
Education Policy for Deaf and Hard of Hearing People in Ireland

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1 INTRODUCTION

The education and development needs of deaf and hard of hearing children are critically unique. Language acquisition plays a critical role in the development of communication skills and cognitive functioning, as well as in the individual's social and emotional development. The extent to which such skills are developed will determine the extent to which deaf and hard of hearing children can participate in their home environment, their educational environment, the Deaf community and the wider community. The unique communication and linguistic needs of Deaf people¹, particularly in the very early developmental years, require the availability of specialist skills and methodologies that will support their development and will transform the lives of individuals, families and communities who experience deafness.

This is a key public policy issue. This paper makes a compelling case for public policy to recognise and be structured around:

- the critical uniqueness of the education and development needs of deaf and hard of hearing children
- the critical need to identify deafness via universal neo natal screening
- the uniqueness of the processes required for development of language acquisition, communication capacity and cognitive functioning in deaf and hard of hearing children
- the specialist expertise and resources necessary to deliver the required interventions
- the social environment required to sustain and enhance these deliverables, and
- the need to provide a coordinated, interlinked approach to the provision of information and support to the parents of Deaf children and the children themselves following the identification of deafness.

The paper presents the joint position of DeafHear.ie, the Irish Deaf Society (IDS), the Catholic Institute for Deaf People (CIDP) and the Centre for Deaf Studies, Trinity College Dublin (CDS). The paper has been prepared by a Task Force comprising members drawn from these organisations and from the Schools for Deaf Children in Cabra – see Appendix 1. This represents for the first time an agreed approach from Deaf led organisations and organisations providing services to the Deaf community and hard of hearing people. These organisations represent an unequalled pool of experience and expertise from a broad spectrum of stakeholders. Their unanimous support for the proposals outlined in this paper is very significant and should encourage their acceptance as appropriate, essential and realistic. The acceptance and implementation of these proposals can deliver outstanding education, developmental and support services to deaf and hard of hearing people.

The paper is being made available, in the first instance, to the National Council for Special Education (NCSE) with the intention of informing the thinking of the Council in relation to their analysis of the "Seeing is Hearing" review of Education for the Deaf and Hard of Hearing people in Ireland (Leeson 2007). The review was based on the documentation produced by

¹ In general, this paper refers to a Deaf person or Deaf persons with a capital D to symbolise their membership of a distinctive cultural, social and linguistic group referred to as the Deaf community.

the disbanded Advisory Committee on deaf and hard of hearing education. The authors of this paper acknowledge the time, effort, expertise and consultations that the members of the Advisory Committee put into their work. This paper builds on the recommendations of the Leeson report, which were made available to this Task Force by the NCSE. Earlier drafts of the paper were made available to the teachers in the Schools for Deaf Children in Cabra, to some teachers in mainstream schools, to some parents of Deaf Children, to the Visiting Teacher Service, and to psychologists working in the area, all of whom provided helpful feedback. Members of the Task Force have consulted with various experts in the field, including Professor Marc Marschark, Director of the Centre for Education Research Partnerships in the National Technical Institute for the Deaf, Rochester Institute of Technology; Dr Laura Viani, Consultant Surgeon, Beaumont Hospital; members of the various organisations represented on the Task Force; and the Anne Sullivan Foundation. Members of the Task Force have also visited Schools for the Deaf in the UK, the USA, the Netherlands and Scandinavia.

The proposals being put forward relate to areas of policy that are under the control of the Department of Education and Science and/or the Department of Health and Children. All the organisations supporting these proposals are committed to working in close cooperation with both departments to secure their successful implementation and to provide a prioritised and coordinated delivery of the educational and other support services required.

Education policy impacts on a sizeable cohort (approximately 2,000) of deaf and hard of hearing children currently in the education system. The outcomes required for these children do not differ from the outcomes required for hearing children. However, if the specialist skills and methodologies in language acquisition (signed, spoken, or both simultaneously)² are not available, particularly from birth to four/five years of age, early communication will suffer and subsequent literacy levels will be low. This in turn will isolate a deaf child and will leave her/him facing major challenges similar to those being faced by many deaf and hard of hearing adults in our society today. The Department of Health and Children and the Health Service Executive (HSE) have key roles in supporting the early development of Deaf and hard of hearing children.

Given that an estimated 80% of deaf and hard of hearing children are educated in mainstream schools, there is an urgency to ensuring that their levels of academic attainment, language acquisition, cognitive functioning and personal development are on a par with those in the hearing community. The seriousness of the issues to be addressed is underlined by the findings of research conducted by Elizabeth S. Mathews, through the National Institute for Regional and Spatial Analysis at the National University of Ireland Maynooth. Her preliminary findings are included in Appendix 2.

The cost of failure or non-delivery in all of these areas for the individual child can be catastrophic, leaving him/her with less than adequate language and communication skills, reduced learning, educational underachievement, potential reduced career opportunities, isolation and self esteem that is seriously impaired.

² References throughout this paper to sign language or signed language are to Irish Sign Language or ISL, which is the first and preferred language of the Deaf community in Ireland. References to spoken language or spoken English are to oral English and/or signed English, which is the literal signed translation of spoken English.

Schools for Deaf Children focus specifically on the provision of a unique educational and developmental experience in a supportive environment where pupils can learn, develop, interact and socialise with their peers. This unique experience should be available to all deaf and hard of hearing children, whether in deaf or mainstream schools. The proposals being put forward in this paper are designed to ensure that this unique educational experience can be available to all deaf and hard of hearing children in Ireland. The information and analysis outlined here make a compelling case for the Department of Education and Science to treat the education of deaf and hard of hearing children as a distinct and separate area within the education system.

2 SCOPE AND STRUCTURE OF THE PAPER

This policy paper is focused on the provision of education and related support services for people who are deaf and hard of hearing. The word deaf is used as a generic term to describe people who have a hearing loss across a broad hearing spectrum, ranging from profound deafness to hard of hearing. This paper recognises such a spectrum of deafness, and is based on the principle that there is no one solution or intervention or ideology to meet the educational needs of all deaf children. A range of educational interventions is required to meet all needs and to enable all deaf children achieve their potential, academically and developmentally.

While the paper refers to people who are deaf in terms of a broad spectrum of hearing loss, it also refers to a Deaf person as someone who has a hearing loss but who also sees her/himself as a member of the Deaf community. The Deaf community is comprised of people who communicate primarily through sign language and associate themselves culturally and socially with the Deaf community, regardless of their degree of deafness. However, the Deaf community is not an isolated entity, but is an integral part of wider society.

There is a deficit of quantitative and qualitative information regarding the education of deaf and hard of hearing children in Ireland, including deaf children with special needs. This is especially so with respect to educational outcomes, both in mainstream and in Schools for Deaf Children. An analysis of the educational and language acquisition outcomes for deaf and hard of hearing children is crucial to the development of education policy interventions, given the uniqueness of how deaf children communicate, and the important role such communication plays in their educational and personal development. Research and information is urgently required.

This paper recommends a range of educational services to enable the development and fulfilment of deaf and hard of hearing children in a manner that is respectful of

- the right of parents to determine what is best for their child
- the right of pupils to achieve their personal goals, and
- the right of the Deaf community to self determination.

The paper also outlines the urgent interventions required to build on the current levels of support and the policy changes required to provide for these interventions. The establishment of a Deaf Education Centre is central to the proposals put forward and is critical to their successful implementation. It is proposed that the Centre would operate within a framework of policies approved by the Department of Education and Science and the Department of Health and Children, and under the joint management of the NCSE, the HSE, CIDP, DeafHear.ie, the IDS and the CDS. It will be particularly important to ensure that the Deaf community will identify with the Centre and will have a strong sense of ownership, and that parents of Deaf Children will experience the Centre as a support for themselves and their children. The Centre would offer a 'one stop family support shop' for deaf and hard of hearing people and would coordinate the delivery of information, diagnostic, education, support and research services to them and to their families.

CIDP is committed to making a significant investment in the development and operation of the Centre, including the provision of a suitable site. All the organisations subscribing to this policy paper are committed to supporting the Centre, within the framework of agreed public policies.

They are also committed to working in close cooperation with the two Government Departments, the NCSE and the HSE and, with their support, to secure successful implementation of the policy proposals outlined in the paper.

The paper is structured to set out the principles upon which an education policy for deaf and hard of hearing children should be based, and then reviews the policy interventions required. These policy interventions are set out in two sections; (i) supports for parents, children and teachers; (ii) direct provision of education via preschool, deaf schools and mainstream schools through to life long learning provision. Section 6 outlines the proposed nature and role of the Deaf Education Centre, and a summary of the key proposals is provided in Section 7.

The vision underpinning this paper is that, by the end of 2012

- implementation of these policy interventions will enable the parents of deaf and hard of hearing children to know and understand, within 6 months of their child's birth, the choices regarding what is best developmentally and educationally for their children
- child centred educational and support services offered by the Schools for Deaf Children, Deaf Units and mainstream schools, supported by the Visiting Teachers and the new Deaf Education Centre, will enable all deaf and hard of hearing children to reach their full potential.

3 PRINCIPLES

This policy paper is based on the following core principles:

1. Children with a hearing loss have the same fundamental human right to equal access to education as any other child, regardless of the degree of their hearing loss, their financial circumstances or their preferred method of communication (Equal Status Act 2000).
2. Due to the broad range of hearing loss that exists, there is no one solution or intervention or ideology to meet all needs.
3. Early language acquisition, be it signed and / or spoken, is the key to the future for all children, more especially so for deaf and hard of hearing children. If this stage of a child's development is neglected, or managed late or inadequately, the child is left without language fluency leading to serious learning and socio-economic consequences.
4. Early identification of the extent of hearing loss is of critical importance for every deaf child and for his/her parents. The introduction of universal newborn hearing screening is essential to ensure that appropriate linguistic and other supports can be immediately accessed by parents.
5. The right of parents to determine what is best for their child is a core principle of this paper.
6. Parents of deaf or hard of hearing children have the right to full information regarding the educational and communication options for the development of their children to enable them make informed choices as to what is best for their child with regard to the communication, developmental and educational supports required.
7. At an appropriate stage, children need to be involved in decision making concerning the choices available to meet their communication, personal development and educational needs. (Ref: Convention on the Rights of the Child, Article 12, United Nations, 1989)
8. The education of deaf and hard of hearing children is unique in the developmental sense, in terms of facilitating language acquisition, communication capacity, cognitive functioning, academic development and personal development (UN United Nations Convention on the Rights of Persons with Disabilities 2006, UNESCO 1994).
9. The development of fluency in both sign and spoken language at as early a stage in the child's life as possible is the ideal outcome for deaf and hard of hearing children.
10. Each deaf and hard of hearing child is entitled to comprehensive sign and spoken language supports and access to communication, reading, and writing supports, regardless of whether the child is communicating in sign or spoken language or educated in Deaf or mainstream schools. (see European Federation of Parents of Hearing Impaired Children Policy Statement on Education July 2008)
11. Each deaf and hard of hearing child is entitled to have an up to date individual education plan, as per the EPSEN Act (2004), in co-operation with their parents and teachers.

12. Deaf and hard of hearing children who have special needs, such as autism or dyslexia, or who are from minority groups, or who are travellers, have unique educational needs and are entitled to special consideration and priority.
13. The entitlement to equality of access to education begins at pre-school and continues through primary, post primary and all levels of education for deaf and hard of hearing children.
14. Deaf and hard of hearing young adults who are participating in state examinations beyond 18 years of age to enable them develop to their potential are entitled to continued second level education support.
15. All deaf and hard of hearing people over the age of 18 years are entitled to have access to lifelong learning opportunities at all levels (e.g. developmental, tertiary, professional, and adult education) to support their continued development.
16. The right of the Deaf community to be recognised and supported as a community with its own culture and language and to participate in all decisions about Deaf education policy is a core principle of this paper.
17. Irish Sign Language must be recognised by the Department of Education and Science as the first language of the Deaf community. (Ireland is one of the few countries in Europe which has not recognised its native signed language – Leeson 2004, Timmerman 2005). We note that ISL is recognised alongside British Sign Language by the British Government as one of the languages of Northern Ireland.

The conversion of the vision in this document into reality can result in far enhanced outcomes and can transform the lives of deaf people. Having created the blueprint to ensure the full participation in society of deaf and hard of hearing people, and knowing the serious human cost of excluding deaf and hard of hearing people from such participation, this opportunity for transformation must be grasped.

4 STRUCTURAL SUPPORTS

This section and section 5 review the critical issues to be addressed to provide equality of opportunity to deaf and hard of hearing children and to enable them to reach their full potential. The sections also outline the policy interventions and the supports required, from information and analysis, to identification, to pre-school through to life long learning interventions.

A support infrastructure is required to support the work of parents, teachers and pupils at all levels of education, from preschool to lifelong learning, to enable children reach their full potential. This section reviews the support structures required and puts forward proposals to address the key priorities.

4.1 Information and Research

There is a deficit of information, both quantitative and qualitative, concerning deaf and hard of hearing children in preschool, primary and post primary education in Ireland. This major gap has been referred to by several contributors to the education policy debate. Currently, the Department of Education and Science, the Schools for Deaf Children, the Visiting Teacher Service, and the mainstream schools offering tuition to deaf and hard of hearing children retain this information separately.

A centralised data base is required, as a matter of urgency, to facilitate research and analysis which would guide the formulation and development of education policy initiatives. The information to be generated must be comprehensive, accessible, up to date and reliable, and needs to be generated via informed and experienced personnel. At the most basic level, this would facilitate compilation of objective, quantitative data about deaf and hard of hearing children – who they are, what their needs are, and where they are educated. Additional analysis of literacy levels attained by deaf and hard of hearing children, by reference to their level of hearing loss and data relating to their productive and receptive skills in both spoken and signed language skills, and their interactive skills in these languages, will functionally act as a measurement of their development. In other words, the contribution of the education system to the progress of each child can be mapped onto their development with respect to the domains of cognitive, social and linguistic development.

We are proposing the establishment of a new Information and Research Centre which would form part of and would support a 'one stop family support shop' for deaf and hard of hearing people and their families. The Centre would have responsibility for organisation and management of the centralised data base, for initiating research projects and supporting a programme of research.

The Information and Research Centre could be established as part of the proposed Deaf Education Centre, and could be managed by the organisations represented on this Task Force, in conjunction with the NCSE and the Department of Education and Science. The Centre would require authority from the Department to acquire the relevant data from the primary sources on an annual basis. It will be important for the Centre to design its brief in conjunction with these primary sources to build trust and understanding, particularly in the initial stages of development. Appropriate procedures and controls to protect the confidentiality of the data will also be essential.

4.2 Early Identification, Information and Support

The importance of early identification of deafness has strong support from deaf and hard of hearing people, their parents, educationalists and the professionals who work in this area (e.g. Swan 1994). Universal newborn hearing screening is key to identifying deafness early to ensure that appropriate linguistic and other supports can be immediately accessed by parents. It is essential that a similar service is available for children who develop deafness in the early years of life. Early detection and early intervention enhances the capacity of parents to focus on the needs of their children and achieve substantially better outcomes for them. This is particularly so with respect to early language acquisition which is a key concern for educationalists since it is so closely associated with the development of the child's thought processes.

The current national newborn hearing screening initiative is a vital first step, one that needs to be resourced in all maternity hospitals nationwide. The HSE will need to set out a policy statement and a resourced plan for a national neonatal hearing screening programme. Currently there is a stated commitment to rolling out such a plan, but there is no evidence of its being implemented at the present time. The research conducted by Elizabeth S. Mathews has found that

- the average age to receive a full identification of deafness among research participants was 18.3 months
- there was an average waiting period of nine months between failing the distraction test conducted by the public health nurse and accessing audiology services
- there was an overall sense of dissatisfaction with both the speed at which audiology services were received and the quality of those services
- there was dissatisfaction among parents with the level of speech and language services provided, the length of wait for these services and the lack of continuity of services
- there was strong evidence 'to suggest that, in general, parents receive little support in using ISL as a mode of communication with their children and many are warned explicitly against its use'.

This part of her research was based on semi structured interviews with 21 parents of deaf and hard of hearing children. The seriousness of the issues to be addressed is underlined by the following quote from some of her preliminary findings that are included in Appendix 2. 'Misdiagnosis was relatively common ... (six children in this study were misdiagnosed) with some parents receiving positive and negative feedback within short timeframes for their children who were profoundly deaf'. This state of affairs is cost inefficient in the long term and appropriate action needs to be prioritised by the HSE.

There is a strong link between the early identification of deafness and the early development of language (e.g. Meadow 1980, Brelje 1999, Leeson 2006, Mahshie 1995, etc). Language acquisition is of critical importance in the 0 to 5 age group for development of communications competence and for cognitive functioning, particularly in the building of memory and in the capacity to categorise. Early identification would have substantial benefits for deaf and hard

of hearing children as their parents would be enabled to immediately access professional advice and assistance, including language acquisition supports, which would enhance their child's development. This could be facilitated through access to language support programmes and appropriately resourced preschools. These matters are dealt later in the paper.

Parents, who learn that their child is deaf or has a hearing loss, find that their immediate requirement is for information, advice and support. Approximately 90% of these parents are hearing and have no experience of the Deaf community, what it means to be deaf or hard of hearing, or what the short and long term implications are for their child. The isolation experienced by some deaf and hard of hearing children may not be apparent for hearing parents who have no experience of deafness. The advice and support provided to these parents is of major importance to the development of the child in the long term.

Parents are vitally important players in their child's early attempts to communicate. This is the principle underlying the work of the Audiology Clinic located at St Mary's campus in Cabra.³ The early relationship between parents and child is the foundation of human communication. Parents and the home are crucial to the early development of language, and language is vital to full human growth. The relationship between parents and child is as important, if not more important than hearing. Although it is the child who is referred to the Clinic for assessment, it is the parents who are its main focus. The approach of the Clinic is based on the belief that, by supporting parents in every possible way as they learn to accept and adapt to cater for the child's needs, all will be well with and for their child. Children are referred to the Audiology Clinic by most of the HSE Health Board areas in Dublin, Kildare, Wicklow and Meath, and by hospital consultants, GP's, speech therapists, schools and support services. Because the focus of the Clinic is on parents and language, it is vitally important for the continuation of the service that it would be under the direction of educational audiologists and have the support of a school with understanding of this focus.

A family centred approach is essential in the early phase of identification and intervention. All parents and families should be supported in understanding and accepting the Deaf child's condition. Parents need to be made aware of the importance of language acquisition, in terms of communication skills, cognitive functioning, and social and emotional development, and to understand the needs of their child in this respect, not just as an infant but through childhood, to adolescence and to adulthood. It is also critical for parents to understand that different pathways may suit different children. If the position of each child is identified early, and the appropriate pathway embarked upon, a child's quality of life can be significantly enriched. Parents should be provided with a comprehensive information pack and with a comprehensive information and support service in the early phase of identification and intervention, to enable them to understand and accept their child's condition.

The Mathews research, referred to above, found that the stress experienced by parents in achieving a diagnosis is further aggravated by the lack of services immediately following diagnosis. She found that audiology services on a national level appear to be under-resourced

³ The waiting list for young children in the Audiology Clinic is two weeks and, if requested, as soon as a baby fails a screening test a diagnostic test is carried out in two weeks. If the results suggest possible sensory neural hearing loss, efforts are made to get urgent ENT and hearing aid services appointments. The Clinic has developed services for children with temporary hearing loss as a result of 'glue ear', for children with language delay, with specific language problems, and with suspected or confirmed autism.

and the quality of service provided is deemed unsatisfactory by the majority of parents involved in the research. Her findings also raised questions about the equity of provision of audiology services on a national basis.

We are proposing the establishment of a Diagnostic / Audiology Unit, focused on early intervention to offer support and service in these areas as part of the 'one stop family support shop' service for all parents of newly born deaf and hard of hearing children who are considering 'where do we go to next'.

The concept of a one stop shop for family support, as mentioned in Leeson's (2007) recommendations, is an important step in ensuring that the families of deaf and hard of hearing children are appropriately supported, especially in the initial phase. The services of the Diagnostic / Audiology Unit, which could also be established as part of the proposed Deaf Education Centre, can be delivered in tandem with the Information and Research Centre referred to earlier. The Information and Research Centre will collect information, conduct analysis and research, and will also have a website for parents to access, with an immediate telephone contact team to direct parents towards the most suitable form of supports for their requirements. The Centre will need advice materials and a support team to be available to parents who visit the Centre and must have a regional outreach capacity.

This support service will need to act as a conduit for parents to various other services which should be on site at the Deaf Education Centre, namely:

- Audiology services, linked to educational audiology services
- Technical support services linked to medical services
- Speech and language therapy services
- Language development supports
- ISL Home Tuition
- ISL Academy
- Educational development advice
- Visiting Teaches Service
- Parenting advice / behaviour management

The Centre would offer specific services but would also refer to, and take referral from, other agencies such as hospital based medical services, social workers, the Visiting Teacher Service and audiology services. Medical advice for parents is important and should operate by referral from the Information Centre to appropriate hospitals, especially the National Cochlear Implant Programme at Beaumont Hospital. There is currently a dearth of qualified audiologists in position with the HSE. There are two available in the Dublin/Wicklow area for a population of circa 1.2 million people with none currently in Galway. The development of the new Deaf Education Centre will enhance this provision with the employment of two additional audiologists to work in tandem with the current providers.

The needs of children who receive cochlear implants require particular attention (see section 5.1 for more on cochlear implants). Cochlear implants are not a cure to deafness but can sometimes be seen as such and can deflect parents from consideration of broader developmental needs. Parents who chose a cochlear implant for their child require not just a medical service but a multi disciplinary approach to their child's development. While the Programme at Beaumont Hospital offers great support to children receiving cochlear implants

much more is required especially at a developmental level. These children and their parents need support, advice, and assessment on an ongoing basis to enable the child adapt and develop his/her communication and language acquisition skills pre and post implantation, taking into account the best interests of the child, including a possible need for parents to develop their own capacity to sign and their child's capacity to sign or speak at an early age.

It is becoming the norm that cochlear implants are offered to children at the age of 3-4 years and indeed younger. Significant language, communication and personality development takes place prior to and at this age. It is therefore essential that language and communication supports are in place prior to and following implantation as the child learns to use the implant. The role of the Centre is to coordinate the delivery of these services, ensure they are linked cohesively together to enable the parents of a Deaf child have a clear picture of the best options for their child in terms of their personal development, communication needs and learning styles. Once there is agreement with the parents as to what is best for their child, the team at the Centre can coordinate the support for the parents and the child as they progress from preschool to the end of second level as happens in the Netherlands and the Scandinavian countries.

4.3 Language Support and Tuition

One of the key features of the one stop family support shop would be the availability of spoken and signed language support to assist families in the development of their child's language capacity. When parents decide on the initial mode of communication, be it signed and / or spoken, their needs should be facilitated and supported. Assistance in the learning of spoken (and later, written) English will be required alongside signed language supports. Following informed advice, parents will decide which language is developed first, signed or spoken, or both. The capacity to learn both will significantly improve a child's opportunity to develop educationally and socially.

Signed and spoken language supports are not mutually exclusive. For the majority of deaf and hard of hearing people both are required for communication, language acquisition, academic and personal development. Indeed, deaf people clearly articulate that they want to have both ISL and English (in written and spoken forms) as fluent languages. Supports for both need to be in place as early as possible, to enable language development, to guard against possible lack of proficiency in language acquisition, and to avoid the isolation of deaf and hard of hearing individuals. While the resources to deliver on this policy are largely in place in the Schools for Deaf Children among others, a coordinator based in the Deaf Education Centre would add significant value to the work involved.

The findings of the Mathews research indicate dissatisfaction among parents with the level of speech and language services provided, as indicated by the following extract: 'Few parents were satisfied with the level of service provided and their complaints largely fell into three categories a) the length of wait for speech and language services b) the lack of continuity in speech and language services and c) the distances traveled for said services.' Some specific difficulties were highlighted, for example some children were ineligible for the speech and language therapy service in their own school, 'because they lived outside of the speech and language therapy catchment area, in spite of attending school within the area'.

It is important that every family can access information and tuition centrally, regionally and, if possible, in their own home through services like ISL Home Tuition, a professional service

staffed by professionally qualified tutors. However, in the research conducted by Mathews, over a quarter of parents did not know that the ISL Home Tuition Scheme existed. She also reported that there is strong evidence ‘to suggest that, in general, parents receive little support in using ISL as a mode of communication with their children and many are warned explicitly against its use’.

The benefits of early immersion in ISL and spoken English will enhance the child’s capacity to learn both signed and spoken language, improve communication between parents and their child, and ensure that the child can, at the earliest stage possible, communicate with deaf and hard of hearing peers. Developmentally and educationally this is crucial and will go a long way to combating the isolation experienced by some deaf and hard of hearing children later in life. Peer support for parents from other parents is also very important. This can be facilitated by the Deaf Education Centre, which would also take responsibility for coordinating the other support services, including early intervention language support programmes. Such overall coordination would ensure that service users would be linked to other developmental opportunities.

The majority (80%) of parents of deaf and hard of hearing children currently send their children to mainstream schools, with a small number attending the eight regional cluster units. It is essential that children in mainstream are provided with signed and spoken language support services, speech and language therapy services, and technical hearing support services. Such support could be offered via the Deaf Education Centre on an in-house basis with a regional outreach service.

4.4 Access by Deaf People to Teacher Training Colleges

From a number of policy perspectives, namely access, equality, community development, and education, it is important that deaf and hard of hearing children are taught by qualified members of the Deaf community as well as by qualified hearing teachers. This would be a significant development in terms of providing positive role models and in terms of developing the level of ISL competency within the teaching profession.

The fact that deafness itself is listed as a medical barrier is indicative of the scale of change that is required. This should be rectified as a matter of priority. Many deaf and hard of hearing people who may wish to enter teacher training colleges will already have a competency in ISL and an understanding of deaf culture and would bring important attributes to the teaching of deaf children.

We are proposing that the Department of Education and Science should revise the entry requirements for prospective Deaf teachers at primary level and should

- encourage and facilitate the admission of suitably qualified deaf applicants to the teacher training colleges
- take into consideration the distinctive attributes of deaf and hard of hearing people in the assessment of applications to teacher training colleges
- replace the Irish Language requirements with appropriate ISL requirements for deaf applicants.

These changes would immediately act as an encouragement to deaf people with appropriate qualifications to join the teaching profession. The Deaf Education Centre should coordinate a pre-college training course each year to encourage and support deaf and hard of hearing people to meet the standard qualifications required for admission to primary teacher training colleges. (Ref: Pre University Course in Gallaudet University) After admission, a number of other supports such as delivery of academic English courses, the provision of signed language interpreters, etc. will be required in the training colleges themselves. These could also be facilitated via the Centre.

4.5 Teacher Training Support

Some important initiatives have been undertaken recently to enable teachers to develop their ISL skills. A new purpose-designed ISL programme for teachers has been organised on an in-service basis by St. Mary's School for Deaf Children in Cabra, with support from the SESS. The teachers taking this programme are now being accredited to a European competency standard via The Council for the Advancement of Communication with Deaf People (CACDP). In addition, a call for tenders for a post graduate CPD course for teachers in ISL has been recently announced. However, a Postgraduate Diploma course in University College Dublin, which offered a programme for teachers of the Deaf, is no longer available.

When the programme in UCD was available, Ireland had the highest number of qualified teachers of the Deaf in Europe, per head of population. This is no longer the case. For example, as quoted by Mathews in her research paper, while the majority of teaching staff in the clustered deaf schools have participated on the SESS training/in service course over the last two years, only two members of staff across all of the clustered schools have a qualification as teacher of the deaf. Some teachers in the Schools for Deaf Children are completing postgraduate diploma courses by distance learning in the Universities of Birmingham and Manchester. While these are valuable programmes, they are based on the UK education system, and there is now a significant gap in the professional development opportunities available for teachers of the Deaf in Ireland.

We are proposing that a new comprehensive accredited postgraduate programme for teachers of the Deaf should be provided in Ireland. This could be made available from the Deaf Education Centre on an in-house and outreach regional basis, with a specific focus on supporting teachers in the regional cluster units and teachers in mainstream. Together with this support, further interventions may be required in the clustered Deaf mainstream schools to ensure that all staff within these schools have an agreed level of signed language competency, which should be mapped onto the Common European Framework of Reference for Languages (CEFR), as outlined by the Council of Europe. They should also have an appropriate level of awareness of Deaf culture and issues impacting on deaf and hard of hearing people. The intention of these standards is to reduce the isolation that some deaf and hard of hearing children experience in mainstream schools (e.g. Gillen 2004). The employment of teachers who are themselves deaf would provide deaf children with invaluable role models in this respect.

We are proposing minimum ISL standards for teachers of the Deaf, namely ISL proficiency to a minimum of C1 receptive skills and B2 productive skills (CEFR). We recommend that all new teachers appointed to posts in clustered Deaf schools in mainstream and in Schools for Deaf Children should have these specified levels of ISL fluency, or should be committed to achieving them within a relatively short period of time. Appropriate transition arrangements should be

agreed with existing teachers in these schools. The levels of fluency across a range of domains have already been set down within the CEFRL. This could be further enhanced via the introduction of a FETAC certified course in ISL. The importance of ISL fluency for teachers of the Deaf is supported by feedback reported in Swan (1994). More than 90% of past pupils indicated that they would prefer teachers to be fluent in ISL if they had a second chance in education.

Teachers in mainstream schools who may have a deaf or hard of hearing child in their class only very occasionally over the course of their teaching career will need special support. At a minimum, teachers in mainstream schools working with deaf and hard of hearing children will need access to an in-service programme to enhance their knowledge of Deaf culture, community, language acquisition and signed language, and about broader issues, options and approaches to education of Deaf children. Such a programme could be coordinated through the Deaf Education Centre. The current in-service programme can be further enhanced by delivering information about Deaf culture, Deaf awareness, the Deaf community, language acquisition and audiology issues, and the issues facing children who are deaf or hard of hearing.

Teachers of deaf and hard of hearing children will need support from within their profession. It is envisaged that the Deaf Education Centre would act as a support service for teachers, by holding in-service courses, conferences and facilitated learning workshops to enable teachers to share their experiences and support each other. This service can also act as a support to teachers of deaf children in mainstream. There are specialist needs also in the teaching of spoken English, especially given the numbers of children with cochlear implants now reaching school going age. Specialist spoken language work will be required, and will need to be supported by specialist teachers of the Deaf, to enable these children develop their speech and language skills.

4.6 Special Needs Assistants

The Special Needs Assistants (SNA's) who work with deaf and hard of hearing children in Deaf and mainstream schools are an important asset for the children in the acquisition of learning skills, in their academic and broader development, and with general communication. SNA's can play a unique role in the education of deaf and hard of hearing children. Their capacity to sign can be vital, especially in mainstream, in ensuring that the children they assist are not left adrift and isolated. Mathews has reported that, in practice, the role of the SNA in the case of deaf children extends beyond their role as described in the official department circular and is 'crucial to a large extent in successful access to the curriculum'. However, she also reported that there can be some difficulties in accessing full-time SNA services.

While the role of SNA's can vary depending on the needs of the students and the sign language fluency of the teachers they work with, SNA's will need to reach agreed levels of fluency in both signed and spoken language to enable them offer the type of support needed by the students (minimally, C1 productive and receptive skills in their first language and B2 receptive, B1 productive in their second language, as per CEFRL standards). We are proposing that the Deaf Education Centre should provide in-service training for SNA's, including ISL, English, child development, and broader issues relevant to education of Deaf children. It is our view that the role of the SNA in Deaf education should go beyond child care. The role of SNA's could be further developed to the benefit of both students and teachers, to enable them to act as teaching assistants, supported by additional training in Deaf education. SNA'S should also be

encouraged to acquire the qualifications to enable them progress within their profession and indeed to teacher training college as part of a life long learning strategy.

4.7 Visiting Teacher Service

The Visiting Teacher Service has a key role in supporting deaf and hard of hearing children in preschool and first and second levels of mainstream education and in providing support and information to parents and teachers. The Visiting Teachers also play an important role in liaising with the Schools for Deaf and Hard of Hearing Children.

The Visiting Teacher coordinates all of the resources and support systems for deaf and hard of hearing children in mainstream schools, including technology and equipment, and advises in relation to the resource teacher and the need for an SNA. It is critical that this coordination and advice role remains within the remit of the Visiting Teachers, in co-operation with the Special Educational Needs Organisers. The importance of the Visiting Teacher role for children in mainstream schools is underlined by some of the findings of the research conducted by Mathews.

For many years now the Visiting Teacher Service for deaf children has been operating under pressure with especially heavy caseloads. The service has relied on the professionalism of individual teachers, without the benefit of service level aims, role definition, or appropriate procedures, management or structures. Prior to 1991, all visiting teachers were experienced and qualified teachers of deaf children, in addition to their general teaching qualifications and mainstream experience. In 1991/92 their remit was widened to include a range of disabilities. This was not a positive development for deaf children and their parents. Currently, the Visiting Teacher Service has responsibility for Children and Young People with a Hearing or Visual Impairment

The specialist and pivotal role of the Visiting Teacher of the Deaf must be recognised. The service is vital to deaf and hard of hearing children, their parents and teachers. However, the service on offer must be consistent nationally with respect to education and development advice and language acquisition supports and methodologies. The circumstances of every child will differ, but at a policy level there needs to be agreement about appropriate pathways to deliver the best outcomes for children educationally and developmentally, while acknowledging that outcomes may be reached in a variety of ways. Based on the experience of the organisations subscribing to this paper, the visiting teacher service needs to be further resourced and coordinated in a structured and coherent manner.

We are proposing that

- The Visiting Teacher Service should fall under the remit of the National Council for Special Education, in terms of both policy and operational management, and the specialist role of the Visiting Teacher of the Deaf should be re-established.
- A formal link should be established between the Schools for Deaf Children and the Visiting Teacher Service. Such a link would enrich both services and would facilitate the provision of an outreach support programme by the Schools for Deaf Children to mainstream and regional cluster Deaf schools, in cooperation with the Visiting Teacher Service.

- Central administration of the Visiting Teacher Service should be based in the Deaf Education Centre. This would facilitate enhanced co-operation and coordination, and would be of significant additional benefit to parents, in that they could be introduced to the Visiting Teacher Service as part of the one stop family support shop.

The linkage between the Deaf Education Centre, the Visiting Teacher Service and the teachers in Schools for Deaf Children will assist in the provision of a comprehensive, coherent and consistent advisory service to parents of deaf children.

We also recommend that the Visiting Teacher Service should itself set reporting and performance standards to support consistency of approach and outcomes. No additional resources are required to integrate the Visiting Teacher Service with the Deaf Education Centre. However, additional visiting teachers are required to enhance the service offering to deaf and hard of hearing children in mainstream and regional cluster schools, given the current excessive case load of the visiting teachers together with a substitute service which is critical to protect Deaf children in mainstream who go unsupported in the legitimate absence of their visiting teacher. Regular ISL and Deaf awareness (including Deaf culture) training should be an essential part of the induction and continuing development of Visiting Teachers, to support their professional competence and to maintain consistent standards across the education system. Their ISL competency should be on a par with teachers working in the Schools for Deaf Children.

4.8 Psychological Assessments

The lack of availability of qualified psychologists to carry out assessments on students in a timely manner has exercised both the Schools for Deaf Children and mainstream schools during the past two decades. While this situation has improved nationally, there remains an extensive period of waiting for a psychologist to be available to conduct tests. The key issues of concern are the appropriateness of the tests being used for deaf and hard of hearing children; the use and availability of interpreters; competency at the point of assessment; and the lack of understanding of the specific needs and culture of deaf and hard of hearing students (on the part of psychologists themselves). All of these factors present a compounding set of difficulties. One of the solutions rests in the design of specialist tests and methods of assessment similar to those that have proven to be successful with deaf and hard of hearing people in other countries.

We are proposing that the Department of Education and Science should, in consultation with representatives from the Schools for Deaf Children, the CDS, and the National Educational Psychological Service, and drawing on international expertise, agree a series of tests that are appropriate to deaf and hard of hearing students. Training is also required for the current psychological services team with respect to Deaf culture and the linguistic and communication challenges that testing of deaf or hard of hearing students entails. Indeed the team has already taken a number of initiatives in this respect and has organised some training. Such training is also required for other professionals offering support services to deaf and hard of hearing people.

We advise that qualified signed language interpreters should be available in all cases to provide English/ISL interpretation for psychologists. This is a specialised area for interpreters, and they will require specific training, i.e. psychological intervention. The Department of

Education and Science will need to set aside an appropriate once off budget to meet this training requirement and an annual budget to fund the interpretation service provision.

The Deaf Education Centre, once established, could coordinate the provision of training, advice and interpreting support (via appropriate interpreter agencies) to the psychological service. In the interim, the CDS could deliver specifically targeted programmes and advice regarding interventions involving interpreters. It is not envisaged that the Deaf Education Centre would have resident psychologists; but that appropriately trained psychologists would be made available to schools and parents via the Centre which itself could become a location of such testing. The Centre should be able to offer support and advice to teachers working with deaf and hard of hearing children who experience other learning difficulties such as dyslexia, dyspraxia and Aspergers syndrome. This support to Schools for Deaf children, parents, mainstream schools and the children themselves would be very valued and would improve educational outcomes.

4.9 Individual Education Plans

Children who are deaf or hard of hearing have a diversity of needs. These needs should be individually assessed and individual plans devised to enable each child develop according to his/her capacity, as outlined in the EPSEN Act (2004). The design of such plans requires a multi disciplinary approach, involving professionals such as the Visiting Teacher Service and the psychological services, to have the impact required on the child's development. The EPSEN Act commits to having such plans in place from October 2008 and fully implemented by 2010. Communication targets should be included as an integral part of these plans and there should also be a formal annual review of each individual child's plan involving the child, parents, teachers and the visiting teacher/s.

Deaf children face particular and significant challenges in progressing from one level of the education system to the next. It is of critical importance, therefore, that the education plan for each child should include transition plans to provide them with the guidance and supports required to progress from preschool to primary and from primary to post primary. Deaf students, should they so wish, should also be able to access guidance and support in progressing from post primary to third level, and from the point of leaving the education system to joining the world of work. It is recognised that many Deaf and hard of hearing children will not require such a plan once second level is completed.

The Deaf Education Centre, together with the psychological services and the Visiting Teacher Service, could play a key coordinating role in supporting this process, thereby enabling the Department of Education to meet its obligations in this area. Such a review process would provide a methodology for evaluating the progress of each student in a developmental way, enabling the development of each child to be monitored on an annual basis. This would also be very significant from a research and policy development perspective, since it would map out the educational models best suited to children with differing needs.

5 EDUCATION SERVICE PROVISION

This section examines the direct provision of education services in the classroom from preschool through to lifelong learning and identifies priorities required in the delivery of a unique and appropriate education service to make a difference to deaf and hard of hearing children.

5.1 Approaches to Education Provision

There are different methodologies and different approaches to the education of deaf and hard of hearing children. There are some differences of emphasis within our group about these. However, given the diversity and wide spectrum of students with differing needs, we are all agreed that it is not appropriate to promote one exclusive educational methodology which will apply equally to all deaf and hard of hearing pupils. Our approach to the education of deaf and hard of hearing children is based on the following core principles

- Parents of deaf or hard of hearing children have the right to decide what is best for their child.
- Parents of deaf or hard of hearing children have the right to full information regarding the educational and communication options for the development of their children, to enable them make informed choices as to what is best for their child, now and into the future.
- Parents who are themselves deaf are entitled to have the support of interpretation services when discussing the education of their children, attending parent / teacher meetings etc.
- Comprehensive sign and spoken language supports and access to communication, reading and writing supports must be guaranteed to each child, regardless of whether the child is communicating in sign or spoken language or educated in Deaf or mainstream schools.
- The development of fluency in both sign and spoken language at as early a stage in the child's life as possible is the ideal outcome for deaf and hard of hearing children. In practice this means that once the parents choose which is to be the first language of their child, this becomes the main mode of communication, but side by side with that mode a second language is taught and built upon.

It is recognised that many children are raised in a one language environment and learn the second language on attending school. Some children will arrive at school with English as their first language, they then need to be taught in that medium while learning sign language at the same time, and vice versa. Parents make the initial choice which the school honours, but the school ensures that all options are available by offering education fluently in both languages, to enable learning, communication and development which avoids isolation from Deaf or hearing peers. For most deaf and hard of hearing children both are required for individual development and for access to the hearing and deaf worlds.

Implementation of this policy means that resources must be provided to enable children who are deaf or hard of hearing and their families to develop sign language skills at the earliest

possible stage in their lives. The evidence from the Mathews research, referred to earlier in this paper, is of particular concern in this regard. It is also essential that teachers who specialise in the teaching of deaf and hard of hearing students at all levels of education should be supported and enabled to become fluent in sign language over a set period of time.

This policy also implies that the learning of spoken English should be supported in a similar manner, via language acquisition supports for children, with particular emphasis on speech therapy, reading, writing and lip reading. It is of particular concern to teachers in both the Deaf schools and mainstream schools that the support for the access to essential speech therapy is not easily available from the HSE. In what is a critically essential area for Deaf and hard of hearing children, this is a matter of serious concern. All schools need to be especially cognisant of parents and children from non English speaking countries - an increasing phenomenon in the Schools for Deaf Children - and additional English support is required for both these parents and their children. In these instances, the language of the home (and potentially a sign language other than ISL in a small minority of cases) will also be part of the child's linguistic repertoire.

The use of appropriate technology in classrooms to enhance hearing opportunities and to support oral teaching is important. The SNA's can make a significant contribution in this area in terms of language and communication development, since their role with deaf and hard of hearing children is both as a learning support and language development support. This is especially so in mainstream and cluster schools where SNA's can provide the necessary communication support needed by some deaf or hard of hearing children who do not have spoken language.

The increasing number of children with cochlear implants require support structures on an on-going basis, both at home and in school and particularly in mainstream schools - in terms of auditory training, language development, speech and language therapy and support from teachers of the deaf as well as appropriate technical classroom supports. Typically, these children require greater emphasis on spoken and written English language skill development, but this should not be to the exclusion of the development and use of signed language skills where appropriate.

Finally, the authors note that there is a concern from teachers of deaf and hard of hearing students in respect of the students who communicate via sign language as their first language, that there is no recognition that these students are communicating on paper in their second language when it comes to state examinations. An interpreter should be automatically present when papers are being read, especially for subjects such as English, History or Geography, as there is in third level colleges for Deaf students. This paper believes this matter should be addressed by the Department of Education and Science as a matter of urgency.

5.2 Current Context

There has been a dramatic decline in numbers attending the Schools for Deaf Children over the past twenty years. This is probably due to a combination of factors. There has been a social move away from boarding schools, the introduction of the Education Act (1998) gave parents the legal right to send their children to mainstream schools, and advice offered to parents, and subsequent parental choice has meant that an estimated 80% of deaf and hard of hearing children now go to mainstream schools.

The authors of this paper are concerned that deaf and hard of hearing children need to be educated in a manner which enables them progress academically, developmentally and socially. While independent confirmative research regarding the educational and developmental outcomes from mainstream and Schools for Deaf Children has not yet been published in Ireland, there is some evidence from the Deaf community (e.g. Gillen 2004) that the outcomes with respect to personal development are less than satisfactory for a significant number of children in mainstream provision. Further, a number of independent reviews (e.g. Conroy 2006) have demonstrated dissatisfaction with recent educational provision, particularly with respect to communication in the classroom, literacy attainment, exit qualifications attained and employment prospects. Some of this is almost certainly due to the lack of teaching and/or support staff who are proficient ISL users, particularly in mainstream schools which are responsible for the education of most deaf and hard of hearing children.

The under-resourcing of the Visiting Teacher Service has also been reported as an issue especially in the context of the non availability of substitute visiting teachers. It is part of a wider problem which manifests itself in the limited capacity of some deaf and hard of hearing children with hearing parents to use sign language. Limited access to ISL at school, combined with isolation from other children who are deaf or hard of hearing, limits development in many critical areas, resulting in isolation from deaf and hearing peers. This sense of isolation from what is a rich source of friendship, understanding and empathy can have significant knock on effects for the self esteem, the communication confidence and the well being of a deaf or hard of hearing child. While there is no Irish-based-empirical evidence available, mental health vulnerability factors compiled by a specialist psychiatric service for deaf children in the UK (Hindley et al, 2000) identify a number of predictors of later adjustment issues and/or mental health issues among deaf adults as follows:

- Communication
- Acceptance of Deafness
- Access to Information
- Access to experiences
- Access to Peer Group
- Access to Role-model
- Central Nervous System Anomalies / Development

The team which identified these predictors includes both adult and child psychiatrists specialising with deaf children. They also devised a list of prevention strategies for mental ill-health in deaf children and adults as follows:

- Early Identification of Deafness
- Provision of Information and Advice
- Early Years Support
- Provision of Services
- Working with Families

- Promoting Alternative Thinking Strategies Programme
- Family Weekends
- Empowering Deaf People and Young Adults

In a study of the social conditions of deaf and hard of hearing children in regular classes, Anna-Lena Tvingstedt, a Swedish child psychologist, found that these pupils were less satisfied with their social situation and had fewer friends than their hearing classmates (Tvingstedt, Sweden, 1993). She noted that the social situation of the deaf and hard of hearing pupils at a school for the deaf appeared to be more favourable, probably because they had unimpeded communication among themselves, could function on equal terms with schoolmates and could develop a cultural identity of their own. She concluded that in a persons teens, when the sharing of thoughts and feelings takes up much of the time, an impeded ability to take part in conversations will be of consequence.

Peer companionship becomes particularly important in passing from childhood to adulthood. At this stage, when identity problems come to the fore and the need for contacts outside the family increases, many of the deaf/hearing impaired pupils faced a diminution in social relations. Some found themselves without friends and more or less excluded from companionship. Friends are of great importance for the acquisition of a positive self image, looking at oneself as an able, competent person. Hard of hearing youngsters, noted Tvingstedt, can find it difficult to establish friendships based on a genuine mutuality.

The evidence of organisations working with and for the Deaf community (IDS, DeafHear.ie) across Ireland indicates that mental health issues are as big a cause for concern today as they were in the past. In the Schools for Deaf Children, the number of children with compounding disability issues, language development issues, recent immigrants with second/third language acquisition issues makes the measurement of educational outcomes more complex. There is no doubt in our view that the isolation experienced by numerous deaf and hard of hearing children needs to be tackled as a matter of urgency.

5.3 Preschool

The value of preschool education is well researched and the benefits with respect to socialisation, communication and early development are proven within all communities. The need is more significant for deaf and hard of hearing children, in the context of communication and language acquisition.

We are proposing that a preschool should be sited beside the current Schools for Deaf Children as a matter of some urgency. This school should address the key issue of isolation experienced by Deaf children and their parents, and should build on the experiences of past and current preschools in Dublin and Limerick. The school should provide an environment which offers and supports communication in both signed and spoken language. Fluency in both signed and written/spoken language would be essential for teachers in the school, but there should be flexibility of delivery, and the school should also cater for children whose parents wish their child to speak rather than sign.

A number of other preschools will need to be rolled out nationally. The teachers and children in these schools, as well as those in mainstream preschools, should be provided with outreach

support from the preschool in the Deaf Education Centre. It has already been suggested that this would be further supported by a mobile outreach programme which would achieve the outcome of at least enabling young deaf and hard of hearing children mix with their peers on a regular basis.

5.4 Schools for Deaf and Hard of Hearing Children

Schools for Deaf Children have an appreciation of the unique nature of deaf education as an area of specialisation and of their role in providing an effective educational experience for the children. They focus specifically on the provision of a unique educational and developmental experience in a manner that is cognisant of the respective and differing needs of the pupils, who can learn, develop, interact and socialise with their peers in an understanding, supportive and bilingual environment.

This unique experience should be available to all deaf and hard of hearing children, whether in deaf or mainstream schools. All deaf children, whether in a mainstream school or in a School for Deaf Children, are entitled to have access to the best available expertise in deaf education and, in particular, should have the opportunity of developing proficiency in sign language. A child who has a serious hearing deficit cannot be taught without specialist language support, proper technical supports and regular appraisal to ensure that development is taking place. If the appropriate expertise, resources and learning environment are not available in a mainstream setting, the education system will be doing a disservice to the child.

Schools for Deaf Children can have a key role as centres of specialist expertise in the education of deaf and hard of hearing children. The expertise in these schools should be harnessed to provide guidance, expert advice and back-up support to mainstream teachers and visiting teachers in delivering an integrated, informed and specialist approach to the teaching of all deaf and hard of hearing children. In particular, the schools can make an important contribution through provision of mentoring and support to new teachers of deaf and hard of hearing children.

We are proposing that the role of the Schools for Deaf Children should be expanded to become a centre of expertise that is available to all deaf and hard of hearing children throughout the country and specifically, to develop a comprehensive outreach service to mainstream and cluster schools. Such a development would support the provision of an education that is of a high standard academically and developmentally, offering specialist teaching services via spoken and sign language to meet the distinctive needs of each pupil.

The outreach support service would include regular visits to the regional cluster schools by teachers in the Schools for Deaf Children and the provision of in-service training courses for mainstream teachers currently teaching deaf and hard of hearing children. Also, deaf and hard of hearing pupils in mainstream and in regional cluster schools could be invited to attend the Schools for Deaf Children for short periods. Such support, especially with respect to ISL language development, specialist spoken language and written English development, use of specialist subject orientated teaching materials and awareness of the Deaf community would be an important intervention against the sense of isolation that many deaf and hard of hearing pupils in mainstream currently experience.

The use of newly developed video link systems would be effective and cost efficient in the provision of the outreach service. These interventions would enhance the role of the Visiting

Teacher Service, which is in the best position to identify the children and teachers in need of additional support. This outreach from the Schools for Deaf Children would be particularly beneficial for children in transition within mainstream education from primary to secondary school. Transition from a one teacher to a multi teacher environment, even with appropriate SNA or sign language supports, can be isolating and undermining for some deaf and hard of hearing children.

The schools for Deaf children also currently cater for young adults (i.e. over 18's) still in the examination cycle who need additional time in school to facilitate their development and complete their formal education. This important service must continue. The need usually arises due to a lack of awareness in the child's early years about issues involved in development of a Deaf child's communication skills.

Given the current plan to amalgamate the two Schools for Deaf Children in Cabra, there may be an opportunity to redeploy some of the current staff with the required expertise in the education of deaf and hard of hearing children to resource the important interventions outlined above. This would be a significant benefit to children and teachers in mainstream schools at all levels, to those being educated outside of the Dublin area, and to those students who have completed their second level education at junior or leaving certificate levels. In addition, such a resource would be of benefit to children who have left school.

5.5 Mainstream Provision for Deaf and Hard of Hearing Children

The intention of education policy for deaf and hard of hearing children is to provide for their unique needs in Schools for Deaf Children and regional cluster units, and in mainstream schools with the support of SNA's and visiting teachers. Over 80% of deaf and hard of hearing students are educated in mainstream schools, including mainstream cluster schools. This is an outcome of parental choice and the advice offered to them. Mathews has reported that 'in general, parents were willing to travel some distances for specialist services but the preferred option was to have their child in the local school'. A number of parents interviewed as part of her research 'spoke of the mainstream environment as a more 'normal' environment for their child's education'. It is acknowledged that there are positive reasons for mainstreaming children with disabilities and special needs. However, this policy can work only if it is properly resourced.

Given the lack of objective data on the numbers of children involved, their profiles, capacities, the status of their hearing, their language acquisition development, the academic outcomes from their schooling and their personal development it is impossible to decide how well the system is operating. However, there must be serious questions about its effectiveness arising from the current under provision of SNA's, specialist visiting teachers and speech and language specialists, let alone the shortage of teachers who can communicate in sign language where that is what is required for a particular child.

A child who is deaf or hard of hearing, regardless of the level of hearing loss, has critical needs to enable him/her hear and understand what is being communicated. The success of any system or school will depend on the extent to which these needs are met in each case. The critical need of knowing what is being taught and understanding what is being taught are compounded in mainstream education if a child has no specialist support in spoken and written English and sign language.

The regional cluster model is a good model in that it can offer some of the specialist services required to enable deaf and hard of hearing children develop close to home, academically and developmentally. Teachers in the regional cluster units have developed specialist skills which would be impossible to replicate throughout mainstream schools. However, the role of the regional cluster schools in mainstream needs to be enhanced and additional training material, specialist curriculum material, technology and other supports provided for the teachers and SNA's who work in these schools. In the context of the variety of needs among deaf and hard of hearing children, specialist skills in respect of language acquisition and spoken and sign language are essential to the development of the pupils. This means that it is not appropriate to place a child in any school unless such support is present, via the teacher, teaching assistant, SNA and visiting teacher.

We are proposing that an audit should be undertaken of current mainstream provision to establish the extent to which the unique needs of deaf and hard of hearing children are being met. The results of the audit will be informative and beneficial in a number of respects. For example they can feed into the requirement under the EPSEN Act (2004) for individual education programmes to be prepared for each deaf and hard of hearing child. They would also be helpful in informing the work of the Schools for Deaf Children in developing an outreach service for mainstream. While the audit could be undertaken by the Visiting Teacher Service, the Deaf Education Centre could make an important contribution to the design of the process and to coordination of whatever initiatives are appropriate in response to the findings.

5.6 Education Provision for Deaf/Blind Children

An area which has caused some concern during the past ten years is the under-provision for children who are both deaf and blind. The Anne Sullivan Centre have been providing residential care and empowering facilities for Deaf/Blind adults since 1995. Their work is both educational and developmental, enabling Deaf/Blind adults communicate, live independently and participate in their own and the wider community.

There are approximately 30 Deaf/Blind children of school going age in the greater Dublin area. The figure is not certain since there is no central database of Deaf/Blind children. Until now there has been no specialist education provision for Deaf/Blind children with the provision largely being undertaken by care institutions for people with disabilities without the specialist support such a complex condition demands. It is positive to report that the Department of Education and Science is now funding an educational programme aimed at Deaf/Blind children via St. Mary's School for Deaf Girls and being delivered by the specialist teachers of the Anne Sullivan Centre. The intention is to grow and expand this service by reviewing the current provision of residential services, determining the needs of children with deaf-blindness in Ireland, and ensuring that there is a Centre for Deaf Educational Expertise in place for Deaf / Blind children within the next five years, as part of the Anne Sullivan Centre.

The needs of Deaf/Blind children will be reviewed by reference to the population of school going age and the service levels the Anne Sullivan Centre can offer. The review will require investment of time to visit the agencies and personnel in the state who are likely to know children and adults with deaf-blindness and to offer some limited service via evaluations and assessments, and weekend seminars for parents on an outreach basis. A new purpose built facility will be provided, as part of the deaf schools complex, for expansion of the school service through developing a larger programme for school going children, preferably a day programme focused on the greater Dublin area. Other important initiatives include the

development of links with community based adult rehabilitation programmes, liaising with other funding agencies such as the HSE, to research the possibility of obtaining resources for adult rehabilitative training / day activity programmes and the development of a respite service for these children.

5.8 Life Long Learning

Access to opportunities for continuing education and development is crucial for deaf and hard of hearing people to enable them achieve their full potential. Such opportunities are available to the wider population through a wide range of third level, professional, skills based and adult education and second chance programmes. Deaf and hard of hearing people are entitled to equal opportunity with hearing people to access and participate on such programmes.

Specialist programmes at pre-university level (such as the now discontinued programme offered by Rosyln Park School) and at pre-professional level are required to enable deaf and hard of hearing people to access third level and professional programmes in a manner that is on a par with their hearing colleagues. Deaf and hard of hearing people also need a range of supports to enable them to participate on an equal footing on these and other development programmes.

While some pre-university courses are in place (e.g. the Trinity Access Programme), these are not accessible to deaf and hard of hearing students. Students registered on these courses are not eligible for ESF funding, which is otherwise available to students registered on university and higher education programmes. Deaf and hard of hearing students require ESF funding to enable them avail of a range of services they require to facilitate their full participation in third and professional level programmes. These include services such as interpretation, note taking, proof reading, reading support, and technical hearing aids, all of which are available at present only on an ad hoc basis.

Apart from the pre-university and professional courses, second chance educational opportunities, including community development training, are particularly important for Deaf and hard of hearing people. They also need to be able to access the full range of FETAC courses which are on offer to the hearing community. For example, adult literacy programmes (currently funded via NALA) are extremely important for those who left school early or with a less than satisfactory reading and writing capacity. Access to such programmes needs to be facilitated, as does the range of in-programme supports provided to enable deaf and hard of hearing people to have equal opportunity in pursuing their academic, vocational, professional and personal development. The Centre for Deaf Educational Expertise can have an effective role in coordinating and supporting the provision of the supports outlined above, in co operation with the disability access workers network who provide such services at tertiary level.

Currently the Irish Deaf Society offers Deaf adult literacy services and supports students in mainstream education in their preparation for State examinations. These services help to create improved educational and employment opportunities for deaf and hard of hearing adults. The Department of Education and Science should set out a policy statement in support of these initiatives together with an agreed annual budget to enable improved access in the sustained manner referred to in the Department's White Paper on Adult Education ('Learning for Life' 2006).

6 DEAF EDUCATION CENTRE

The establishment of a Deaf Education Centre is central to the proposals put forward in this paper and is critical to their successful implementation. It is proposed that the Centre would offer a 'one stop family support shop' for deaf and hard of hearing people and would coordinate the delivery of information, diagnostic, education, support and research services to them and to their families.

CIDP is committed to making a significant investment in the Centre, including the provision of a suitable site. It is intended that the Centre would be built on lands currently owned by CIDP, with the support of the Department of Education and Science and the Health Service Executive. All the organisations subscribing to this policy paper are committed to supporting the development and operation of the Centre, within the framework of agreed public policies. The Centre itself will have four functions: early identification; information and support; data collation, research and analysis; and coordination of the delivery of educational services to deaf and hard of hearing children and their families.

The early identification function will be linked to the National neo natal screening, offering a structured multidisciplinary early intervention service comprised of audiologist, medical practitioner, psychologist and a speech and language therapist. The role of the team will be to ensure that an early identification is available and that parents are put in contact with a range of initial supports, either regionally or centrally.

The information and support function will ensure that support staff are available either regionally or centrally to advise parents and to arrange meetings with visiting teachers, medical practitioners, psychologists, language therapists, interpreters, other parents, sign language supports and speech therapy supports. It is envisaged that the Centre will have a cochlear implant support unit to assist parents and children prepare for the operation from a developmental perspective and following the operation to learn to adapt and use the technology in a manner which enhances the communication development of the child. This will be of significant assistance at the school going stage to the assigned visiting teachers and the child's class teacher. This function will ensure that written and signed material is available to parents via electronic, written or signed mediums. The Centre will also provide technological support to schools, colleges and parents, including loop systems, hearing aids, classroom design, video and other linkage systems vital to deaf and hard of hearing children and their parents.

The data collation, research and analysis function will gather quantitative data from primary sources, analyse the data, and conduct or commission qualitative research for use by policy makers, especially the Department of Education and Science.

Coordination of the delivery of educational services would ensure that support from the visiting teacher service or from the deaf school outreach service is targeted at the areas of need and that individual education plans are being prepared, assessed and reviewed. This would in turn enable the implementation of the EPSEN Act (2004) and fulfil the commitment of the Department of Education and Science in this regard for Deaf and hard of hearing children. The service would coordinate the development of language enhancement programmes in signed and spoken languages, via adult literacy programmes and in vocational, professional and academic access programmes.

It is proposed that the Centre would operate within a framework of policies approved by the Department of Education and Science and the Department of Health and Children, and under the joint management of CIDP, DeafHear.ie, the IDS and the CDS. It is proposed that the NCSE and the HSE would be invited to nominate representatives on an Advisory Group. A Chief Executive would be appointed with responsibility for executive management of the Centre, for coordination of the functions outlined above, for liaison with partners and stakeholders and to ensure a streamlined and coherent delivery of services.

It is intended that the Schools for Deaf Children in Cabra and the planned preschool will work closely with the Centre. While the schools will operate under separate management structures, the Centre will provide essential supports to the schools, particularly in delivery of outreach and specialist teaching services on a national basis to support mainstream schools.

The establishment of the Deaf Education Centre will be central to delivery of the vision outlined in this paper that, by the end of 2012

- implementation of these policy interventions will enable the parents of deaf and hard of hearing children to know and understand, within 6 months of their child's birth, the choices regarding what is best developmentally and educationally for their children
- child centred educational and support services offered by the deaf and mainstream schools, supported by the visiting teachers and the new Deaf Education Centre, will enable all deaf and hard of hearing children to reach their full potential.

7 SUMMARY OF KEY PROPOSALS

- 7.1 The Department of Education and Science should support the establishment of a Deaf Education Centre which would offer a 'one stop family support shop' for deaf and hard of hearing people and would coordinate the delivery of information, diagnostic, education, support and research services to them and to their families. It is proposed that the Centre would operate within a framework of policies approved by the Department of Education and Science and the Department of Health and Children, and under the joint management of the NCSE, the HSE, CIDP, DeafHear.ie, the IDS and the CDS.
- 7.2 Plans for the introduction of universal newborn hearing screening should be implemented fully as a matter of urgency by the HSE.
- 7.3 Parents should be provided with a comprehensive information pack and with a coordinated information and support service in the early phase of identification and intervention, to enable them to understand and accept their child's condition.
- 7.4 The Deaf Education Centre should set up a diagnostic / audiology section focused on early intervention to offer support and service in these areas as part of the 'one stop family support shop' service for all parents of newly born deaf and hard of hearing children who are considering 'where do we go to next'.
- 7.5 Comprehensive sign and spoken language supports and access to communication, reading, and writing supports must be guaranteed to each child, regardless of whether the child is communicating in sign or spoken language or educated in Deaf or mainstream schools.
- 7.6 Spoken and sign language support services, including speech therapy, should be made available to assist families in the development of their child's language capacity. These support services should be based in the Deaf Education Centre which would coordinate early intervention language support programmes. This arrangement would have a dual benefit of ensuring that the service is managed and coordinated, and that the service users would be linked to other developmental opportunities.
- 7.7 The Department of Education and Science should, in consultation with representatives from the Schools for Deaf Children, the CDS, and the Psychological Assessment Service, and drawing on international expertise, agree a series of tests that are appropriate to deaf and hard of hearing students.
- 7.8 Each deaf and hard of hearing child should have an up to date individual education plan (EPSEN Act 2004). The education plan for each child should include transition plans to provide them with the guidance and supports required to progress from preschool to primary, from primary to post primary, from post primary to third level, and from the point of leaving the education system to joining the world of work. (Ref: IDEA Act 2004, USA, Section 300.29). (It is recognised that many Deaf and hard of hearing children will not require such a plan once second level is completed.)
- 7.9 Access by deaf and hard of hearing people to third level, professional, vocational and personal development programmes should be supported and facilitated, and the range

of in-programme supports provided to enable deaf and hard of hearing people to have equal opportunity in pursuing their academic, vocational, professional and personal development.

- 7.10 The Department of Education and Science should treat the education of deaf and hard of hearing children as a distinct and separate area within the education system.
- 7.11 Education of deaf and hard of hearing students should be based on the objective of developing fluency in both signed and spoken language at as early a stage in the child's life as possible.
- 7.12 A centralised data base should be established to compile comprehensive data of deaf and hard of hearing children in preschool, primary and post primary education to facilitate research and analysis which would guide the formulation and development of education policy initiatives. Organisation and management of the data base should be the responsibility of a new Information Centre, to be established as part of the proposed Deaf Education Centre for deaf and hard of hearing people.
- 7.13 A pre-school should be sited beside the current schools for deaf and hard of hearing children as a matter of some urgency. A number of other preschools should be rolled out nationally, with outreach support for these and mainstream preschools to be provided from the preschool in the Deaf Education Centre.
- 7.14 The role of the Schools for Deaf Children should be expanded to become a centre of expertise that is available to all deaf and hard of hearing children and their teachers throughout the country and specifically, to develop a comprehensive outreach service to mainstream and cluster schools.
- 7.15 Irish Sign Language must be recognised by the Department of Education and Science as the first language of the Deaf community.
- 7.16 The Department of Education and Science should revise the entry requirements for prospective Deaf teachers at primary level and should
- encourage and facilitate the admission of suitably qualified deaf applicants to the teacher training colleges
 - take into consideration the distinctive attributes of deaf and hard of hearing people in the assessment of applications to teacher training colleges
 - replace the Irish Language requirements with appropriate ISL requirements for deaf applicants.
- 7.17 A new comprehensive accredited postgraduate programme for teachers of the Deaf should be provided in Ireland. This could be made available from the Deaf Education Centre on an in-house and outreach regional basis, with a specific focus on supporting teachers in the regional cluster units and teachers in mainstream.
- 7.18 Minimum ISL standards should be established for teachers of the Deaf, namely ISL proficiency to a minimum of C1 receptive skills and B2 productive skills (CEFRL). We

recommend that all new teachers appointed to posts in clustered Deaf schools in mainstream and in Schools for Deaf Children should have these specified levels of ISL fluency, or should be committed to achieving them within a relatively short period of time. Appropriate transition arrangements should be agreed with existing teachers in these schools.

- 7.19 The Deaf Education Centre should provide in-service training for SNA's, including ISL, English, child development, and broader issues relevant to education of Deaf children. SNA'S should also be encouraged to acquire the qualifications to enable them progress within their profession and indeed to teacher training college as part of a life long learning strategy.
- 7.20 The Visiting Teacher Service should fall under the remit of the National Council for Special Education, in terms of both policy and operational management, and the specialist role of the Visiting Teacher of the Deaf should be re-established.
- 7.21 A formal link should be established between the Schools for Deaf Children and the Visiting Teacher Service. Such a link would enrich both services and would facilitate the provision of an outreach support programme by the Schools for Deaf Children to mainstream and regional cluster Deaf schools, in cooperation with the Visiting Teacher Service.
- 7.22 Central administration of the Visiting Teacher Service should be based in the Deaf Education Centre. This would facilitate enhanced co-operation and coordination, and would be of significant additional benefit to parents, in that they could be introduced to the Visiting Teacher Service as part of the one stop family support shop.
- 7.23 An audit should be undertaken of current mainstream provision to establish the extent to which the unique needs of deaf and hard of hearing children are being met.

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APPENDIX 1

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* John Bosco Conama joined the Task Force in February 2009, replacing Kevin Stanley who was a member of the Task Force until January 2009.

APPENDIX 2

Report to the Task Force on Deaf Education: Preliminary findings from research on policy and practice of mainstreaming deaf education in the Republic of Ireland.

Elizabeth S. Mathews, Doctoral Candidate, NIRSA, NUI Maynooth.

Introduction:

The purpose of this report is to provide a summary of preliminary findings from a PhD research project into mainstreaming of deaf education in the Republic of Ireland. This research, conducted by Elizabeth Mathews through the National Institute for Regional and Spatial Analysis at the National University of Ireland Maynooth, began in 2005 and is due to be completed in 2009. The aims of the project are threefold: first, it examines mainstreaming as it is set out in policy by examining relevant legislation, circulars, and consulting experts in the field. Second, it establishes the practice of mainstreaming by conducting interviews with parents and teachers, and undertaking non-participant observation in mainstream schools. This data from schools is used to examine whether or not the practice of deaf education matches up with policy. Evidence from smaller previous research projects (Mathews, 2004) suggests that there is a discrepancy between policy and practice but to date there is a lack of research to support these statements. Knowledge of and access to services, teacher and classroom preparedness, educational methodologies and student/parent/teacher satisfaction rates is also examined. Geographical differences between regions are analysed to establish discrepancies between regions in service provision. Third, the research situates the current system in Ireland in an international context by reflecting on best practice internationally.

This report concentrates on the findings from the second phase of this research, in particular semi-structured interviews conducted with 21 parents of deaf and hard-of-hearing (D/HH⁴) children, survey results from Units, and non-participant observation in 9 schools. The results are split into three sections. Section 1 outlines quantitative data findings as reported from self-contained units for deaf and hard-of-hearing children in mainstream primary schools (hereafter referred to as Units) at primary level. Section 2 discusses parental experiences of diagnosis, early intervention and communication choices with their child. Section 3 focuses on the mainstream school experience, in particular the decision regarding school placement, acquiring services for mainstreaming and communication in the classroom. It is important to note that the findings presented below are based on preliminary stages of data analysis and are subject to change following the completion of analysis. However, it is estimated that any changes made will be minor in nature and that the findings below are an acceptable prediction of the overall findings from the project. Furthermore, it reflects mainly on the parental interviews and on responses from Units and from mainstream schools with D/HH enrolled. For this reason, certain voices are under-represented in this report, namely that of professionals working in the area, members of the Deaf Community and D/HH children. Subsequently, these

⁴ I acknowledge that there are difficulties with the labels of deaf, Deaf, hearing impaired and hard-of-hearing. In general, this report refers to Deaf adults with a capital D to symbolise their membership within Deaf Culture. Children are referred to as deaf and/or hard-of-hearing (D/HH) to encompass the variety of labels used by parents, professionals and the children themselves in this research. Not all D/HH children are or will become members of the Deaf Community and this term hopes to reflect the diversity in this young cohort. In spite of the fact that hard-of-hearing is used here and was used by a number of parents, the majority of children encompassed in this group are audiologicaly in the profound-severe range of deafness.

findings represent one version of the story of mainstreaming. Later analysis will concentrate on the experience from multiple perspectives, but because of time and space limitations, and the fact that data analysis is not yet complete, this report will be deficient in this area.

For the purpose of this research, mainstreaming is defined in broad terms. Usually mainstreaming reflects a continuum from full inclusion (where D/HH children spend their whole day in the mainstream classroom with as little 'pull-out' resource time as possible) to integration (where D/HH children are merely educated in the same venue as their hearing peers but may have little meaningful interaction with them). Generally, inclusion in the sense described above is referred to as "full inclusion" in this report but it almost always involves an extensive amount of 'pull-out' resource time. Integration is commonly practiced in Units where D/HH children have less interaction with hearing peers and are predominantly included for non-curricular activities only.

Section 1: Quantitative Findings

Introduction

Since 2006, a yearly survey has been conducted among the units for the D/HH children in primary mainstream schools. At present, there are eight such units. These are located in Scoil Chaitríona Junior, Renmore, Co Galway (opened 2005); Scoil Chaitríona Senior, Renmore, Co Galway (opened 2007); Darley National School, Cootehill, Co Cavan; St Matthew's National School, Ballymahon, Co Longford; Geashill National School, Geashill, Co Offaly; St Columba's Girls' National School, Douglas, Co Cork; Scoil Náisiúnta an Chroí Naofa, Tralee, Co Kerry; and Holy Family National School, Ennis, Co Clare. Some of these units were once schools for the deaf in their own right, but due to declining numbers, they have amalgamated with a mainstream school in the area. The survey was largely concerned with monitoring changes in student and staff demographics and characteristics but also included some qualitative questions regarding levels of inclusion, access to resources, and any impact of the recent economic downturn on services. This data was combined with figures supplied to the Advisory Committee in the school years 1997/98 and 2003/04 (Leeson, 2007).

Student Demographics

Regarding student demographics, it is important to note that while there was a general downward trend in student numbers, particularly after mainstreaming legislation, this decline has slowed in recent years.

A significant decline in those pupil numbers reported by the Advisory Committee in 97/98 (n=53) to those in 2003 (n=32) is mostly due to a drop in pupils in 3 larger units (Tralee, Ballymahon and Ennis) from 10 pupils down to about 3-4. This decline is probably representative of the mainstreaming movement and the general decline visible in schools for the deaf during the time. The other smaller units were relatively stable at the time. The relative recovery of student numbers from 06/07 reflects the opening of a new unit in Scoil Chaitríona, Renmore in Galway and the general growth in population in Ireland during the late 1990s⁵ It should be observed that quite a number of those students in Units from this growth period were from families migrating into Ireland, as is evident by data supplied on the language of the household of children enrolled.

⁵ CSO data indicates a rate of increase in population from 1996 to 2002 of 12.9% and from 2002 to 2006 being 8% (www.cso.ie).

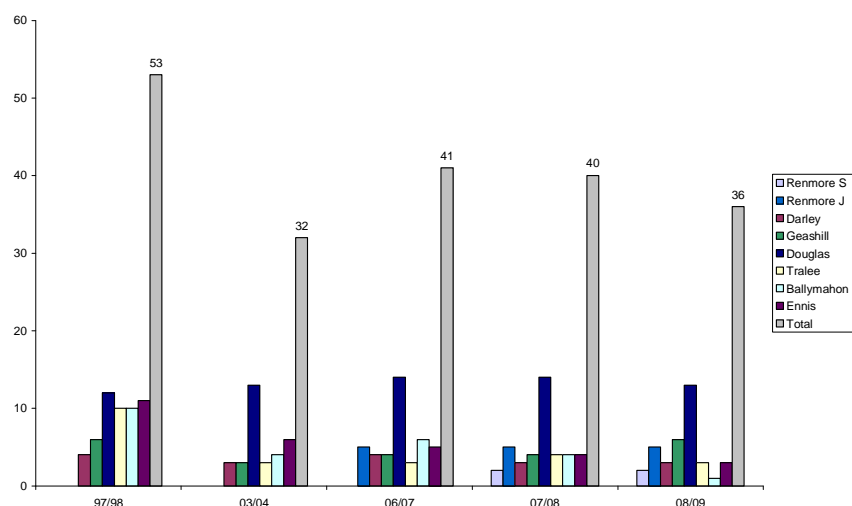


Figure 1: Student numbers in Units over time.

Data was not gathered on the language of the household until 2007, but data from that year showed that 30% of all children in Units in that year were from families where English was not the primary language of the home (hereafter referred to as English as a Second Language (ESL) households). This total reflects a range where one unit had no students in this situation to one unit with only students from ESL households. This is part of a larger trend of the growing complexity and diversity in student characteristics in Units⁶. From 2007, data was also gathered on the numbers of children with cochlear implants (CI) as well as those who had multiple disabilities (MD) other than their hearing loss being enrolled in Units. It should be noted that there may be some discrepancies with the data on MD students and that these figures should be used as rough guides only. The question was phrased “How many, if any, of your students have an additional disability (other than their hearing loss)?” It has since become apparent from teacher comments that there is often a difference between a) the number of students *with* diagnosis, b) those *awaiting* diagnosis, and c) those not diagnosed with an additional disability but the teacher suspects there may be one. This represents an overall difficulty with diagnosis of additional disabilities among D/HH children due to the often inappropriate testing methods and a lack of awareness of the language issues at play. This data, along with figures on students from ESL households is presented below.

	Data 07/08	Data 08/09
% ESL Household Children	30%	25.0%
% Children with MD	27.5%	25.0%
% Children with CI	45%	38.89%

Table 2: Some student characteristics in units.

Teachers were also asked to categorise their students across a number of different groupings such as levels of hearing loss and child’s preferred communication method. Again, data gathered in this section is somewhat problematic. Categorisation of students according to hearing loss changed on an almost annual level across many units, even when it was apparent from other data that the students were the same. This suggests that teachers may not know

⁶ This trend is also being reported anecdotally from the schools for the deaf, where a general decline in student numbers is being countered by an increase in the heterogeneity of the remaining students.

the dividing categories in use, and also that these categories have become somewhat obsolete because they do not reflect the complexities of hearing loss or the performance level of the child. That said, we can draw from this information that the majority of students currently enrolled in units are in the profound to severe category (78%).

Teachers also reported on the preferred communication method of their students in units. The table below indicates that the majority of students in units use some form of manual communication, either Irish Sign Language or spoken English supported with signs. A significant number also use spoken English as their preferred method of communication. The difficulty with teacher-reported data in this category is they may not recognise what the students' *preferred* method of communication is and instead indicate what method of communication they use with their students.

	2007/08	2008/09
Irish Sign Language	30.00%	38.89%
Signed English	2.50%	2.78%
Spoken English	32.50%	33.33%
Spoken English supported with signs	30.00%	25.00%

Table 3: Preferred communication method as reported by teachers⁷.

Another difficulty with the data above is the disproportionate reporting of ISL being used over Signed English. On observation in Units it became apparent that Signed English was much more commonly used by teachers than ISL. However, the child's preferred method of communication may indeed be ISL. In spite of the problems with this data, these findings show that a significant number of children in units continue to use some form of Manual communication to support their learning. Information on the level of training in ISL among teachers is available below.

Staff Demographics:

In addition to student demographics, data was gathered on staffing numbers and characteristics. In general, staff numbers have remained relatively constant since 2003 (data is not available for 1997/98). While some units have lost a teacher, this has been compensated for by the opening of 2 new units in Galway since 2005. There has also been an increase in the number of full time SNAs. At present there are 10 teachers and 9 full time SNAs employed in Units. Data was supplied on the number of Deaf staff employed and the number of staff members holding qualifications relating specifically to the education of D/HH students. Of the 19 staff members in Units, only 4 are Deaf and they are all employed as SNAs. In total, only two members of staff across all of the units had obtained a qualification specifically for the education of D/HH children (both holding the HDipTD). One further staff member is currently in training for the PGDip course in Hearing Impairment through the University of Birmingham. The majority of teaching staff in the units had, however availed of the SESS training/in-service course provided in the last 2 years and cited it as a source of valuable guidance. A number of units reported training courses or qualifications in ISL, but these were excluded as they do not relate to education specifically.

⁷ The totals do not add to 100% as some teachers did not report on all students in the unit.

Conclusion:

In summary, while there are number of difficulties with data gathered from surveys, some important conclusions can be drawn. Quantitative data gathered over the last number of years from Units in mainstream primary schools shows that the decline in student numbers attending these units has slowed considerably and is relatively constant at present. Staff numbers are similarly constant though some units have lost both teachers and part-time SNAs in recent years. This has been compensated for by the creation of new posts in 2 units opened in Scoil Chaitríona Junior and Senior, Renmore, Galway in 2005 and 2007 respectively. Students attending these units are heterogeneous in terms of cultural and linguistic background, as well as levels of hearing loss and presence of multiple disabilities. In general however, the majority of students are in the profound to severe category. The use of cochlear implants and hearing aids is split almost evenly. Manual communication is still a significant feature of education in Units along with Spoken English and the most common form of preferred communication reported in the current school year is split almost evenly between Irish Sign Language and spoken English. Quantitative data allows us to draw some general conclusions about deaf education at present. However, the bulk of the data from this research was qualitative in nature and provides much greater detail on the experience of mainstreaming at present. These findings are presented below under the topics of “Diagnosis, Early Intervention and Communication” and “The School Experience”.

Section 2: Diagnosis and Early Intervention

Introduction:

“We have incontrovertible evidence that deaf and hard of hearing children must learn a complete communication system before they start formal schooling...or they will struggle to gain communication proficiency” (Easterbrooks & Baker, 2002, 62).

There is an abundance of evidence that supports the importance of early diagnosis and intervention in the education of children who are deaf or hard of hearing. Most of this evidence focuses on language acquisition in children. When D/HH children do not have access to language, they may fail to reach developmental milestones that their hearing peers achieve. For hearing children, exposure to language begins in the womb and acquisition of their first language is an almost seamless process. For many D/HH children, their access to spoken language is limited and their delayed speech development is often the first explicit symptom that they cannot hear. The longer a D/HH child goes undiagnosed, the more severe the language delay will become. Almost all of the parents involved in this research spoke at length about the difficulties they encountered trying to achieve the diagnosis for their child.

Diagnosis:

To date the promise of Universal Newborn Hearing Screening has been unrealised in the Republic of Ireland. While the Department of Health and Children has approved the scheme, the budgetary allowances have not been made to allow for the purchase of equipment and staff training. Because of this absence of a neonatal screening service, parents with D/HH children are often unaware of their child’s deafness. Subsequently, the average age to receive a full diagnosis among research participants in this study was 18.3 months⁸. Furthermore,

⁸ Children born outside of Ireland were excluded from this measurement. Those children with an older deaf sibling were also excluded because parents frequently request testing after the baby is born due to the presence of the deaf child in the family already. The one child living in a region with a pilot UNHS scheme is included in the data. When excluded, the average age of diagnosis rises to 19.5 months.

there is often a substantial wait between the time when parents are first told that there may be a difficulty with their child's hearing and the point of final diagnosis. Usually, the first indication that there is a problem with their child's hearing is given at the nine-month public health nurse check-up. Children are then re-tested, normally after a few weeks, and if they fail that second test they will be referred to audiology for further tests. There is a significant waiting time at present between failing the distraction test conducted by the public health nurse and finally accessing audiology services. Parents in this research waited an average of nine months (with a range from 0-21 months) between these two points and rarely received any support services in the interim period. This was highlighted by most parents as a very stressful time when they felt vulnerable, isolated, and fearful for their child's future. This was exacerbated by poor communication between parents and baby and the increase in symptoms that there was a hearing loss (lack of language development, failure to meet developmental milestones, and so forth). There was an overall sense of dissatisfaction with both the speed at which audiology services were received and the quality of those services. Misdiagnosis was relatively common among parents (six children in this study were misdiagnosed) with some parents receiving positive and negative feedback within short time frames for their children who were profoundly deaf. Both parents below received normal test results followed by diagnoses of profound deafness with their daughters:

There was about ten days between the time [the local audiologist] said she had normal hearing [and when we] went to Crumlin and I knew by their face, they didn't give me the results, but I knew by their face and I knew by the graphs that I was looking at up on the computer screen (Parent 18).

She was four months. And then, she passed that [brainstem test] with flying colours. And then when she was about a year old, we thought 'no she is not talking, she's not saying any words'. And then I heard that this brainstem test isn't a conclusive test and it's, like it depends where you read the lines. So there was this confusion. (Parent 02).

One parent living within a pilot area for universal newborn hearing screening also received a misdiagnosis following an inconclusive screening test after birth:

They did a test and he was asleep for most of the test but he woke up halfway through the assessment but they told me not to worry. They said "don't worry one of his ears has passed. We got a reading there, but it's just that we need to...". They decided to leave it that day and bring us back again on the third day to em, to actually sedate him and get a proper reading altogether. But like that now Elizabeth, I wasn't even going to bother going in when they told me one of his ears had passed. I was saying to my husband "will we bother", with the parking and everything, I was so convinced there was nothing wrong. Still, it was about, he was about 12 weeks, let me see now, he was about 10 weeks old by the time we went in. [...] And then they did the brainstem test that time. [...] And then we met Dr (name removed) he is the ENT surgeon. And he sat us down and he started asking us questions, if there's any history of deafness in the family. And we were like no?! And then I started. I said "no?!" (uses a questioning tone) And, ... oh I can't (becomes upset). It was just that day. Oh God, it was so hard. (Parent 10).

It is apparent from the responses to this research that the area of early diagnosis must be addressed immediately, including further examination of the availability and quality of testing procedures in the implementation of universal newborn hearing screening.

The stress experienced by parents in achieving a diagnosis is further aggravated by the lack of services falling into place immediately following diagnosis. A significant number of parents were disappointed with the level of immediate care following diagnosis and spoke of feeling isolated and alone in attempting to cope with their child's hearing loss:

She gave him a test and she just said 'look, bring him back tomorrow, I'm going to test him again'. And then she just said the next day, she retested him, and said 'look, he's got sensorineural loss and that's it'. You know... she stuck some hearing aids on him (...) and then she just sent me home! [...] there was nothing. A big fat zero, you know? And then even when I went back to get him fitted, I was a bit kind of emotional, and got the moulds and got his hearing aids on him. But there was nothing, you know no one sort of told you of what was ahead. You know, you were just sent home with hearing aids on and... you just have to get him talking and that's it. I didn't really realise, when they give you hearing aids, you have to teach them to talk. I didn't realise that until later. (Mother 02).

Those parents who had positive experiences of services following diagnosis generally complemented the speed at which a response to the diagnosis was delivered through services such as the Visiting Teacher Service:

The visiting teacher would have been very, very good from that point of view [providing support]. [...] I suppose because the services literally fell in the door on top of us so fast after the diagnosis was made. (Parent 18).

The provision of a swift and coherent service immediately following diagnosis is advantageous in terms of alleviating stress in parents and improving communication between parent and child, especially in the Irish context where diagnosis is already likely to have aggravated language delay. Following diagnosis, the main form of intervention is rehabilitative in nature, attempting to provide some form of assisted hearing to the deaf child through amplification. This is followed by supports in speech instruction either through speech and language therapy services or from the Visiting Teacher. The overwhelming majority of these early services follow a medical and oral philosophy in an attempt to teach speech.

Teaching Speech:

The first step in service provision at present is the supplying of appropriate amplification to the child in the form of hearing aids. Only minor delays were reported in the provision of hearing aids and it seems that once a full diagnosis is received through audiology services, the provision of hearing aids follows swiftly. However, a number of problems persist regarding access to audiology services.

Hearing aid technology has advanced greatly over the last number of years and for many children, digital hearing aids now provide much higher quality of sound than was previously available through analogue devices⁹. For those children who cannot avail of cochlear implantation, digital hearing aids may provide access to speech sounds and thus assist in acquiring spoken language. However, many of the parents involved in this research spoke of engaging in lengthy battles with service providers to try and acquire digital hearing aids for their children:

You know like, but hearing aids, as well trying to get those digital hearing aids, that is a chore as well. (Parent 02).

⁹ I have been informed that digital aids are not always best and for some children analogue devices will still be the favourable option for a variety of reasons (Theresa Pitt, AuD – personal communication February 2009). Also, digital aids are now consistently provided to newly diagnosed children and the difficulties experienced by parents in this research is likely to be as a result of the changeover from analogue to digital or due to budgetary restrictions in certain regions (Pitt – personal communication February 2009).

So I have to say that with digital hearing aids we had a big fight on our hands. I was advised that Peter's hearing would be a whole lot better if I got the digital hearing aids, and I had 18 months of calling and struggling to find out when these were coming, em, it was just a long wait. (Parent 11).

Furthermore, there is a lack of equity of service on a national level in the field of audiology. A number of parents who have access to the services in Beaumont hospital spoke of being provided with new digital hearing aids or being advised to campaign with their local services for higher quality digital hearing aids, due to problems with those provided via local services.

Well Chris got recently, we got offered fully digital ones from the local board. We took him over there and he put them on him, but then I had them tested in Dublin and they said they're not good enough. (Parent 02)

Several parents spoke of the high quality of service in Beaumont hospital when compared with local services. However, this is a complex issue dependent on factors related to funding, diversity of workload, and professional interaction. Due to enhanced government funding, Beaumont Cochlear Implant Programme is in a position to offer a greater range of hearing aids than are currently provided through local services, who are restricted in the contract aids that they receive (Pitt, personal communication February 2009). Furthermore, local audiology services cater for a large and diverse population of whom D/HH children make up a small percentage where the Beaumont team specialise in those with profound hearing losses of whom a large majority are children. Locally based audiologists, on the contrary, often work in isolation from other audiologists and do not have the benefit of the multi-faceted team working in Beaumont (Pitt, personal communication February 2009). They do, however, work in tandem with the Visiting Teacher Service and may make changes to the technology used by D/HH children based on feedback from the Visiting Teacher. The lack of available funding and relative isolation of audiologists from each other may be the cause of the sense of dissatisfaction experienced by parents with regard to local audiology services. The extensive waiting list and vacant positions remaining unfilled were the most commonly sited grievances for parents, and this has been confirmed by a professional audiologist who stated:

But yes there is marked understaffing (we have about 40% of the numbers in paediatrics compared to UK and vacancies have existed for years in some cases) and we are all struggling to find sufficient time to review hearing aid children as often as we would like (Pitt, personal communication February 2009).

In particular, the long waits for audiology appointments and for essential repairs to be carried out on hearing aids was a factor for D/HH children in mainstream school placements as hearing aid amplification is crucial to their continued access to material in the classroom. While many audiologists strive to ensure that there are spare radio-aids available in the case of equipment breaking down (Pitt, personal communication February 2009), several parents reported delays in repairs largely due to vacant audiology posts:

We also had an eight-month period when [name of audiologist] left, there was nobody to take over her job and that was nobody to replace Peter's ear moulds. (Parent 11)

Because there wasn't an audiologist for a while either, [name of audiologist] left [...] So you were struggling, you needed tubing, or the shoe broke..." (Parent 02).

Audiology services on a national level appear to be under-resourced and the quality of service provided is deemed as unsatisfactory by the majority of parents involved in this research. It should be noted that when the UK National Health Service introduced digital hearing aids

through the Modernising Hearing Aid Services, they invested £120million into staff training and feedback over a 5 year period from 2000-2005 (University of Manchester, 2005). Similar investments were not made in the Irish system and the technological advancements have created a plethora of options for audiologists who have not been offered sufficient training to up-skill following these developments (Pitt, personal communication February 2009). As a result of the factors above, those with access to the Cochlear Implant programme rarely avail of services locally and instead request appointments with Beaumont because of the level of access available compared with local audiology services. While the quality of service provided in Beaumont is commendable, it raises questions about the equity of services on a national basis considering the large volume of children not suitable for the Cochlear Implant programme.

The provision of appropriate amplification is the first step in service provision following diagnosis. Amplification is used to provide access to spoken language and to provide auditory stimulation for the D/HH child. However, access to sound alone is rarely sufficient if the D/HH child is to make progress in acquiring spoken language. The provision of speech and language therapy is an essential, though largely problematic area on a national level. In spite of the increase in college training places for speech and language therapists, the staff recruitment embargo and poor working conditions in the public health sector mean that this service is still desperately under-resourced (O'Brien, 2008). Few parents were satisfied with the level of service provided and their complaints largely fell into three categories a) the length of wait for speech and language services b) the lack of continuity in speech and language services and c) the distances travelled for said services.

There is great variation in access to speech and language therapy services and a variety of factors, including presence of additional disabilities, educational placement and geographic location, all influence the level of access to services. Most parents reported being put on waiting lists for speech and language therapy services, some for a number of years, with almost no parents reporting immediate access to such services. Those parents with swift access to services generally lived in the Dublin area and were also on the Cochlear Implant Programme, availing of speech and language services through Beaumont hospital. While Beaumont offers speech and language therapy services to all of those on their programme, the distance travelled may be unfeasible for many parents to avail of it as a regular alternative to local services. Outside of the Cochlear Implant Programme, when speech and language therapy services start, they are usually administered in a six-week block, with 30-45 minutes each week. Then there is a wait for several months until another six-week block is provided. Parents may get only two of those blocks a year which amounts to six hours of contact time with a speech and language therapist. Furthermore, there are often extended periods when these blocks are not even available due to the high turn over of staff in the field:

"I know [name of Speech and Language Therapist] had been on maternity leave and no one replaced her and then she has this backlog.." (Parent 03).

"Also, we contacted the HSE with regard, the Eastern health board, we contacted them with regard to speech therapy, and that was the biggest joke ever. Absolute nightmare. We travelled to [name of town] for about 40 minutes on a Thursday at a time when he was tired because it was the only time when they could fit him in. He went in there, he had his 45 minutes in a room with a grey filing cabinet, a box of crayons and a few old toys [...]. With a girl who had just come out of College which is fine but she'd stay maybe for four weeks and then she'd be gone. Or six weeks and she'd be gone. He'd have to get used to somebody new.." (Parent 06).

The lack of speech and language therapy services is of particular concern to those children living outside of Dublin who have received Cochlear Implants. One parent living in the Western Region reported receiving an implant and returning home to a jurisdiction with no speech and language therapy services:

"Yeah, with him, they gave him an implant when he was... he's had it nearly 2 years. And we had nothing. There was no speech and language therapy here. So they stuck this thing on his head, and they had nothing for it (laughs). [...] And it's just now in the last, but we had a year to wait because we were on a waiting list with Enable Ireland, so he had nobody. For the year, and it's only in the last... March I think, yeah, March. May, May - June I think that he started getting at once a week." (Parent 09)

Those children with multiple disabilities who have been registered with Enable Ireland or those children who are living near to Beaumont hospital have the greatest levels of access to speech and language therapy services. For those outside of these categories acquiring this service is a source of great distress and frustration.

Another common complaint in this area was the presence of speech and language therapy classes in the local school that was not available to D/HH children because of selection criteria. According to Department of Education and Science Circular 0038/2007 the criteria for enrolment in a special class for pupils with specific speech and language disorders stipulates that "the pupil's difficulties are not attributable to hearing impairment; where the pupil is affected to some degree by hearing impairment, the hearing threshold for the speech-related frequencies should be 40Db." (Department of Education and Science, 2007). For parents with children enrolled in schools with such classes, removing their children for speech and language services which are often a considerable journey away is a source of great annoyance:

But there is a speech therapy room and group in [the] boys' school, Chris is now in the boys' school. And there is a speech therapy room and a speech therapist. But Chris is not allowed to go in with that group. I don't know what it is, why that is, it just blows my mind! The resource teacher is there, the speech therapist unit, but they've obviously got different issues with these kids with speech problems. (Mother 02)

Instead of accessing the therapist in the school, Chris's mother must take him out of school and bring him to speech therapy in a nearby clinic and return him to school. Because there are two deaf children in this family, this routine is very disruptive not only to the children's school day but also to the working life of the parents.

The way the speech therapy is sort of implemented is a bit... (sigh)... it is sparse anyway, but it is very ineffectual as well, you know? [...] You have to take them out of school [...] in the morning you know, it disrupts the whole morning for them and for us, you know, two hours at least. [...] A lot of the speech therapists wouldn't be specifically trained... I mean you appreciate what you get, but just it seems a bit... (Parent/Father 02).

This issue arose again in one of the Units that had a speech and language therapy service in their school available to D/HH children. However, some children were ineligible because they lived outside of the speech and language therapy catchment area, in spite of attending school within that area. Those children had to travel out of school to avail of the service and subsequently two of the children continue to miss one full school day a week for the duration of the six week block. This is because a journey from the family home to speech and language therapy, then to the Unit, and then home is a trip of approximately 160km.

This absence of coherent and ongoing speech and language therapy services mean that spoken language delay is further aggravated in deaf children. Some parents reported declines in their children's speech acquisition because of the lack of intervention available locally. Others reported working extensively at home with their children on a daily basis to try and make up for the lack of services locally. The lack of speech and language therapy services on a national level is a worrying fact considering there is little in the way of Irish Sign Language intervention offered to deaf children as an alternative to spoken language acquisition.

Teaching Irish Sign Language

The use of sign language as a valuable mode, not only for first language acquisition but for neurological and cognitive development with D/HH children, has been well documented in the deaf education literature (see Chamberlain *et al*, 2000 for example). Furthermore, there is evidence to suggest that sign language acquisition is positively related to gains in spoken/second language acquisition (Yoshinaga-Itano, 2006, for further discussion see Leeson, 2007, p.p.101-120). In spite of such findings, along with the advantages presented in having a fully accessible mode of communication with young D/HH children, there are a number of worrying findings emerging from this research in relation to Irish Sign Language policy. These findings must be placed in the context of the political debates regarding use of ISL versus spoken English in deaf education and it is accepted that ISL may not be appropriate as a dominant method of communication for *all* D/HH children. These debates have been well documented elsewhere (see Crean, 1997, Griffey 1994, or Leeson, 2007 for the Irish context) and therefore will not be examined here. Instead I will focus on the findings of this project alone and parental experiences of choosing ISL as a communication option with their child.

First, there is strong evidence from this research to suggest that in general, parents receive little support in using ISL as a mode of communication with their children and many are warned explicitly against its use. Along with the range of rehabilitative services outlined in the previous section, the Irish Sign Language home tuition service was established in the mid 1990s and is the main source of instruction and support provided to hearing families wishing to use ISL as a means of communication with their D/HH child (for a discussion of the service see Leeson, 2007, p.p.94-96). In spite of the fact that this service has been in place for over ten years, uptake of the scheme is still relatively low. For example, in the 2005/06 school year, there were 84 families across Ireland availing of the service. This contrasts significantly with the almost 1200 students availing of the Visiting Teacher of the Deaf Service in the same year (Mathews, 2007). While the low uptake may be caused by a number of factors, including but not limited to lack of interest or lack of tutors, it must be highlighted that over a quarter of the parents in this research did not know that the ISL home tuition scheme existed. Furthermore, many of those parents who did know about the scheme found out through their own research or through interactions with the Deaf Community locally. Several of the parents pointed out that their Visiting Teacher had not informed them of the availability of ISL home tuition. This runs contrary to the remit of the Visiting Teacher Service which is to provide unbiased information to parents on the range of services available to them. Those availing of the scheme spoke positively about the experience but complained about the payment procedure and the need to have the service approved by the Visiting Teacher, who may have discouraged the use of Irish Sign Language in the first place.

In spite of the difficulties availing of the ISL home tuition service, and the fraught political status of Irish Sign Language among professionals in deaf education, it should be highlighted that the vast majority of parents (19 out of 21) used signs at some stage of their child's development, though several phased this out on the recommendation of professionals. For

the two families who did not use Sign Language, their decision was based on the advice of professionals:

Elizabeth: did the issue of sign language ever come up for you, did either Beaumont or are the visiting teacher ever say anything?

Mother: no. They just said, they were all against it really from the beginning, and they just said "we'll get him talking". So that was...They just said 'you want to go the speech road'. I don't think we were even, I can't even remember if they even asked me 'do you want sign language'? (laughs) I remember they were just saying 'No sign language if you want to get him talking' (Parent 02).

The same parent was warned against Sign Language from her visiting teacher, who saw Sign Language as a cause of deterioration in English language acquisition:

Mother: they said to me that they were against [him] getting sign language because he is still gaining, he is still trying to gain language and it could set him back a lot, that's what the new teacher for the deaf was telling me

Elizabeth: that it would set him back?

Mother: yeah, she said it could. Especially because he's relying a lot on lipreading, that the grammar can just go straight downhill [...] she said definitely not at the moment." (Parent 02).

Sign Language as a cause of a sort of linguistic laziness or dependency in deaf children was also cited by a number of parents:

And eh... so they were recommending that we didn't teach Hazel Sign Language because Hazel would become reliant on sign, and where she was living in a hearing world, it was better that she develop her oral [sic] as much as possible. (Parent 17).

I love it [ISL]...my husband is not interested at all, not at all. And he's annoyed that we are doing it. He says there is no need and... you know... he's just got his own ideas, you know. He just thinks that em, I think somebody told him at some stage you know that they could get lazy using sign and that it can prohibit the speech coming, so he just has that in his head now, you know, he just wants him to talk and that's it, like you know. (Parent 10).

For parents, the advice against using sign language can be a cause of frustration in the home.

And I can remember at the time, being told distinctly to tell Hazel to hold her hands, or to, I was to hold my hands behind my back when I was talking to Hazel because I could not help using my hands. [...] It was very difficult, you know, because, she, we, she didn't know, you know, she, it was very impractical really, you know, she couldn't understand the words, and, you know, it was very frustrating, I became very frustrated and she became very frustrated. And, as much as possible, I remember making a sort of mental choice to, to use my hands as little as possible (Parent 17).

A number of parents had started using Sign Language as a mode of communication in the home while waiting to receive other services. Almost all of those using sign language in the early stages of their child's development did so on the back of their own research and by availing of local ISL classes. Only one parent spoke of having ISL instruction and support from her Visiting Teacher immediately. On the receipt of other services (namely audiology or the visiting teacher service), however, they were instructed against the use of sign language and found themselves in a situation where they had to remove the method of communication in place in the family:

We had no means of communicating with him. And we didn't know what else to do. And, em, we, actually maybe... no the Beaumont hospital hadn't seen him at this stage. We went to the sign language

classes, just to have a means of communicating because obviously you couldn't go through life without being able to communicate. And if he wanted something out of the press I'd end up emptying the whole press to see what it was he wanted. [...] So then Michael, well once he got the implant they said "that's it you're not allowed to sign any more". And we were like "what are we going to do, he can't, he doesn't understand this (Parent 07).

Yeah ah it (ISL) was brilliant, brilliant – stopped most of the frustration – but then the minute she was implanted we had to stop signing – well we didn't have to but Beaumont advised us to stop. [...] Cause they said she'll use it as a crutch and the less you do it – she'll just have to speak – it was terrible ignoring her, ah god it was terrible ignoring her, you know she'd ask me for a drink (does sign for drink) and we were like "ah, what I can't hear you". Ah it was horrible – you know just after learning her all the sign and now it's gone. [...] But we persevered and it took about – it only took about 6 weeks and then she stopped signing and she started you know vocally asking for stuff (Parent 04).

Both children above did eventually acquire speech but the issue of sign language came up a number of years later for some when school placements became an issue and parents felt that their options were limited because their child no longer had ISL, but may not have enough resources to succeed in mainstream secondary school. This issue was a recurring theme with those parents who had children nearing the end of their primary school years:

Well, we were recommended against [sign language] from the beginning, and then when I went to the deaf school in Dublin, it really dawned on me, that was the first time it dawned on me, and then again at EuroFest¹⁰ – Hazel should have really had sign language all along [...] you know, that was a complete, that was a huge mistake. She should have been helped; she should have had sign language right, all the time (Parent 17).

It appears that the status of ISL as a valuable mode of communication and instruction is still undermined in the Irish context. In spite of international research testifying the strengths of a bilingual approach with deaf children, many parents here still feel that they must choose *either* speech *or* ISL. There is also a fear that ISL will lead deaf children into the Deaf World, away from their hearing family and that by teaching speech alone without the use of Sign Language parents can, in some way, avoid losing their children to a world they neither understand nor feel welcome in:

I wasn't just 100% happy with it [the school for the deaf], it was bringing him into the Deaf World where we weren't made that welcome in, we had kind of a few issues with that ourselves because we don't have sign language and anything that we went to, naturally enough we were strangers and we didn't feel very welcome (Parent 20)

Parent: the hardest part for me of meeting deaf people was how isolated their families were from them and that frightened the life out of me [...] That frightened me big time I just couldn't bear the thought of Marie having a separate life to us you know? I mean we done [sic] the sign language course we done [sic] all that but no matter how many courses you take a deaf child is just going to go into their own with their own at the end of it and that's it [...]

Elizabeth: Yeah, do you still think that that will happen with Marie or?

Parent: No, no

Elizabeth: Because of the implant?

Parent: Yeah

¹⁰ EuroFest was a summer camp for families of deaf children from all over Europe and was held in Carlingford in the summer of 2007. Some of the research participants had attended the camp and spoke of their experiences there. Because of the large numbers of families attending the summer camp, this information does not compromise the identity of the family.

Elizabeth: Okay

Parent: Yeah, oh no that's never going to happen now (Parent 04).

In spite of the negative associations many parents acquired regarding ISL, some parents in the research had persevered with their signing contrary to professional advice and had developed positive connections with the Deaf Community. The mother below recounts her feelings after her daughter moved from a full mainstream programme to a unit where there were other deaf children:

But to see this [her daughter writing] that she was so looking forward to [moving to the unit] to meet the girls, that's when I said it would break your heart wondering did you do the right thing sending her to mainstream school. It is difficult. I was saying recently, if they had to go to Dublin now this minute, I wouldn't worry about her now because you can see how well they [deaf children] get on with their own and they need to be with their own. I don't think she would even, okay she probably would hate...her home comforts would be lost. But I don't think she would mind going off on Sunday night and back again on a Friday evening. And I don't think we would worry much either as parents because you would feel that's where they're happiest, there. You couldn't fault it for them, you couldn't really. (Parent 03).

In conclusion, the role of Irish Sign Language in the education of deaf children is still largely misunderstood in the Irish context. While developments in technology over the last number of years mean more and more profoundly deaf children succeed in acquiring speech through cochlear implantation, Irish Sign Language must still be promoted as a valuable method of communication and instruction, as a means of supporting English language and literacy development, as a component of identity formation in deaf children, and as a means of accessing the Deaf Community and Deaf adult role models. The negative attitudes towards ISL displayed by professionals in both the medical and education disciplines as recounted by parents in this research is a worrying trend that warrants further examination and honest appraisal from within those disciplines.

Conclusion

There remains serious difficulties in the area of diagnosis and early intervention in Ireland. Delays in acquiring full diagnosis and the lack of a coherent supply of early intervention services lead to frustration in the family and aggravated language delay in D/HH children. Extensive waits for audiology and speech and language therapy services negatively affect the speech and level to which D/HH acquire spoken language. This is particularly worrying considering there is little in the way of alternatives presented to parents of D/HH children, such as support in using ISL. The lack of promotion of ISL and the negative attitudes displayed by much of the medical and education professions warrants further examination if meaningful language intervention services are to be provided for D/HH catering for their educational, social, psychological and personal development.

Section 3: The School Experience

Introduction

Information on the everyday experience of mainstreaming was gathered not only from the interviews but from non-participant observation in schools. School visits were conducted in 12 classrooms, of which 6 were units and 6 were mainstream classrooms. On average, the classroom was observed for 30-60 minutes and notes were taken for the duration. The teacher was aware of the reason for the visit and may have adjusted their behaviour accordingly. For example, one teacher on seeing me approach across the school yard through the classroom windows immediately reached for the radio aid microphone. Subsequently with

observation, it is difficult to account for behaviour modification on the part of the observed participant. However, material gathered in these visits is deemed valuable in illuminating the everyday life of the general classroom. While this data is rich and covers a great variety of topics, this report can only address a number of those areas. Due to limitations of space and the fact that this report is based on preliminary findings only, I will concentrate on three aspects of the school experience: deciding on a school placement, acquiring services within the mainstream, and communication in the classroom.

There were 26 children involved in this research; 1 child is not yet of school-going age, 8 are in place in units for D/HH children in mainstream primary schools, 2 are in units at second level following full mainstream primary schooling, 4 are in either schools for the deaf or special schools for children with multiple disabilities, and the remaining 11 are in full mainstream programmes in their local primary school. Children in full mainstream make up the majority of this research, yet they are under-represented here by comparison to the 90% estimated to attend mainstream programmes. In the course of this research, parents were asked to narrate why they chose mainstreaming for their deaf child and to describe the process of acquiring services and resources to assist with mainstreaming.

Deciding on a School Placement:

For most parents, the decision regarding school placement was influenced by a combination of the desire to keep their child at home while ensuring adequate services. A number of families relocated (n=4) to be close to specialist services. Most parents visited a number of local schools before enrolling to ascertain resource availability and to gauge the attitude of the school towards educating deaf children:

So I contacted my local school [...] which is a mainstream school. And they did have quite a good resource there, they had a resource teacher plus he was going to get an SNA in the classroom. Em, so he went there (Parent 06).

Some parents living in areas geographically isolated from both units and schools for the deaf spoke of feeling that they had no choice in services and had to 'make do' with what was available locally:

But see, if I'd known at the time, we would have moved [to Dublin] too, because you know, Hazel was only young, she was only three, we could have made the move no problem. [...] If we are being encouraged to put our children in the mainstream, the services have to be there, otherwise, parents should be told straight up at the very beginning, "look, if you want your child to have a very good education, the only option for you is St Mary's in Dublin." It should be, people should be made aware of it from day one. (Parent 17).

In general, parents were willing to travel some distance for specialist services but the preferred option was to have their child in the local school. It should be highlighted that while participants in this research came from a range of counties, two geographic areas were under-represented in the research: the North West region including Mayo, Leitrim, Sligo, Donegal and the South East region including Wicklow, Wexford, Waterford. These areas are also those most isolated from specialist provision within mainstream units and so the experience of mainstreaming in these regions may need to be examined separately at a later stage. Figure 1 below illustrates those geographic areas most isolated from specialist services. Those areas in green are outside of the 100km buffer surrounding the units. Areas in lighter shading are further from primary Units. Please note that this map does not contain the schools for the

deaf as it is intended to illustrate the options available to parents for specialist provision *within* mainstream schools.

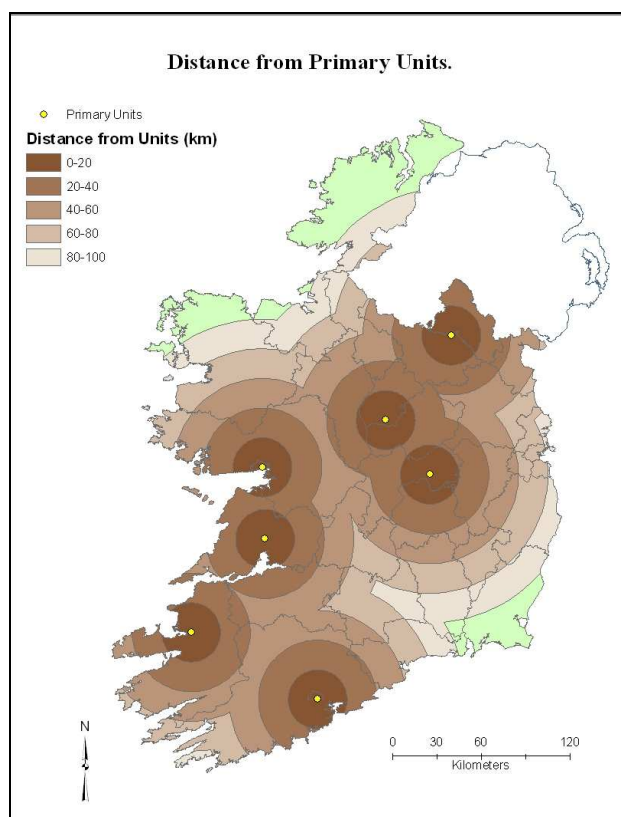


Figure 2: Map of distance to primary units.

In addition to distance to services, a number of parents spoke of the mainstream environment as a more ‘normal’ environment for their child’s education. Bound up in this idea of normalcy is the desire to keep children in the family home and local community, to provide what parent’s view as a broader social environment for their child, and to promote interaction with the ‘Hearing World’.

Elizabeth: what you see as being the advantages of mainstream?

Mother: just to include him in a normal, kind of, social environment, because I felt the deaf school was very limited, because only 10% go to the deaf school or something like that. So that's a small group of people in the Deaf Community, it's a whole community, and I don't see myself as being part of that community at the moment, you know. And I find it quite, it's their own community and it's quite a small part of society really, and I felt that Chris and Ellen I'd much prefer to see them in mainstream just to be normalised in a kind of way (laughs), try to keep it a bit more normal for them. It gives them, trying to give them more, I think it has more opportunities, to be mainstreamed, as well (Parent 02).

To me these children [in the school for the Deaf] seemed very quiet, very institutionalised, very much part of their community. I don't want Daniel to feel that these people are his only people, do you know what I mean? I wanted his life to be as open, and to experience as many challenges as he can. And I felt that if he had labelled himself, and if we had labelled him as being deaf and signing, he would be excluding himself from the other greater world out there. Plus, with the learning disability, if he was signing and had a learning disability I felt that was a double whammy. Whereas if there was some sort of speech there, he can communicate with the greater public, and then we look at the sign language at a later date and see maybe if it's what we need (Parent 06).

In contrast, attendance at the schools for the Deaf was viewed by many as entry to the Deaf World, which was often fraught with worries about the position of hearing parents in that world:

And before the summer we wouldn't have considered St Joseph's at all because we were told not to because Michael's part of the hearing world and that's why we weren't registered, we hadn't even registered with the NAD because we felt we weren't part of that world because we didn't sign and they didn't make us feel welcome without the signs. (Parent 07).

The decision to mainstream is not made without negative consequences, however, and parents spoke of weighing up access to appropriate education services with the benefits they saw in keeping their child at home:

So anyway we decided he was going to go into mainstream with the provision that if it didn't work after the first year that he was going to...that we'd have to take him out, but we said we'd start him and if we had to lower our sights we would, but no, we decided he was going straight into mainstream. (Parent 20).

However the decision to mainstream was made, the provision of adequate services was a topic that all parents spoke at length about.

Acquiring Services within Mainstream:

The main services available to D/HH children in mainstream settings include resource hours (usually 4 hours a week or 5 for those with additional disabilities), a special needs assistant, assistive technology (usually radio aids or soundfield systems) and access to the Visiting Teacher Service. For this report, I will concentrate on the first three of these services.

For those children in full mainstream programmes, almost all are availing of resource hours (4 hours a week) for which most are removed from the classroom. Some schools facilitate this resource time by scheduling it at the same time as Irish from which the D/HH child is exempt, so that they do not miss other curriculum material. This largely depends on the good will of the school and for some parents removal for resource was a cause of concern:

No, he's losing other time, maths and English and everything else when he's out. All they had to do was coordinate it, that, no okay maybe it's not that, or maybe it is a big deal, I can't see how it would be that big a deal? (Parent 07)

In general, parents did not encounter difficulties accessing resource hours and the only problem arose when particular resource teachers showed poor deaf awareness. Resource teachers encounter children with a wide range of special educational needs and they do not necessarily have experience in deaf education. One parent spoke at length about difficulties with their resource teacher, which is indicative of a situation where staff with no deaf experience can create problems for D/HH children:

Mother: there were problems with the resource teacher in primary school

Father: well she just didn't have any experience, even as a resource teacher she was just, and some of her approaches were...

Mother:... they were pretty bad!

Father: ineffective.

Mother: she was shouting at him all the time.

Father: (laughs uncomfortably) it was just great. She was getting frustrated, you know he was getting upset about going to the resource teacher. She was getting frustrated with him and she was just doing these mundane chores.

Mother: I was going in a lot talking to her, because we had no teacher of the deaf telling her this is what she should do, do this, this and this. (Parents 02).

Further to resource hours, the vast majority of children in this research had access to a Special Needs Assistant in the classroom. This was deemed as a particularly vital resource for the mainstreaming of D/HH children. During observation, it was apparent that the SNA assists the D/HH child in following the curriculum in the class, provides cues for changes in topic, repeats the teacher's directions, and helps the child to follow the often rapid changes in speaker in the classroom. The role of the SNA as laid out in circular SP.ED 07/02 stipulates that they are not to engage in teaching activities and are there primarily employed for the **care** needs of children. However, this is not being followed in the case of deaf children where the SNA is crucial to a large extent in successful access to the curriculum.

Elizabeth: But em do you think that she can follow like if there's other if there's other chatter going on in the classroom and the teachers talking at the same time – how do you think she's following there

Parent: I wouldn't say she is – that's where she'd need the assistant

Elizabeth: yeah

Parent: do you know – like there now she misses a lot of stuff that she's doing, then the assistant will show her what she's to do and what to open and what to... (Parent 04).

It was observed the special needs assistant (hearing), while there specifically for Chris, can be called upon by other boys at the table for confirmation that they are doing their work correctly. She seems to function as an assistant teacher in the eyes of the other pupils, and while she may be there to help Chris the other students do not seem to think that she is exclusively for his assistance. [...]He seems to have an excellent working relationship with his special needs assistant. She has the ability to bring him, by guiding and supporting, to the right answer without giving him the answer explicitly. She is obviously engaged in teaching activities with him, in spite of the fact that this is against guidelines for special needs assistants. For example, Chris got stuck on the question 9X3, and the special needs assistant showed him how he can use the tables provided at the back of his homework journal to find the answer. Chris also got stuck on 6x7 and used the Journal by himself. The special needs assistant uses attention gaining techniques common to the Deaf Community such as tapping him on the shoulder or elbow. She also uses some small gestures to clarify what she is saying. (Observation field notes, 15/9/08).

In spite of the crucial role the SNA plays for many children, it was a service several parents had difficulty acquiring. Most parents stated that they were offered a part time SNA for their child, which would result in access to the curriculum for only half of each day. Many parents fought and lobbied the Department of Education and Science to secure a full time SNA:

What happened was that when we went down to the school to register him we told them and we had to write a letter to the Department of Education. [...] He said the Department grants them 17 hours...17.5 hours I think it was. The full time is 22.5 hours. Basically they were giving him a Special Needs Assistant from 9.00 am till just before lunch time. So he'd have to do lunch time and the afternoon alone without someone. [...] So we had to write a letter to the Dept of Education to ask for the extra hours. So we got them anyhow. So he has the full hours. (Parent 01).

While most parents were eventually awarded full time SNAs, the recent announcements of education cutbacks signals the danger that these resources may be retracted. One mother who was interviewed later in the research following the budgetary announcement was distraught following the removal of her son's full time SNA at the beginning of this school year:

Then this year we had major problems again because we were told just the day before we went on holidays, and it was the visiting teacher that told us, the school didn't inform that the SENO again had halved, well she was leaving him access to an SNA but he was sharing it with another child in another class. [...] And his resource hours have also been cut, he seems to be only just getting two hours a week, three forty-five minute sessions [...] I'm back to a child that's not sleeping at night, he's crying, we've had a couple of episodes already when he's been in tears in school and I'm trying to get on to the local T.D. I have a letter half written to go back into the principal and back into the SENO. She's [the SENO] already sent me out a letter to say that it doesn't matter what anybody says, psychologists, visiting teachers, any of those reports, it doesn't matter what the reports say, it's what she decides. (Parent 20).

There is now the danger with increased cut-backs in the education sector that D/HH children will lose their access to full time SNAs on the grounds, like Parent 20 above, that their children do not have care needs which would qualify them for SNA provision. The presence of a fulltime SNA is paramount to the successful integration of a great number of D/HH children in the classroom. Without this support, their continued access to the curriculum is seriously compromised.

The difficulty accessing full time SNA services is repeated in attempts to access assistive technology for the D/HH child. It is likely that these difficulties are linked to those problems availing of audiology services highlighted above, as similar suppliers are used. Many parents spoke of lengthy waits for radio aids, sound field systems and repairs of same. Two parents resorted to purchasing a soundfield system privately for their child's school because of delays in provision from the Department of Education and Science. Some children go for extended periods without this equipment and their access to spoken language in the classroom is subsequently compromised:

I wanted to get a radio aid for his analogue hearing aids. But the radio aid never turned up from the Department of Education. And I phoned them continually about that radio aid, and that was December. And I was looking for the radio aid in June, and this was December. [...] Well I was obviously requesting this radio aid and it never arrived. I mean the Department of Education are a joke. I remember ringing them and they never answered the phone, and they never replied to anything (Parent 02).

For children relying on oral communication in the classroom, the consistent provision of services such as assistive technology and full time SNAs is essential to ensure that they can access the curriculum in a meaningful manner at all times in the mainstream classroom. To integrate a D/HH child without adequate supports is to limit their educational and social development. Furthermore, since it is unlikely that the D/HH child will know when they are missing out on information in the classroom, staff and service providers must be vigilant in monitoring the quality and continuity of access to the curriculum.

Communication in School:

While a large proportion of children enrolled in units use some form of manual communication, almost all of the children in full mainstream programmes communicate exclusively with spoken English and access communication in the classroom through assistive technology such as radio aids or a sound-field system. All of the classrooms visited had made some structural adaptations to the classroom to improve access for the D/HH child. The use of radio aids or sound field systems was widespread and teachers spoke with particular enthusiasm for the sound field system and its benefits for all of the children in the classroom. Most of the classrooms had attempted to position the D/HH student in a seat where they would have optimum visibility of the teacher for lipreading. However, problems remain with

the seating position of children in classrooms, in particular when the teacher worked at the blackboard, as field notes from observation illustrate:

It is a large and spacious classroom with a high ceiling, carpet on the floors, large windows running the length of the room, with blinds on the windows. There are four large desks, two seating eight children, one seating seven and one seating six. Chris sits at a desk with seven other children. He sits to the left hand side of the classroom which means that his view may be obstructed while his teacher is writing on the blackboard because she is right-handed. However, were he to be seated on the opposite side of the classroom, he would be facing the windows. As it stands, he sits in a slight angle to the windows, with the light coming over his left shoulder. His special needs assistant sits just behind him in the classroom. [...]It was obvious that the teacher struggles to maintain proper communication with Chris (X on diagram below) while she was working at the white board. This is because she is right-handed. In order for her to use the whiteboard she has to stretch her right arm across her face thus blocking the view of her face for Chris who sits behind her to the left. She did make an attempt, but it was clearly awkward, and I assume that if I hadn't been there she wouldn't have been so self-conscious of that.

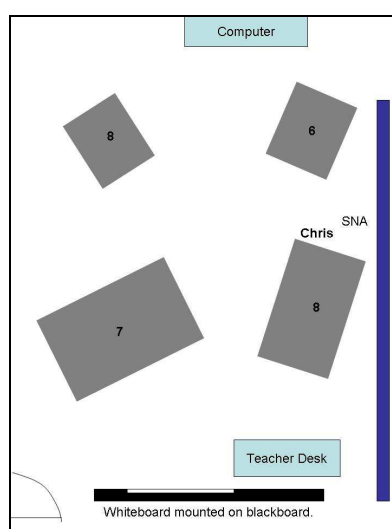


Figure 3: Sketch of Chris's classroom.

It is unreasonable to expect the classroom teacher to be aware of the D/HH child at all times. The mainstream classroom has become an increasingly diverse environment in the past decade with increasing numbers of children with special educational needs along with children from English as a Second Language (ESL) families. Increasing class sizes and increasing diversity mean that the class teacher may be unable to cater all of her teaching techniques for the D/HH child. For this reason, the availability of appropriate assistive technology equipment along with a full time SNA in the classroom is vital for the successful integration of this cohort. While some D/HH children may reject the presence of a SNA within the class due to the perceived stigma it has, the entitlement of a full time SNA should be provided for, with parents, teachers and children deciding the extent to which they wish to incorporate the service. This availability of an SNA even more necessary for children who use Irish Sign Language, or a form of manually coded English for communication, for whom a SNA is provided as a quasi-interpreter in the classroom.

As was highlighted in the quantitative data above, a large percentage of children enrolled in Units across the country use some form of manual communication in their education. The level of Sign Language training (be that ISL or Signed English) received by the teachers in units

however, showed great variation. One teacher who has been working for a number of years in a unit said:

Well I got, I had ten 1 hour classes, the department of education put them on here for us and then after that it's literally learning it from em sign language book and the cd...[...]...but I wouldn't consider that I'm fluent by any manner of means. (Teacher 10).

As a response to this situation, a number of units reported using a Deaf SNA as an interpreter in the classroom between hearing non-signing teachers and deaf signing children. This creates a number of problems including but not limited to responsibility of teaching duties, the role of the SNA, the level of qualifications amongst teachers, and student-teacher-SNA interactions. Most often, teachers had received basic training in sign language at the beginning of their post through the VEC or DeafHear (formerly NAD) evening classes. Several spoke of using the ISL dictionary or CD rom as a method of acquiring sign language and only one teacher had advanced beyond the levels provided at evening classes. Considering the large numbers of children in units using ISL as a preferred method of communication, the skill level of their teachers and support staff is an area in need of further examination. In those classrooms employing a Deaf SNA, access to the curriculum is sometimes entirely dependent on the SNA. This extension beyond mere care needs to being responsible for *all* of the D/HH child's interactions in the classroom should be reflected not only in the training provided to these staff members, but in the level of qualifications they hold, their salary and the official responsibilities they are awarded in the school.

Conclusion

Mainstream education is the preferred option for the majority of parents, often due to a desire to keep their child in the local community. While specialist services may not be available, parents are often willing to sacrifice their child's educational attainment to provide a more 'normal' educational environment. As a balance to this, parents avail of what services they can in the mainstream classroom. For the most part, access to resource hours is a given, though parents frequently battle for SNA provision and appropriate assistive technology. For those children using spoken English as their preferred method of communication in the classroom, the provision of such services is essential for their continued access to the curriculum. Indeed the role of the SNA in providing access not only for those using speech but for those using ISL has extended well beyond those roles laid out in education policy. In light of current education cutbacks, the danger is there that SNA services will now be withdrawn from D/HH children. It is a matter of urgency that the role of SNAs currently providing language access to D/HH children in the classroom be re-examined and reflected in policy and practice mainstreaming deaf education.

Overall Conclusions

This report was intended to provide a brief summary of some preliminary findings from research into mainstreaming of deaf education in Ireland. It has provided a brief account of the demographics in self-contained units for D/HH in mainstream primary school, issues surrounding diagnosis and early intervention, and the provision of services in mainstream schools. It is important to note that these findings are part of a much larger project which, upon completion, will reflect more accurately the complex and varied nature of mainstreaming deaf education. Furthermore, the findings above draw primarily from parent interviews and do not reflect the large body of material gathered within this project from professionals, children and the Deaf Community. In general, it can be noted that while mainstreaming is now

the preference for the vast majority of D/HH students, it is not proceeding without great difficulties.

Overall, this report has shown that lack of early diagnosis and intervention strategies, difficulties in availing of fundamental services within mainstream classrooms, and the continued ambiguity about the role of Irish Sign Language in the education of D/HH children all combine to produce a confusing and difficult path for parents and their children. There is a grave need for further research in this area and to situate the Irish system within the context of international best practice. Until such time, the prospect of mainstreaming deaf education remains full of ambiguous potential, uncertainty, and insecurity.

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