if skills learned in the office environment could be transferred to a different environment. Initially, the high noise level of the dining hall threw pupils, but after role play they quickly grew in confidence and achieved high after-therapy scores.

smiLE Therapy modules focus on strong collaboration between parents, educators, and support professionals to promote the development of functional communication and social skills for deaf students. The programme emphasises family engagement as a critical component of student success, ensuring that communication strategies are consistent across school, home, and community settings.

We invited parents to be actively involved through workshops to suit the needs of the families. Families scored a staged role play and discussed the communication skills checklist, with their child leading their parents' learning. These were well received. Each parent and child also met with the Qualified Teacher of Deaf Children and Young People (QToD) to assess the child's before- and after-therapy videos. Communication targets were set, and parents agreed to support these outside school.

By fostering meaningful partnerships with families, smiLE supports pupils in developing confidence, independence, and positive relationships with peers and adults. The ultimate goal is to enhance students' ability to communicate effectively, navigate social situations successfully, and participate fully in academic and social environments.

The challenges...

Initially, establishing the groupings proved challenging. We needed to consider communication needs, language abilities, compatibility of children, and their learning pace. We have been able to be flexible with this approach, to best meet the pupils' learning needs.

Timetabling the sessions to avoid interruptions was a priority to ensure a safe learning environment for the pupils during role play.

The successes...

What we noticed about the impact on pupils

Pupils were delighted and proud on seeing their final after-therapy video showing their new skills. Data in Chart 1 demonstrates the individual skills progress.

Pupils now take more ownership of setting their own communication targets. Skills learned are transferable, for example, conversational repair. Pupils can now confidently inform you of their particular strategies such as "Can you sign please? Write it down. Repeat please?" Pupils are now aware of their expressive skills, how to slow the pace for clarity, and ensure they have been understood.

Confidence has grown, such as standing and presenting at a whole school assembly. Two pupils felt confident to go for house vice-captain of the school. One shared their feelings, "A wee bit nervous but I'm confident to do vice-captain speech in front of everybody. I used sign and speak so everyone could know because I'm deaf".

One deaf learner, aged 10, asked Linda when the dance after-school club started. Linda suggested she ask the teacher involved. The pupil was very nervous and asked to take her friend. On her return she explained that the teacher was busy, she didn't want to interrupt, and she was too nervous. Linda suggested stopping to think for a moment and exploring strategies used in smiLE. "I could see the penny drop as her face lit up and she said "Oh!" The pupil volunteered: "I could've knocked on the door, waited, and stood in a good place". It was a lightbulb moment. She still required scaffolding to support generalisation. Returning to the teacher, she succeeded in getting the information.

What we noticed about the impact on mainstream teachers

The staff around the school are reporting back that their pupils are speaking up in class using conversation repair strategies such as, "I can't hear you, what did you say again?" With the confidence the pupils have gained, the staff around the school are embracing opportunities for the pupils to lead and express their views.

What we noticed about the impact on parents

When the parents watched their child's videos, they were pleasantly surprised both by the skills their child already had in the before-therapy video and by their improvement after therapy.

Following the parent workshop (all attended!), we received positive feedback:

"Great session, really informative, the format of children and parents together worked well."

"We will encourage our child to do this at the shops."

"Face to face and lip-reading is very important."

"My take away from this session will be to communicate more with him at home using BSL [British Sign Language]. Things such as knocking on the door, waiting for people before talking, and so on."

What we noticed about the impact on us

Using smiLE therapy has taught us to encourage more independence in our pupils' learning. We have started to look for opportunities to transfer and generalise their new skills. One example is the dining hall. Previously there was no expectation to communicate here. Now pupils are able to queue, give their name, and order their lunch independently. This also helped build understanding and relationships with catering staff. For example, our learners who chose by pointing are now readily offered a visual

choice. We were pleased to see pupils advocate for themselves about the noise level in the dining hall. They chose to sit in a quieter place, but this meant they were isolated from their hearing peers. We highlighted the issue with the headteacher and now the whole class sits in the quieter area.

We encourage our staff team to find opportunities for pupils to be independent and ask for things themselves directly rather than through a supporting adult. This has been a big learning curve for all staff: to step back and give the pupils thinking time and to facilitate the pupil's independent communication.

We are excited to see where our smiLE journey takes us next!



Jenna Quirk is a QToD with over 14 years of experience working across primary, secondary, and peripatetic visiting services supporting deaf learners in a range of settings. Jenna is deeply committed to empowering deaf children to reach their full potential, supporting them to achieve their goals through strong self-advocacy and independence skills. She believes that every deaf child deserves the tools and confidence to succeed. Outside of her professional life, Jenna is a busy mum of two, balancing family life with her dedication to deaf education.

Linda Montgomery is a QToD with 24 years of experience in deaf education. Passionate about breaking down communication barriers, developing language acquisition, and championing inclusion, she has worked across a wide range of roles supporting deaf children and young people. Her unwavering commitment led her to study alongside full-time work, achieving both QToD status and BSl Level 6. Linda's work is driven by the belief that every deaf child deserves access, understanding, and the opportunity to thrive. Outside of her professional life, she enjoys walking, bagging Munros, and spending time with her family.

Karin Schamroth is a Specialist SaLT DHH. She worked in the NHS for 30 years with DHH babies, children, and young people across many settings including specialist DHH units and schools, and mainstream schools. Karin created smiLE Therapy to develop pragmatic skills in DHH students, that is, to use language for effective social interaction. smiLE builds communicative and social skills resilience for everyday interactions in the community. Karin and her team continue to develop smiLE Therapy and train SaLTs and teachers in the UK and internationally.

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Consortium for Research in Deaf Education (CRIDE)

CRIDE is a consortium that brings together a range of organisations and individuals with a common interest in using research to improve the educational outcomes achieved by deaf children.

Since the formation of CRIDE, the data from the reports, a successor to the previous BATOD survey on deaf education, have influenced and supported the work of deaf education services in developing and/or sustaining the local authority provision, local and central government policy makers, academics at all levels including those on the mandatory qualification training to be a QToD, and other individuals and groups with an interest in deaf education.

The survey alternates from year to year between a standard survey and a survey with a mix of core and thematic questions. CRIDE has also refined the survey over time, with questions removed and added.

We would like to hear from you about how you use CRIDE. Contact us via exec@batod.org.uk

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