# Teaching pragmatics to deaf pupils through smiLE Therapy

**Linda Montgomery, Jenna Quirk**, and **Karin Schamroth** discuss filling the pragmatics gap in language learning using smiLE therapy in a Scottish mainstream primary deaf provision

Pragmatic skills are challenging for many deaf pupils. Linda Montgomery and Jenna Quirk, Qualified Teachers of Deaf Children and Young People (QToDs), explain how they use smiLE Therapy to teach pragmatics and the impact it's had across their school community. Karin Schamroth, smiLE Therapy creator and speech and language therapist (SaLT), highlights the challenges for learners, and for educators in teaching pragmatics, as well as sharing key elements of smiLE Therapy

## What is pragmatics?

Pragmatics, how we use language for effective social interaction, is the most complex and abstract of language skills. It needs the coordination of cognitive, social, and linguistic skills. It includes understanding expectations in social situations, repairing misunderstandings, negotiation, understanding jokes, and considering others' perspectives.

## What is the 'pragmatics gap'?

Researchers have identified pragmatics as 'the missing link in language learning' for deaf children (Goberis et al, 2012; Yoshinaga-Itano, 2015) and have called it 'the next frontier' in improving outcomes for deaf students' (Szarkowski and Toe, 2020). For many deaf students, pragmatics is a real challenge. Even learners in mainstream schools who have age-appropriate language skills across a range of language assessments often struggle with pragmatics.

The reasons why pragmatic skills are so challenging for many deaf learners include language deprivation, delayed theory of mind, reduced opportunity for real interactions, and reduced incidental learning (Szarkowski et al, 2020). The risks are many if our learners have poor pragmatic skills, including poorer mental and physical health, poorer employment outcomes, reduced community participation, and more probable social isolation (Herman and Morgan, 2010).

## Why are pragmatic skills often difficult to teach?

QToDs and SaLTs have always given students experience out in the community to help prepare them for adulthood, knowing how important this is. However, they had no guidance on where to start, how to systematically teach the skills to best meet students' individual learning needs, how to capture and measure progress, and importantly, how to know that new skills and strategies are maintained long term.

## What is smiLE Therapy?

smiLE Therapy stands for Strategies and Measurable Interaction in Live English (Schamroth and Lawlor, 2015). It provides a structured, flexible, person-centred and evidence-based intervention for explicitly teaching pragmatics to deaf students, including deaf plus students who have additional challenges, from ages 7 to 25. It empowers students to be effective and confident for everyday interactions in the community with hearing people. It uses authentic real-life tasks. It has clear outcome measures to both capture and measure progress in the short and long term and includes working collaboratively with parents by running parent groups to facilitate new skills being generalised (Schamroth and Curtin, 2025).

## Why smiLE Therapy was what we, as QToDs, were looking for

Independence and self-advocacy are vital but complex skills. These require deliberate teaching and opportunities so that pupils can understand their own progress. Our


*Photo of a role play example video*

*Photo of a parent group where pupils taught their parents how to score a communication skills checklist*

challenge has been embedding these values while ensuring learners can recognise and take ownership of their growth. We aim to prepare pupils as active participants in the community, by creating environments where they make choices, express preferences, and build confidence. This requires tools that make progress visible and meaningful.

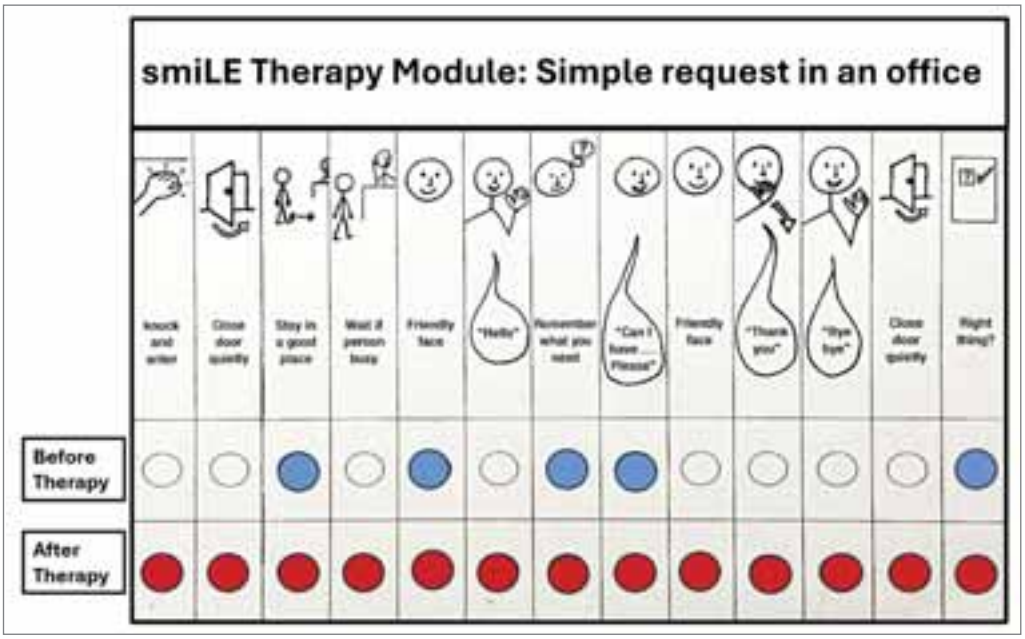


*Diagram 1. Communication Skills Checklist*

A turning point came with smiLE Therapy, introduced through the Scottish Sensory Centre. Its evidence-based, structured approach helps break goals into personalised, achievable steps. smiLE Therapy places learners at the centre, with relevant targets and visible progress that build confidence and ownership. It also aligns with our school values of collaboration, respect, and inclusion. Since its introduction, pupils are more engaged and aware of their strengths, while staff benefit from greater clarity and consistency. Our goal is to develop confident, independent individuals. smiLE Therapy supports this by making progress clear and meaningful, empowering pupils to go further.

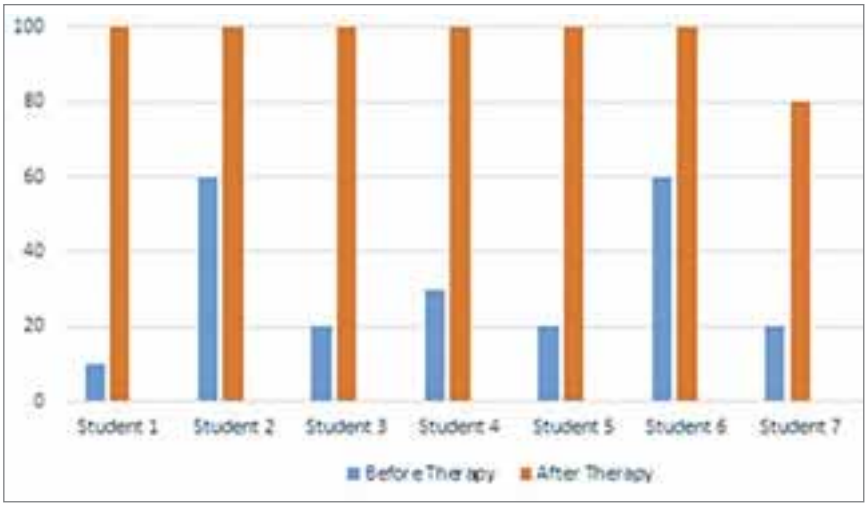


*Chart 1. Results of the 'Clarification skills' module*

## What we set up at our school

Our School Improvement Plan began by building staff confidence and consistency through training in smiLE Therapy. As practice developed, we expanded to prioritise parent collaboration, recognising communication strategies must extend beyond the classroom. We introduced parent groups where families learned smiLE Therapy approaches, shared experiences, and developed practical strategies. These sessions fostered a shared understanding of how to support each learner. Then we shifted to a more learner-led model. Pupils used videos and role plays with Linda and Jenna to teach their parents how targets are created. This role reversal was powerful – pupils became leaders in their learning, strengthening confidence and understanding. Next, we worked with families individually, reviewing videos together to identify strengths and next steps. Targets were set collaboratively, ensuring they were personalised and clear. This approach strengthened engagement, kept the pupil central, and helped parents support communication consistently across home, school, and community.

We extended our practice beyond our setting by working with feeder secondary schools to support smoother transitions for pupils. We also shared our work with visiting professionals and through BATOD Scotland, encouraging professional dialogue and reflection. This was later presented at the BATOD 50th Anniversary Conference, contributing to wider national discussions on communication and inclusive practice.

## Outcomes

**Diagram 1** shows an example of a **Communication Skills Checklist** for the module 'Simple Request in an Office'. In blue are the before-therapy skills and strategies used, as captured on video. In red are the after-therapy skills, as captured on video. The number of circles coloured in are then transferred into percentages to get a score.

**Chart 1** shows the results from a different module, 'Clarification skills'. The seven pupils were in two different groups, depending on their learning needs.

## Impact! On our pupils

It was powerful to see pupils' pride when watching their post-therapy videos, showing their new communication

skills. They now use strategies for repair (such as asking for repetition), clarification, or written information. They can also adjust their own communication for clarity. Their communication targets are now clearly understood through visual checklists.

Confidence has grown noticeably. Pupils led a whole-school assembly for British Sign Language Week and organised a 'Look Loud' day, where everyone in school wore bright clothes to raise money for the Royal National Institute for Deaf People (RNID), raising over £300! Others put themselves forward for vice-captain roles, speaking to the whole school and self-advocating, including explaining, "I used sign and speak so everyone could know, because I'm deaf". One previously anxious pupil even chose to take part in the Christmas Nativity play. We also saw perseverance, for example, when a pupil overcame initial nerves to independently collect after-school club information after being prompted to use their smiLE Therapy strategies.

In the dining hall, pupils know they are expected to communicate. They now independently queue, order lunch, and self-advocate when the dining hall is too noisy by requesting a quieter space. They have even managed to successfully ask for their hearing peers to join them in the quieter area.

Pupils were proud to have a role in teaching their parents how to evaluate whether a skill was present or not when watching an interaction in the parents' group. They commented, "I like smiLE. I like mum come"; "My mum and me have a good time with smiLE and it was fun. I like it my mum was happy; I think it was Mrs Montgomery and Mrs Quirk".

They have also engaged confidently with secondary deaf pupils on a science, technology, engineering, and mathematics (STEM) trail project and presented to over 90 student teachers at the University of the West of Scotland, independently using strategies such as requesting repetition or clearer speech.


*Pupils presenting at the University of the West of Scotland to first-year teaching students*

## Impact! On parents

We were amazed and delighted with the 90% attendance rate at our first parent group. Parents have since reported being so happily surprised on holiday when their child wanted to buy something independently in a shop. Parents also enjoyed having their child teach them at the parent group how to evaluate an interaction. They commented with "Great session, really informative, and the format of children and parents together worked well", "Thank you very much for the session"; "We'll practice when we are out and about".

## Impact! On our school team

Mainstream teachers have noticed that pupils are now active and asking for clarification in the mainstream class such as, 'I can't hear you – what did you say again?'. This has made them look for new opportunities for pupils to lead in class and express their views.

Staff across the school are learning to step back and encourage pupils to ask for things independently, rather than through the supporting adult. In addition, they are facilitating independence by pausing, to give pupils thinking time.

The kitchen team has a new understanding and relationship with our deaf pupils. Staff now speak directly to our deaf children and ask what they would like rather than looking at a list on the iPad. Our deaf pupils are aware of the expectations of this interaction.

## Impact! On us QToDs

The impact on us has been huge! We now

have measurable outcomes and a framework we can use to teach pragmatics. We're always looking for opportunities where pupils can transfer and generalise their new skills. We notice, for most of the time, pupils know our expectations of them. We feel we are upholding the rights of the deaf child. Pupils know they can take action. If their communication with another person breaks down, they can do something. If they can't hear or understand something, they can take action. They are allowed to express their feelings and opinions.

Our pupils are on the move and becoming resilient young people. We are enthusiastic to continue developing this work and to see where the smiLE Therapy journey takes us next.

*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 British Sign Language (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 gw17montgomerylinda@ea.n-ayrshire.sch.uk*

*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 gw17quirkjenna@ea.n-ayrshire.sch.uk*

*Karin Schamroth is a Specialist SaLT DHH. She worked in the National Health Service (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 www.smiletherapytraining.com / karin@smiletherapytraining.com*

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