Early Education for Deaf Children and Their Families
Final Research Report

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Problem and Context

Parents who discover that their child has a hearing loss are confronted with a range of possible interventions and advice on how best to raise a deaf child. The advice from professionals and other parents may take into consideration the individual characteristics of the child and family; but it is often more strongly influenced by understandings and perspectives of what it means to be deaf (Bodner-Johnson & Sass-Lehrer, 2003). For new parents who have no experience with people who are deaf, their children's hearing loss is often viewed as devastating, shattering their dreams and expectations for their children's future. Adults who are deaf are often puzzled by this reaction. For them, hearing loss may create some difficulties from time to time but mostly it is considered a difference that presents unique experiences and opportunities, not a disability.

As a result of their own cultural and linguistic experiences, beliefs, and expectations as hearing/speaking individuals, most parents understandably seek to find ways to restore their children's hearing and establish early communication if at all possible through the auditory/vocal modality (Erting, 2003). Doctors and audiologists, who usually share this worldview, rarely inform parents about another perspective on deaf children, one held by a small percentage of parents who are themselves Deaf and communicate using the visual/gestural modality in signed language.

Typically, the spoken language used in the home and school is not naturally accessible to deaf children. The options are to either develop the child's auditory and

verbal skills so they can function in spoken language settings, or for the child and family to learn a visual communication system (signed language). Early language acquisition and communication development, therefore, as well as the development of child-family relationships are primary early intervention focus areas for families with deaf children. Although the communication methods may differ, there is agreement that all children must acquire a first language, which is crucial to later learning and literacy (Hart & Risley, 1999). In recent years there has been acknowledgement from Deaf communities regarding the value of speech and auditory skills for deaf children (Carver & Sam, 2002). There has also been acknowledgement regarding the value of signed language for cognitive enrichment from the hearing community (Garcia, 2002). The positive support for developing both spoken and signed language, emphasizes the need to move from "either/or" situations, where families must make exclusive choices regarding speech or signing, to decisions that consider the overall importance of language. The challenge for future research is to ensure that within the philosophy of inclusion all deaf children, particularly those that require signed language to learn, are able to acquire the critical and foundational language skills needed for their social, emotional, and cognitive development. Essentially, this addresses the much greater challenge of balancing linguistic and cultural diversity while still promoting the inclusion of all learners.

It was felt that in order to guide future research in this area, an understanding of how deaf children were currently identified and serviced across all provinces and territories in Canada was needed. The early years are critical in terms of child development, family relationships, and establishing a foundation for future learning, and

it is important to determine if this knowledge is being applied to the early education of deaf children and their families.

The overall purpose of this project was to conduct a survey of service providers for families with deaf and hard of hearing children about the programming they offer and the information and research they perceive to be needed in this field. The results of the survey were expected to provide a springboard into further exploration of how to include deaf and hard of hearing children, but also maintain their cultural and linguistic diversity.

Method

The original design of the project involved assembling a team of research partners representing six regions of Canada; 1) British Columbia, 2) Alberta, Yukon and North West Territories, 3) Manitoba, Saskatchewan and Nunavut, 4) Ontario, 5) Quebec, and 6) Maritimes- Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador. The only criterion for research partners was to be familiar with early education programs and services for families with deaf children in their region. It was hoped that a balance between Deaf and hearing representatives, as well as those affiliated with both University and community-based organizations would be achieved. As it turned out, the process of recruiting research partners was not successful. There are a number of reasons for this. First and foremost was a lack of time and resources available for interested individuals to make a commitment to yet another project. A second factor was the priority that potential research partners put on providing early education services, rather than becoming involved in research in this area. Clearly, these reasons suggest that current services and resources are stretched very thinly, and more support is needed in the area of early education for families with deaf children.

The intention of involving research partners in the project was to assist in the identification of stakeholders and to facilitate the development, distribution and collection of the surveys. Without the involvement of research partners from the six regions of the country, the design of the study was altered in terms of survey development and distribution. The first step of the project became the development of the survey for early intervention providers to families with children with a hearing loss from birth to five years of age across Canada. The early intervention survey contained 27 questions and the general categories for these questions were based on the Early Intervention Survey developed by the Marion Downs National Center for Infant Hearing as described by Stredler-Brown (1999). The questions probed the following issues: characteristics of deaf and hard of hearing early intervention programs, locations of service provision, parental involvement in programming, communication approaches, personal philosophies of deaf and hard of hearing interventionists, the challenges and issues that face professionals and families in attempting to meet the needs of deaf children, and the kind of future research that is needed or would be considered beneficial. The surveys were written in both English and French. (Please see Appendix A for a copy of the survey).

The distribution process was also altered due to a lack of research partners and the inability to establish appropriate contacts in some regions. In the areas where surveys were distributed, a snowball sampling method was used. Deaf and hard of hearing early intervention agencies across Canada were contacted in order to gather information on services within their province. Through Internet searches, Canadian Hearing Society directories and prior contacts, the names of early intervention agencies throughout most

of Canada were found, except for the northern regions of Yukon, Nunavut, and North West Territories. The located agencies were contacted and were informed of the study. They were then asked whether or not they were an appropriate and willing agency to participate as well as whether they could nominate another agency in their province that provided services for deaf and hard of hearing children from birth to five years. This snowball sampling resulted in the identification of 22 different early intervention programs that provide services to families with deaf and hard of hearing children across Canada (excluding British Columbia, Yukon, North West Territories, and Nunavut).

Twelve programs requested that hard copies of the surveys be sent to the managers/coordinators of the deaf and hard of hearing program and the managers/coordinators would then distribute the surveys to their staff. Sixty-two surveys were sent out to 12 programs. Ten other programs requested that surveys be distributed to them via e-mail, which they would forward on to their staff. Respondents could either fill the surveys out in an online format through surveymonkey, which employs multiple layers of security to ensure that data remains private and safe, or by hand and return it in the mail. Given the on-line nature of the distribution process it is impossible to determine exactly how many individual received the survey; however, considering the typical number of staff within each program, it is estimated that 100 people had access to the survey in either hard copy or on-line form.

While the intention of the study was to survey early intervention programs across Canada, this was not entirely possible for a number of reasons. In the Yukon, North West Territories and Nunavut, contacts were difficult to reach within the timeframe of the study and in other instances known contacts were no longer in their positions and no

other contacts could be obtained. BC was not targeted for distribution in this study as they requested to be exempt due to the fact that the province is currently in the process of revising their deaf and hard of hearing service delivery system as a result of the implementation of the BC Early Hearing Detection and Intervention Program. In the Prairies (Alberta, Manitoba and Saskatchewan), 8 early intervention programs were targeted and 10 service providers responded to the surveys. In Ontario, managers from the Infant Hearing Program were contacted and 5 service providers responded. In Quebec, 4 early intervention programs were contacted and 8 service providers responded. In the Maritimes (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland), 9 different agencies were targeted and 11 early intervention service providers responded. This provided us with a total of 34 respondents from the areas we targeted across Canada. Although this is a relatively small number and represents an overall low response rate (approximately 34%), it is important to keep in mind the very specialized nature of services for deaf and hard of hearing children. In a province such as Manitoba, there are only three agencies that serve families with deaf and hard of hearing children in the preschool years. Although there are clearly more than three individuals involved, respondents from each agency would reflect similar kinds of services and programming. In this way, it is felt that the Prairies and Ontario may not be very well represented, but numbers from Quebec and the Maritimes are more representative.

In terms of the 34 respondents, 11 were speech language pathologists, and 11 were teachers of the deaf. One audiologist and 2 auditory verbal therapists responded. Five professionals in counseling positions (social workers, rehabilitation counselors, and mental health clinicians) and 4 professionals who fit in to an "other" category

(superintendent, American Sign Language specialist, early learning consultant, provincial consultant) responded. This distribution reflects a representative sample of the kinds of professionals that work with families, although the number of audiologists and auditory-verbal therapists is low.

Findings

Findings from the survey will be discussed in terms of program characteristics and identified challenges, including signed language, language struggles, and lack of available services.

Program Characteristics:

The following section provides information pertaining to characteristics of the programs that are offered to children with a hearing loss from birth to five years of age across Canada. The reported findings represent the most common answers provided by all service providers.

Twenty-seven professionals indicated that their program provides American Sign Language (ASL) or Langues des Signes Quebecoise (LSQ) services, 21 indicated that they provide auditory-oral services, 20 indicated that they use an auditory-verbal method, and 19 service providers indicated that they use simultaneously use of sign and speech. This supports the concept that in most places programming is available through more than one method of communication.

In terms of where services were provided, the majority of responses indicated that they were provided in the homes of families, regardless of the communication method involved (auditory-verbal, auditory-oral, simultaneous sign and speech, or signed language). Daycare centres were the next most frequent location of service provision,

and this again was similar across communication methods. Services provided at the clinic were more common for auditory-verbal (12 responses) and auditory-oral methods (15 responses), whereas services provided through a program's classroom more frequently involved signed language (13 responses) or the simultaneous use of sign and speech (11 responses).

There were also similarities and differences regarding which professionals provided services relative to the different communication approaches. Speech-language pathologists (22), teachers of the deaf (20), early childhood educators (13), other teachers (7), and audiologists (5) were indicated as providing services across all communication methods. Whereas, understandably, auditory-verbal therapists were not involved in providing signed language services and Deaf adults or Sign Language Coaches/Teachers did not provide auditory-verbal or oral services.

Signed language services were usually provided by a teacher of the deaf, according to 18 respondents, but 12 respondents also indicated that a Deaf Adult or Child and Family Sign Language Coach/Teacher provided this service. Whereas auditory-oral services were reported as being provided primarily by speech-language pathologists (19 responses) or teachers of the deaf (14 responses). Auditory-verbal therapy was provided by speech-language pathologists, according to 11 respondents, and auditory-verbal therapists by 10 respondents. Fourteen professionals indicated that a teacher of the deaf provided simultaneous sign and speech services and 13 indicated this service was provided by a speech language pathologist.

The most common type of support that was offered to families was preschool programming (24 responses), followed by family counseling (23 responses) and then

family signed language instruction (20 responses). Thirty respondents indicated that programming was determined through parental choice, and eighteen professionals indicated that the degree of hearing loss and needs in addition to hearing loss also determined programming. Fifteen professionals indicated that they refer families to other programs if their program does not provide a communication approach that may be of interest to the family. Other professionals indicated that in some cases theirs is the only program available in the province and others explained that their program provides all options or works in conjunction with different departments to provide comprehensive services. Twenty-seven respondents indicated that families could receive services from multiple programs. They indicated that there is a process in place that can help families to transition from one program to the other. The most common process was the sharing of written information at the parent's request (23 responses), followed by meetings (18 responses) and then observations for parents and professionals (16 responses). Some providers indicated that they use Individual Support Service Plans or IIP's to assist children in transitioning from program to program or preschool system to school system.

Family support was reported to be an important component by all service providers. Twenty-three professionals reported that parental involvement was required and 10 indicated that parent involvement was encouraged but depended on the family's needs and resources.

Identified Challenges within the Deaf and Hard of Hearing Service Delivery System:

Signed Language

While signed language was the most reported service as a part of early intervention programs, professionals also reported their struggles in trying to support

families in this modality. Fifteen professionals indicated that they would like more

support in learning how to bridge signed language and spoken language and 13

professionals reported their desire for more training in signed languages. Some

professionals indicated that the opportunity to be trained and to provide families with

information was just not available:

- We have very little information on Deaf Culture to offer our families

- We need an increase in ASL training resources available to families

- There is a lack of ASL tutors in the homes that are NECESSARY for

  families to develop their ASL skills

- Assessment of ASL acquisition in Deaf children both typical and

  atypical learners is needed.

Other comments from professionals also indicated that while their early

intervention programs provide this service, they feel as though they do not necessarily

have all the training they need:

- I try to provide whatever mode of communication the family requests to

the best of my ability

- I am not fluent in sign language but support parents who chose this

modality.

Language Struggles

The identification of children struggling with language development was reported

most often as a gap of a year or more between chronological age and language age (25

responses), followed by limited improvement in receptive and expressive communication

(24 responses). Service providers reported that they most often recommended adding another communication approach available within their program (21 responses), followed by evaluating and recommending changes to the home environment (20 responses). Another factor that was reported as contributing to children's struggle with language development was the family's struggle to come to terms with their child's hearing loss. Professionals commented that "family ability and willingness to follow-up" contributed to the struggle, "the despair of parents" and "their lack of understanding of how to support their child" were factors as well as families' "denial" which resulted in a "refusal of any services often for the entire first year of the child's life". Thirty professionals reported that they felt that family acceptance of deafness was significantly important to the development of a child with a hearing loss under the age of five years.

The service providers indicated that there continues to be a major battle between the advocates of oral (spoken language) versus manual (signed language) philosophies. One professional stated that one of the most common factors that contributed to the language struggle of children with hearing loss was the pitting of ASL against English. Others commented that when counseling parents regarding communication modality "philosophical differences come before the individual needs of children" and that some "professionals see the validity of one approach for all." One respondent summarized the issue as follows,

> Some professionals consider sign language as a last resort instead of
> considering it as a first option. By the time parents realize that oralism is
> not to their child's advantage, it's already too late.

Twenty-six professionals reported that a lot of parents enter their intervention program wanting their child to speak. When the parents' selected mode of communication is not meeting the needs of their child, most professionals (24) indicated that they try to provide parents with more information. Professionals explained that they try to "educate parents", "help them to network with other families", " discuss with parents the needs of their child and demonstrate the contribution of another approach", and "suggest other alternatives and if possible have the family meet with other professionals to see the various options for their child." One professional explained,

> Conversation is critical to reach understanding from all perspectives –
> when the focus remains on what will enable the child/ren to fully access
> communication, parents/guardians come to realize what choice they can
> make to promote their child's development and growth.
> Another professional stated,
> Acceptance of your child's needs is necessary for the parent to move
> forward with a communication system the child benefits from, grows with,
> and the family enjoys as significant and efficient.

Not only did professionals indicate that the debate between oralism and manualism is still present but they also discussed issues pertaining to collaboration amongst professionals. Professionals indicated that there is "abysmal collaboration amongst professionals", "too much division between teams and transitioning bodies" and a lack of working together as indicated in these comments,

- Needed is the collaboration of all professionals, paraprofessionals and associations within a framework that minimizes self-service in the interest of protecting positions. There must be a shift to maximum concern for the best interest of the families and their children.

- The lack of exchanges and coordination among different professionals undermines the efficacy of the services.

Lack of Services Available

Another concern raised by respondents regarding the deaf and hard of hearing service delivery system was the lack of services that were available to families. While some professionals felt as though they do, "a wonderful job", "very good work" and "have good access" for families, many explained that services were either too far away for all families of children with hearing loss, or that there are not enough options available to families. A reoccurring issue discussed amongst professionals was that the larger centers had services available to families and children with hearing loss but remote or rural areas had very little and the larger centers did not have the staff and resources to send them out traveling to provide services in those other areas. Another reoccurring issue discussed by the professionals was the lack of early hearing detection and intervention programs in their provinces.

Future Research Needs

Twenty professionals indicated that they felt there was a need for research in the area of early diagnosis and services in order to help them support families

of children with hearing loss. Nineteen also indicated that research in the area of literacy development was important, followed by fourteen professionals who indicated needing more research on the value of deaf and hard of hearing peers and role models. Research related to parent support groups was suggested by 14 respondents as well. Other suggestions included the impact of a deaf or hard of hearing child on the family as a whole, and ways of developing the self esteem of a deaf and hard of hearing child living in a hearing environment.

These suggestions, together with the findings from the other survey items, provide significant insight into the field of early education for families of deaf and hard of hearing children in Canada and further discussion and interpretation is needed.

Discussion

The findings from this survey must be interpreted with caution as they represent only a sample of service providers and programs (34 respondents) across a limited number of regions within Canada (Prairies, Ontario, Quebec, and Maritimes). As a result, conclusive statements regarding the current services and programs available to the families of deaf and hard of hearing children cannot be made. However, the findings do reveal areas of need and provide direction for further investigation.

The findings from the survey suggest that there continues to be disagreement among service providers regarding information, selection, implementation, and support for spoken language (oral) and signed language (manual) communication approaches. However, the survey results also indicate

several areas where all service providers are in agreement, regardless of the communication approach they promote. These issues of agreement include the need for early identification and detection of hearing loss, parental acceptance of hearing loss, development of self-concept and identity, collaborative partnerships among professionals, and appropriate literacy and academic skills. What kinds of changes are required within the programs and services for families with deaf and hard of hearing children in order to address the common issues raised by professionals working within this field?

The need for provincial early identification and detection programs has been well established (Canadian Working Group on Childhood Hearing, 2005). Such programs are in various stages of implementation in British Columbia, Ontario, Nova Scotia, New Brunswick, and Prince Edward Island. But as respondents indicated, there are still many provinces that have not successfully achieved implementation of universal infant hearing screening programs. Clearly what is needed is a more comprehensive approach implemented consistently across all regions of Canada, so that all families will be aware of their child's hearing loss and can access services and support within the first year of their child's life. The benefits of early identification for children, in terms of language and learning needs, are well known (Yoshinaga-Itano & Arehart, 2000). Researchers have begun to explore whether the emotional needs of families are different within the context Early Hearing Detection and Identification (EDHI) programs and how professionals are supporting and counseling parents within these "changed circumstances" (Young & Tattersall, 2007, p.210). The changed

circumstances associated with EHDI programs involve; a medically driven discovery mechanism, a highly compressed timeline between birth and diagnosis, the diagnosis occurring at the earliest stage of relationship formation, and early intervention occurring quickly and intensely in the child's life (Young & Tattersall, 2007). These changed circumstance are suggested to negatively impact parent and child bonding and interactions at this vulnerable and critical time (Kutzer-White & Luterman, 2003). Other studies have suggested that early identification benefits both the parent and child by allowing for a quicker resolution of grief, improving bonding, and decreasing parental stress (Yoshinaga-Itano, 2001; 2003). The evidence from these conclusions are not yet well established (Tattersall & Young, 2006).

The survey results indicated that the most commonly provided service by programs for families with deaf and hard of hearing children was family counseling. And yet, many respondents also indicated that parental lack of acceptance of their child's hearing loss prevented progress or access to appropriate communication methods. What is missing within the family counseling being provided if it is not helping families to come to terms with their child's hearing loss? Further research is needed to determine what factors may facilitate or postpone the grief resolution process within parents of deaf and hard of hearing children.

Another common concern for survey respondents was the need to facilitate a positive self-concept and identity in deaf and hard of hearing children. Although this concept may seem vague and perhaps not a priority during the

preschool years, it is critical to a child's overall development (Scheetz, 2003).

The question of identity raises the issues of communication methods and

integration. Do children feel more positive about themselves when they develop

speaking and listening skills among normally hearing children, or when they are

using signed language among other deaf and hard of hearing children? How do

parents and professionals know when an emphasis on developing skills (speaking,

listening, language) is taking priority over a child's "happiness" or sense of well-

being? We know that peer relationships and interactions are important at all

stages of development, but particularly during adolescence (Woolfolk, Winne, &

Perry, 2007), and this must be considered in the development of deaf and hard of

hearing children. Clearly further research is needed to identify the factors that

contribute to positive self-concept and identity and find ways to incorporate them

into programs for deaf and hard of hearing children.

Another common goal identified by survey respondents was the need to improve

collaboration between service providers in order to improve how families are supported

in making decisions about communication choices. Survey respondents identified that

some deaf and hard of hearing professionals have strong opinions regarding the best

communication approach for children with a hearing loss. This has resulted in a struggle

to guide and educate parents within a balanced perspective (DesGeorge, 2003; Gallagher,

Easterbrooks, & Malone, 2006; Gravel & O'Gara, 2003). Parents struggle as a result of

being providing with "inconsistent messages" from professionals in different agencies

(Andrews, 2001). Andrews (2001) explained,

The issue of communication approach (i.e. whether or not sign communication is used to support spoken language and/or whether to use British Sign Language within a Sign Bilingual approach) may be a contentious one and differences of opinion amongst professionals in this area can be particularly counter-productive for families.

Hudson (2002) suggested that it is the "scale and intensity of disagreement at the level of experience, values and perceptions that fundamentally shapes interprofessional relations" (p.8). Unfortunately the intensity of the disagreement between different programs or professionals in the field of early deaf education has historically and as the survey respondents indicated, continues to be, significant. If different programs believe strongly in their own philosophy, it becomes difficult to see the value of working with other programs and acknowledging their potential contributions personally and for parents. Rigid adherence to program philosophies is also counter to the family centered philosophy. These philosophies create "turf issues" among service providers from different agencies and make interagency collaboration a significant challenge.

The need to achieve age appropriate literacy and academic skills for deaf and hard of hearing children was the final common goal shared by survey respondents. This emphasizes the importance of language development – regardless of communication method. The reality is that many deaf and hard of hearing students arrive at school without an established first language (Marschark, Lang, & Albertini, 2002). This puts them at an immediate disadvantage in terms

of academic, social, and emotional development, but it poses a particular problem for developing age appropriate literacy skills.

Language is an important foundation for literacy skills in all children. The relationship between language and literacy can be imagined as a pyramid. The base, and largest part, is a child's reception language – all the words (or signs) she can understand. Moving up a layer in the pyramid are the child's expressive language – what they can say or sign. The next layer, which continues to be only a portion of the previous one, represents the child's receptive written language (the words she can read), and even less of those words will be the ones she can write (expressive written language). As the tip of the pyramid suggests, only a small portion of the child's receptive language (the base or foundation) is brought to the task of learning in other content areas, such as science, math, social studies, and language arts. When children begin with a limited receptive language base, it has a decreasing proportional effect on the other language, literacy, and content areas. The tools and background knowledge the child with limited language skills brings to the tasks of reading, writing, and learning in the content areas must be taken into consideration and adaptations to academic programming will be needed.

Alternatives to the current "spoken language/signed language" dichotomy in educational programs for deaf children are needed. The inclusion of deaf children should not limit their linguistic development and diversity. The exploration of maintaining cultural and linguistic difference within an inclusive model is needed. Future exploration could potentially change the direction of

research in the area of language acquisition and early education for deaf children and their families.

Conclusion

The findings from the survey identified some key areas of common concern raised by professionals providing services for families with deaf and hard of hearing children. These common concerns are a springboard for future research in the following areas:

1. Implementation of early identification and detection programs nationally,

2. Determination of factors that facilitate or inhibit grief resolution in parents with children identified with a hearing loss,

3. Exploration of factors that influence positive self-concept and identity in deaf and hard of hearing children, including the role of parents and peers.

4. Facilitation of collaborative partnerships among professionals, and

5. Investigation of language acquisition, both spoken and signed, and its role in literacy and academic learning.

It is time to move forward and beyond the centuries old debate regarding oral (speaking) vs. manual (signing) communication approaches in the early education of deaf and hard of hearing children. The issues identified through this study indicate that common needs exist and require further research. It is time to focus our attention on these areas of agreement to ensure that appropriate identification, service coordination, and ultimately language, literacy, and social development are part of every deaf child's story.

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Appendix A

Sample Questionnaire

(English and French versions)

Services for Families with Deaf and Hard of Hearing Children Survey

Attention: *If you do not provide services to deaf and hard of hearing children from birth to 5 years of age, please do not complete this survey.*

1. Please specify your role within the deaf and hard of hearing service delivery system (Speech Language Pathologist, Early Childhood Consultant, Audiologist, Social Worker, etc)
_____
_____
_____
2. What geographic region do you serve?
_____
_____

PROGRAM INFORMATION

3. What support does your program provide for families with deaf and hard of hearing children between birth and five years of age?
   Family counseling
   Parent-infant program
   Preschool programming
   Family signed language instruction
   Parent support meetings
   Audiological assessments
   Technical support for hearing aids
   Hearing aid fitting
   Implant mapping
   Other: _____
_____

4. Please check off all communication approaches that are included in your program.
   American Sign Language
   Langue des Signes Quebecois
   Auditory-Verbal
   Oral method
   Simultaneous use of sign and speech
   Manually Coded English
   A combination of above mentioned approaches. Please specify which combination:
_____
   Other (specify): _____

5. If your program offers several different communication approaches, how is programming determined? Please check items that apply.

   Parental choice

   Degree of hearing loss

   Geographical location

   Needs in addition to hearing loss

   Other (specify): _____

6. If your program does not offer several different communication approaches, do you refer families to other programs?

   Yes

   No

7. & 8. The following questions deal with various ways of communicating that are available to families in your program. Please address all services that you provide, identifying where the services are provided and by whom:

	Auditory Verbal	Oral/Aural	Simultaneous use of sign and speech	Signed language (ASL/LSQ)
Do not provide this service				
Where?				
Home				
School				
Clinic/Center				
Program's Classroom				
Daycare				
Who?				
Audiologist				
Early Childhood Educator				
Teacher of the Deaf				
Auditory Verbal Therapist				
Speech Language Pathologist				
Child and Family Sign Language Coach/ Teacher				
Social Worker				
Deaf Adult				
Teacher				
Special Resource Teacher				

9. If your program includes another method of communication, location of service provision or professional who provides services, other than those listed above, please describe.

_____
_____
_____
_____
_____
_____

10. Language development is frequently a struggle for deaf and hard of hearing children. What do you notice as indicators of this struggle?

Limited improvement in receptive and expressive communication

Over a year gap between the child's chronological age and language age

Cognitive abilities exceed expressive language skills (signed or spoken)

Frustration in expressing thoughts and feelings

Inappropriate social interaction with peers

Formal assessment (testing) does not reflect gains consistent with time period, i.e. less than a one year gain over one year

Other: _____

_____
_____
_____
_____
_____
_____
_____

11. What do you feel are the three most common factors that contribute to this struggle?

Degree of hearing loss

Length of time without any services (late identification)

Limited auditory exposure with amplification

Limited signed language (ASL/LSQ) exposure

Challenges to learning in addition to hearing loss

Home language is different from majority language (English/ French)

Lack of funding available for services

Lack of personnel available to provide services

Difficulties faced by families in negotiating the system for services

Other: _____

_____
_____
_____
_____
_____

12. Within your program what are the three most common recommendations provided to families to address a child's struggle with language development?

Waiting

Adding another communication approach available within your program

Changing the amplification

Increasing the frequency of services

Altering the mode of service delivery

Changing expectations

Recommending another program offering other communication approaches

Evaluating and recommending changes to the home environment

Other: _____

_____
_____
_____
_____
_____
_____

13. Can families receive services from your program in addition to receiving services from another program?
  Yes
  No
  Determined on an individual basis. Please explain: _____

_____
_____
_____
_____
_____

14. Is there a process in place to help families that transition from one intervention program to another?
  No, it rarely happens
  No, families typically are not open to discussion when they move from one program to another
  Yes, intake meetings occur
  Yes, written information (files, reports) is shared at parental request
  Yes, observations are arranged for parents and professionals
  Other options to facilitate transition. Please explain. _____

_____
_____
_____

15. Please estimate the percentage of families that come to your program after they feel their child has not made the appropriate language gains through another program.
_____

PARENTS

16. What role do parents play in your program?
  Parent involvement is required
  Parent involvement is recommended but not required
  Parent involvement is encouraged depending on family needs/resources
  Little opportunities are available for parent involvement
  Other: _____

_____

17. Generally, rate how often parents enter your program wanting you to teach their child to speak?
      None   Very Little   Some   A lot

18. How do you deal with parents' requests for a specific communication approach when this choice is not meeting their child's needs?
  Provide parents' communication choice for a short period of service (~ 6 months)
  Provide parents' communication choice for a longer period of service (~ 1 year)
  Provide parents with more information (written, videos, discussions)
  Introduce families to role models
  No set procedure, determined on a case-by-case basis. Please explain the factors that influence your process: _____

_____
_____
_____

19. Indicate the three areas of information you feel parents request most often.

| Information on… |

Child development outcomes
The influence of signed language on the development of spoken language
Deaf Culture
Spoken language (speech skills)
Signed language (ASL, LSQ)
Cochlear implants
Assistive listening devices (hearing aids, FMs)
How to choose a program
How to choose a communication method
Literacy development (reading and writing skills)

Other: _____

_____

20. Do you feel that there is enough information available on these topic areas? Please comment.
   Yes
   No
Comment:

_____

_____

_____

_____

_____

_____

_____

PERSONAL PERSPECTIVE

21. In what areas do you feel you would benefit from more training, either at the university level or as professional development?

More training in…
Early Childhood Education (birth – 5 years)
Signed languages (ASL, LSQ)
Signed English Systems
Deaf Culture
Counselling
Oral Rehabilitation/Speech
Assistive listening devices (hearing aids/cochlear implants/FMs)
Understanding family service needs associated with hearing loss
Auditory Verbal Therapy
Bridging signed language and spoken communication

Other: _____

_____

_____

_____

_____

22. Please check off all statements that reflect your personal beliefs about language acquisition:
    Signed language limits the development of spoken language.
    Signed language can be used to support the development of spoken language.
    Programming should be individualized for each child.
    Children show a natural tendency to one mode of communication over another.
    A manually coded form of English is a good support for the development of spoken communication.
    No matter the degree of hearing loss, all children can be taught to listen and speak.
    Exposure to a natural signed language (ASL, LSQ) is the right of all deaf and hard of hearing children.
    Parents are the most important language models for their children.
    Parents of deaf and hard of hearing children must learn to adapt to the visual needs of their child.
    Other: _____

_____
_____
_____

23. How important do you think each area is to the development of a deaf or hard of hearing child under the age of 5?

	Not at all	Somewhat	Moderately	Significantly
Oral language foundation				
Deaf adult role models				
Integration with hearing children				
Healthy self-concept and identity				
Exposure to Deaf Culture				
Medical treatment of deafness				
Ease of access to communication				
Family acceptance of deafness				
Interaction with other children with a hearing loss				
Promotion of literacy and academic skills				
Signed language foundation				
Auditory training				
Self determination on the part of the child				

24. In your opinion, what does the deaf and hard of hearing service delivery system need?
    More signed language options
    More speech and auditory training programs
    Earlier diagnosis and services
    More opportunities for deaf and hard of hearing children to be exposed to other deaf and hard of hearing children and adults
    More programs that focus on literacy (reading and writing) development
    More avenues for parents to learn advocacy skills for their child's education
    More avenues for parents to learn advocacy skills for their support needs
    More parent support groups

25. Please identify where research is needed to help you support families with deaf and hard of hearing children.
    Signed language development
    Speech and auditory training programs

Cochlear implants
Earlier diagnosis and services
Value of Deaf and Hard of Hearing peers and role models
Literacy (reading and writing) development
Parent support group
Other, please specify: _____

_____
_____
_____
_____
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_____

26. Is funding (or a lack thereof) a barrier to providing needed services for deaf and hard of hearing children?

_____
_____
_____
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_____

27. What recommendations would you make to improve access to services for families and deaf and hard of hearing children.

_____
_____
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_____
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_____

Thank for completing our survey! Please return this form in the envelope provided.

Questionnaire pour les services aux familles d'enfants sourds ou malentendants

Attention: *Si vous n'offrez pas de services aux enfants sourds et malentendants de la naissance à 5 ans, veuillez ne pas répondre au sondage.*

Veuillez préciser votre fonction (par exemple orthophoniste, enseignant pour les enfants sourds, thérapeute auditivo-verbal).
_____
_____
_____

Dans quelle région géographique offrez-vous des services?
_____
_____

L'INFORMATION DE PROGRAMME

Quel soutien votre programme fournit-il pour les familles d'enfants sourds ou malentendants entre la naissance et cinq ans ?
    Consultation pour la famille (counselling pour la famille)
    Programmation parent-enfant
    Programmation pré-scolaire
    Enseignement du langage signé à la famille
    Groupe de soutien des parents
    Évaluation audiologique
    Support technique pour les appareils auditifs
    Sélection et ajustement des prothèses auditives
    Configuration d'implant
    Autre: _____
_____
_____
_____
_____
_____
_____

Veuillez cocher toutes les approches de communication qui sont incluses dans votre programme.
    American Sign Language
    Langue des Signes du Québec
    Thérapie Auditivo-verbale
    Méthode Orale
    Utilisation simultanée des signes et de la parole
    Français signé (Manually Coded English)
    Une combinaison d'approches ci-haut. Veuillez spécifier quelle combinaison:
_____
    Autre (spécifiez): _____

Si votre programme offre plusieurs différentes approches de communication, comment la programmation est-elle déterminée ? Veuillez cocher les facteurs dont vous tenez compte.
    Choix du parent
    Degré de la perte auditive
    Endroit géographique

Les besoins en plus de la perte auditive
Autre (spécifiez): _____

Si votre programme n'offre pas plusieurs différentes approches de communication, est-ce que vous
renvoyez des familles à d'autres programmes ?
Oui
Non

Les questions suivantes traitent de diverses manières de communiquer qui sont disponibles pour les
familles dans votre programme. Veuillez répondre pour tous les services que vous fournissez en identifiant
où les services sont offerts et par qui:

	Thérapie auditivo-verbale	Développement des restes auditifs et de la parole *Oral/Aural*	Utilisation simultanée des signes et de la parole	Langue des Signes (ASL/LSQ)
Nous n'offrons pas ce service				
Où?				
À domicile				
École				
Clinique/Centre				
Salle de classe du programme				
Garderie				
Par qui?				
Audiologiste				
Éducateur pour la petite enfance				
Enseignant des enfants sourds et malentendants				
Thérapeute auditivo-verbal				
Orthophoniste				
Entraîneur/enseignant de la langue des signes pour les enfants et la famille				
Travailleur social				
Adulte sourd				
Enseignant				
Orthopédagogue/ enseignant resource				

Si votre programme inclut une autre méthode de communication, un autre lieu de services ou d'autres
professionnels qui fournissent des services, autre que ceux qui sont énumérés ci-dessus, veuillez les
identifier et les décrire.

_____
_____
_____
_____
_____
_____

Le développement du langage pose fréquemment des difficultés pour les enfants sourds et malentendants.
Quels sont des indicateurs de ces difficultés?
Amélioration limitée de la communication réceptive et expressive
Plus d'une année de retard entre l'âge chronologique de l'enfant et l'âge par rapport au langage

Capacités cognitives qui dépassent les capacités linguistiques expressives (signées ou parlées)
Frustration lors de l'expression de pensées et de sentiments
Interaction sociale inappropriée avec les pairs
L'évaluation formelle (test) ne reflète pas un apprentissage conforme à la période de temps écoulé, par exemple, un gain de moins d'un an en un an
Autre: _____

_____
_____
_____

Selon vous, quels sont les trois facteurs les plus susceptibles de contribuer à cette difficulté?
Degré de la perte auditive
Durée de la période sans service (identification tardive)
Exposition auditive limitée avec l'amplification
Exposition limitée à la langue des signes (ASL/LSQ/Français sign)
Défis d'apprentissage en plus de la perte d'audition
La langue à la maison est différente de la langue de la majorité (Français/Anglais)
Un manque de financement pour des services
Un manque de personnel fournissant des services
Difficultés rencontrées par les familles tentant de négocier avec le système pour des services
Autre: _____

_____
_____
_____

Dans votre programme, quelles sont les trois recommandations les plus communes faites aux familles pour adresser les difficultés du développement de langage d'un enfant?

Attendre
Ajouter une autre approche de communication qui est disponible dans votre programme
Changer l'amplification
Augmenter la fréquence des services
Changer le mode de livraison des services
Changer les attentes
Recommander un autre programme offrant d'autres approches de communication
Évaluer et recommander des changements à l'environnement à la maison

Est ce que les familles peuvent recevoir des services de votre programme ainsi que ceux d'un autre programme en même temps?
Oui
Non
Déterminé sur une base individuelle. Veuillez expliquer. _____

_____
_____
_____
_____
_____

Y a-t-il une marche à suivre en place pour aider des familles à faire la transition d'un programme d'intervention à un autre ?
Non, cela arrive rarement

Non, typiquement les familles ne veulent pas en discuter lorsqu'elles changent d'un programme à un autre.

Oui, il y a une rencontre préparatoire pour admettre l'enfant au programme

Oui, les informations sont partagées (dossiers, rapports) à la demande des parents

Oui, des sessions d'observation sont planifiées pour les parents et les professionnels

Autre option pour aider à la transition. Veuillez préciser. _____

_____

_____

_____

Veuillez estimer le pourcentage de familles qui viennent à votre programme après qu'elles jugent que leur enfant n'a pas fait les progrès appropriés en langage dans un autre programme.

_____

PARENTS

Quelle est le rôle des parents dans votre programme?

La participation des parents est exigée

La participation des parents est recommandée mais pas exigée

La participation des parents est encouragée selon les besoins et ressources de la famille

Peu d'occasions fournies pour la participation des parents

Autre: _____

_____

_____

_____

Veuillez estimer le nombre de parents qui viennent dans votre programme en voulant que vous enseigniez à leur enfant à parler ?

Aucun	Très peu	Certains	Beaucoup

Comment traitez-vous les demandes des parents pour des services liés à une approche de communication spécifique quand leur choix ne répond pas aux besoins de leur enfant ?

Fournir le choix de communication des parents pour une court période de services (~ 6 mois)

Fournir le choix de communication des parents pour une plus longue période de temps de services (~ 1 ans)

Fournir plus d'information aux parents (documentation écrite, vidéos, discussions)

Présenter d'autres modèles (à émuler) à la famille

Pas de marche à suivre préétablie, déterminée sur une base de cas-par-cas. Veuillez expliquer les facteurs qui influencent vos démarches: _____

_____

_____

_____

Veuillez identifier, selon vous, les trois domaines d'information recherchée le plus souvent par les parents.

Des informations sur…
Attentes par rapport au développement de l'enfant
L'influence de la langue des signes sur le développement de la langue parlée
La culture soured
Les habiletés de la parole

La langue des signes (ASL, LSQ)
Implants cochléaires
Les aides techniques pour aider à entendre (appareils, systèmes MF)
Comment choisir un programme d'intervention
Comment choisir un mode de communication
Développement de la littératie (habiletés en lecture et en écriture)

Autre: _____

_____
_____
_____

Croyez-vous qu'il y a suffisamment d'information disponible dans ces domaines d'information? Veuillez commenter s'il vous plait.

  Oui

  Non

Commentaire:

_____
_____
_____
_____

PERSPECTIVE PERSONNELLE

Dans quels domaines sentez-vous que vous pourriez bénéficier de plus de formation, au niveau de l'université ou de développement professionnel ?

Plus de formation dans le domaine de…
l'éducation pour la petite enfance (naissance – 5 ans)
la langue des signes (ASL, LSQ)
les systèmes de français (ou d'anglais) signé
la culture sourde
la consultation (Counselling)
La rééducation orale/le développement de la parole
Les aides techniques pour aider à entendre (appareils, implants cochléaires, systèmes MF)
La compréhension des besoins des familles associés avec un perte d'ouïe
La thérapie auditivo-verbale
Comment faire le pont entre la langue des signes et la communication orale

Autre: _____

_____

_____

_____

_____

Veuillez cocher tous les énoncés qui reflètent votre croyance personnelle au sujet de l'acquisition du langage

   La langue signée limite le développement de la langue parlée

   La langue signée peut être employée pour soutenir le développement de la langue parlée

   La programmation devrait être individualisée pour chaque enfant

   Les enfants démontrent une tendance normale envers un mode de communication plutôt qu'envers un autre

   Une forme manuellement codée du français (*ou de l'anglais*) est un bon soutien au développement de la communication orale.

   Peu importe le degré de la perte auditive, tous les enfants peuvent apprendre à écouter et à parler

   L'exposition à une langue naturelle signée (ASL, LSQ) est le droit de tous les enfants sourds et malentendants.

   Les parents sont les modèles les plus importants pour leur enfant.

   Les parents des enfants sourds et malentendants doivent apprendre à s'adapter aux besoins visuels de leur enfants.

   Autre: _____

_____

_____

_____

Quel est le degré d'importance de chaque domaine en ce qui a trait au développement d'un enfant sourd ou malentendant de moins de 5 ans?

	Pas du tout	Quelque peu	Modérément	Significativement
Bases de la langue orale				
Des modèles qui sont sourds				
Intégration avec des enfants entendant				
Bon concept de soi et de son identité				
Exposition à la culture sourde				
Traitement médical de la surdité				
Facilité de l'accès à la communication				
Acceptation de la perte d'audition par les parents				
Interaction avec d'autres enfants avec une perte d'audition				
Promotion de la littératie et des habiletés académiques				
Bases d'une langue signée				
Entraînement auditif				
Autodétermination de la part de l'enfant				

Selon vous, quels sont les besoins d'un système de services pour les enfants sourds et malentendants?

   Plus d'options de langues signées

   Plus de programmes pour développer la parole et l'entraînement auditif

   Des diagnostics et des interventions faites plus tôt (précoces)

   Plus d'opportunités pour les enfants sourds et malentendants d'être exposés à d'autres enfants et adultes qui sont sourds ou malentendants

   Plus de programmes qui concentrent sur le développement de la littératie (lecture et écriture)

   Plus d'avenues permettant aux parents d'apprendre des habiletés nécessaires pour revendiquer les services nécessaires pour l'éducation de leur enfant

Plus d'avenues permettant aux parents d'apprendre des habiletés nécessaires pour faire valoir leurs besoins de soutien

Plus de groupes de soutien pour les parents

Veuillez identifier les domaines où la recherche est nécessaire pour vous aider à soutenir des familles avec les enfants qui ont une perte d'audition

Développement de la langue signée

Programmes de développement de la parole et d'entrainement auditif

Implant cochléaire

Des diagnostics et des services plus tôt (précoces)

L'importance des pairs ayant une perte d'audition et du rôle de modèle joué par des personnes sourdes et malentendantes

Développement de la littératie (lecture et écriture)

Groupe de soutien pour les parents

Autre, veuillez préciser:_____

_____
_____
_____
_____

Est-ce que le financement (ou le manque de financement) est un obstacle pour fournir les services nécessaires pour les enfants sourds et malentendants?

_____
_____
_____
_____
_____
_____
_____

Quelles recommandations feriez-vous pour améliorer l'accès aux services pour les enfants ayant une perte d'audition et leurs familles?

_____
_____
_____
_____
_____
_____
_____
_____

Nous vous remercions d'avoir pris le temps de compléter notre questionnaire. Veuillez nous le retourner dans l'enveloppe ci-incluse.