SUCCESS FROM THE START? EXPLORING EARLY RELATIONSHIPS BETWEEN THE FAMILIES OF DEAF CHILDREN AND PROFESSIONALS

Using evidence from a study of families living on a low income bringing up deaf children, this paper discusses the relationships between professionals such as teachers of deaf children or speech and language therapists with parents and families. The Telling It Like It Is study (2019) used interviews to collect views from 21 families living on a low income raising a deaf child or children. By looking at the tools often used as part of these encounters we unpack some of the hidden assumptions in the activities, monitoring and 'work' to be done by the parents in the home. There is good evidence of the approaches which are the most effective for supporting the development of interaction and languages. Much less attention has focused on the relationship between the family and the professionals. The competencies approach of preparing for intercultural encounters with families living in poverty and from a range of ethnicities is challenged by a more equal exploratory approach to this joint work.

Keywords: deaf children, family, parent child communication, teacher of deaf children

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INTRODUCTION

The aim of this paper is to reflect on the relationships between teachers of deaf children and families with young deaf children, focusing particularly on interactions which take place in the family home. Drawing on research about the experiences of parents living on a low income with deaf children in the 0 – 12 age group (O'Neill *et al.*, 2019), there is discussion of the context of home visits and the intercultural interactions which underlie the intervention to support the young deaf child. A critical examination of one tool often used to provide this support, *Success from the Start* (National Deaf Children's Society [NDCS], 2020) is made, looking at assumptions it holds about the development of language(s). The paper ends with a discussion of intercultural encounters between teachers of deaf children, often untrained to work in parents' homes, and parents who may occupy different social and cultural backgrounds.

LITERATURE REVIEW

Early Support

Evidence suggests that early intervention programmes offer the most benefit for children from low-income families (Aragon and Yoshinaga-Itano, 2012; Cejas *et al.*, 2018; Leigh *et al.,* 2015). However, these need to be introduced using approaches which are aware of cultural differences, are anti-racist (Kirkham *et al.*, 2009; Augustine, 2018) and which recognise the additional stress and time pressures of living in poverty (Vohr *et al*., 2010; Quittner *et al*., 2010).

In the UK, as in the Republic of Ireland (ROI), newborn hearing screening has been in place since early in the 21st century (Carr, 2018). Babies referred from the screen undergo early testing in the audiology clinic, and if diagnosed deaf, hearing aids may be fitted from around two months. This very early diagnosis supports the development of spoken language or a sign language. The benchmarks of 1-2-3 months (Joint Committee on Infant Hearing, 2019; Moeller *et al.*, 2024) propose that for countries which have newborn hearing screening embedded, regular support from a teacher of deaf children or speech and language therapist should occur by three months old. In the UK this generally involves a teacher of deaf children visiting the family home regularly, if the family agree to this intervention. In other parts of the world, e.g., Colorado in the USA and Australia, families are offered more than one option of types of early support, such as a speech and language therapist, a teacher of deaf children, an audiology specialist and a sign language tutor (O'Neill *et al*., 2019, p.39). In the ROI a visiting Irish Sign Language (ISL) service is also available to teach ISL to the child and their family throughout the child's life (Mathews, 2017). In the UK there was a post-qualifying course for teachers of deaf children and speech and language therapists to engage with early years work until 2019, but it closed through lack of demand (personal communication, Dr Joy Rosenberg, 20.10.2025). When teachers of

deaf children go into a family home, this may be the first time they encounter parents with a wide range of different approaches to child rearing, family structures, racialised groups and socio-economic backgrounds. Most teachers of deaf children and speech and language therapists work in schools and clinics, so working inside a family's home raises new professional issues for them, and issues for the parents too as they encounter professionals discussing a personal and highly culturally contextual area: how to interact with their baby.

Early interaction

Curtin *et al*. (2021) explore 61 papers over a 40-year time period to find which parent-child interaction behaviours lead to the highest language scores. The quality and quantity of interaction leads to the best language outcomes. They found that parents who had more support and higher socio-economic status were less likely to be intrusive, direct and to have a negative approach in interactions with their deaf children aged 0 – 3. The most effective parent behaviours found from the reviewed studies for improving interaction and language growth were: to wait to gain the child's attention; maintain a shared, mutual focus with the child; follow the child's lead; provide responses linked to the child's interests and relevant to the context; and to use multi-modal methods to interpret, enrich and expand their child's communicative attempts (Curtin *et al*., 2021). They conclude that regularly filming short clips of parent-child interactions will support evidence and tracking of language(s) development which can be discussed with parents. Many of these strategies are ones introduced on Hanen Courses, often valued by parents of deaf children (Hanen Centre, 2025).

The early support of families of deaf children can be seen as a curriculum including knowledge of the language acquisition process, understanding of deafness, confidence raising, and knowledge of the additional support mechanism the parents will find when their child reaches school age. Professionals have years of experience and regulated qualifications to learn about language acquisition (Fillmore & Snow, 2018), but most parents of deaf children do not have this background. Part of the role of the teacher working closely with the family is therefore to introduce this knowledge in an accessible way to a very wide range of parents, some of whom may not have had positive experiences of their own education.

Intersectionality and Interculturality

An important framework for thinking about different ways in which people live in sociology is intersectionality, developed by Crenshaw (1991). She argues that there is a need for sociologists to focus on the particular experience of black women, rather than assuming that they experience racism plus sexism. The overlap, in her view, is quite different from racism experienced by black men or the threat of sexual violence experienced by white women. The socioeconomic position of black women means their bodies are more controlled, their exclusion from the workforce more systematic. Intersectionality as a concept has been used less in relation to the experiences of racialised groups and disability. Frederick and Shifrer (2019) dislike the over-simplified analogy of racism operating in a way similar to ableism. The experience of disabled black people, they argue, is qualitatively different from those of white people with disabilities. Everelles and Minear (2010) warn us that seeing people as representatives of identity groups prevents us seeing the whole person in their lived social context. Apparently neutral special education practices are often racially marked: "the special education bureaucracy with its complex machinery of pseudo-medical evaluations, confusing legal discourses, and overwhelming paperwork administered by a body of intimidating professionals' hides systematically racist practices" (Erevelles & Minear, 2010, p.141). Intersectionality, then, can be an important tool for analysing data when considering families living on a low income with varying cultural backgrounds.

Another approach to thinking about differences between professionals and families is interculturality. Some professional training courses advocate the preparation of the professional by teaching them a set of competencies: a cultural awareness approach (Dobrowolska *et al.,* 2020). The danger of this competency approach, according to Dervin and Simpson (2021), is that it may reinforce stereotypes about groups of people or cultures and focus on how to overcome possible misunderstandings which may not actually arise. Dervin and Simpson reject this view, arguing instead that we cannot prepare. They go further, saying it would be better to not be prepared; that is, to enter into the encounter as two people who want to learn from each other. Using the example from Finnish of *kazvot* (meaning *faces*), they remind us that we all have many aspects of ourselves available to explore with others. That is, we can learn to renegotiate who we are with others who may be different from ourselves. As professionals in another person's cultural space, we can use self-dialogic ethics to ask ourselves if we are imposing our beliefs on parents (Dervin & Simpson, 2021, p.119). This more open and equal beginning could lead to better communication; if there are misunderstandings, this is an opportunity to learn.

More pragmatically and based on an approach that recognises families' strengths as well as the reality of economic and racial oppression in society, Lewy (2021) suggests trainee health visitors can prepare for visits to diverse family homes by practising cultural humility and building an understanding of implicit bias and health equity. With this knowledge, the health visitor will be more ready to ask parents how racial biases may be getting in the way of

the quality of health care a family has received. Their ally approach depends on building a much more diverse workforce.

These conceptual tools can help us think about cultural differences between the visiting professional and the family of the deaf child in the early years. Cultural differences can include membership of racialised groups but also different experiences of poverty and security. The interaction between health, education and diverse families is an area which needs more study.

METHODOLOGY

This paper draws on two sources, an interview study with parents of deaf children and document analysis of policies used by teachers when working with families with young deaf children.

The *Telling It Like It Is* (thereafter *Telling It*) study explored how parents living on a low income viewed their access to information and support for their deaf child from family, community, third sector and statutory agencies (O'Neill *et al.,* 2019). The researchers asked what these families saw as the challenges and supports for themselves and their deaf children in relation to language and communication development. Ethical approval was gained from the University of Edinburgh following British Educational Research Association ethical guidelines (2018). Families were recruited through UK local authority heads of children's services, the professional association of teachers of deaf children (BATOD), the National Deaf Children's Society and the Scottish Sensory Centre. Criteria for recruitment were the deaf child should be twelve or under and the family should be claiming a means tested benefit or be in receipt of free school meals. Participants agreed that anonymised summaries and extracts from the interviews could be used in publications.

Twenty-one families from across the UK were interviewed. The main interviewer, Jo Bowie, is also a parent of a deaf child who has personal experience of living on a low income. Themes from the literature review were used to analyse the interview transcripts. The main findings from the study were that information and support for the parents was often not available. The early identification of deafness and engagement with health and education authorities was often not working well for these families. Many languages were in use, both spoken and signed. Finally, support from voluntary organisations could be better matched to the needs of families living on a low income, especially as many are also often multilingual (O'Neill et al., 2019).

The themes to be explored here relate to the parents' experiences of Informed Choice (Young et al., 2006) and attitudes from professionals. Informed Choice is an approach drawn from medicine where families are given information about options and supported to lead the decision making about the best approach for their child. Across the 21 families in the *Telling It* study, six spoken languages and British Sign Language (BSL) were used in 13 of the families. Five families were members of ethnic minority groups; living on a low income and being a member of an ethnic minority are overlapping categories in the UK (Li & Heath, 2020).

Later in this paper document analysis it used to explore two parallel documents about how early languages can be tracked in the early years. The Department for Education *Monitoring Protocol* (2006) and the National Deaf Children Society publication *Success from the Start.* Both works built on the work of the English government's Early Support strategy which ran from 2002 and trained teachers of deaf children about the Informed Choice strategy as Universal Newborn Hearing Screening was introduced (Young et al., 2006; Carr, 2018). Taking these documents as language policies, a critical integrated approach is used for analysis (Lawton, 2016).

FINDINGS

Parents' views on teachers of deaf children in the early years

Single parents sometimes felt professionals' attitudes were a personal challenge, coming into their house and blaming them for the child's lack of progress with language development. Louise from the *Telling It* study commented that:

> *But at the time you tell a young person that they just believe you. These are the professionals, you believed them didn't you [laughs]. …. I, I was angry. I was angry for a while. See …, I couldnae get rid a' them, like oot in, they were constantly in, then at some points the way he was feeling they were asking me, 'are you doing what, are you doing the work in the house with him?' So then I was getting upset, sometimes questioning my, questioning myself, you know as you do as a parent. You sometimes, you're like, 'oh am I doing this?' I'd be questioning myself. So I was angry for a long time tae the point wi' (*name of speech and language therapist*) I'd got really, I'm nice and cheery and jolly. But she came tae ma door one day for a meeting and I was just, she, she never came back after that day. I never said any'hing but it was ma face.*

Louise's reaction was incredulity and anger at a speech and language therapist coming into the house telling her to 'do the work', i.e. talk constantly at her deaf baby. Others we interviewed retreated into passivity, while others co-operated and followed advice because they could see the progress; one family found a way to fundraise in order to pay for a private speech development service which was not on offer in their area.

The relationship with the professional, however, was key. Sometimes voluntary groups supported parents in making their views known in important meetings to statutory services. According to Leanne:

> *Well we have a review for, in fact it's coming up in two weeks' time. So, we do it every six months, all agencies all sit in a room and we discuss what's, what, what the next stages are and where we are with her and stuff like that. …. I say my piece and it's very much they write it down and it goes into the minutes. But it just seems to be the same, like we just keep ticking over rather than them, they note that I have concerns but no, I'm doing the right job and … I'm keeping the hearing aids in and it's very much, yeah like, … We're actually, the (*name of voluntary group*), they came out to the house not that long ago and they were going to attend this meeting and they were going to bring everything up because I've obviously mentioned that to them as well. …they're going to try and do and say, 'well you're not listening. You're doing, you are doing your job but you need to listen just that little bit more'.*

One family was threatened with no guaranteed resources for their deaf child if they did not co-operate with the local language policy. This family moved twice to find suitable provision.

> *So, so we got a different teacher of the deaf …. and she was just as bad, but less vocal. But eventually, she said the same things as, you know, if you learn to sign, if you sign with your deaf child, she'll never learn to read and write, and we'll never pay for her to go to a deaf school, you won't get a statement in (name of County).*
>
> Tina

The *Telling It* study suggests that professionals working with families with deaf children on a low income do not seem ready for these encounters: they may not be able to empathise, they don't always provide a range of options, and when the messages are given in the parents' own home, they can be perceived as threatening.

From Protocol to Success from the Start

Monitoring language development is one of the key tasks of both teachers of deaf children and speech and language therapists. Produced originally by the Department for Education and Skills in England (DfES, 2006), this tool was updated by NDCS in 2018 and renamed *Success from the Start* (abbreviated hereafter to *Success*). The aim of the original document was to allow parents to liaise with all the different professionals they met, with their own assessments of the child's progress being central. However, the word 'protocol' reminds us it is an official process. In many cases teachers of deaf children and speech and language therapists brought extracts with them rather than overwhelm families with detailed checklists.

The language policies underlying both documents are interesting. Parents are apparently empowered:

> *Your observations are crucial and are the most valuable and the professionals will often be guided by you as to exactly what the child can do.* (DfES, 2006, p. 17)

However, the actual provision is not discussed. British Sign Language makes an appearance from level B5 with the proviso:

> *Deaf children often learn BSL from adults who are not themselves fluent signers. Where parents wish to use BSL with their children it is important for families to have as much contact as possible with other people (children and adults) who sign, and ideally with fluent signers. Where this does not take place, children's BSL acquisition may proceed more slowly.* (DfES 2006, p. 9).

This is the only acknowledgement in the main materials that input is essential for supporting the language development process. Perhaps taking a nativist viewpoint, the levels appear to unroll unproblematically, taking the children to age three equivalence in language skills by the time they are chronologically three. It is acknowledged that these levels may take longer and there is a set of Level Two materials for children who don't make the expected progress. Level Two has more technical terms, aimed more at teachers of deaf children than parents:

> *Input needs to reflect gradations of meaning to enrich a child's vocabulary:– use specific as well as generic terms for attributes and properties– expand on the properties and functions of a word as you play.* (DfES, 2006. p.24)

In the NDCS (2018) *Success* materials the B levels are replaced by friendlier steps. Listening and vocalising has its own section, whereas watching and handshape production in relation to a signed language is not included.

> *All children need to hear sounds over and over again in order to recognise and then understand them…. make animal sounds and other sounds of objects (cars and trains).. use bubbles to encourage repetitive 'pop pop pop' sound which you say when the bubbles burst.* (p. 49)

The strength of both these sets of materials is that they are comprehensible for parents, and they do apparently allow equal status to different spoken languages or a signed language such as BSL. However, in practice, a lot is unsaid. Parents who don't use English in the home would have to understand written English and apply *Success* to their home languages by themselves, unless they knew a bilingual practitioner. Lack of awareness of second language acquisition and use can lead to difficulties for teachers in supporting bilingual families with deaf children. Teachers need to have knowledge of multilingual development in children and adults (Fillmore and Snow, 2000). Across the UK, speech and language therapists appear to have more familiarity with the advantages of spoken language bilingualism than teachers of deaf children and audiologists, all of whom provide advice to families with deaf children (Wright et al., 2022). Only 43% of local authorities over the whole of the UK provide tuition in BSL to families (Consortium for Research in Deaf Education [CRIDE], 2022, Table 36). The Monitoring Protocol and Success from the Start processes assume that the parents will 'do the work', as Louise was shocked to discover.

Friedner (2022) discusses this usually maternal work in relation to families in India issued with free cochlear implants from the government. No spares or supplies were given, despite the public largesse from the government, leaving many deaf children from poorer families with cochlear implants that did not work and no way to communicate in their local school. It remained up to an army of the better-off mothers to adopt various auditory verbal approaches and other idiosyncratic variations to do the work with their children.

IMPLICATIONS FOR PRACTICE

Early support and child-parent interaction

The parent who was threatened with having fewer resources for her child unless she followed the local authority language policy suggests that there are hidden practices from professionals. Families that ask for different provision to be made available are assertive, but many families probably don't ask. Informed Choice only works if practitioners are committed to the viability of all approaches, and not just as a binary choice.

The Curtin *et al*. review (2021) will likely lead to new clinical tools for speech and language therapists. But how should the findings be applied by practitioners working with families of deaf children, particularly in multilingual contexts and when families are living on low incomes? There are few materials to support parents in understanding and growing in confidence with early language development in accessible ways on the internet. Sparling and Meunier (2019) have a set of online photos introducing simple language games and focusing on shared conversational reading which are accessible and could be adapted to other contexts globally (see examples in Melbourne Graduate School, 2015).

Intercultural encounters and intersectional tools

Going into someone's home is often an intercultural encounter due to differences between the professionals' socio-economic background, or their differing experiences of languages and cultures. Some teachers of deaf children have told me anecdotally they feel powerless, being in someone else's territory rather than the more familiar classroom. The evidence from the *Telling It* research showed that parents often felt powerless because the professional was coming into their territory, their home, with messages of crucial importance and urgency.

One approach to tackling the power imbalance would be to meet in some more neutral space such as a community centre, or to have professionals from a wider range of backgrounds so they shared characteristics with more of the parents: being deaf, multilingual, or with personal experience of living on a low income for example (Lewy, 2021). This approach has not yet been applied in the context of professionals visiting the families of deaf babies and young children to discuss language development. Understanding intersectionality, between the experience of living in poverty, racism and ableism should be part of the professional education of teachers of deaf children (Erevelles & Minear, 2010).

CONCLUSION

This article has explored a number of aspects of the relationships between professionals such as speech and language therapists or teachers of deaf children with the families of young deaf children. Focusing particularly on families living on a low income, which includes a wide range of families who use other languages and signed languages, there has been a discussion of implications for improving practice. Can professionals prepare for these intercultural encounters? How can they better support families? Or do we need to stop thinking about preparing to support and simply engage as equals? Professionals have particular training and expertise to share, but so do the families. More equal encounters could be possible: learning from each other, acknowledging power imbalances, and working to bring a wider range of backgrounds into the professional workforce.

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